

CHILD & YOUTH ADVOCACY CENTRE ~ TORONTO

**PILOT PHASE:
AUGUST 2011 - March 2013**



For: The Child & Youth Advocacy Centre
Steering Committee

Report by:
Deborah Goodman, Sarah Serbinski,
Kristen Lwin, Joanne Filippelli,
Sasha Pivarnyik, Michelle Gabriele,
Mirela Allajbeau
Child Welfare Institute, CAS-Toronto

Date: May 2014



This report is the work of the Child Welfare Institute (CWI) at the Children's Aid Society of Toronto (CAST). The mission of CWI is to enhance services to children, youth and families who have experienced or are at risk of abuse and neglect, through the provision of quality training and consultation; CWI also works to promote excellence in the field of child protection and to improve outcomes for children and youth through a focus on research, program evaluation and evidence based practice.

Child Welfare Institute, Children's Aid Society of Toronto
30 Isabella Street
Toronto, Ontario
M4Y 1N1
(416) 924.4640

<http://www.childwelfareinstitute.torontocas.ca/>

Acknowledgements

*No one can whistle a symphony.
It takes a whole orchestra to play it.*

~ H.E. Luccock

The Toronto Child & Youth Advocacy Centre (CYAC) is much like an orchestra. To make beautiful, accomplished music, it requires hard work, talented, committed people, and the collaboration of many. The aim of the CYAC is for each child or youth and their family served by the CYAC, to benefit from this community child abuse intervention directly, by improved service outcomes, as well as indirectly, through enhanced service collaborations. It took many organizations and individuals working together for more than a decade to make the Toronto CYAC happen: *community-based agencies, children's aid societies, police, hospitals, advocates, governments, and funders*. This alliance of community specialists in child maltreatment has fostered a synergy, an amalgam to ensure the CYAC is synchronized in its service, with each part necessary, and each contributing expertise, much like a well-tuned orchestra. Toronto's CYAC was developed to realize positive processes and improved outcomes for the Toronto children/youth and their families who receive its services. The evaluation task, as detailed in this report, was to determine if the Pilot Phase met its set objectives.

It is often said that it takes a village to raise a child; it takes that same village to accurately, adequately and respectfully evaluate that process of raising that child to understand what works and what improvements can be done. To the *village* of people, professionals, agencies, funders and communities, along with the CYAC-involved children, youth and families, who joined together with us on this evaluative journey over the past two years – thank you!

We learned much during this CYAC Pilot Phase about how to do things right and what are the right things to do to realize the full potential of Toronto's CYAC. We learned that the CYAC model holds much potential and promise in being the preferred method for investigating child abuse. There remains many hard, brave, tough, and important questions to be asked and answered going forward. We are at the beginning of this learning journey. Together with our service and funding partners, the Child Welfare Institute looks forward with great anticipation and much confidence to the next step – the *Full Implementation Phase* – and to continuing our trajectory of learning and improving Toronto's CYAC service. It is for the most important of reasons that we do this – our youngest and most vulnerable of citizens, our children and youth, who are undergoing a child abuse investigation.

Sincerely,

Deborah Goodman, MSW, PhD.
Director,
Child Welfare Institute, Children's Aid Society of Toronto

Executive Summary

Development of Toronto's Child & Youth Advocacy Centre: 2005-2013

2005

- ✓ In **March 2005**, the Investigative Partnership Committee (IPC) was established with membership from the four Toronto child welfare agencies (CASs) and Toronto Police Service (TPS). The IPC was mandated to explore partnerships between CASs and TPS and to identify common issues and problems, and develop solutions. After an in-depth review, the IPC recommended the creation of a Child & Youth Advocacy Centre (CYAC) for Toronto.
- ✓ Collaborative relationships were also made between the IPC and several community partners, including: *Boost Child Abuse Prevention & Intervention (Boost)*, *The Gatehouse*, the *Sexual Abuse Family Education & Treatment (SAFE-T) Program of the Thistletown Regional Treatment Centre*, the *Suspect Child Abuse & Neglect (SCAN) Program at The Hospital for Sick Children*, and the *Crown Attorney's Office*.

2007

- ✓ In **2007**, the Toronto CYAC service model was developed with the assistance of a business consultant funded by TPS.

2010

- ✓ In **January 2010**, TPS Chief Bill Blair and Toronto Mayor David Miller met to discuss the plan for a CYAC in Toronto.
- ✓ In **October 2010**, the Canadian Federal Government, through the Department of Justice Victims' Fund, announced an investment of \$5.25 million in funding over five years to establish new CYACs in Canada.

2012

- ✓ In **January 2012**, the Federal Government, through the Canada's Victim Fund, announced a contribution of over \$278,865 over two years to the Toronto CYAC.
- ✓ The Rogers Family and the Sheldon Inwentash & Lynn Factor Charitable Foundation each committed \$250,000 toward the development of a CYAC in Toronto.

"The CYAC is a child-focused, community-oriented, multi-disciplinary facility where the professionals involved in child abuse investigations, treatment, and management of child abuse cases, work together to ensure that a child's safety and best interests are paramount."

"The initial forensic investigative interview by police and child welfare is the first critical stage in the process following which the services and supports needed by the child and their non-offending parent(s) can be immediately mobilized by the CYAC Advocate."

- ✓ In April 2012, the Federal Government committed an additional \$5 million dollars over 5 years to increase the availability of funding under this initiative.
- ✓ Boost agreed to assume the responsibility of establishing the new CYAC in Toronto.

Toronto CYAC Pilot: 2011-2013

- ✓ Primary community service partners that assisted in the development of the Toronto CYAC Pilot were: Boost, 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&CS), the SCAN Program, The Gatehouse, SAFE-T, Victim/Witness Assistance Program, and the Office of the Crown Attorney.
- ✓ The Child & Youth Advocacy Program (CYAP) was a new service provided during the Pilot, and a key focus of the evaluation.
- ✓ The Advocate's role was 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).
- ✓ The CYAP was a voluntary program, provided with consent from children/youth and non-offending family members/caregivers. Criminal Charges and/or verification by a child protection agency (or an open file) were not required to receive services.
- ✓ The Advocate worked collaboratively with the Multidisciplinary Team (MDT) Team and liaised between the family and MDT members.
- ✓ The Advocate was not available for after-hours investigations, and did not attend investigations outside of The Gatehouse location (school, station, hospital).
- ✓ During the *Initial Investigation Stage*, at the first CYAC meeting, the Advocate focused on engagement of the child and family, explaining the CYAC Pilot, waiting with parent/child for the investigative interview, completing consent forms, providing crisis intervention (if applicable), and communicating with the Multidisciplinary Team (MDT).

"The objective of the CYAC Toronto was to provide consistent support, advocacy, and case management services to children/youth victims of abuse and their families from investigations to completion of the criminal justice process or where no further services were assessed as needed."

- ✓ For the *Post-investigation Phase*, follow-up services were provided by the Advocate, and could include: referring the family to services; maintaining regular communication; providing general support and information; and advocating/liasing between families and agencies.

Evaluation of the CYAC Pilot: 2011-2013

- ✚ Evaluation of the CYAC Pilot was by the Child Welfare Institute, Children's Aid Society of Toronto. This project was evaluated throughout its various stages of operation.
- ✚ The evaluation methodology employed a mixed-method approach. It was a multi-site, multi-year, and multi-agency project.
- ✚ The sample included:
 - **Pilot sample** – Officers and related child abuse cases connected to TPS Divisions 22 and 23 were part of the CYAC Pilot.
 - **Comparison sample** – Officers and related child abuse cases connected to TPS Divisions 32 and 33 that were not part of the CYAC Pilot and offered service as usual.
- ✚ This report covers Toronto CYAC's Pilot Phase. The data collection period was from September 2011 to March 2013.

Data Collection

- ✚ Data were collected through a variety of data collection tools and different stakeholders, including:
 - Advocate Form [n=88];
 - Police Lead Child Abuse Investigation Case Activity Sheet [n=330];
 - Parent/Caregiver Feedback Survey [n=11];
 - Youth Feedback Survey [sample too small to use];
 - CAS Case Worker Form [n=40];
 - CAS File Reviews [n=20];
 - CAS/Police/Collaterals Feedback Focus Groups [n=25].

Data Analysis

- ✚ 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.

"The objective of the evaluation was to describe and evaluate:

(1)

How well the CYAC Pilot informed the proposed Full Implementation CYAC model

(2)

The satisfaction of the service recipients

(3)

The impact of the CYAC services on anticipated service outcomes

(4)

If improved collaboration occurred amongst the key agency partners."

Limitations

- ✚ Every study design has strengths and limitations. Strengths included the mixed method approach (i.e., quantitative and qualitative), use of different data collection methods (e.g., survey, case data, focus groups, interviews, file reviews), data were triangulated (7 different data sources) and the longitudinal nature of the collection period (data collected over two years). Limitations include small sample sizes in some areas (e.g., Youth and Parent Feedback, CAS Case Forms) and limited comparison sample data.

Results

The key findings that emerged from the data collected are noted below.

- ✚ **Advocate Forms** (n=88) preponderance of investigations were in a child-friendly location (i.e., The Gatehouse), effectively supporting the child and family during the investigation process; 85% children/youth referred for counselling services and 65% for medical services; developed strong partner collaborations with CYAC partners (TPS and CASs). The Advocate's ability to meet and connect with the family face-to-face at the start of the investigative interview resulted in a much higher proportion of families consenting to the CYAP than investigations that occurred in locations other than The Gatehouse (82% vs. 23%).

- ✚ **Police Child Abuse Investigation Case Activity Sheets** (n=330) many similarities between Pilot (n=197) and Comparison (n=133) sample cases, with some emerging *within* and *between* differences:

Within Pilot Sample – i) More female victims investigated for sexual abuse vs. male victims; ii) no gender differences for victims interviewed for 30-60 minutes vs. 90-120 minutes; 3) age differences for female victims (age 11+) more likely to receive longer interview times vs. males.

Between Pilot & Comparison – i) In both samples, males more likely to experience child physical abuse vs. female victims; ii) Significant differences in number of interview: Pilot (1.18 interviews per victim) vs. Comparison (.98 interviews per victim) ($p=.001$); Pilot investigations laid more charges (3.48) vs. Comparison (2.4) ($p=.024$).

- ✚ **CAS Case Worker Forms** (n=40) analysis of CAS referral data finds most common maltreatment form – *physical force and/or maltreatment with an extreme level of severity by a person who is a prime caregiver of the child* (e.g., injuries included scratches, bruising, cuts, fractures).

- ✚ **CAST File Reviews** (n=20) analysis of CAS Pilot sample vs. CAS Comparison sample cases finds noticeable differences in case demographic characteristics (i.e., *age of the alleged perpetrator* and *where the alleged perpetrator was living in relation to the victim*).

Data were collected for this CYAC Pilot Evaluation from:

***Advocate Forms**

***Lead Child Abuse Investigation Case Activity Sheets**

***CAS Case Worker Forms**

***CAST File Reviews**

***Feedback from All Service Providers**

***Feedback from Non-Offending Parents/Caregivers**

✚ **CYAC Service Providers** (i.e., Advocates, police, CAS workers, community service providers) focus group/interview analysis found: i) Communication between each other was ‘good’ on the different components to an investigation; 2) Improved communication through: ‘developing a respectful relationship with each other’, ‘clearly defining each stakeholder’s roles’, and ‘collaboratively working together’; and 3) Improved communication spanned pre-and-post-investigation, ensuring a more unified investigative process that positively impacted the outcomes for children and families.

✚ **Parents/caregivers** (n=11) the families who received CYAC Pilot intervention and provided feedback indicated that they felt ‘heard’ and ‘respected’, and ‘phone calls were returned promptly’. Of importance, The Gatehouse environment was experienced as ‘youth friendly’ and ‘safe’.

OBJECTIVE

- | | |
|---|------------|
| ✚ For the CYAC Pilot to inform the proposed Full Implementation CYAC model. | MET |
| ✚ High satisfaction by non-offending parents/caregivers with CYAC services. | MET |
| ✚ Positive impact of the CYAC Pilot on the service outcomes: | |
| ○ 85% CYAC served children/youth had referrals to counselling or medical services; | MET |
| ○ 69% CYAC served children/youth had referrals to medical services; | MET |
| ○ 88% CYAC non-offending parents/caregivers received referrals for counselling; | MET |
| ○ 20-30% Post-investigation, CYAC families accept the offer for continued Advocate engagement via services/supports tailored to the families’ unique needs; and | MET |
| ○ CYAC children tend to remain within their home at the end of the investigation with supports and safety plans. | MET |
| ✚ CYAC model improves collaboration and communication with key agency partners: TPS, CAS, community collaterals. | MET |
| ✚ CYAC model demonstrates improved and enhanced partner communication throughout Debrief and Ongoing stages. | MET |

The key findings that emerged with respect to the objectives of this evaluation were:

****Improved efficiencies for TPS and CAS re-joint investigation and follow-up***

****Improved clinical practices for children/youth and families***

****Improved collaboration and communication amongst key agency partners***

****High satisfaction by the non-offending parents/caregivers***

Conclusions

- ✚ Although the CYAC Pilot was not a co-location model, it was extremely informative with respect to planning the Full Implementation Phase of the CYAC in Toronto.
- ✚ The forms, activity sheets, file reviews, feedback, and focus groups resulted in the CYAC Pilot meeting all of its objectives, highlighting elements of the Pilot that were positive and important to incorporate in the Full Implementation Phase.
- ✚ The evaluation identified challenges that will need to be addressed as the Full Implementation CYAC model is planned and realized.
- ✚ The following quote emphasizes the key message as all stakeholders worked together during the Pilot, and will need to work together to establish a permanent CYAC in Toronto – “Supporting each other in the process is the key to success.”

Table of Contents

Chapter 1: Introduction	12
1.1 Child Abuse & Neglect in Canada.....	12
1.2 Child Maltreatment Investigations in Ontario	12
1.3 Child & Youth Advocacy Centres in North America	13
1.4 Background of the CYAC in Toronto: 2005-2013.....	13
1.5 Toronto CYAC Pilot: 2011-2013	14
Chapter 2: Methods.....	17
2.1 Data Collection.....	17
2.2 Data Analysis.....	18
2.3 Limitations	18
Chapter 3: Results	19
3.1 Advocate Forms	19
3.2 Police Summary of Responses	27
3.3 Parents and/or Caregiver Feedback	34
3.4 CAS Case Worker Forms.....	38
3.5 CAST File Reviews	45
3.6 CAS/Police/Collateral Feedback Focus Group	459
Chapter 4: Discussion	54
4.1 Summary of Data Collection Findings.....	54
4.2 Summary & Conclusion.....	56
References	58

List of Figures & Tables

Figure 1	Overall Quality of Service Received
Figure 2	Eligibility Spectrum Section
Figure 3	Severity of Allegation
Figure 4	Child Welfare History
Figure 5	Investigation Source
Figure 6	Interview Lead
Figure 7	Interview Site

Table 1	Summary of Preliminary Findings of the Investigative Interview Process
Table 2	Referrals for the Child/Youth
Table 3	Referrals for the Parents/Caregivers
Table 4	Information/Assistance Offered to the Child
Table 5	Information/Assistance Offered to the Parent/Caregiver
Table 6	Communication During the Advocate Notification Segment of the Investigation
Table 7	Communication During the Debrief Segment of the Investigation
Table 8	Ongoing Communication During the Investigation
Table 9	Summary of Descriptive Variables
Table 10	Summary of Interactions Between TPS & CAS
Table 11	Description of Interview #1 – Where & How Long was the Interview Process
Table 12	Legal Procedures of Pilot & Control samples
Table 13	Type of Services Received During Investigation
Table 14	Satisfaction with Process & Environment
Table 15	Overall Satisfaction with Specific Service Providers & Wait Times
Table 16	Satisfaction with Service Responsiveness & Helpfulness of the Service Providers
Table 17	Emerging Themes from Parents/Caregivers
Table 18	Family Demographics
Table 19	Advocate Involvement in Investigation
Table 20	Demographics
Table 21	Details About the Alleged Perpetrators
Table 22	Areas of Inquiry to the Victim Disclosure of the Abuse
Table 23	Outcomes for Services Provided

Chapter 1: Introduction

1.1 Child Abuse & Neglect in Canada

According to the *Canadian Incidence Study of Reported Child Abuse and Neglect – 2008*¹ (CIS-2008), there were 39.16 investigations of maltreatment per 1,000 children in Canada. More than a third of these Canadian child maltreatment investigations were substantiated (36%, or 85,440 investigations or 14.19 investigations per 1,000 children). More specifically, a disproportionate number of Aboriginal children have substantiated child maltreatment cases (22%; 4 times greater than non-Aboriginal children) (MacLaurin, Trocmé, Fallon, Blackstock, Pitman, & McCormack, 2008). The most frequent substantiated forms of maltreatment in the CIS-2008 were:

Child maltreatment type	% of occurrence	Resources within the literature that further explore maltreatment
Exposure to intimate partner violence	34%	(e.g., Holt, Buckley, & Whelan, 2008)
Neglect	34%	(e.g., Slack et al., 2011)
Physical abuse	20%	(e.g., Mironova, et al., 2011)
Emotional maltreatment	9%	(e.g., Chamberland, Fallon, Black, & Trocmé, 2011)
Sexual abuse	3%	(e.g., MacMillan, Tanaka, Duku, Vaillancourt, & Boyle, 2013)

Substantiated child maltreatment frequently resulted in multiple incidents of maltreatment (58%). This was observed within maltreatment related to neglect (68%), emotional maltreatment (67%), exposure to intimate partner violence (56%), sexual abuse (51%), and physical abuse (45%). The CIS-2008 analysis did not find any differences in investigations or incidences of substantiated maltreatment between male and female children.

