ESTABLISHING A CHILD AND YOUTH ADVOCACY CENTRE IN PEEL:

REGIONAL ASSESSMENT & FUTURE DIRECTIONS

FINAL REPORT | SEPTEMBER 2013

ACKNOWLEDGEMENTS

COMMISSIONED FOR

The Safe Centre of Peel

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We would like to thank the Department of Justice Canada for their generous support of this project.

Canada

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IN 2011-2012…

Peel Children's Aid Society (PCAS) received **12,166** calls

Peel CAS investigated **7,446** reports of child abuse and neglect - this covers the whole range of reasons for service:

24.5% **(1,826)** – physical force and maltreatment

3% **(233)** – abusive sexual activity

24.8% **(1,843)** – exposure to partner violence

Peel police investigated **316** alleged child abuse cases and

233 alleged sexual offences against children

collaboration is very, very strong in Peel | *there is so much sense in collaborating* | *working very closely together as a team* | *powerful connection* |*the effort for children and youth is working* | ***I love working with them*** | *see the best in that person* | *they never complain* | *they are very dedicated* | *very positive for our staff* | ***everybody understands everybody's role*** | *see families in a positive light*

youth are smart | ***all in it for the kids*** | *reflective of diversity* *It's no longer a turf thing, it's about the family and the individual and what's the best intervention* | ***our voice as a collective is way stronger*** | *not just living together but working together dedicated and passionate* | *we have forever been changed by these conversations* | *going beyond the call of duty* | *in Peel we are fortunate in many regards* | ***Peel is often ahead of the curve*** | *our community needs us to but we also demand that of ourselves*

*Girls are at a **higher risk** of experiencing more family violence – particularly sexually-based offences*

***More than half of Canadian girls** (under the age of 16), have experienced some form of unwanted sexualized attention*

Under reporting is a serious problem: More than 90% of child abuse cases are unreported

INTRODUCTION

Abuse and violence against children and youth in Canada continues to be a serious problem. A 2011 study published by the Department of Justice Canada revealed that:

- In 2009, just over 75, 000 children and youth were victims of police reported crime
- Assault (level 1) was the most common type of police-reported violence committed against children and youth with over 31, 000 being reported to police
- Over half (59%) of all police-reported sexual assaults were committed against children and youth under the age of 18 with 60% of these victims being between the ages of 12 and 17 (Department of Justice, 2011).

Please see Appendix 1 for additional national statistics.

A significant number of children and youth in the region of Peel are also victims of abuse and violence. Peel's Child Abuse Review Team (CART) 2011-2012 statistics reported that:

- Peel Children's Aid Society (PCAS) received 12,166 calls
- Peel CAS investigated 7,446 reports of child abuse and neglect - this covers a range of reasons for service including:
    - 24.5% (1,826) – physical force and maltreatment
    - 3% (233) – abusive sexual activity
    - 24.8% (1,843) – exposure to partner violence
- Police investigated 316 alleged child abuse cases and 233 alleged sexual offences against children

See Appendix 2 for additional regional statistics and Appendix 3 for accompanying service descriptions.

It is estimated that only 10% of incidents are reported to police and that each year, over 750,000 Canadian youth and children are victims of violence and abuse (Statistics Canada, General Social Survey of Victimization, 2004).

Girls living with disabilities are at greater risk

Currently, our province and region (See Appendix 4 for an outline of Peel's current service delivery system) has a number of services and supports in place to support victims and their families. Across our nation many families report positive experiences with these supports however many more report dissatisfaction. Unfortunately, some victims and their families report that they have been negatively impacted by the very system that was supposed to help them. Evidence suggests that the criminal, social, health and legal justice systems do not always work as effectively as they could in serving the best interests of children and youth who have been a victim or witness of crime (Kaufman & Kennedy, 2013).

In direct response to these concerns, the Child and Youth Advocacy Centre (CYAC) model was developed. The first CYAC was established in Huntsville Alabama in 1984. To date there are over 900 operating and emerging CYAC's in over 10 countries across the world (Children's Advocacy Centre, http://www.nationalcac.org/) including 25 in Canada (6 operational, 7 in development, 4 pilot/demonstration projects and 8 in the feasibility/needs assessment phase (See Appendix 5 for a map of Child and Youth Advocacy Centres across Canada).