1.2 Child Maltreatment Investigations in Ontario

There were approximately 179,761 referrals to a children's aid society (CAS) for child maltreatment in Ontario in 2012-2013; for nearly half (47%) of the referrals, an investigation was completed (n=82,137). Of those investigations, 7,807 children were admitted/re-admitted with nearly 25,000 (n=24,841) children in the care of a CAS at some point during 2012-2013; the care type includes foster, kinship care, and group. Overall, the monthly average of the number of children or youth in the care of an Ontario CAS in 2012-2013 was 16,705. As well, 23% of families (n=47,925) received ongoing protection services (OACAS, 2013a).

For the past two years, the top five eligibility reasons for an Ontario child protection investigation were:

	2011-12	2012-13
• Child Exposure to Partner Violence	19.8%	20.4%
• Caregiver with a Problem	19.9%	19.7%
• Physical Force/Maltreatment	19.5%	19.2%
• Inadequate Supervision	6.6%	6.8%
• Neglect of Child's Basic Needs	5.5%	5.4%
Sub-Total	71.3%	71.5%

¹The *Canadian Incidence Study of Report Child Abuse and Neglect – 2008* highlights findings from a core sample of 16,000 investigations (or 235,843 cases) by child welfare agencies across Canada within a three month period (Trocmé et al., 2010).

1.3 Child & Youth Advocacy Centres in North America

There has been much research conducted on Child & Youth Advocacy Centres (CYACs). Areas of inquiry have predominately explored two questions: Q1) *What are the service benefits for families served by a CYAC?* Q2) *Do CYACs promote coordination and collaboration in joint investigations of child abuse investigations?* The extant research indicates that CYACs do foster much coordination, as well as improved service to children, youth and families; additionally CYACs have been found to foster improved relationships amongst the involved professionals, as well as promote the sharing of information among service providers (e.g., Broderick, Berliner, & Berkowitz, 1999; Cross, Jones, Walsh, Simone, & Kolko, 2007; Smith, Witte, & Fricker-Elhai, 2006). Findings remain somewhat mixed about whether or not CYACs significantly reduce the number of child interviews during a child maltreatment investigation. Some studies have reported a decrease in the number of interviews that children must participate in (e.g., Henry, 1997), while others have found no difference in the number of interviews during maltreatment investigations (e.g., Cross et al., 2007).

In the United States, the CYAC model is well established. For instance, The National Children's Alliance has been operational for approximately 25 years, and is currently associated with a membership that includes 750 CYACs with a mixture of colleagues and accredited centers. In Canada, as of March 2013, there were six operational CYACs, seven in development, four pilot/demonstration projects and eight in the feasibility study/needs assessment phase.

1.4 Background of the CYAC in Toronto: 2005–2013

In March 2005, the Investigative Partnership Committee (IPC) was established with membership from the four Toronto children's aid societies (CASs) and Toronto Police Service (TPS). The mandate of IPC was:

"To explore partnerships between the Toronto Police Services and the Children's Aid Societies, identify common issues and problems and provide solutions to identified problems."

A joint CAS/TPS survey explored the strengths and challenges experienced by front-line staff specific to the CAS/police working relationship while conducting joint child abuse investigations. Survey findings coupled with a review of how jurisdiction conducted such investigations led the IPC to recommend the creation of a CYAC.

The CYAC model is generally described as a child-focused, community-oriented, multi-disciplinary facility where the professionals involved in child abuse investigations, treatment, and management of child abuse cases, work and collaborate together to ensure that a child's safety and best interests are paramount. The initial forensic investigative interview by police and child welfare is the first critical stage in the process following which the services and supports needed by a child and their non-offending parent(s) can be immediately mobilized by the CYAC Advocate.

Throughout its deliberations, the IPC worked in collaboration with several Toronto community partners:

- ❖ Boost Child Abuse Prevention & Intervention (Boost)
- ❖ The Gatehouse
- ❖ Sexual Abuse Family & Education (SAFE-T) Program of the Thistletown Regional Treatment Centre
- ❖ The Suspected Child Abuse & Neglect (SCAN) Program at The Hospital for Sick Children
- ❖ Crown Attorney's Office

In 2007, the Toronto CYAC vision was developed beyond concept to an actual operational model with the assistance of a business consultant funded by TPS. The model's aims were:

1. To improve the quality of service to children/youth and families during the child abuse investigation phase;
2. To improve, when applicable, the quality of service to children/youth and families during the court phase; and
3. To reduce re-victimization of children/youth who have been abused.

On January 12, 2010, TPS Chief Bill Blair and Toronto Mayor David Miller met to discuss the plan for a CYAC for Toronto. On October 7, 2010, \$5.25 million in funding over five years was to be made available to CYACs through the Victims Fund at the Department of Justice Canada.

On January 20, 2012, the Canadian Federal Government, through the Canada's Victim Fund, announced it was contributing \$278,865 over two years to the Toronto CYAC. Additionally, the Rogers Family and the Sheldon Inwentash & Lynn Factor Charitable Foundation each committed to donating \$250,000. The total committed for the Toronto CYAC: \$778,865. Boost agreed to assume the responsibility of establishing the new CYAC in Toronto.

In order to launch the Pilot Phase of this project (2011-2013), it was decided that The Gatehouse would be used for the investigative interviews until a formal site was developed in 2013.

"The Toronto [CYAC] centre... improves this very difficult experience for children, youth and their families...[CYAC] will bring together professionals from every discipline to work together as a team that will learn from one another and build on that knowledge and expertise."

*Karyn Kennedy,
Executive Director, Boost*






1.5 Toronto CYAC Pilot: 2011-2013

The role of the CYAC in Toronto is to provide consistent support, advocacy, and case management services to child/youth victims of abuse and their families from investigation to completion of the criminal justice process, or to the point where no further services are assessed as needed. The primary community service partners in CYAC services Pilot Phase includes:

Lead Agency

-  Boost Child Abuse Prevention & Intervention

Child Abuse Investigating Agencies:

-  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&CS)

Community Agencies:

- ✚ The SCAN Program (HSC-SCAN)
- ✚ The Gatehouse
- ✚ SAFE-T
- ✚ Victim/Witness Assistance Program
- ✚ Office of the Crown Attorney

The essential elements in the CYAC service delivery include: *child-friendly location/venue, trained multi-disciplinary investigators, coordinated interviews, CYAC Advocate assigned to each family, Crown provides legal court preparation, and community agencies provide support with respect to court preparation.* It is anticipated that in addition to an improved and more efficient investigation process between CASs and police that can realize cost savings, coupled with more effective and collaborative service practices, this CYAC model will improve child and youth (child) access to mental health assessment, improve child access to medical assessment, and improve child/family access to treatment.

The vision of the *Full Implementation Phase* is that the CYAC will be a co-location model (i.e., MDT members are located in one facility). It is important to note that the CYAC Pilot was not a co-location model, and staff did not move from their current offices. The Pilot Project Subcommittee and CYAC Steering Committee oversaw the project; however each organization provided supervision for its own staff members and was accountable for them. A Boost staff member coordinated and facilitated monthly meetings of all staff involved in the CYAC Pilot, as well as liaising between the Pilot and CYAC Steering Committees.

To support the child and family from the onset of the investigation through to ongoing support, treatment and if required, prosecution, Boost provided the Child & Youth Advocacy Program (CYAP). The Advocate's role was 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). One Advocate was assigned to each family, and the Advocate closed the file when the family required no further services or at the direct request of the family. The Advocate worked collaboratively with the MDT and carried out recommendations that team members had for further services. The CYAP was a voluntary program, and services were provided with consent from children/youth and non-offending family members/caregivers. Criminal Charges and/or verification by a child protection agency (or an open file) were not required to receive services.

Although the Advocate was not available for after-hours investigations, and did not attend investigations outside of The Gatehouse location (school, station, hospital), the CYAP was offered to all families involved in a CYAC Pilot investigation.

INITIAL INVESTIGATION PHASE: During the initial investigation at The Gatehouse, the role of the CYAC Advocate was to:

- a) greet the child and family and build a rapport;
- b) explain the CYAC Program and the role of the Multidisciplinary Team (MDT) members and the CYAP Program;
- c) sit with the parent/child while waiting for the investigative interview;
- d) complete intake and consent forms, and provide an information package; and
- e) communicate with the MDT with respect to any concerning behavior, mental health or safety concerns.



POST-INVESTIGATION PHASE: After the initial investigation, if the family consented to the CYAP, the Advocate provided follow-up service that included:

- a) maintaining consistent communication with the family on a scheduled basis (or as needed);
- b) referring the family to services, including court preparation;
- c) serving as a liaison between agencies and families; and
- d) maintaining contact with the MDT for relevant updates, as well as sharing questions/concerns raised by the family, and potential crisis/mental health concerns.

Chapter 2: Methods

This mixed-method, multi-site, multi-year, multi-agency project was evaluated throughout the two-year life span of its various stages of operation. This report covers the initial CYAC set up or implementation phase from April 2011 to March 2013. Data tools were developed, tested and implemented. This report covers the data collection process from September 2011 to March 2013. Overall, the evaluation aimed to describe and evaluate:

- 1) How well the CYAC Pilot informed the proposed Full Implementation CYAC model;
- 2) The satisfaction of the service recipients (i.e., CYAC children, youth and families);
- 3) The impact of the CYAC on expected child/family service outcomes (e.g., fewer interviews of child); and
- 4) If improved collaboration occurred amongst the key agency partners.

As part of the evaluation methodology, TPS flagged four TPS districts and divided them into two samples:

- ❖ **Pilot/Treatment Sample** [Divisions 22 & 23]:
Officers and their related child abuse cases are the Pilot (Treatment) sample. Thus, they did utilize the CYAC, which included data relevant to all investigations.
- ❖ **Control/Comparison Sample** [Divisions 32 & 33]:
Officers and their related child abuse cases were the service as usual (SAU) sample. They did not utilize the CYAC, but did include the collection of data relevant to all investigations.

2.1 Data Collection

While seven tools were created to collect study data, this *Pilot Phase Review Report* used six data collection tools to obtain the information needed to answer the evaluation aims of this Pilot project. These tools consisted of an (1) Advocate Form; (2) Police Lead Child Abuse Investigation Case Activity Sheets; (3) Parent/Caregiver Feedback Survey; (4) CAS Case Worker Form; (5) CAS File Reviews; and (6) CAS/Police/Collaterals Feedback Focus Groups. Excluded from the data analysis was the tool: (7) Pilot Youth Feedback Survey; data were not included because despite considerable efforts, not enough surveys (n=2) were completed to ensure an adequate sample size (n=20).

Advocate Case Survey Form: April 2011 to March 2013 (n=88) [see 3.1]

- ❖ A standardized, web-based Survey Monkey survey tool was designed and created by the CYAC Research Committee. Twenty-one questions explored the Advocate's perspective on: location of investigative interview, availability of the Advocate, referrals and services to the child and family, such as crisis intervention, court process, periodic follow-up, as well as the quality of the collaboration and communication between the key agency partners. Advocates were asked to complete an online survey, for *each* family served.

Police Lead Child Abuse Investigation Case Activity Sheets: April 2011 to March 2013 (n=330) [see 3.2]

- ❖ A standardized tool developed by TPS was used for the treatment sample when conducting child abuse investigations. All police officers were asked to complete the tool for *each* case they had associated with the Pilot. This tool included questions about: case demographics; interactions with a CAS, CYAC Advocate, and victim; and the designated child abuse investigators and legal proceedings.

Parent/Caregiver Feedback Survey: April 2011 to March 2013 (n=11) [see 3.3]

- ❖ This standardized survey was designed and created by the Research Committee. It is offered as an online survey hosted through Survey Monkey or as a hardcopy survey provided to the family by the Advocate. Twenty-six questions explored parents'/caregivers' perspectives about the CYAC service, predominately focusing on their satisfaction and experiences with the Advocacy service.

CAS Case Worker Form: January 2012 to March 2013(n=40) [see 3.4]

- ❖ This standardized tool was designed and created by the Research Committee. The tool had three main sections that workers at the four CASs were to complete when investigations of child abuse occurred in the four TPS Divisions. The form included: investigation details and case notes; child/youth and family details; and case outcome details.

CAS File Reviews: January 2011 to March 2013 (n=20) [see 3.5]

- ❖ This standardized tool was designed and created by the Research Committee. During February 2013, the tool was used to manually extract data from a random sample of CAST case files and examine key areas on cases that received CYAC services compared to those that did not. These included: the child/youth characteristics; the alleged perpetrator's characteristics, the child/youth's family's characteristics, victim disclosed the abuse; the investigation/interview; and outcomes from services provided.

CAS/Police/Collaterals Feedback Focus Groups: January 2011 to March 2013 (n=31) [see 3.6]

- ❖ This standardized focus group guide was designed and created by the Research Committee. The feedback session occurred in February 2013 and included the key partners. Standardized questions were asked within three separate focus groups: CAS, police, and all other community collaterals. Each focus group was asked about their experiences before and after the CYAC Pilot. The groups were queried about differences in the joint investigations, the impact the CYAC Pilot made on the lives of the child/youth and their families, as well as the non-offending family members, if differences in communication between partners occurred, the strengths and challenges to the CYAC Pilot, and if there were any recommendations. For partner members not able to attend the focus group, an online Survey Monkey questionnaire was available for them to complete.

2.2 Data Analysis

All data were analyzed by the Child Welfare Institute, CAST in an aggregated ('summary') format. The data from each data collection form (i.e., Advocate Case Survey Form, Police Lead Child Abuse Investigation Case Activity Sheets, Parent/Caregiver Feedback Survey, CAS Case Worker Form, CAS File Reviews, and CAS/Police/Collaterals Feedback Focus Group) were analyzed according to the type of data collected. All quantitative data were analyzed using Excel and the Statistical Package of Social Sciences (SPSS) v20 computerized software and results were reported through various parametric and nonparametric tests. Qualitative data were analyzed throughout a manual review of all data where key emerging themes were identified and results were reported through direct quotations from the data sources.

2.3 Limitations

Every effort was made to mitigate data collection limitations as they arose, whether it was anticipated or unexpected. While it was anticipated that there would be challenges in obtaining an adequate sample from the youth and families, the very low participation from parents/caregivers (n=11) and youth (n=2) was not expected and it means that the results do not have a strong voice from service users.

Chapter 3: Results

This section identifies the findings by data collection method. Each data collection tool identifies the emerging trends from the identified stakeholder group (i.e., advocate, police, parents/caregivers, CAS case workers, and collaterals).

3.1 Advocate Forms (n=88)

From April 2011 to March 2013, a total of 88 *Advocate Forms* were completed when the Advocate provided service.

Note: Not all responses to the survey questions applied to each case; therefore, not all responses total 88 cases. Where there is 'missing data' or 'incomplete data' it is noted by indicating the total number of cases for that question.

The majority of cases during this time were involved with the *Children's Aid Society of Toronto* (CAST; n=44; 84%). Other child welfare agencies included: the *Catholic Children's Aid Society of Toronto* (n=3; 6%), *Peel Children's Aid Society* (n=3; 6%), *Native Child and Family Services of Toronto* (n=1; 2%), and *Jewish Family & Child* (n=1; 2%).

The following sections detail the analysis from the Advocate Forms. Refer to Table 1 for a complete summary.

Location of investigation interview

For the Pilot, over half (57%) of the investigative interview(s) took place at,

- ❖ **The Gatehouse** (n=50; 57%)

For over one-third of the cases (38%), interviews took place at other locations, such as:

- ❖ **Police station** (n=19; 22%)
- ❖ **School** (n=13; 15%)
- ❖ **Child's Home** (n= 1; 01%)

These four (4) locations accounted for 95% of the 88 interviews. The other locations included: hospital, daycare, SCAN Program, or a combination of several different locations (e.g., hospital and The Gatehouse).






Availability of the Advocate

In 87 of 88 cases, approximately half of the time (n=45; 52%) an Advocate “was available throughout the investigation”; the other half of the time (n=42; 48%) the Advocate was either “not available” (n=36; 41%) or “somewhat available” (n=6; 7%).




Analysis of the case data when the Advocate was either “not available” or “somewhat available” finds:

- 📅 Advocate Notified AFTER Investigation (n=14 of 42, 33%)


This was the most common reason for non-involvement of the Advocate. In short, the Advocate was not informed of the investigation until after it took place.


-  Advocate NOT PART of Investigation (n=10 of 42, 24%).
 In these situations, the investigation took place at a school where the Advocate did not attend.
-  Other REASONS (n=15 of 42, 36%)
 These other barriers included the Advocate “being on vacation” (n=7; 17%), or the investigation took place at the hospital (n=3; 7%), at the police station (n=2; 5%), or at a daycare (n=1; 2%), or the Advocate was on another case at the time needed (n=2; 5%).
-  NO REASON (n=3 of 42, 7%)
 Finally, in just 3 of 42 cases, there was no reason provided as to why the Advocate was not able to attend.

It is important to note that according to statistics gathered by the Advocates:

-  When an investigation took place at a school, 23% consented to the CYAP, and the file remained open for an average of 2 months (whether or not charges were laid). However, minimal direct service was provided due to difficulties contacting families.
-  When an investigation took place at The Gatehouse and an Advocate was present, 82% of families consented to services, and received an average of 7.5 months of direct service. The Advocates tended to be involved for a longer period of time when charges were laid.
-  It seems fair to deduce that clearly, the Advocate’s ability to immediately meet and connect with the family facilitates consents for [ongoing] services.

Crisis Intervention

-  Crisis Intervention Not Applicable
 Almost one-quarter of the 86 cases identified deemed that crisis intervention was “*not applicable*” for the case (n=20; 23%).

-  Crisis Intervention Applicable
 PROVIDED: For the 63 cases where crisis intervention was assessed “*as applicable*,” over half of the 63 applicable cases, crisis intervention “*was provided*” by the Advocate throughout the investigation (n=36 of 63; 57%).

SOMEWHAT PROVIDED: For one-in-seven cases “*only somewhat*” of crisis intervention (n=9 of 63; 14%) was provided.

NOT PROVIDED: In almost one-quarter of the cases, the Advocate indicated that crisis intervention was “*not provided*” (n=20 of 63; 23%).

Analysis of the “*somewhat*” and “*not provided*” (n=29) cases suggests that the Advocate was unclear as to whether or not crisis intervention was provided to the child/youth and/or their family (n=16 of 29; 55%). In other cases, it was noted that the Advocate was not present for the investigation (n=6 of 29; 21%) or the Advocate followed up with the child/youth and/or their family (e.g., telephone calls, meetings; n=5 of 29; 17%).

Court Process



Crisis Intervention During Court Process

Generally this is NOT provided by the Advocate (77 of 87 cases; 88%). However, in 5 of 87 (6%) of cases, it was viewed by the Advocate as needed and in 5 cases, it was deemed not needed (6%). Thus, it appears crisis intervention during court is for a small cohort of cases.



Court Not Applicable (n=49 of 87; 56%):

Regarding court preparation, over half of the 87 cases indicated that a referral to court preparation was “*not applicable*” (n=49 of 87; 56%).



Court Applicable (n=38 of 87; 44%):

In the 38 cases when there criminal charges, a referral was often made by the Advocate for court preparation (n=28 of 38 cases), while 10 cases had no referral to court (n=10 of 38).

The Advocate indicated that 12 cases went to court during the Pilot Phase. Approximately half of the children/youth (n=7 of 12; 58.3%) *did not* have court accompaniment available to them, one-third *did* (n=4 of 12; 33.3%), or had only “*somewhat*” (n=1 of 12; 8.3%). In sum, at the time the Case Survey Form was completed, attending court by the Advocate was deemed “*not applicable*” for eight-in-ten cases (n=67 of 79; 85%).



Advocate Aids in Preparing a Victim Impact Statement

This is a rare event and “*occurred*” in one case for the child/youth (1 of 14; 7.1%) and “*somewhat*” with one case (1 of 14; 7.1%).



CHILD &
YOUTH
ADVOCACY
CENTRE ~
TORONTO

Periodic Follow-Up by Advocate



Child/Youth:

Slightly more than half of the 88 cases the Advocate “provide periodic follow-up contacts” with the child/youth (n=46 of 88; 52%); one-third of cases “do not have periodic follow-up” (n=31 of 88; 35%) or follow-up “somewhat” occurred (n=11 of 88; 13%).



Non-Offending Caregiver:

It is common practice for the Advocate to have “periodic follow-up contact” with the non-offending caregiver (n=71 of 88; 81%) versus “not having periodic follow-up” (8 of 88; 9%) or having “somewhat periodic follow-up” (n=2 of 88; 2%).

Table 1: Summary of Preliminary Findings of the Investigative Interview Process

Question	Yes	Somewhat	No	Total
<i>Child welfare is involved with the family*</i>	24 44%	0	30 56%	54
A child welfare worker was involved in the investigative interview	40 80%	0	10 20%	50
An Advocate was available throughout the investigation	45 52%	6 7%	36 41%	87
Crisis intervention was provided throughout the investigation	36 55%	9 14%	21 32%	66
Crisis intervention was provided throughout the court process	4 40%	1 10%	5 50%	10
Procedures are in place to provide periodic follow-up contacts with the child/youth	46 52%	11 13%	31 35%	88
Procedures are in place to provide periodic follow-up contacts with the non-offending caregiver	71 88%	2 2%	8 10%	81
A referral was made for court preparation	28 74%	0	10 26%	38
Court accompaniment was available to the child/youth	4 33.3%	1 8.3%	7 58.3%	12
Assistance in preparing a Victim Impact Statement was available to the child/youth	1 7.1%	1 7.1%	12 85.7%	14

*Question 1 data are problematic due to interpretation issues

Note: Responses **bolded in yellow** indicate that the frequency of the event occurred at least seventy percent (70%) of the time. Responses **in blue** indicate that the frequency of the event occurred at least at least fifty percent (50%) of the time.

Referrals for Children/Youth

The majority of referrals made for children/youth tended to be:

- **Counselling** (n=73 of 86; 85%) AND/OR **Medical services** (n=45 of 69; 65%).

Depending on case appropriateness and need, a smaller number of referrals were made for:

- *transportation assistance* (n=4 of 16; 25%);
- *domestic violence* (n=3 of 15; 20%); and
- *housing assistance* (n=2 of 14; 14%).

Refer to Table 2 for an overview of assistance in referrals for the child that were offered.

When children/youth were referred to community supports, they tended to consist of programs such as: *Big Brothers/Big Sisters*, *George Hull*, *Rainbows*, *SAFE-P Program at The Hospital for Sick Children*, school social worker, *West End Sexual Abuse Treatment (WESAT)*, and *Yorktown Child and Family Services*.

Table 2: Referrals for the Child/Youth

Assistance in referrals for the CHILD was offered for:	Yes	No	TOTAL
Medical services	45 65%	24 35%	69
Counselling	73 85%	13 15%	86
Housing assistance	2 14%	12 86%	14
Transportation assistance	4 25%	12 75%	16
Public assistance	1 8%	12 92%	13
Domestic violence	3 20%	12 80%	15
Other	15 60%	10 40%	25

Note: Questions **bolded in yellow** indicate that the frequency of the event occurred at least seventy percent (70%) of the time. Questions **in blue** indicate that the frequency of the event occurred at least at least fifty percent (50%) of the time.

Referrals for Parents/Caregivers

The preponderance of parents/caregivers had referrals to *counselling services* made for them (n=63 out of 72; 88%). Other services tended to have fewer referrals and fewer responses to these questions, including: *medical services* (n=6 of 21; 29%), *housing assistance* (n=7 of 17; 41%), *domestic violence* (n=9 of 19; 47%), and *public assistance* (n=4 of 14; 29%).

'Other' referrals included a range of referrals at the request of the parents/caregivers (n=18 of 28; 64%); examples include: daycare, summer camps, interpreter services, parents experience loss through divorce/separation groups, parent relief program, parenting support, grief support program, and programs for children (e.g., *Big Brothers*, *Etobicoke Children's Centre*, *Family Services of Toronto*, *George Hull*, *LAMP*).

Refer to Table 3 for a detailed breakdown of the survey responses.

Table 3: Referrals for the Parents/Caregivers

Assistance in referrals for the PARENT/CAREGIVER was offered for:	Yes	No	TOTAL
Medical services	6 29%	15 71%	21
Counselling	63 88%	9 13%	72
Housing assistance	7 41%	10 59%	17
Transportation assistance	2 17%	10 83%	12
Public assistance	4 29%	10 71%	14
Domestic violence	9 47%	10 53%	19
Other	18 64%	10 36%	28

Note: Questions **bolded in yellow** indicate that the frequency of the event occurred at least seventy percent (70%) of the time. Questions **in blue** indicate that the frequency of the event occurred at least fifty percent (50%) of the time.

Information & Assistance

Only four-in-ten cases (38 of 88) were assessed as appropriate to offer information and/or assistance to the child/youth on their legal rights or immigration issues. In short, while it was not a common service, it was not an uncommon one either. Although survey responses are limited, it appears that when offered, it was generally on the rights of crime victims and/or victim compensation. Refer to Table 4 for a more detailed breakdown of the information and assistance offered to the child/youth.

Table 4: Information/Assistance Offered to the Child

Information/assistance was offered to the CHILD for:	Yes	No	TOTAL
Legal services	3 11%	24 89%	27
Rights of crime victims	15 41%	22 59%	37
Victim compensation	17 45%	21 55%	38
Immigration	0	18 100%	18
Other	3 15.5%	16 84.2%	19

For approximately two-thirds of the parents/caregivers this information/assistance was indicated on the form as “not applicable” and they were excluded from the analysis. For nearly one-third of the families, this information/assistance was appropriate to offer and it tended to be in the form of *victim compensation* (n=20 of 35; 57%) or *rights of crime victims* (n=18 of 33; 55%). Refer to Table 5.

Table 5: Information/Assistance Offered to the Parent/Caregiver

Information/Assistance was offered to the PARENT/CAREGIVER for:	Yes	No	TOTAL
Legal services	14 44%	18 56%	32
Rights of crime victims	18 55%	15 45%	33
Victim compensation	20 57%	15 43%	35
Immigration	1 6%	15 94%	16
Other	5 25%	15 75%	20

Communication Between Partners

This question asked the Advocates' to rate the level of communication between police, CAS and themselves. From the Advocates' lens, overall, in nearly three quarters (73%) of the cases, the communication between the service partners was either *excellent* (n=13 of 88; 15%) or *good* (n=51 of 88; 58%); in one-in four cases, communication was deemed *poor* (n=24 of 88; 27%); at no time was it assessed as *very poor* (n=0 of 88; 0%).

Specifically, how well the two key partners (TPS and CAS) communicated with each other in the case during the Advocate notification segment of the investigation, as perceived by the Advocates was *very well* or *well* over 70% of the time (CAS n=52 of 67; 78% and police n=68 of 79; 86%). Refer to Table 6 for a detailed breakdown of the responses.



Table 6: Communication During the Advocate Notification Segment of the Investigation

How well did partners communicate with each other on case during ADVOCATE NOTIFICATION segment of investigation?	Very well	Well	Poor	Very Poor	TOTAL
CAS	40 60%	12 18%	13 19%	2 3%	67
POLICE	52 66%	16 20%	11 14%	0	79

Note: Questions **bolded in yellow** indicate that the frequency of the event (*communicate very well* or *well*) occurred at least seventy percent (70%) of the time.

The Advocates were asked to rate how well the CYAC partners communicated with each other in the case during the debrief segment of the investigation. Each partner received an over 70% rating of *very well* or *well*; CAS (n=56 of 69; 81%), Police (n=64 of 74; 86%), SCAN (n=56 of 72; 78%), SAFE-T (n=51 of 70; 73%), and other (n=3 of 3; 100). The Crown was not ranked. See Table 7.

Table 7: Communication During the Debrief Segment of the Investigation

How well did partners communicate with each other on this case during the DEBRIEF segment of the investigation?	Very well	Well	Poor	Very Poor	TOTAL
CAS	32 46%	24 35%	12 17%	1 2%	69
POLICE	35 47%	29 39%	10 14%	0	74
SCAN	26 36%	30 42%	16 22%	0	72
SAFE-T	11 16%	40 57%	19 27%	0	70
CROWN	0	0	0	0	0
OTHER	3 100%	0	0	0	3

Note: Questions **bolded in yellow** indicate that the frequency of the event (*communicate very well or well*) occurred at least seventy percent (70%) of the time.

The Advocate's rated how well ongoing communication went during the investigation. Again, over 70% of the time it was assessed by the Advocate to be "very well" or "well." CAS (n=49 of 69; 71%), Police (n=56 of 64; 88%), SCAN (n=7 of 9; 77%), SAFE-T (n=10 of 18; 56%), and other (n=10 of 10; 100%). See Table 8.

Table 8: Ongoing Communication During the Investigation

How well did partners communicate with each other on this case during ONGOING COMMUNICATION segment of the investigation?	Very well	Well	Poor	Very Poor	TOTAL
CAS	21 30%	28 41%	19 28%	1 1%	69
POLICE	19 30%	37 58%	8 13%	0	64
SCAN	3 33%	4 44%	2 22%	0	9
SAFE-T	3 17%	7 39%	7 39%	1 6%	18
CROWN	0	0	1 100%	0	1
OTHER	5 50%	5 50%	0	0	10

Note: Questions **bolded in yellow** indicate that the frequency of the event (*communicate very well or well*) occurred at least seventy percent (70%) of the time.

Parents/caregivers noted the benefits to them regarding service partners' collaborative communication.

- ✚ PARENT/CAREGIVER "... having the support of everyone working together to give me information. If I needed to know something I know I can call..."
- ✚ PARENT/CAREGIVER "... BOOST [staff] was with me consistently at The Gatehouse and she made me feel safe and comfortable and her support continued for months afterwards. Without her 'filling in the gaps' for me, I wouldn't have to know where to turn or what my next steps should be. Many, many thanks to [BOOST staff] from the children and me!!!"

3.2 Police Summary of Responses (n=330)

There was a total of 330 TPS Lead Child Abuse Investigation Case Activity Sheets that were completed by investigating officers between April 1, 2011 to March 31, 2013. The data were completed by police officers upon clearing the case by charge or otherwise for child/youth within Pilot or Control samples.