Both boys and girls are hurting

Boys are at a greater risk of being victims of physical assault

Girls are at a greater risk of being victims of sexual assault

CONTEXT

The planning committee for Peel region's Family Justice Centre (FJC) – the Safe Centre of Peel, (For more information about the Safe Centre of Peel see Appendix 6) was established in 2008. During its early stages, the partners explored the possibility of creating a combined Family Justice (FJC) and Child and Youth Advocacy Centre (CYAC). A 2010 needs assessment clearly revealed that Peel region needed both, however, the Planning Committee soon recognized that developing an FJC and CYAC at the same time was a daunting task. Therefore, the Planning Committee decided to divide the project into two phases. Their first goal was to open the Safe Centre of Peel and secondly, once well-established, would explore the feasibility of developing a 'Made in Peel' Child and Youth Advocacy Centre.

> *Youth, and children are being physically hurt by family – **usually a parent***

In October 2010, the Government of Canada, through the Department of Justice Victims Fund (For more information see Appendix 7) made $5.25 million dollars ($1.05M per year) available over 5 years (2010-2015) to create new child advocacy centres or to enhance existing ones. In April 2012, the Government committed an additional $5M over five years to increase the availability of funding under this initiative.

In December 2012, the Safe Centre of Peel was successful in obtaining a 3 year grant to further explore the feasibility of developing a 'Made in Peel' Child and Youth Advocacy Centre with the first year of the project dedicated to critical inquiry and feasibility.

Research clearly suggests that there is no single best model for a CYAC. Variability is expected and welcomed in order to accommodate the unique differences and needs in each community. This is critical particularly in a region as unique as Peel. For example, Peel's geography is vast and spans three municipalities (Mississauga, Brampton, and Caledon). Over the past two decades, Peel's population has grown at a rapid rate. With over 1,160,000 people, more than 48% of which are immigrants, Peel region is the second largest region in Canada and one of the fastest growing. Members of 93 distinct ethnic groups, speaking 60 different languages call Peel region home. (For a more detailed outline of Peel's geography and demographics see Appendix 8). Therefore, it is imperative that any alternative model for supporting child and youth victims carefully considers how to effectively meet the needs of Peel's diverse, large, and rapidly growing community.

PURPOSE OF THE REGIONAL ASSESSMENT

- ✓ To identify strengths and challenges of Peel's current system supporting child and youth victims of abuse, violence and crime
- ✓ To assess stakeholder interest in incorporating the Child and Youth Advocacy Centre model into Peel's current system of supporting child victims of abuse, including the exploration of a hybrid model FJC/CYAC at the Safe Centre of Peel
- ✓ Review current literature regarding the efficacy of Child and Youth Advocacy Centre Models
- ✓ Identify suggestions for an improved system
- ✓ Propose alternative models that would best service the region
- ✓ Provide recommendations regarding next steps for the project

METHODOLOGY

The following steps were taken in order to complete this assessment

- ✓ Arro Vision was contracted by Safe Centre of Peel project team to conduct a significant portion of the project
- ✓ Arro Vision met with project leads (representatives from Catholic Family Services, Trillium Health Partners and Peel Children's Aid Society) to get an overview and understanding of the project
- ✓ Review of 2010 Family Justice Centre/Child Advocacy Centre Needs Assessment project for insight and direction
- ✓ Key stakeholders were identified and invited to participate on a Project Review Team (For a list of participating organizations refer to Appendix 9) to guide the focus group and key informant interview process