Note: The following data has been aggregated and the proportions for all questions are only of those who completed the assigned question.

Case Demographics

The breakdown of the case data:

✚ CYAC Pilot (n=197; 60%)

✚ Comparison Non-CYAC (n=133; 40%)

Despite the Pilot receiving slightly more cases, analysis did not find substantial differences between the two samples' demographics. Given that random sampling was not feasible, the similarity between the two samples strengthens the confidence that any findings of differences are most likely due to the influence of the CYAC service (refer to Table 9: Summary of descriptive variables).

Overall, almost all 330 cases (99%) had an allegation that was related to abuse:

- **Child physical abuse** (n=193 out of 329; 59%) or **Child sexual abuse** (n=133 out of 329; 40%).

CYAC Pilot data for TPS were collected between April 2011 to March 2013 and included two fiscal years:

✚ Year 1 (April 2011 to March 2012) = 210 of 330 cases (64%).

✚ Year 2 (April 2012 to March 2013) = 120 of 330 cases (36%).

VICTIM GENDER: Overall, there were more female victims (n=199 of 330; 60%) identified throughout Year 1 and Year 2 than male victims (n=131 of 330; 40%); there were no differences in gender between the Pilot and Comparison samples.

VICTIM GENDER BY TYPE OF OFFENCE: Differences were found with child gender by type of offence:

✚ Child Sexual Abuse – Females

With Pilot data, the female victims had a higher reporting of child sexual abuse:

*Pilot females re sexual abuse (n=65 of 118; 55%) vs. males (n=18 of 79; 22%).

✚ Physical Abuse – Males

Male victims in the Pilot & Comparison groups had higher reporting of child physical abuse:

*Pilot males (n=60 of 78; 77%) vs. females (n=53 of 118; 45%).

*Comparison males (n=39 of 49; 80%) vs. female (n=41 of 81; 51%).

VICTIM AGE: No differences were noted in age of the child/youth victims between the Pilot (mean = 9.21 years; SD = 4.13 years) vs. Comparison samples (mean = 9.28 years; SD = 4.12 years).

Table 9: Summary of Descriptive Variables

Variable	Pilot Sample	Comparison Sample	TOTAL
N	197 (60%)	133 (40%)	330 (100%)
Offence Type			
Child physical abuse	113 (57%)	80 (61%)	193 (59%)
Child sexual abuse	83 (42%)	50 (38%)	133 (40%)
Neglect	<u>1 (0.5%)</u>	<u>2 (1.5%)</u>	3 (0.9%)
TOTAL	197 (100%)	132 (100%)	329 (100%)
Year Case Assigned			
Apr 11 – Mar 12	121 (61%)	89 (67%)	197
<u>Apr 12 – Mar 13</u>	<u>76 (39%)</u>	<u>44 (33%)</u>	133
TOTAL	198 (100%)	133 (100%)	330
Gender of Victim			
Male	79 (40%)	52 (39%)	131 (40%)
Female	<u>118 (60%)</u>	<u>81 (61%)</u>	199 (60%)
TOTAL	197 (100%)	133 (100%)	330 (100%)
Age of Victim			
Mean age	9.21 years	9.38 years	9.28 years
SD*	4.13 years	4.12 years	4.12 years
Age range	0-18+ years	1-18+ years	0-18+ years

*SD = standard deviation

Interactions with CAS

From the perspective of the police officers, the interactions between TPS and CAS were fairly consistent between the Pilot and Comparison samples (refer to Table 10). The results from the data suggests both groups state it is common practice to have a: (i) briefing with CAS prior to commencing the investigation, (ii) briefing with CAS prior to the victim interview, and (iii) debriefing with CAS after the victim interview.

Approximately one-third (n=70 or 197; 35%) of the Pilot officers ranked how effective they perceived their working relationship was with CAS on the joint cases. Results were positive in that nine-in-ten of the Pilot TPS officers who reported on this item indicated that there was an “effective” or “very effective” relationship (n=64 of 70; 91%); Comparison TPS officers’ data could not be reported (only one response). To obtain more data on the perspectives of the police officers, a focus group and online feedback survey was made available. Please refer to Section 3.6 CAS/Police/Collaterals Feedback Focus Group for more details.

Table 10: Summary of Interactions Between TPS & CAS

Areas of Inquiry	Pilot Sample	Comparison Sample
Was there a briefing with CAS <u>prior</u> to commencing the investigation?	Yes (n=160 of 197; 81%)	Yes (n=98 of 133; 74%)
Was there a briefing with CAS <u>prior</u> to the victim interview?	Yes (n=142 of 195; 73%)	Yes (n=95 of 131; 73%)
Was there a debriefing with CAS <u>after</u> the victim interview?	Yes (n=158 of 195; 81%)	Yes (n=110 of 131; 84%)

Interactions with Advocates

Only Pilot TPS officers who interacted with the Advocates provided data on this item.

The TPS Pilot officers rated their interactions with the Advocate as quite positive.

*TPS Cases With Advocate: n=105 of 197; 53%) vs. TPS Cases No Advocate: n=92 of 197; 47%).

TPS Cases With Advocate: Forty percent (42 of 105) of the TPS cases that involved the Advocate had data about the time spent with the Advocate and the officers views on the Advocate's assistance with the investigation.

*TPS Time Spent with Advocate: Most TPS officers spent approximately half an hour with an Advocate (n=30 of 42; 71%) vs. one hour with the Advocate (n=9 of 42; 21%) vs. 1 to 2 hours (n=3 of 42; 7%).

*Advocate Assisted with Investigation: Of the 70 cases with data, it was more likely the Advocate was involved (n=41 of 70; 59%) vs. not involved (n=29 of 70; 41%).

*Working Relationship with the Assigned Advocate: Insufficient data to report on. Please refer to Section 3.6 CAS/Police/Collaterals Feedback Focus Group for more details.

Interactions with Other Community Partners

Generally, case conferences were not done with other community partners in both the Pilot ("no" = n=128 of 195; 66%) or Comparison samples ("no" = n=91 of 130; 70%).

Victim/Family Management

TPS data on 80 Pilot cases (80 of 197; 42%) reported on the hours spent on victim/family management:

* Less than 30 minutes	(n=43 of 80; 54%)
* 31 minutes-120 minutes	(n=16 of 80; 20%)
* 121-180 minutes	(n=12 of 80; 15%)
* 181 minutes	(n=9 of 80; 11%)
N=80 of 80; 100%	

Note: These results need to be treated with caution as the findings are only suggestive since data were not reported for the preponderance of the Pilot cases (n=117 of 197; 59%) and only one case had data with the Comparison sample.

Interviews with Victims

Range of # of Interviews: Pilot = 0 to 3 interviews vs. Comparison = 0 to 2 interviews.

Typical # of Interviews: Pilot = 1 (148 of 193; 77%) vs. Comparison = 1 (115 of 131; 88%) with Victim.

LENGTH OF INTERVIEW BY GENDER: In the Pilot, interviews with the victims and police officers ranged from less than 30 minutes to 3 hours; with nearly nine-in-ten (89%) of the interviews lasting less than 30 minutes (n=83 of 180; 46%) or 31-60 minutes (n=78 of 180; 43%). Refer to Table 11. When gender of the victim is examined by the length of the interview, female victims (n=19 of 111; 17%) are more likely to receive longer interview times (90-120 minutes) compared to male victims (n=0 of 69; 0%); the lengthier interviews tend to be with child victims 11 years and older. As noted earlier – female victims are more likely to be victims of child sexual abuse.

PLACE OF INTERVIEW:

*PILOT

Place of Interview: Overall, one third of the interviews occurred at *The Gatehouse* (n=58 of 180; 32%) and a third at the victim's *school* (n=55 of 180; 31%) and the remaining third took place at either the *police division* (n=42 of 180; 23%), or *other locations* (n=25 of 180; 14%, e.g., the *Child Development Institute*).

Place of Interview by Gender: Male victims tended to have their first interview at a *school* (n=26 of 69; 38%), at *The Gatehouse* (n=22 of 69; 32%), at *other locations* (n=13 of 69; 19%), and at the *police division* (n=8 of 69; 12%). Female victims tended to have their first interview at *The Gatehouse* (n=36 of 111; 32%), the *police division* (n=34 of 111; 31%), at *school* (n=29 of 111; 26%), at *other locations* (n=12 of 111; 11%).

*COMPARISON

Place of Interview: Interviews with victims and police officers ranged from less than 30 minutes to 2 hours. Similar to the Pilot data, nine-in-ten (90%) cases were completed in less than 30 minutes (n=56 of 122; 46%) or 31-60 minutes (n=54 of 122; 44%). See Table 11. Analysis of whether or not gender differences existed regarding the length of interviews is limited due to small sample sizes; thus, analysis is suggestive regarding the finding of no gender differences noted (i.e., no difference by gender who received 90-120 minute interviews (n=4 males of 47; 9% compared n=8 females of 75; 11%).

Place of Interview by Gender: Most first interviews took place at the *police division* (n=58 of 122; 48%), followed by the victim's *school* (n=42 of 122; 34%), *other locations* (n=18 of 122; 15%), or at *The Gatehouse* (n=4 of 122; 3%). Gender analysis finds male victims tended to have their first interview at their *school* (n=21 of 47; 45%), followed by *police division* (n=18 of 47; 38%), or *other locations* (n=8 of 47; 17%). Female tended to have their first interview at the *police division* (n=40 of 75; 53%), at their *school* (n=21 of 75; 28%), *other locations* (n=10 of 75; 13%), or at *The Gatehouse* (n=4 of 75; 5%).

Table 11: Description of Interview #1 – Where & How Long was the Interview Process

Pilot vs. Comparison	Location of Interview #1	Approximate length of time of Interview #1 with victim				Total
		< 30 minutes	31-60 minutes	61-90 minutes	91-120 minutes	
Pilot	Gatehouse [1 st]	19	29	7	3	58
	School [2 nd]	31	21	2	1	55
	Police Division [3 rd]	15	21	5	1	42
	Other	18	7	0	0	25
	Total Interviews for Pilot	83	78	14	5	180

Pilot vs. Comparison	Location of Interview #1	Approximate length of time of Interview #1 with victim				Total
		< 30 minutes	31-60 minutes	61-90 minutes	91-120 minutes	
Comparison	Gatehouse	2	1	1	0	4
	School [2 nd]	21	13	3	5	42
	Police Division [1 st]	23	33	2	0	58
	Other [3 rd]	10	7	0	1	18
	Total Interviews for Comparison	56	54	6	6	122

Second Interview:

*Pilot: the second interviews (n=32) most often occurred at *The Gatehouse* (n=15 of 32; 47%), the *police division* (n=9 of 32; 28%), *other location* (n=7 of 32; 22%), or the victim's school (n=1 of 32; 3%).

*Comparison: the second interviews (n=7) tended to occur at the *police division* (n=5 of 7; 71%), at *other locations* (n=1 of 7; 14%) or *The Gatehouse* (n=1 of 7; 14%).

DESIGNATED CHILD ABUSE INVESTIGATORS:

During the *first victim interview*, CAS tended to be involved in both the Pilot (n=123 of 183; 67%) and Control samples (n=86 of 120; 72%).

Aggregate analysis of the 330 cases finds the TPS protocol is for two Designated Child Abuse Investigators to be involved in the abuse interviews.

*PILOT: Over half the cases had two Investigators (n=117 of 197; 59%), one-third of cases had one Investigator (n=65 of 197; 33%), and one-in-twelve cases had three (n=11 of 197; 6%) or four Investigators (n=4 of 197; 2%). Other TPS officers were involved in cases. Of the 157 cases with data on this item, the number of additional officers ranged from 0 to 4+. Half of these cases used 1-2 added police officers (n=80 of 157; 51%); over one-third did not require any additional police officers (n=61 of 157; 39%); and 10 percent used more than three (n=16 of 57; 10%).

*COMPARISON: Two Investigators (n=76 of 133; 57%) or one Investigator (n=50 of 133; 38%) were the norm. Infrequently there were three (n=5 of 133; 4%) or four Investigators (n=2 of 133; 2%). Again, in many investigations in the Comparison sample, additional police officers were needed (ranging from zero to more than four. Similar to the Pilot sample, half required one or two Investigators (n=62 of 126; 50%); over one-third did not require any additional police officers (n=52 of 126; 41%) and a few used more than three additional officers (n=12 of 126; 9%).



Legal Procedures

A number of key variables were examined regarding the legal procedures of the TPS child abuse investigations.

- ✚ Length of time a case was opened to the point of being closed.
- ✚ Whether charges were laid (e.g., frequency of charges, type of charges, length of time to first court date).

LENGTH OF TIME CASE OPEN:

Pilot: Assign and clear cases = average of 8.31 days.

Comparison: Assign and clear cases = average 9.39 days.

CHARGES LAID:

No Charges Laid: Predominant response in two-thirds of the Pilot and Comparison cases: no charges laid,

Charges Laid: In one-third of cases charges were laid.
Pilot cases (n=59 of 195; 30%) vs. Comparison cases (n=46 of 132; 35%).

NUMBER OF CHARGES LAID:

Charges Laid: On average, there were more charges laid in Pilot cases (average of 3.48 charges; (SD=3.27) vs. Comparison cases (average of 2.4 charges; SD=1.42).

Of the charge(s) laid, the top three most frequently applied types were the same in the Pilot (67% of all charge types) and Comparison sample (73% of all charge types). However, as noted below, the order of the top three differs significantly:

- | | |
|---|---------------------------------|
| i) <i>Assault cc266:</i> | Pilot = 20% vs. Comparison =35% |
| ii) <i>Sexual Assault cc271:</i> | Pilot =28% vs. Comparison 9% |
| iii) <i>Assault with a Weapon cc267(b):</i> | Pilot = 19% vs. Comparison =29% |

Offender Confession: Regardless if the case was in the Pilot or Comparison, the offender predominately did not confess.

Time to 1st Court Date: If the case was scheduled for court, the time from laying the charge(s) to the first court date was:

Pilot: = average of 21.93 days

Comparison: = average of 24.48 days.

Refer to Table 12 for more details.



Table 12: Legal Procedures of Pilot & Control Samples

Areas of Inquiry	Pilot	Comparison
What was the length of time between assignment of case to clearing of case by charge or otherwise (in days)?		
Mean	8.31	9.39
SD*	12.57	18.64
Range	0-65	0-106
Were charges laid?		
Yes	59 (30%)	46 (35%)
No	136 (70%)	86 (65%)
If charges were laid – how many charges?		
Mean	3.48	2.4
SD	3.27	1.42
Range	1-12+	1-6
If charges were laid – what type of change(s) were laid? **	N=197	N=133
Assault cc266	17	19
Sexual Exploitation cc153(1)(a)	2	3
Sexual Exploitation cc153(1)(b)	3	0
Invitation to Sexual Touching cc152	6	3
Threaten Death cc264.1(1)(a)	3	5
Threaten Bodily Harm cc264.1(1)(a)	1	0
Sexual Assault cc271	24	5
Fail to Provide Necessities cc215	0	1
Assault Causing Bodily Harm cc267(a)	2	1
Assault with a Weapon cc267(b)	16	16
Aggravated Assault cc268(1)	1	1
Other – not specified	<u>10</u>	<u>1</u>
TOTAL	85 of 197	55 of 133
Ratio # Charges: # Cases	.43	.41
If charges were laid – did the offender confess?		
Yes	30 (17%)	15 (12%)
No	147 (83%)	109 (88%)
If charged – how long between the time from laying the charge(s) to the first court date (in days)?		
Mean	21.93	24.48
SD	22.42	20.60
Range	0-61	0-65

*SD = standard deviation

** There were other possible charges that the police officers could have indicated on the Police Summary Forms; however, none of the cases fit those criteria.



3.3 Parents and/or Caregiver Feedback (n=11)

A total of 11 parents/caregivers provided feedback within the CYAC Pilot. Specifically, there were a total of nine parents/caregivers who completed the online feedback survey and two who completed a hardcopy about their experiences. Feedback from the parents/caregivers in the Comparison group was not sought. Given the limited amount of data, the results are suggestive and must be treated with caution.

Type of Service Received During Investigation

Participating parents/caregivers were asked to identify services received by their family during the course of the investigation. As Table 13 shows the two (2) most frequently used services during the investigation were: *child interview* (n=8; 73%), and *referrals* (n=8; 73%).

Table 13: Type of Services Received During Investigation

Area of Measurement	Yes	No	TOTAL
Child interview	8 73%	3 27%	11
Crisis counselling	2 18%	9 82%	11
Safety/ongoing counselling	3 27%	8 73%	11
Referrals	8 73%	3 27%	11
Medical Exam	1 9%	10 91%	11
Courtroom orientation	1 9%	10 91%	11
Other	3 27%	8 73%	11
*Included services, such as BOOST, SAFE-T			

Note: Questions bolded in yellow indicate that the frequency of the event occurred at least seventy percent (70%) of the time.

Location of the Child & Parent/Caregiver Interviews



Parents/caregivers reported that their children tended to be interviewed by CAS/police for the investigation at The Gatehouse (n=5 of 9; 56%). Other interview locations took place at other areas (n=2; 22%), school (n=1; 11%), and police station (n=1; 11%). All parent/caregiver interviews, if applicable, occurred at The Gatehouse as well (n=7; 100%).

Satisfaction with Services: Process & Environment Context

Parents and caregivers were asked to rate their satisfaction with specific aspects of the CYAC services received. Response possibilities included *yes*, *somewhat* and *no* to each of the eight questions that related to services dimensions that addressed understanding the investigation process. Areas included: *explanation for investigation*, *being treated with respect*, *environment*, *feelings of being safe*, and *service promptness*. As Table 14 illustrates, the participants that responded tended to indicate *yes* to each of the questions.

Table 14: Satisfaction with Process & Environment

Questions	Yes	Somewhat	No	TOTAL
Did we explain why you were part of an investigation involving your child/youth?	10 100%	0	0	10
Did we listen to what you had to say?	10 100%	0	0	10
Was your child treated with respect?	9 100%	0	0	9
Were you treated with respect?	9 90%	1 10%	0	10
Were the surroundings child/youth friendly?	9 100%	0	0	9
Did you feel safe where you were interviewed?	7 100%	0	0	7
Did it feel like a safe place to talk about what happened?	7 100%	0	0	7
Were your telephone calls returned promptly?	10 100%	0	0	10

Note: Questions bolded in yellow indicate that the frequency of the event occurred at least seventy percent (70%) of the time.

Note: Not all parents responded to these questions; therefore, the totals do not add up to 11 participants.

Overall Rating of the Quality of Service Received

Families/caregivers who received the CYAC Pilot service were asked to rate their *overall satisfaction* with the services they received. Response options included *excellent*, *good*, *poor*, and *very poor*. As Figure 1 below shows, eight-in-ten (n=8 of 10; 80%) rated the overall quality of service as *excellent* and the remaining one-in-five who answered the questions (n=2 of 10; 20%) indicated that the service was *good*.

Figure 1: Overall Quality of Service Received



Overall Satisfaction with Specific Service Providers

Families/caregivers were asked to rate their *overall satisfaction* with specific aspects of services relating to the *child welfare worker, police officer, Advocate, medical examiner, counselor, Crown attorney, victim witness staff* and *wait time for services*. Response options included *very satisfied, satisfied, dissatisfied, very dissatisfied* and *not applicable*. It is important to note that the total number of participants for each question may not be the same as some participants may have chosen *not applicable* as an option or did not answer the question.

As Table 15 shows, most participants were either *satisfied* or *very satisfied* with services received from a variety of service providers. There was more diverse satisfaction related to their CAS worker ranging from “*very satisfied*” to “*very dissatisfied*.” There is insufficient data to provide comments about parent/caregivers’ satisfaction with the service that they received from the *medical examiner, counselor, Crown attorney*, and *victim witness staff* as only one person commented for each service provider. For the most part, parents/caregivers appear to be *satisfied* (n=6) or *very satisfied* (n=4) with the wait times of the services that they used (n=4 out of 5; 80%).

Table 15: Overall Satisfaction with Specific Service Providers & Wait Times

Service Aspect	Frequency of Response					
	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	Total	N/A
CAS worker	1	2	4	2	9	1
Police officer	1	0	5	4	10	0
Advocate	0	0	2	6	8	2
Medical examiner	0	0	1	0	1	8
Counselor	0	0	1	0	1	8
Crown attorney	0	0	1	0	1	8
Victim witness staff	0	0	1	0	1	8
Wait time for services	0	0	6	4	10	0

Satisfaction with Services: Responsiveness & Helpfulness of the Service Providers

Parents/ caregivers were asked to rate their *satisfaction* with the responsiveness of specific service providers; more specifically, the *CAS worker, police officer, counselor*, and the *Advocate*.

Response options to each of the 11 questions included *yes, somewhat* and *no*. As Table 16 illustrates, the majority of participants felt that their *CAS worker, police officer, counselor*, and *Advocate* were responsive to their needs.



Table 16: Satisfaction with Service Responsiveness & Helpfulness of the Service Providers

Question	Yes	Somewhat	No	TOTAL	N/A
Was the CAS worker responsive to your questions?	7 78%	1 11%	1 11%	9	0
Was the police officer responsive to your requests?	7 78%	1 11%	1 11%	9	0
If you met with a counselor, was the counselor responsive to your needs?	2 100%	0	0	2	8
Did you feel comfortable in contacting the Advocate when you needed?	10 100%	0	0	10	0
Did the Advocate promptly respond to your calls?	9 100%	0	0	9	0
Did the Advocate provide you with the information or referrals you needed?	9 90%	0	1 10%	10	0
Did the Advocate tell you about court preparation services?	5 71%	1 14%	1 14%	7	3
Did you feel comfortable talking with the Advocate?	9 100%	0	0	9	0
Did the Advocate tell you what to expect?	9 100%	0	0	9	0
Did the Advocate address your concerns?	8 100%	0	0	8	0
Was the information provided to you by the Advocate helpful?	9 100%	0	0	9	0

Note: Questions bolded in yellow indicate that the frequency of the event occurred at least seventy percent (70%) of the time.

Emerging Themes from Feedback Provided by Parents/Caregivers

Analysis of the feedback from the parents/caregivers identifies emerging themes related to the CYAC Pilot's helpfulness related to its **support**, **safety**, and **control**. Their feedback indicated that the *process was coordinated well, the environment/setting welcoming, and the service providers made the parents/caregivers feel safe*. (Note: Due to the small sample size, these themes have not reached saturation.)

Table 17: Emerging Themes from Parents/Caregivers

EMERGING THEME	PARENT/CAREGIVER QUOTATIONS
Process	<p>"I hope that this continues because it was very well coordinated and I was very happy that everyone was working together"</p> <p>"Having the support of everyone working together"</p> <p>"Having the support of ... everyone working together to give me information"</p>
Environment/Setting	<p>"The Gatehouse is a wonderful place"</p> <p>"This program is a good thing. It is really helpful for families to have a safe and welcoming place to go to."</p>
Service Provider(s)	<p>"Boost is best..."</p> <p>"...made me feel safe and comfortable...I wouldn't have known where to turn or what my next steps should be..."</p>

3.4 CAS Case Worker Forms (n=40)

The CAS workers from the Toronto Children's Aid Society (CAST) and Catholic Children's Aid Society (CCAS), who were on the CYAC Pilot Teams and completed child abuse investigations during the Pilot phase, were invited to participate in the evaluation of the CYAC. Participating workers completed a standardized CYAC case form designed to collect CAS data. Examples of data included: *referral source, type of maltreatment, risk and severity, community referrals and CASs rating of the collaboration between partners*. Analysis is based on a total of eight CAS workers who completed a total of 40 forms, consisting of 40 different investigations with 40 different families.

Demographic Information

REFERRAL SOURCE: Nearly nine-in-ten (89%) of the CYAC Pilot for CAS referrals were from: ***schools*** (n=21; 55%), ***health professionals*** (n=7; 18%), and ***police*** (n=6; 16%). This is compared to the top three referral sources (47%) across all CASs in Ontario in 2012-2013: ***police*** (22%), ***schools*** (13%) and ***other agencies*** (i.e., other CASs) (12%).

MALTREATMENT CATEGORIES: At the point of referral, every report to a child welfare agency in Ontario is coded for maltreatment type by using a standardized tool called the *Eligibility Spectrum*. This provincial gate-keeping tool categorizes each referral by maltreatment type (Section & Scale) and level of risk (Severity). The *Eligibility Spectrum* is divided into Protection and Non-Protection sections. The five Protection Sections are grounded in Part III of the *Child and Family Services Act*, which mandates the protection of maltreated children or children at risk of maltreatment.

Reasons for Referrals: The child protection sections of the *Eligibility Spectrum* are as follows: Section 1) Physical/Sexual Harm by Commission; Section 2) Harm by Omission; Section 3) Emotional Harm/Exposure to Conflict; Section 4) Abandonment/Separation; and Section 5) Caregiver Capacity. Across Ontario, in 2012-13, the Top Three *reasons for a referral* (nearly 180,000) against those *requiring an investigation* (nearly 84,500) were: Section 3 – Child exposure to partner violence (20.4%); Section 5 – Caregiver with a problem (19.7%); and Section 1 – Physical force (19.2%) (OACAS, 2013a). While CAS service spans all child maltreatment types, the focus of the CYAC is primarily serious abuse cases (Section 1) coupled with severe neglect cases (Section 2). Thus, it was anticipated that focus would be evident. Analysis of the *Eligibility Spectrum* codes of the 40 CAS cases with data finds the following:

Physical Harm of Child (n=24 of 40; 60%) [Section 1]

- *Physical force and/or maltreatment with an extreme level of severity by a person who is a prime caregiver of the child* (11A) (n=22; 55%).
- *Suspicious or unexplained injuries which do not match the explanation presented or do not appear to be accidental* (11E) (n=2; 5%).

Sexual Harm of Child (n=14 of 40; 35%) [Section 1]

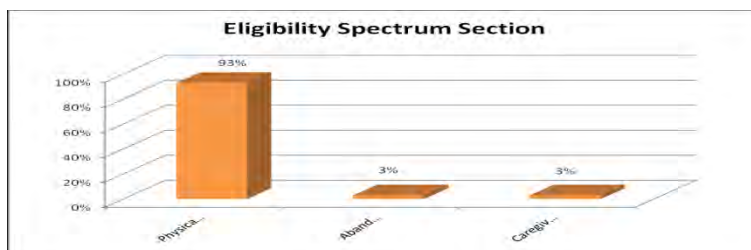
- *Child exhibiting sexual behaviour with no identified perpetrator* (13F) (n=11; 28%).
- *Risk that the child is likely to be sexually harmed/questionable sexual activity* (13I) (n=2; 5%) (n=2).

Other Maltreatment Types (n= 2 of 40; 5%) [Section 2 and Section 5]

- "Other" occurrences include *neglect* (i.e., abandonment) and *caregiver with a problem* (i.e., caregiver capacity) (n=2; 5%).

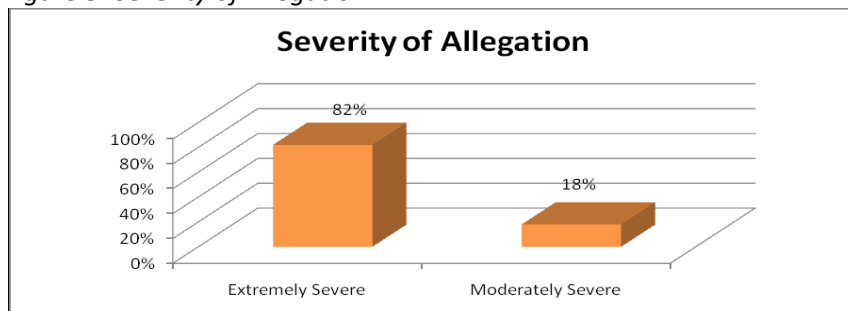
In sum, a total of 95% (n=38 of 40) of the CYAC-CAS referrals were coded for physical harm/abuse or sexual harm/abuse. Abandonment/separation and caregiver capacity were a small sample of these 40 cases (n=3 of 40; 7%). See Figure 2.

Figure 2: Eligibility Spectrum Section



SEVERITY OF ALLEGATION: In addition to coding the type of maltreatment, the *Eligibility Spectrum* also allows the CAS worker to code the *severity of the allegation* in order to aid in selecting an appropriate response time (i.e., within 12 hours vs. 7 days). Levels of severity range from *extremely severe*, *moderately severe*, *minimally severe* to *not severe*. The child welfare intervention line typically exists between *moderate* and *minimal*; allegations coded as *minimal* or *not severe* tend to not require intervention, as risk or maltreatment to the child is assessed as minimal. Historically, approximately 80% of CAS investigated cases are coded *moderately severe* and 20% are coded *extremely severe*. All 40 CYAC-CAS referrals that were analyzed were above the intervention line and reverse coding on *severity* was found. In that, eight-in-ten (n=32; 82%) were coded as *extremely severe* and one-in-five (n=7; 18%) were identified as *moderately severe*. In short, the CYAC appeared to be referred the most severe child abuse investigation cases, which was the criteria for referral to the CYAC. See Figure 3.

Figure 3: Severity of Allegation



ALLEGATION: The CAS workers were also asked to describe the *initial concern or allegation* that prompted their investigation. Given 80% of the CYAC cases are coded *extremely severe* (harm has occurred) the findings on the *most common allegation* were expected. In sum, the majority of allegations (n=16 of 40; 40%) were under Spectrum Section 1 – Physical harm, where some type of *injury to the child occurred by the prime caregiver*; injuries include scratches, bruising, cuts, and broken bones. This section also includes *physical assault by a family member*, which includes siblings, and caregivers and occurred in 15% (n=6 of 40) of the cases but did not include any injuries or marks as a result.

The *second most common allegation* (25%, n=10) also fell within Section 1 - Sexual abuse or sexualized behaviour (n=13); alleged perpetrators in these cases included parent, siblings, caregivers, and adults outside of the family. As well, a total of 15% (n=6 of 40) of the cases involved some form of risk to the child, for example, risk of physical harm and risk of separation.

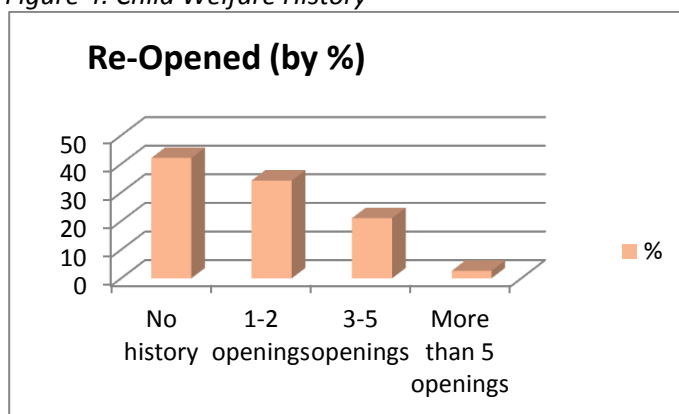
Finally, the *least common allegations* (5%; n=2 of 40) were from Section 2 – Neglect or Section 5 – Caregiver Capacity.

CASE RECURRENCE: Case recurrence (re-opened) is a common element of the work of child welfare. 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 across the then, 51 CASs: 5% to 65% (OACAS, 2011). Thus, participating child welfare workers were asked about the history of the cases they were investigating within the CYAC Pilot and whether the case was opened for the first time or had been opened previously.

Analysis of the 40 CYAC CAS cases finds 40% (n=16 of 40) were a first-time opening and did not have a prior history of any child welfare involvement. Ergo, 60% (n=24 of 40) had a previous opening with the following breakdown. See Figure 4 for full results.