- ✓ Arro Vision presented draft focus group questions to project leads and the Project Review Team for their review and revisions
- ✓ Focus group questions approved (See Appendix 10 for service provider questions and Appendix 11 for youth focus group questions)
- ✓ Project leads and Project Review Team identified key stakeholders for focus groups
- ✓ Outline of literature review structure created and approved
- ✓ Literature review completed by project leads with student support and then drafted by Arro Vision. Draft version sent to project leads for review
- ✓ Literature review was finalized by project leads
- ✓ Conducted 4 initial focus groups
- ✓ Focus group data transcribed by transcription agency and analyzed by Arro Vision
- ✓ Top of the wave, systemic themes and recommendations presented by Arro Vision to Project Review Team and project leads
- ✓ Interim report submitted from Arro Vision to project leads
- ✓ Two additional focus groups and two key informant interviews completed by the project team. In total 58 participants from 28 different organizations participated in the study
- ✓ Additional data transcribed and themed by project leads
- ✓ Half day session held with project leads and Arro Vision to revise themes based on new data
- ✓ Writing of final report with themes and recommendations for future directions

Through the data collection process, stakeholders and partners were purposefully engaged - inevitability leaving the sector with an increased sense of collaboration and familiarity. It has given partners the opportunity to express their challenges and successes in a safe and supportive environment. Moreover, partners are feeling part of the solution and look forward to their continued work in the planning and implementation of a CYAC in Peel.

LITERATURE REVIEW: CHILD ADVOCACY CENTRES

Note: Traditionally, centres that provide a community-based, coordinated approach to child abuse are called Child Advocacy Centres (CACs). Although they also support youth, this has typically not been reflected in its title. Peel focus group participants were clear that they would like a 'Made in Peel' model to be referred to as a Child and Youth Advocacy Centre (CYAC). To be consistent with the literature however, the term used in the Literature Review section will be Child Advocacy Centre (CAC).

WHAT IS A CHILD ADVOCACY CENTRE?

A Child Advocacy Centre (CAC) is a "seamless, coordinated and collaborative approach to addressing the needs of child and youth victims or children/youth who have witnessed a crime" (Department of Justice Backgrounder, January, 2013). Child Advocacy Centres provide a community-based, child and youth focused, culturally competent, multidisciplinary team (MDT) approach to the investigation, treatment, management, and prosecution of child and youth abuse (Horner, 2008). The goal of a CAC is to reduce the number of interviews and questions a victim is required to participate in during the investigation and/or court preparation process "thereby minimizing any additional system induced trauma and enabling children to provide stronger evidence, which can lead to increase in charges laid, guilty pleas, convictions and appropriate sentencing (Department of Justice Backgrounder, October, 2010).

Historically, CACs have functioned primarily in response to child sexual abuse, whereas now their breadth has expanded to include peer to peer violence, physical violence, neglect, stranger assault, and witness to domestic violence (Horner, 2008).

The first CAC was established in Huntsville, Alabama in 1984. Currently, there are over 900 operating and emerging CACs in over 10 countries across the world (National Children's Advocacy Centre, http://www.nationalcac.org/).

***Children and youth experience more sexual assault than adults** – the majority of these assaults are against youth*

In October 2010, the Government of Canada, through the Department of Justice Victims' Fund (See Appendix 7 for more information) announced an investment of $5.25 million dollars ($1.05M per year) over 5 years (2010-2015) to create new child advocacy centres or to enhance existing child advocacy centres in Canada. In April 2012, the Government committed an additional $5M over five years to increase the availability of funding under

this initiative (Department of Justice, April, 2013).

As of March 2013, Canada has 6 operational CACs, 7 in development, 4 pilot/ demonstration projects and 8 in the feasibility study/needs assessment phase (See Appendix 5 to view a map of Children's Advocacy Centres in Canada: A Snapshot of the Locations and Current Stages of Development of Specialized Services for Child and Youth Victims of Crime (Department of Justice Canada, 2013).

NATURE AND SCOPE OF CHILD ADVOCACY CENTRES

There is much variability between CACs in how they are structured and the processes they follow (Cross et al., 2008). CACs can differ in their organizational structure, developmental stage, community characteristics, referral processes, interagency involvement and agency vision, values and objectives. This invariably affects "who the CACs serve, what CACs do and what outcomes they might have" (Walsh et al., 2007).

As part of the accreditation process, Child Advocacy Centres must contain nine core components:

- a child friendly facility
- multidisciplinary teams
- joint investigative interview(s)
- medical examination of the child
- provision of mental health services
- victim advocacy
- case review
- case tracking
- clear organizational structure that supports Child Advocacy Work (National Children's Alliance http://www.nationalchildrensalliance.org/).

For more information about the criteria the National Children's Alliance utilizes in its accreditation process refer to Appendix 12.

A CAC model coordinates and assists in integrating the services of a multi-disciplinary team of professionals to respond to cases involving child and adolescent victims or witnesses of crime. Foundational members of a CAC multi-disciplinary team include:

- law enforcement
- child protection services
- crown prosecution
- medical assessment
- victim support and advocacy services
- psycho-social assessment and mental health service (Thoreau, K., & Thoreau, P., 2011).

Members of the multi-disciplinary team work together to conduct interviews and make joint decisions about the investigation, treatment, management and prosecution of

cases. Victim support and/or advocates ensure that children, adolescents and their families have access to and receive appropriate social, medical and mental health services and supports (Thoreau, K., & Thoreau, P., 2011).

***Infants under the age of one are at a higher risk of being killed by a family member**, followed by toddlers and preschoolers aged 1 to 3*

Most CACs have trained child forensic interviewers to ensure intervention is appropriate, practice-informed and child centered. Interviews are conducted in an anti-discriminatory, culturally aware, developmentally sensitive, objective and legally defensible manner. The interviews are child-centered, with the purpose of determining the truth, and where offences are disclosed, the interviewers strive to maximize the attainment of admissible evidence.

Other activities that a CAC may offer include support for families in navigating the justice system, prevention and awareness campaigns, training for justice professionals on best practices for interviewing child victims and witnesses and joint advocacy for improved services for children and youth who are victims of abuse, violence and crime.

BENEFITS OF CHILD ADVOCACY CENTRES

A 2007 study found that communities with Child Advocacy Centres use more coordinated and collaborative investigations than communities that do not have CACs, including more multidisciplinary team interviews, videotaped interviews and joint investigations between child welfare and the police (Cross, et al., 2008).

Research demonstrates that Child Advocacy Centre services enable victims to provide more reliable and credible evidence, which may lead to an increase in charges laid, guilty pleas, convictions and appropriate sentences (Cross, et al., 2008).

Newman et al, (2005), cite that when investigating cases of child abuse, law enforcement officers and child protective investigators identified the following five major reasons for using CACs:

1. Committed to a child-friendly environment
2. Provides referrals, supports, assistance with counselling, medical exams
3. Expert interviewers
4. Formal protocol when a sexual abuse case is investigated
5. Access to video and audio equipment and two-way mirrors

The utilization of multidisciplinary team (MDT) investigations eliminates the need for multiple, duplicative interviews and thereby

reduces children's distress related to repeatedly "telling their story" of abuse. For example, many MDTs conduct joint forensic interviews in which one interviewer talks to the child while other investigators observe via a one-way mirror or closed-circuit TV, occasionally supporting the interviewer around which questions to ask. (Jones, et al., 2005).

Multidisciplinary teams can improve investigations by enhancing interagency communication – especially between law enforcement, Child Protection Services (CPS), and other professionals as it reduces the degree to which multiple investigations interfere with each other (Lanning, 2002; Myers, 1998; Pence & Wilson, 1994 as cited in Jones, et al, 2005). Shared information with all investigators also reduces potential gaps in evidence collected by different investigators.

Additional research concludes that Child Advocacy Centres and MDTs result in:

1. Children being interviewed in a child-friendly facility more often than children who do not receive services from a CAC (Walsh et al., 2007).

2. Children reporting satisfaction with the investigation process and are more likely to report not feeling scared during the forensic interview compared to children in communities without a CAC (Jones et al., 2007).

3. More cost effective investigations; one study found that investigations conducted by a CAC resulted in a 36% cost savings when compared to investigations conducted by a non-CAC (Children's Advocacy Centres of Washington. 2011. CACWA position statement as cited in Shadoin, et al., 2006).

4. Charging decision times that are shorter; one study found charging decisions occur more expediently when a CAC is involved in comparison to communities without a CAC (Walsh, et al., 2008).

5. More accurate assessment and prediction of risk and more adequate intervention (Goldstein & Griffin, 1993; Pence & Wilson, 1994 as cited in Lalayants, M., 2005).