- Re-opened: 60% (n=24 of 40)
- Re-opened 1-2 times: 35% (n=14 of 40)
- Re-opened 3-5 times: 22% (n=9 of 40)
- Re-opened 5 + times: 3% (n=1 of 40)

Figure 4: Child Welfare History



INTERVIEW WITH CHILD/YOUTH VICTIM: Each of the 40 CAS investigations included in this analysis consisted of one or more interviews with a child victim. The mean and median age for interviewed children across these 40 CAS CYAC cases = 9.0 years. The mean number of child interviews = 1.5, which suggests that on average, each child was interviewed more than one time during the course of the investigation. The majority of children interviewed were female (n=15 of 40; 63%), and came from a single parent household (n=23 of 40; 58%). Regarding the total number of children per family, the preponderance of families involved with the CYAC Pilot either had two children at home (n=16 of 40; 40%) or had one child at home (n=15 of 40; 38%). See Table 18 for full results.

Table 18: Family Demographics

Area of Measurement	n	%
Child Gender		
Male	15	38%
Female	25	63%
Family Composition		
Single parent household	23	58%
Two parent household	17	43%
Total Number of Children in Family		
1	15	38%
2	16	40%
3	4	10%
4 or more	5	14%

Investigation Outcomes

As part of the CYAC Pilot Evaluation, the CAS workers were asked about various outcomes of their investigation. The need to more fully understand how the different facets of the investigation are linked to outcomes is key in order to improve CYAC service processes and outcomes for the children/youth and families served.

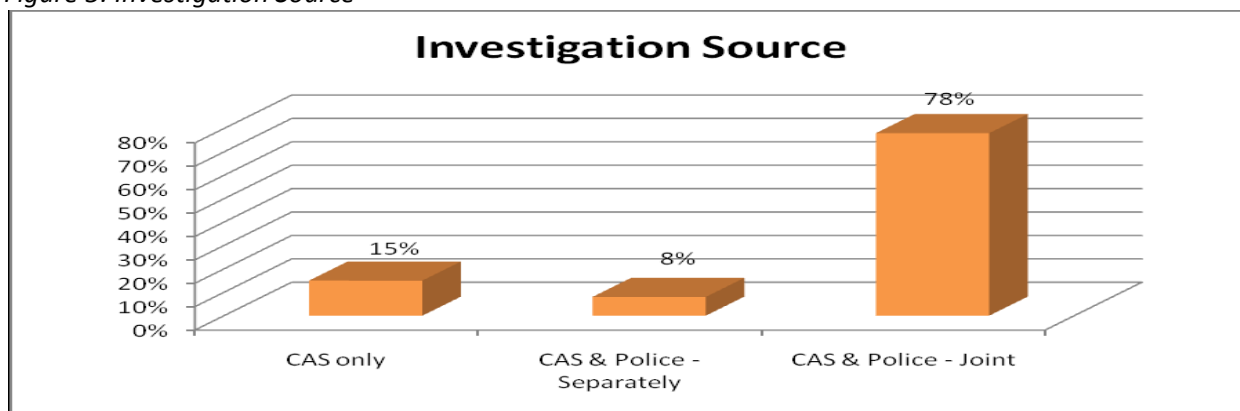
SINGLE vs. JOINT INVESTIGATIONS:

Joint: As anticipated with a CYAC model, the analysis of these 40 CAS cases suggests the majority of investigations (n=31 of 40; 78%) were jointly done by both TPS and CAS.

Solely CAS: For one-in-seven cases (n=6 of 40; 15%), investigations were conducted only by a CAS.

Independent CAS & TPS: For three cases (n=3 of 40; 8%), the police and CAS independently and separately conducted the interview for the case. See Figure 5 for full results.

Figure 5: Investigation Source



Note: Results are rounded and may not equal 100%.

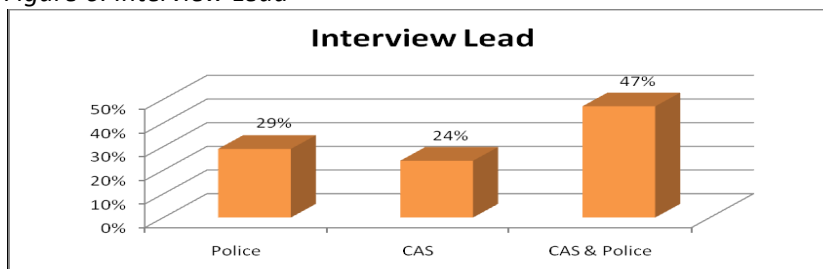
STRUCTURE OF INTERVIEW: During each joint investigation, TPS and CAS make a decision about the structure of the child interview. The investigating partners strategize about the organization of the interview, decide whether or not there will be a “lead” interviewer and if so – who. A total of 38 cases had data on this item.

Jointly Led: Most CYAC-CAS interviews (n=18 of 38; 47%) for these 38 cases were jointly led by TPS and CAS.

TPS Led: Police led the interview in more than one-quarter of these 38 cases (n=11 of 38; 29%).

CAS Led: Child welfare led in one-in-four cases (n=9 of 38; 24%) of these 38 cases. See Figure 6.

Figure 6: Interview Lead



INTERVIEW SITE: The site to interview the child victim varied depending on referral source (e.g., school), CYAC site availability (The Gatehouse), investigative need, and the child's comfort and safety level. Analysis of the 38 cases with data on this item ranks the data by frequency. Refer to Figure 9 for full results.

1st Top Site: School – majority of child interviews (n=17 of 37; 45%) took place at the child's school.

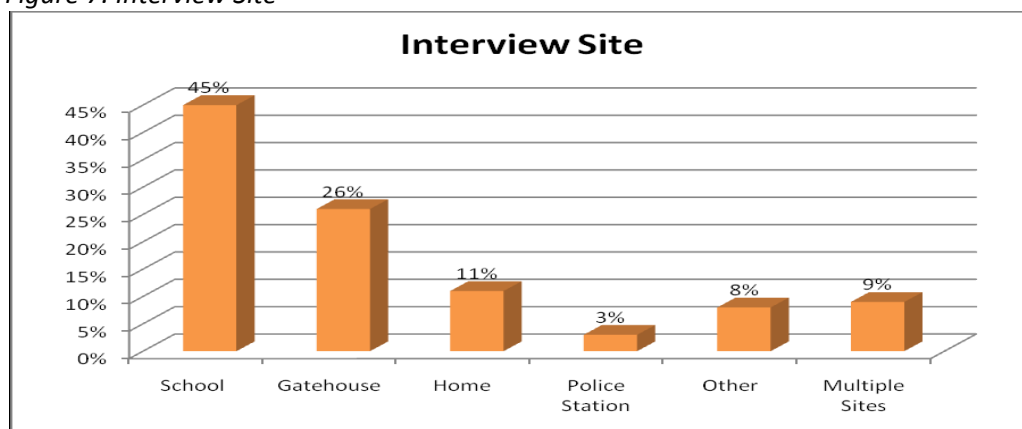
2nd Top Site: Gatehouse – a further quarter (n=10 of 38; 26%) occurred at The Gatehouse.

3rd Top Site: Child's Home – for one-in-ten cases, the interview took place at the home (n=4 of 38; 10%).

Not Videotaped: Of the 36 CYAC-CAS cases with data, most were *not* videotaped (n=25 of 36; 69%).

Videotaped: One-third of these 36 CYAC-CAS cases were videotaped (n=11 of 36; 31% (n=11).

Figure 7: Interview Site



ADVOCATE INVOLVEMENT: The CAS workers were asked about the involvement of the CYAC Advocate in order to expand understanding of the Advocates role and contribution to the investigative process under the CYAC model. In 84% of these 38 CAS cases (n=32 of 38), the Advocate was notified of the CAS/TPS investigation and ongoing process. Despite the high rate of notification, the Advocate was involved in only one-quarter of those investigations (n=9 of 35; 26%); this may be higher as one-in-five CAS workers (20%) were *unsure* if the Advocate was involved in the investigation. This needs to be explored in greater detail in the CYAC Full Implementation Phase. In addition, the Advocates were notified of investigations that began at schools, but never attended these investigations. See Table 19 for full results.

Table 19: Advocate Involvement in Investigation

Area of Measurement	Yes	No	Unsure	TOTAL
Advocate notified of investigation	32 84%	3 8%	3 8%	38
Advocate involved in investigation	9 26%	19 54%	7 20%	35

Note: Questions bolded in yellow indicate that the frequency of the event occurred at least seventy percent (70%) of the time.

CONTINUED ADVOCATE ENGAGEMENT WITH FAMILY POST-INVESTIGATION: During the investigation, families were provided the option of continued engagement with the Advocate. (Note: The statistics in this section do not accurately reflect the number of families involved with an Advocate due to the low number of case forms submitted.)

- Not Applicable: In one-third of the 35 cases with data (n=11 of 35; 31%), this was not offered to the family due to the circumstances of the investigation (e.g., consent was not obtained).

- **Advocate Continuation Unsure:** In another third of the cases (n=11 of 35; 31%), it was unclear to the child welfare worker whether or not there was continued involvement with the Advocate.
- **Advocate Continuation:** In one-in-five cases (n=7 of 35; 20%), there was some element of continued Advocate engagement with the family: Consistent: engagement was consistent (n=4 of 36; 11%) vs. Inconsistent engagement (n=3 of 35; 9%).
- **Family Declined:** In one-in-six cases (n=6 of 35; 17%), the caregiver declined further involvement with the Advocate.

COMMUNITY REFERRALS: The child welfare workers associated with the 40 CYAC cases were asked about the various community referrals that were provided to the families involved in investigations. Many families received more than one type of referral for support.

- *Counselling:* In over half the cases (n=24 of 40; 60%), counselling referrals were made for family members.
- *Crisis Intervention:* Crisis intervention referrals were provided in six cases (n=6 of 40; 15%).
- *Medical referrals:* These referrals were provided in six cases (n=6 of 40; 15%).
- *Victim/Witness Assistance Program, Housing, or Social Assistance Programs:* No referrals were noted.
- *No Referral Provided:* Four cases (n=4 of 40; 10%) did not have referrals for community services.



CAS SERVICE OUTCOME: There are various options possible at the conclusion of an investigation. Participating child welfare workers indicated in 71% (n=22) 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 26% (n=8) of the cases were transferred to ongoing child welfare service, as the families required further support or there was substantial risk of maltreatment to the child. From April 1, 2012 to March 31, 2013, the Provincial rate for transfer of cases to ongoing service was 23% (OACAS, 2013b), and the CAST rate for transfer of cases to ongoing service was 22% (CAST, 2014). A likely explanation for the higher rate of transferring CYAC Pilot cases to ongoing service is because the CYAC investigations were primarily serious abuse cases.

PARTNER COLLABORATION: Similar to the Advocates' review of the quality of the key partner communication, the child welfare workers involved with these 40 cases were asked to rate the collaboration between themselves, TPS and the Advocate. Analysis both includes and excludes the NA cases.

Including Not Applicable (NA):

*Very Good/Good (Total 28 of 39; 72%) = *Very Good* (n=16 of 39; 41%) plus *Good* (n=12 of 39; 31%).

*Very Poor/Poor (Total 2 of 39; 5%) = *Very Poor* (n=1 of 39; 2.5%) plus *Poor* (n=1 of 39; 2.5%).

Not Applicable: Nearly one-in-four (n=9 of 39; 23%) indicated it was not applicable to their experience; it is assumed that this is the case due to little or no collaboration within the investigative process or an investigation by only one response team (i.e., only police, only CAS).

Excluding Not Applicable (NA):

*Very Good/Good (Total 28 of 30; 93%) = *Very Good* (n=16 of 30; 53%) plus *Good* (n=12 of 30; 40%).

*Very Poor/Poor (Total 2 of 30; 7%) = *Very Poor* (n=1 of 30; 3.5%) plus *Poor* (n=1 of 30; 3.5%).

Intervention

The CAS workers were asked to specify the intervention utilized in the CYAC investigation. Most cases required a *series of interviews* and these were the primary source of intervention within the investigation (n=18 of 37; 49%), suggesting no further action outside of the intake investigation was required. One-in-four cases were provided with *community referrals* during the investigation process (n=10 of 37; 27%). Other service interventions included: safety plans (n=2 of 37; 5%), one police arrest (n=1 of 37; 3%), place child in CAS care (n=1 of 37; 3%), and case transfers to ongoing service (n=2 of 37; 5%). In three cases, no source of intervention was indicated (n=3 of 37; 8%).

Recommendations

Analysis of the CAS workers case recommendations for 34 of 40 cases found the following themes:

Allegations Verified (n=23 of 34; 68%)

- ✚ Theme 1) No recommendations noted in verified abuse (n=11 of 34 cases; 32%).
- ✚ Theme 2) Community supports recommended (n=12 of 34; 36%); Recommendations of community support occurred in cases where risk to the children was negligible, but the family would benefit from receiving community support (e.g., counselling, advocacy, social skills groups).

Allegations Not Verified (n=11 of 34; 32%)

- ✚ Recommendations were not made in cases where allegations were not verified or there were no concerns for the child's safety.

Ongoing CAS Service/Further Assessment (n=10 of 34; 29%)

- ✚ Less than one-third (29%) were identified as needing Ongoing Services or further assessment.

3.5 CAST File Reviews (n=20)

In February 2013, 20 (n=20) cases from CAST were reviewed by the Child Welfare Institute research staff using a standardized file review form. Ten (n=10) cases were randomly sampled from the 40 CAST cases for the CYAC Pilot group; a convenience sample of non-CYAC cases were collected and matched to the CYAC cases on child victim age, gender, legal status and reason for service (abuse investigation) and 10 (n=10) were randomly sampled for the Comparison group. The purpose was to conduct an in-depth review to explore if processes and outcomes for the children and families served were similar or different regarding receiving or not receiving the CYAC service.

CYAC & Non-CYAC Sample Characteristics

The CYAC and Comparison samples were representative of each other by age, gender, and legal status. Additional similarities included racial grouping, as both samples had diverse racial grouping/ethno-cultural background and religious/spiritual backgrounds. Neither sample had children/youth affiliated with an Aboriginal Band.

Table 20: Demographics

Type of Group	Child's Age		Child's Gender		Child's Legal Status	
	<12 years old	>12 years old	Female	Male	Child in Community	Temporary Supervision Order
CYAC Pilot	7	3	6	4	10	0
Comparison	7	3	6	4	9	1

Alleged Perpetrators' Characteristics

The basic demographics about the alleged perpetrators assisted with sufficiently describing the sample. Across the Pilot and Comparison samples, the age of the alleged perpetrators ranged from 16-49 years old. The CYAC Pilot perpetrator was older (mean 37.4 years) with more males (n=6; 60%) vs. Comparison, where the alleged perpetrator was younger (mean 27.2 years) with less males (n=4 of 10; 40%). The alleged perpetrators in the Pilot files were mostly family members in relation to the child/youth (n=8 of 10; 80%) vs. all in the Comparison sample (n=10; 100%). Family members consisted of biological mother, biological father, step-father, sibling, uncle, and grandfather.

Table 21: Details About the Alleged Perpetrators

Type of Group	Alleged Perpetrators' Age	Alleged Perpetrators' Gender		Alleged Perpetrators' Relationship to the Child/Youth	
		Female	Male	Family	Non-Family
CYAC Pilot	37.4 years; with a range from 16-49 years	4	6	8	2
Control	27.2 years; with a range from 32-48 years	6	4	10	0

In the Pilot sample, half of the alleged perpetrators were living with the child/youth at the time of the alleged incident (n=5 of 10; 50%), the other half were not. In the Comparison sample, nearly all alleged perpetrators were residing with the child/youth at the time of the alleged incident (n=9 of 10; 90%). No differences were noted in either sample re marital status: 50% single; 50% married; both samples had broad and diverse racial grouping/ethno-cultural background and religious/spiritual background; none were noted as affiliated with an Aboriginal Band; and most preferred English as their primary language to communicate.

Child Victims' Family Characteristics



Most children in the Pilot sample were in two-parent families (n=6 out of 9; 67%) and had a sibling (Pilot n=7 of 10; 70% vs. Comparison n=9 out of 10; 90%). Families ranged from having two to five children. The ages of the siblings ranged from 0-23 years.