6. Children are more likely to receive forensic medical examination than children who receive services from a non-CAC organization (Walsh, et al., 2008).

7. More referrals to mental health services than non-CACs (Cross, et al., 2008).

8. Decreased fragmentation, less role confusion among different disciplines and reduced duplication of services among agencies (Pence & Wilson, 1994; Skaff, 1988, as cited in Lalayants, M., 2005).

9. Enhanced quality of evidence for lawsuits or criminal prosecutions (Dinsmore, 1992-1993; Saywitz & Goodman, 1996, as cited in Kolbo & Strong, 1997).

10. Consistent and compassionate support for the child and family and improved quality of services (Cohn, 1982; Hochstadt & Harwicke, 1985, as cited in Lalayants, M., 2005).

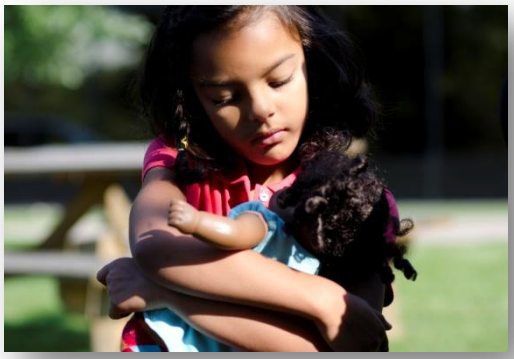
11. Higher reports of service satisfaction by parents/caregivers including greater satisfaction with the investigation process and interview procedures compared with parents/caregivers whose children did not receive services from a CAC (Jones et al., 2007).

12. Mutual support for professionals engaged in emotionally stressful work (Kolbo & Strong, 1997, p.434-435).

13. More effective response to complex cases and increased use of appropriate services and resources (Jones et al., 2005).

14. Professionals report greater sense of accomplishment and improved interagency relationships (Jones et al, 2005).

15. A team approach to decision making leading to more effective and efficient decisions and quicker resolutions (California Attorney General's Office, 1994, p. 84-85).



16. More cases being reviewed (Ibid, p. 67).

17. Fewer cases "falling through the cracks" (Ibid, p. 67).

18. More cases reaching successful resolution (Ibid, p.67).

CHILD ADVOCACY CENTRES: CHANGING THE CHILD ABUSE SYSTEM

Robin tells her teacher she's being hurt at home. At school she talks to her teacher, principal and nurse, who examines her. The school calls a hotline and the police. From there she must talk to the police officer, a nurse at the hospital, social worker, and doctor, who also examines her....

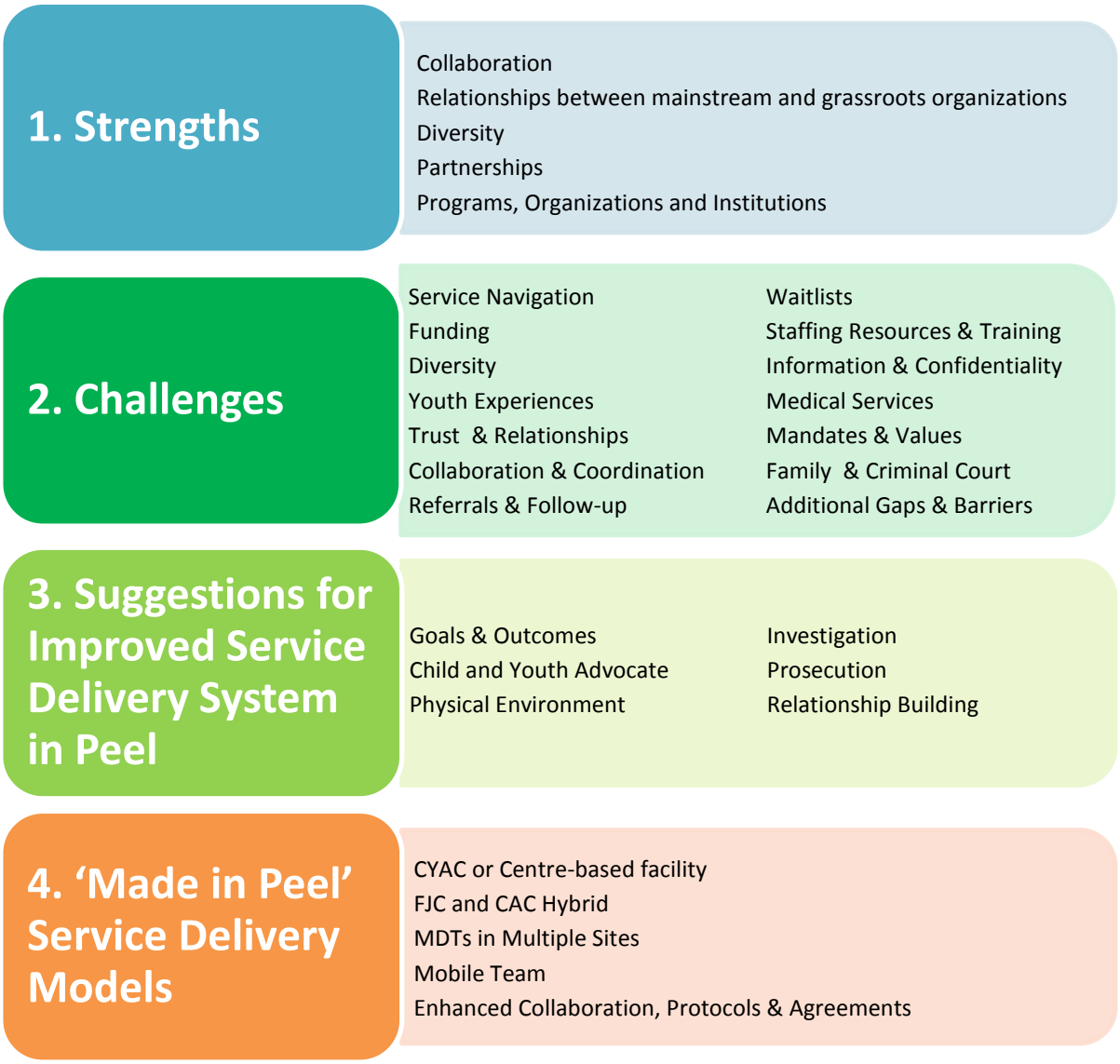
...A detective is assigned and brings Robin to a special hospital where another nurse, social worker and doctor talks to her. She is examined again. She then must talk to a child protection investigator and lawyer.

Robin tells her teacher that she is being hurt by her mom's new boyfriend at home. Robin and her mom go to the CAC...

...Robin tells her story while a detective, CPS worker, and State's Attorney listen as a team. Robin can see a doctor and is referred to a counsellor who will help her heal. Robin's mom talks to an advocate to help her

Adapted from: :http://owenshousecac.org/changing-the-child-abuse-system/

EMERGENT THEMES: FOCUS GROUPS AND KEY INFORMANT INTERVIEWS



Please refer to Appendix 10 for the service provider questions and Appendix 11 for the youth focus group questions

THEME 1. STRENGTHS OF PEEL'S CURRENT SUPPORT SYSTEM FOR CHILD AND YOUTH VICTIMS

COLLABORATION

Service providers were very positive and encouraged by the level of collaboration between agencies and organizations. Many examples were cited which described team work and efforts to coordinate and enhance service delivery. Regional agreements (i.e., CAS/Violence Against Women), protocols, best practice guidelines, joint training and supervision were noted as providing significant guidance and support. Participants were confident that collaboration and partnerships would increase in the future as opportunities became available.

Agreements and Protocols

"…our VAW/CAS Collaborative Agreement has been very helpful in terms of making some of the resources that families need (more available), helps with some of the arising issues, particularly where it pertains to violence…"

"Collaboration has also included developing protocols, best practice guidelines, having joint supervision and training as well as creating policies and procedures around how to do case coordination and communicate with one another."

Collaboration

"There is a trend in collaborating in Peel. It is very, very strong here. No one wants to be in a silo anymore, making their own decisions."