The non-offending primary parent within both groups was indicated as the biological mother (Pilot n=4 of 10 vs. Comparison n=6 of 10), who lived with the child/youth at the time of the alleged incident. The ages of the biological mothers were similar (Pilot mean age = 39 years vs. Comparison mean age = 37 years).

Marital status in half the Pilot and Comparison groups was missing; the available data suggests it is varied: Pilot (single and married) vs. Comparison (single, married, common-law). Both samples of mothers' religious backgrounds were diverse (i.e., Hindu, Muslim-

Sunni, Muslim-Other, Protestant, Roman Catholic, or no religion) as was their racial/ethno-cultural backgrounds (i.e., Arab/West Asian, Black, South Asian, White). Most (75%) preferred services in English. No mother indicated an affiliation with an Aboriginal Band.

There was too little information to report on the non-offending secondary parent, although within both sample groups this was predominately a male-figure (i.e., biological father, step-father, and mother's boyfriend).

Alleged Abuse

Based upon CAST records, the majority of the alleged incidents were rated under the *Eligibility Code* as Section 1) *Physical/Sexual Harm by Commission*; it was the dominant rating for the Pilot sample (n=7 out of 10; 70%) and the Comparison sample (n=9 out of 10; 90%). Other ratings across the two samples included: *Emotional Harm/Exposure to Conflict* (n=2 out of 10; 20%), *Caregiver Capacity* (n=1 out of 10; 10%), and *Abandonment/Separation* (n=1 out of 10; 10%). In the Pilot, one was not rated and all but two were coded above the child welfare intervention line for protection concerns. For the seven cases referred for alleged maltreatment above the intervention line, most were verified (n=5 out of 7; 71%). In the Comparison sample, one case was ranked below the intervention line, and again in most cases, the maltreatment was verified (n=7 out of 8; 88%).

Victim Disclosure

Factors were extracted from the *checklist of credibility factors related to sexual abuse allegations* (Faller & Nelson-Gardell, 2010) and used in this file review. Findings revealed that in both the CYAC Pilot and Comparison sample cases, the majority of child victims: 1) made a verbal disclosure; 2) provided a description of abuse to someone else; 3) provided the majority of details in first person; 4) made a disclosure that was somewhat unstructured; and 5) recounted specific details (e.g., alleged offender clearly identified, specific chargeable offense identified, date identified within two month time frame, time of day identified, identified where offense(s) took place, provided sensory details, provided unique or idiosyncratic details, described props).



The file review findings are suggestive, given the small sample sizes. However, this more in-depth examination does illuminate possible differences in the ability of the CYAC Pilot to achieve clinical significance compared to the Comparison or “service as usual” approach. The areas of difference noted are:

- 1) child provided a description of abuse to someone else;
- 2) child provided the majority of details in the first person;
- 3) disclosure was somewhat unstructured without a rote quality; and
- 4) obtained collaborative information and confirmatory factors (e.g., law enforcement has crime scene evidence, alleged offender confessed, alleged offender failed polygraph, medical findings indicate possibility abuse occurred, witness collaboration obtained, CAS substantiated abuse, other victims of alleged perpetrator disclosed).

Table 22: Areas of Inquiry to the Victim Disclosure of the Abuse

Areas of Inquiry to the Victim Disclosure of the Abuse	CYAC Pilot (n=10)	Comparison Group (n=10)
Child made verbal disclosure	YES → 80% (n=8 out of 10) NO → 20% (n=2 out of 10)	YES → 90% (n=9 out of 10) NO → 10 % (n=1 out of 10)
Child provided a demonstration of abuse	YES → 50% (n=3 out of 6) NO → 50% (n=3 out of 6)	YES → 71% (n=5 out of 7) NO → 29 % (n=2 out of 7)
Child provided a description of abuse to someone else	YES → 80% (n=8 out of 10) NO → 20% (n=2 out of 10)	YES → 67% (n=6 out of 9) NO → 33% (n=3 out of 9)
Child provided the majority of details in first person	YES → 83% (n=5 out of 6) NO → 17% (n=1 out of 6)	YES → 67% (n=4 out of 6) NO → 33% (n=2 out of 6)
Child demonstrated freedom to correct interviewer	Not enough data available	Not enough data available
Child demonstrated freedom to say “I don’t remember,” “I don’t know,” “I don’t understand” and/or “I don’t want to talk about it”	YES → 80% (n=4 out of 5) NO → 20% (n=1 out of 5)	Not enough data available
Disclosure was somewhat unstructured without a rote quality	YES → 90% (n=9 out of 10) NO → 10% (n=1 out of 10)	YES → 70% (n=7 out of 10) NO → 25% (n=3 out of 10)
Specific details recounted	YES → 77% (n=7 out of 9) NO → 23% (n=2 out of 9)	YES → 75% (n=6 out of 8) NO → 25% (n=2 out of 8)
Corroborative information/confirmatory factors	YES → 75% (n=6 out of 8) NO → 25% (n=2 out of 8)	YES → 44% (n=4 out of 9) NO → 56% (n=5 out of 9)

Note: Questions bolded in yellow indicate that the frequency of the event occurred at least seventy percent (70%) of the time.

Note: Questions bolded in yellow indicate the highest positive response over 70% with more than a 15% point spread over the other model.

Investigation, Interview & Services

After the referral was made to CAST, the Pilot and Comparison cases were followed up within their designated timeframe requirement (either *an immediate, within 12-hour response* or *seven days*), which is specified by the child welfare legislation. One CYAC Pilot case commenced its investigation on the eighth day due to transfer issues.

The CAS investigation and interviewing for the case ranged from 2 to 90 days as determined from the dates noted within the files. The cases either closed or were transferred after the CAS investigation was completed. Analysis of the CAS open to close dates finds Pilot cases took, on average, 41.4 days vs. the Comparison sample, which averaged 22.5 days (Note: statistical significance is not examined due to the small sample size).

Most CYAC Pilot and Comparison cases did not have a medical assessment recommended or completed.

Outcomes from Services Provided

The file review gleaned some information about the service outcomes. The CYAC Pilot cases tended to have more services involved during the investigation plus the child/youth victim was referred to treatment more often vs. Comparison sample. The alleged perpetrators tended to be referred to treatment if they were in the control group, while more of the CYAC Pilot cases had substantiated maltreatment/abuse. The majority of the time, the child remained in the home at the end of the investigation. See Table 23.

Table 23: Outcomes for Services Provided

Case Outcomes	CYAC Pilot	Comparison Group
Cases that had more than 4 agencies involved during the investigation	40% (n=4 out of 10)	10% (n=1 out of 10)
Children/youth who were referred to treatment	40% (n=4 out of 10)	10% (n=1 out of 10)
How quickly children/youth referred to treatment entered treatment	Not enough data available	Not enough data available
What type of treatment was the child/youth's parent(s) referred?	Individual counselling (n=1) Parenting classes (n=1) Other (n=5) Do not know (n=3)	Family counselling (n=2) Multiple sources (n=2) N/A (n=6)
Alleged perpetrator referred to treatment?	12% (n=1 out of 8)	22% (n=2 out of 9)
What was the outcome of the CAS investigation?	70% substantiated (n=7 out of 10)	55% substantiated (n=5 out of 9)
What was the final outcome for the child/youth?	100% remained in their home (n=10 out of 10)	90% remained in their home (n=9 out of 10)

Note: Questions bolded in yellow indicate that the frequency of the event occurred at least seventy percent (70%) of the time.

Note: Questions bolded indicate the highest positive response with more than a 15% point spread over the other model.

3.6 CAS/Police/Collateral Feedback Focus Group (n=31)

In February 2013, there were a total of 31 CYAC professionals who provided feedback about the CYAC Pilot experience. This included participants from a one-time focus group with: (a) CAS workers/supervisors (n=4); (b) police officers (n=11); Advocates (n=3); and SAFE-T (n=2). Also, 11 online surveys were completed by individuals unable to attend their focus group (who were not asked to disclose which stakeholder group with which they were affiliated). The following are the three major themes that emerged from the analysis of this data.

Major Themes: CAS Workers/Supervisors

From the CAS workers/supervisors lens: 1) the CYAC Pilot improved communication between all stakeholders; 2) the Advocate's role was experienced as very beneficial, as it is a neutral support; and 3) challenges did arise due to the differences in culture/perspective across the services.



THEME 1: Improved Communication, Relationships & Working Together

Members of the CAS frontline and management staff reported that communication between the CAS/CCAS workers and police greatly improved through the Pilot experience. The improved communication in turn contributed to more comfortable and effective working relationships. The improved communication throughout the investigation phases facilitated better immediate and future planning, as well as outcomes (e.g., charges, conditions). As a result, it ensured a greater adherence to protocol and a more unified investigative process. CAS staff and management felt that communication can continue to be improved. The importance of discussing any issues that may arise within the context of the investigation in a safe environment is key to continued gains in this area.

- ✚ *"...differences have been more discussion about what the planning and outcome and what next steps will be...There's discussions and reviews of history...covering 'these' points...planning for the interview...it's happening more and more, the discussion afterwards about the next steps, other information to be gathered, charges, safety plan...But there's a lot of room for improvement."*
- ✚ *"Once Centre is running...will be requirement to review internally, in the spirit professional development...in a safe environment."*
- ✚ *"The discussions about charges are a lot better and conditions...more realistic conditions."*



THEME 2: Advocate's Role is Very Beneficial

CAS participants felt that the Advocate's role was very important. Having a neutral support was beneficial to both the child and the family during the investigation, and the presence of this support early on was essential for the child and family. The Advocate was seen to be a positive addition, assisting the family (child, non-offending parent and at times offending parent) from initial investigation to conclusion of trial (if necessary) with resources, navigating the court system and other issues that needed to be addressed (e.g., trauma).

✚ *"Yes...I think the advocate <being able to> connect early and continue support is beneficial...having SAFE-T earlier is a real benefit for the child and family...accessibility and timing of having services immediately...having advocate provide referral at the beginning is beneficial for the kid."*

✚ *"When the advocate is involved it makes a difference...you have them there when you do the investigation with the worker and officer...you have the advocate there to offer support to the non-offending parent...that has to be a help...someone to connect with...the advocate stays involved even if CAS is out in two months...the advocate stays on until trial."*

✚ *"They <advocate> help the family member to navigate through the system...<with> intricacies of court and with trauma stuff...the advocate will hang in <for> other stuff...they don't drop the case cold."*

"The Advocate does the resource piece, we can do other pieces...the Advocate is a neutral person... <family> may have a history with our agency and Police; having a neutral person to help through process... <allows for a> unified response with CAS and Police."

~ CAS Worker/Supervisor



THEME 3: Professional Cultural Differences – CAS, Police & Crown

The third theme that emerged related to the differences in 'professional' culture among the key stakeholders. The impact of these differences is not only with the investigation but on perceptions of roles as well. Some common practices (e.g., always having two officers in the initial interview) were perceived as necessary in certain situations. However, CAS staff noted that through communication, the pre-and-post-planning, as well as education about respective roles, this stance became more flexible. Other differences were highlighted that have flagged important variances between partners, for example the police forensic interview style versus the CAS preference for a more fluid interview style; these differences are experienced with Crown Attorneys too.

✚ *"The biggest challenge has been the culture. In the sense that the common culture of having two police officers going out and who leads the investigation interview...our priority is making sure we get our say, whether we lead the <interview> not...<I> have had police lead the interview...it doesn't matter if <I'm> first or second, as long as we have a say."*

✚ *"It's one thing that varies with officer and circumstance...opportunity to have discussion around the information needed...planning the kind of information to get."*

✚ *"It is about the discussion about what's best...its moved a bit...the fluidity <should> continue."*

Major Themes: Police Officers

The police participants indicated that: 1) the service is more efficient for both victims and the police; 2) the CYAC Pilot improved partner relationships/communication; and 3) the Advocate is important and connected to these improvements.



THEME 1: Improved Service & Better Risk Management

According to the officers, as a result of the CYAC Pilot, the outcomes for victims receiving services improved. With child victims and families receiving timely counselling, support and medical services and having their mental health needs addressed, officer stress and worry was reduced. The CYAC Pilot provided the officers with confidence that through the Advocates services, the victims received the appropriate services for their needs.

- ✚ *"Before, we assumed that people were getting services once we referred them on – some people didn't, and they slipped through the cracks. Now it would be very tough to slip through the cracks."*
- ✚ *"If the system works, you make the referral, and you don't hear back, and if it didn't work, the person would call back and then you know the system doesn't work – we are not getting those calls now."*



THEME 2: Improved Relationships/Communication with all Partners




The officers indicated that communication between the various community partners, in particular CAS investigators, greatly improved through the Pilot. The officers specifically noted very effective communication between officers and CAS workers, and officers and the SCAN Program. They posit that having consistent child protection workers to conduct investigations with them results in improved relationships and trust and reduces role confusion. This model better accommodates interview preferences and strengths, which makes the joint investigation process more fluid and effective. Similar to the CAS feedback, some issues still require further clarification, for example, police feel strongly that they should lead forensic interviews.

- ✚ *"Pre-Pilot – we barely talked to each other. Now, we talk about the plan beforehand. We get there, we talk now, we know each other and we know our roles – you understand who is going to lead. We now speak as part of (follow-up) and it's invaluable, and it is what works well."*
- ✚ *"(Communication) has improved, 100 percent. Absolutely."*
- ✚ *"At one point the Crown Attorney had to come in to spell out who they thought should lead (the interview) – The CAS thought they should be the lead during the forensic interview, we disagreed and brought in the Crown, who believed it should be led by police...it continues to be a debate...it's a serious bone of contention, who is leading the interviews."*



THEME 3: Importance of the Advocate

According to the officers, the Advocate takes on a portion of the work which has normally been the purview of the officer (e.g., speaking with the victim on the phone, making referrals for services, counselling). “Freeing-up” the officers enables them to more efficiently attend to the “police work,” rather than the social and emotional elements. The addition of the Advocate means the service to victims is more specialized and effective. Overall, the Advocate improves police efficiency while also providing the victim with the necessary supports.

-  *“The most important part of the pilot is the Advocate. It is time-saving for us in regards to victim management.”*
-  *“You need to look at how much time the Advocates are spending dealing with the victims, and then that’s how much time we (the police) are saving.”*
-  *“I foresee the new CYAC centre doing 800 cases (a year). Two Advocates are not enough. The most beneficial part of the CYAC is the Advocate, and we will need more. That needs to be captured.”*

“Now we can all go home confident that the victim is getting the best care, beyond what our abilities are – a lot of officers are not aware of services, but specialized people know, and we can move on to the next case knowing this one is being taken care of – it’s a big relief.”

~ Police Officer




Major Themes: Community Collaterals

The community collaterals are front-line and management staff from SAFE-T, SCAN and other partners. These professionals also indicated that the CYAC Pilot has had a positive impact on delivering services to families. More specifically, the addition of the Advocate has helped break down the stigma for families.



THEME 1: Preferred Abuse Investigating Team: 1 CAS plus 1 Police

The community professionals involved with the CYAC Pilot noted that one officer and one CAS worker was a helpful model with investigation cases. Participants viewed this approach as preferred in helping families experiencing a child abuse investigation, especially if there are mental health issues involved.

-  *“Breaking stigma about police and being part of this project helped me to open my eyes.”*
-  *“Building the relationship with families is essential.”*
-  *“Working together – CAS worker and a police officer – can ease the pain for families.”*



THEME 2: Teamwork & Collaboration = Best Practices

The community collaterals highlighted that investigations in schools are challenging but if staff advocate and have a connection with families, families can be helped to deal with and unpack their feelings. Understanding child development is another factor when child testimony is needed. An obstacle is not having community partners at the table, for example when a children's mental health and trauma assessment is needed.

✚ *"Advocate and having a connection with families helps to reduce the anxiety."*

✚ *"It is a challenge to work with families while the charges have not been made."*

✚ *"Families can learn how to navigate and put safety in place."*

"The Pilot Project is coming to an end but we can continue to meet to discuss difficult issues."

~ Community professional



THEME 3: CYAC Pilot Benefits Non-offending Family Members

The number of the caregivers who received support through the CYAC was significant. A better supported caregiver can provide better support to his/her child. A better supported child is one with better outcomes – less secondary trauma, fewer crises, and less need for future services.