"Collaboration has been built over the years. I think if we look at the way we exist today from joint funding applications, to the Heal Network providing funds to organizations to do the work, from living together downstairs at SCoP (Safe Centre of Peel) from integrating policies and processes and responding to needs of families I think it has grown and it continues to grow."

"There is so much sense in collaborating. It has an accountability process and you are no longer the only one who is responsible for this. That's very important and as a result it reduces the fear associated with introducing new concepts."

RELATIONSHIPS BETWEEN MAINSTREAM AND GRASSROOTS ORGANIZATIONS

Service providers were very supportive and enthusiastic about the relationships between mainstream and grassroots organizations servicing clients. Participants felt that this relationship was not just 'good to have' but a necessary part of providing seamless, coordinated, and effective services to their clients.

"The more you know as a provider, the better you can be for your client – this type of referral (to ethno-specific organizations) is formalized in Peel as they (service providers) are so aware and

connected with their ethno-specific agencies. This type of referral is expected in Peel. In Peel, you are not referring at 'your own-risk' – you are not an 'outlier' when you refer to an ethno-specific agency."

"The relationships between mainstream organizations and grassroots ones are becoming more common. Mainstream organizations are realizing the great benefits of grassroots agencies and the vital role they have to play in the betterment of providing service to clients."

DIVERSITY

Service providers were keen to speak about changes in Peel's demographics. Some participants described feeling pleased to see that some services, programming and staff (i.e. diverse teams, multilingual staff and culturally sensitive service planning) are beginning to more effectively meet the needs of Peel's diverse community.

"One of the strengths of our system and it's something I think that's continuing to develop, is our ethno-specific programming. When we talk about mainstream organizations collaborating with grassroots organizations there are a number that are providing ethno-specific programming. Our population appeal is such that it actually demands that from our service providers."

"I think the services and the composition of the teams that service children in Peel are more diverse. I think we are doing well if you look at the Peel area. With this brings the cultural sensitivity needed for service planning. People also have knowledge about the cultures and the families. We have training in this area. We also have a diversity manager (that focuses on) anti-oppression."

PARTNERSHIPS

Several participants spoke about the positive partnerships that have been created between community organizations, institutions and agencies.

Research participants highlighted strengths within the following partnerships: Safe Centre of Peel (14 organizations), The HEAL Network (18 organizations); Peel District School Board (PDSB) and COAST (hospital, police and mental health); Peel CAS and Peel Regional Police (PRP)-Special Victims Unit (SVU); PRP SVU and Peel Children's Centre (PCC) Child Witness Program; PCC and the Crown's Office; Associated Youth Services of Peel (AYSP), PCC and Peel CAS; PDSB and PRP; Peel Public Health and PRP SVU.

AYSP, PCC and Peel CAS

"We have a nice example of collaboration between CAS, AYSP and PCC offering joint programming for young people and their families. They are three different organizations with different mandates. It is an example of doing the work together and working very closely together as team."

PDSB and PRP

"We at the Peel District School Board have a really powerful connection with the Peel Regional Police in a very proactive way which I see as a real positive partnership."

HEAL Network

"The HEAL Network is a group organized around services for children exposed to domestic violence.

It has been working well for 12 years because it is a collaborative approach to offering services with a number of partners (18) including many partners from our diverse communities. I think that effort for children and youth is working."

PRP SVU and PCC Child Witness Program

"Peel Children's Centre has been amazing. I love working with them. They are so helpful for us at trial. The more information we have the better we can help them (victims)."

SCoP

"Clients see hope when they come to the Safe Centre. They have so many services over there. They (clients) also tell me they feel that they accomplished something in that moment."

PCC and Crown's Office

"(At the Crown's Office) it is working well with PCC being involved. They are fantastic. We need to meet with them before and after court, so this often means early in the morning and late at night. Child Witness work all the time. We have their Blackberry numbers. They never complain. They are very dedicated."

Public Health and PRP SVU

"Public health nurses have immediate access to police in the special victims unit. Most of them are great. Getting support and information from them about what direction to go has been very positive for our staff."