✚ *"Support is needed especially in trauma and how to cope with child disclosure."*

✚ *"<non-CYAC>...lots of police can be intimidating for families."*

✚ *"More support is needed for foster kids and foster families."*



THEME 4: Communication & Collaboration Improved

The role of Advocate is new. What is also new is working together under a CYAC model. It has required a better understanding of the different roles for each group, especially with case management. The opportunity for improved communication - more conference calls, more debriefings, building relationships, more "coffee" consultations – increases the quality of the communication and leads to more cooperative collaboration.

✚ *"This Pilot project helped us to work together under one roof."*

✚ *"Collaborating and speak to safety is key for communication between partners in Pilot project."*

✚ *"Team communication, coffee times and getting together can increase the collaboration among different partners."*

Chapter 4: Discussion & Conclusion

4.1 Summary of Data Collection Findings

Advocate Forms

The key findings that emerged from the Advocate forms suggest that much attention went into conducting investigations in child-friendly locations, in particular at The Gatehouse. Processes still need to be refined regarding consistently notifying the Advocate of an investigation. However, when the Advocate was available, s/he was able to have more frequent periodic follow-up contact with the parents/caregiver and child. This frequent follow-up may have attributed to parents/caregivers positive satisfaction with the CYAC Pilot. The Advocate tended to make referrals to counselling (e.g., George Hull and Yorktown Child and Family Services). Overall, communication between partners was viewed as *excellent/good* throughout the phases of the investigation.

Lead Child Abuse Investigation Case Activity Sheets

The Lead Child Abuse Investigation Case Activity Sheets compared and contrasted the Pilot and Comparison samples. Case demographic characteristics were relatively similar across the two samples, in that most cases had an allegation related to child physical abuse or child sexual abuse, and on average, the child victims were 9 years old. However, some differences within each sample did exist. For instance, with the Pilot sample, there were more female victims investigated for child sexual abuse than male victims. Also, male victims within both samples were more likely to experience alleged child physical abuse compared to female victims.

With respect to interactions between police officers and others, the Pilot and Comparison samples both indicated that police officers had a briefing with a CAS worker prior to commencing the investigation and prior to the victim interview, as well as debriefing with a CAS worker after the victim interview. For the Pilot sample, approximately half of the case conferencing was done with the Advocate; however, there was insufficient data to clearly indicate how much time the police officer(s) spent with the Advocate. Interactions with the victims tended to occur for half an hour to an hour in duration within the Pilot sample. There was not enough information to indicate the length of time between the police officer(s) and the victim within the Comparison sample. Upon closer examination of the longer duration interviews (i.e., 1 ½ hours and 2 hours), it became apparent that female victims were more likely to receive longer interview times than male victims, perhaps due to the complexity involved with sexual abuse cases. These lengthier interviews tended to occur with child victims 11 years and older. While the median number of interviews for both the Pilot and Comparison samples was one interview with the victim during the course of the investigation, analysis of the mean number of interviews did find a significant difference ($p=.001$) where the Pilot completed on average 1.18 interviews per victim and the Comparison sample did .98. For the Pilot group, this interview tended to occur at The Gatehouse or the victim's school, whereas the Comparison sample tended to have the first interview at the police division or the child's school.

Generally, two TPS Designated Child Abuse Investigators were involved in the interviews for both the Pilot and Comparison samples, and other police officer(s) occasionally were involved in the case. Pilot cases tended to assign and clear the cases in an average of eight (8) days vs. nine (9) days for the Comparison group. Minimal charges were laid in either sample. However, when charges were laid the Pilot had on average 3.48 vs. 2.40 for the Comparison samples, a significant difference ($p=.024$). The three most frequent charges applied were: (1) *Assault cc266*; (2) *Sexual Assault cc271*; and (3) *Assault with a Weapon cc267(b)*. For both samples, the alleged offender predominately did not confess.

Parents/Caregivers

The key findings from the parents/caregivers who received service from the CYAC and provided feedback data suggests that they felt listened to, that they and their children were treated with respect, that the surroundings were youth friendly, that they felt safe while interviewed, and that their telephone calls were returned promptly. The parents/caregivers indicated that the quality of service received was either excellent or good. They were also satisfied with the services provided by the police officers, the CYAC Advocate, and their CAS worker. The parents/caregivers indicated that they felt that these service providers were responsive to their needs.

CAS Case Worker Forms

The key findings from the CAS case worker forms indicate that the majority of the referrals to the CYAC Pilot were from schools. The most common form of concern to the CYAC has been Section 1 – *physical force and/or maltreatment with an extreme level of severity by a person who is a prime caregiver of the child*. These referrals were above the intervention line on the *Eligibility Spectrum*. The initial concern that prompted CAS involvement included some type of injury to the child. Injuries included scratches, bruising, cuts, and fractures. Almost half of the cases investigated in this Pilot did not have a history of any child welfare involvement. On average, each child was interviewed more than one time during the course of the investigation. The majority of children were female and came from a single parent household. During the investigation, the interview site varied depending on availability, investigative need, and the child's comfort and safety level. The majority of child interviews took place at the child's school or The Gatehouse in order to be child-friendly. In over three-quarters of the cases, the Advocate was notified of the investigation and ongoing process. Overall, CAS workers appeared to be satisfied with the collaboration between child welfare, the police, and the CYAC.

CAST File Reviews

The key findings from the CAST file reviews, comparing Pilot group data with Comparison, non-CYAC data were the noticeable differences within the demographic characteristics: *age of the alleged perpetrator* (CYAC average age of 37 years; control group average age of 27 years) and *where the alleged perpetrator was living in relation to the victim* (i.e., the CYAC Pilot had half of the alleged perpetrators living with the child; while, almost all alleged perpetrators within the control group were living with the child (9 out of 10).

In regards to the information extracted from the cases, the outcomes from services provided appear to differ between the CYAC Pilot and control group. Typically, the CYAC Pilot cases had more services involved during the investigation and the alleged child/youth victim was referred to treatment more often. The alleged perpetrator tended to be referred to treatment if s/he was in the control group. More of the CYAC Pilot cases had substantiated maltreatment/abuse.

CAS/Police/Collateral Feedback Focus Group

The four key finding from the feedback sessions with the stakeholders (i.e., CAS, police, and community collaterals) indicated that: 1) The CYAC Pilot improved communication between service partners. This improved communication was achieved through developing a respectful relationship with each other, clearly defining each stakeholder's roles, and collaboratively working together. This also included improved communication pre-and-post-investigation, which positively impacted the outcomes for children and their families; 2) The CYAC Advocate reduced some of the work burden on police. The result was more efficient

and effective use of the officers investigating child abuse. As a result, it ensured a more unified investigative process; and 3) The CYAC Advocate was viewed as a key service and support to the child and non-offending family member(s).

4.2 Summary & Conclusion

Based upon the findings from the CYAC Pilot, this report is able to evaluate four key areas. This section will triangulate the data to provide a comprehensive summary of the findings in relation to these questions initially proposed at the beginning of the evaluation.

1. Were service recipients satisfied with the CYAC service (e.g., CYAC children, youth and families)?

Overall, non-offending parents/caregivers were satisfied with the services provided through the CYAC Pilot. In part, this may have had to do with the periodic follow-up contact provided to them regarding referrals to services in the community or support according to the Advocacy Forms. It may also be attributed to what all six parents/caregivers indicated on the Feedback Survey, mainly that they felt that during the investigation process they were treated with respect and a welcoming environment, they felt safe, and service was prompt. In respect to the specific stakeholders, the six parents/caregivers were predominately satisfied with the police and the Advocate. There was a mixture of satisfaction levels in relation to their CAS worker; thus, it is difficult to form any conclusions about this stakeholder at this time. All stakeholders (i.e., CAS, police officers, counsellor, and Advocate) were responsive to their needs. In particular, the Advocate told them what to expect, addressed their concerns, and provided information that was helpful. A key emerging theme from the narrative responses of the parents/caregivers has been the hope that the CYAC Pilot continues – *“I hope that this continues because it was very well coordinated and I was very happy that everyone was working together.”*

Unfortunately, no information is available on how the children/youth perceived the CYAC Pilot. There were only two (2) youth who participated in the feedback survey; thus, no data can be used at this time.

2. Did the CYAC have a positive impact on anticipated service outcomes (e.g., improved quality of interviews, reduced frequency of interviews of the child, more convictions)?

The impact of the CYAC Pilot on the service outcomes of cases has been quite positive. Investigative interviews tended to be conducted at The Gatehouse approximately half of the time, instead of the previously used locations, such as the police station, school, or child’s home. While the Advocate was supposed to be involved in the investigation process, with the consent of the family, there were frequent incidents where the Advocate was not included in the process. This may be in part due to the investigations taking place in schools, where an Advocate did not attend.

As a result of receiving the CYAC Pilot, children/youth tended to have referrals to counselling or medical services, and parents/caregivers tended to receive referrals for counselling. After the investigation, families were provided the option to continue engagement with the Advocate. For the most part, it appears that families accepted the offer as indicated on the CAS Forms. This continued engagement, whether consistent or inconsistent, continued to provide services/support to children/youth and their families that was tailored to their unique needs.

In the end, according to the small sample of randomized file review from CAST, the CYAC Pilot cases had more services involved during the investigation and the victim was referred to treatment more often; however, the alleged perpetrator tended to be referred to treatment if they were in the control group.

Regardless of the service, CYAC Pilot or control group, the majority of the time the child/youth remained in the home at the end of the investigation with proper supports and safety plans.

3. Did improved collaboration occur amongst the key agency partners?

There appears to be a general consensus with CAS workers, police officers, and community collaterals that as a result of the CYAC Pilot, there has been improved collaboration amongst the key agency partners. On the Advocacy Forms, the majority of respondents rated communication as excellent or good overall. Strong communication continued throughout the different segments of the investigation, including the debrief segment of the investigation and the ongoing communication. On the final portion of the child welfare workers' evaluation of the CYAC Pilot, participants were asked to rate the collaboration between the child welfare agency, the police and the Advocate. Results suggest satisfaction with the partnership with key agency partners as very good or good.

The improved collaboration amongst key agency partners most likely is connected to the improved communication between the partners. According to the focus group responses and online survey responses from stakeholders (e.g., CAS workers/supervisors, police officers, community collaterals), the communication has greatly improved and contributed to a more comfortable relationship. This has thought to have increased the efficiency of the investigation and supports for the family post-investigation.

4. How well did the CYAC Pilot inform the proposed full implementation CYAC model?

Although the CYAC Pilot was not a co-location model, it was extremely informative with respect to planning the Full Implementation Phase. In particular, the Pilot verified that: the most severe child abuse investigation cases were referred to the CYAC, which was the criteria for a CYAC referral; The Child & Youth Advocacy Program was extremely beneficial and valued by all MDT members, and families/caregivers; children/youth referred to treatment was higher for CYAC Pilot cases than non-CYAC cases; communication and collaboration between MDT members and key agency partners improved, resulting in a more unified investigative process that had a positive impact on outcomes for children and families; and providing a child-friendly environment was experienced as positive and safe by families.

The CYAC Pilot evaluation was very valuable in identifying challenges that will need to be addressed during the Full Implementation Phase, most notably: the differences in "professional culture" between the key stakeholders, reflected in the need for a deeper understanding of each other's roles; the discussion with respect to who leads the interview; establishing hours of operation, and the process for after-hours investigations; non-CYAC staff involved in CYAC investigations (e.g., Family Service Workers, after-hours workers, Community Caregiver Workers); and the need for additional Advocates due to caseload.

The following quote from a CYAC focus group participant clearly summarizes the key message as all stakeholders worked together during the Pilot, and will need to work together to realize a permanent CYAC in Toronto:

"Supporting each other in the process is the key to success."

References

- Broderick, R., Berliner, L., & Berkowitz, C.D. (1999). Three commentaries on "When Cameras Roll." *Journal of Child Sexual Abuse*, 7(4), 123-132.
- CAST (Children's Aid Society of Toronto). (2014). *Service Trends Review April 19, 2014*. Not for public distribution.
- Chamberland, C., Fallon, B., Black, T., & Trocmé, N. (2011). Emotional maltreatment in Canada: Prevalence, reporting and child welfare responses. *Child Abuse & Neglect*, 35(10), 841-854. doi: 10.1016/j.chiabu.2011.03.010
- Cross, T.P., Jones, L.M., Walsh, W.A., Simone, M., & Kolkhoz, D. (2007). Child forensic interviewing in Children's Advocacy Centers: Empirical data on a practice model. *Child Abuse & Neglect*, 31, 1031-1052. doi: 10.1016/j.chiabu.2007.04.007
- Faller, K., & Nelson-Gardell, D. (2010). Extended evaluations in cases of child sexual abuse: How many sessions are sufficient? *Journal of Child Sexual Abuse*, 19(6), 648-668.
- Fallon, B., Trocmé, N., MacLaurin, B., Felstiner, C., & Petrowski, N. (2008). *Child abuse and neglect investigations in Ontario : Comparing 1998 and 2003 data*. CECW Information Sheet #63E. Toronto, ON: Factor-Inwentash Faculty of Social Work, University of Toronto. Available at: <http://www.cecw-cepb.ca/DocsEng/OISInvest63E.pdf>
- Henry, J. (1997). System intervention trauma to child sexual abuse victims following disclosure. *Journal of Interpersonal Violence*, 12(4), 499-513.
- Holt, S., Buckley, H., & Whelan, S. (2008). The impact of exposure to domestic violence on children and young people: A review of the literature. *Child Abuse & Neglect*, 32, 797-810.
- MacLaurin, B., Trocmé, N., Fallon, B., Blackstock, C., Pitman, L., & McCormack, M. (2008). *A comparison of First Nations and non-Aboriginal children investigated for maltreatment in Canada in 2003*. CECW Information Sheet #66E. Toronto, ON: Factor-Inwentash Faculty of Social Work, University of Toronto. Available at <http://cwrp.ca/infosheets/comparison-first-nations-and-non-aboriginal-2003>
- MacMillan, H.L., Tanaka, M., Duku, E., Vaillancourt, T., & Boyle, M.H. (2013). Child physical and sexual abuse in a community sample of young adults: Results from the Ontario Child Health Study. *Child Abuse & Neglect*, 37(1), 14-21. doi: 10.1016/j.chiabu.2012.06.005
- Mironova, P., et al. (2011). Childhood physical abuse and suicide-related behaviour: A systematic review. *Vulnerable Children and Youth Studies: An International Interdisciplinary Journal for Research, Policy and Care*, 6(1), 1-7. doi: 10.1080/17450128.2010.542301
- OACAS (Ontario Association of Children's Aid Societies). (2010). *Your Children's Aid Child Welfare Report*. Available at: <http://www.oacas.org/pubs/oacas/papers/oacaschildwelfarereport2010.pdf>
- OACAS (Ontario Association of Children's Aid Societies). (2011). *Funding and Services Analysis CAS Facts Children in Care and Permanency FACT SHEETS*. Not for public distribution.

OACAS (Ontario Association of Children's Aid Societies). (2013a). *CAS FACTS Ontario Child Welfare Funding and Services Report Fiscal Year 2011 to 2012*. Not for public distribution.

OACAS (Ontario Association of Children's Aid Societies). (2013b). *CAS Trends April 1, 2012 to March 31, 2013*. Not for public distribution.

Smith, D.W., Witte, T.H., & Fricker-Elhai, A.E. (2006). Service outcomes in physical and sexual abuse cases: A comparison of Child Advocacy Center-based and standard services. *Child Maltreatment, 11*, 354-360.

Slack, K., Berger, L., DuMont, K., Yang, M., Kim, B., Ehrhard-Dietzel, S., & Holl, J. (2011). Risk and protective factors for child neglect during early childhood: A cross-study comparison. *Children and Youth Services Review, 33*(8), 1354-1363.

Trocmé, N., et al. (2010). *Canadian Incidence Study of Reported Child Abuse and Neglect – 2008: Major Findings*. Ottawa, Ontario: Public Health Agency of Canada.