PROGRAMS, ORGANIZATIONS & INSTITUTIONS

Participants identified a number of programs in the region that are working well and making a significant impact in victims' lives. Many programs were identified as either unique to Peel or as working particularly well. The programs, organizations or institutions identified were: SCoP; COAST; Peel CAS; PCC's Child Witness Program; Peel Regional Police Special Victims Unit; Chantel's Place; the HEAL Network, Families and Schools Together; Tangerine; Adolescent Team Program; French Language School Board; Peel School Boards and the Complex Needs Children's Review Committee.

SCoP

"At the Safe Centre everybody understands everybody's role so that when you have a family coming to you, you can say 'these are the services that would be applicable to what you are experiencing.' In order to do that we must understand everybody's services and what their mandates are."

COAST

"The program COAST is amazing because they will be right on the scene. It's almost instantaneous. It's quicker than 911, almost, when you have a youth that is really in crisis."

CAS

"For a lot of the families on my case load who have CAS involvement the CAS worker has actually

been a protective factor for that family. They see them in a positive light. They see the best in that person as opposed to focusing on more negative things that you hear in the past, that's usual in the CAS. I've been really impressed with that. I think that that is either unique to Peel or that Peel is kind of a - they're kind of the champion of that movement, of being more of a protective factor in keeping families together as opposed to other alternative. That's great for – for kids."

Child Witness Program

"It is a service that helps the client and their family through the court process, which is a phenomenal service. Just having someone navigate the court system is helpful, introduce the system to the child, have them go to the courthouse and even sit on the judge's seat. It's just stressful enough having to go to court and describe what happened to them."

Peel Regional Police Special Victims Unit

"We've got some good people over at SVU. Sensitive and passionate about their work."

Chantel's Place

"Chantel's Place is another example of our strengths. There's been a lovely space created to do interviewing and the medical exam. We have expertise there and the program has recently expanded to include a pediatric component."

HEAL

"I was around for (the beginning) of HEAL. It is one of the best services I have ever been a part of. It was 18 organizations that came together. We all had the same philosophy. We talked about what we needed. We talked about where we were on the continuum of knowledge base and services we provide. I believe that HEAL is a legacy."

Families and Schools Together (FAST)

"FAST made a huge difference in the community that I use to be a principal of in North Brampton. All the houses came up in two years, an entire community was formed and no one really knew each other. You would bring folks together and have a potluck dinner. There was parenting groups, children's groups and sing-song times together. It takes a lot of work, but at any rate, it is one of the most successful things I have seen in terms of community building."

Tangerine

"Tangerine is one of the greatest resources out there. It's fairly new, but it's absolutely amazing."

Adolescent Team Program

"We have a nice example of collaboration with CAS and their adolescent team program. It is challenging to work with different mandates but everyone works very closely with one another. It's been really successful and something that has made a huge difference to adolescents and their families."

French Language School Board

"They are strongly helping teachers, families and other community members to understand the potential links between bullying and what is happening in the home and using that as an opportunity to do some child abuse or violence screening and provide some education."

School boards

"There have been a lot of collaborations with the school boards. Outside systems are coming in to provide programming. This has been very positive."

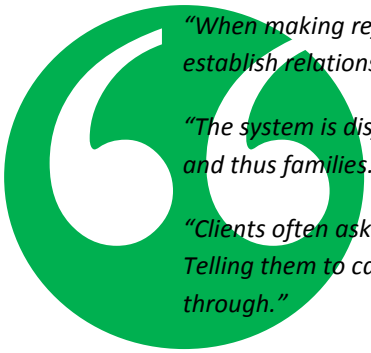
Complex Needs Children's Review Committee

"We use this for all of our case conferences. Often our contact from CAS will come to case conferences where CAS has never been involved just to give their perspective and their understanding."

THEME 2. CHALLENGES IN CURRENT SYSTEM SUPPORTING CHILD AND YOUTH VICTIMS

SERVICE NAVIGATION

Undoubtedly, service navigation was one of the most frequently cited difficulties by focus group participants. Service providers said they often have difficulty understanding and accessing services. They also said their clients report even more difficulty in accessing and understanding services. Youth focus group participants confirmed this. Participants identified the following problems: service providers and clients not knowing what services are available; services hard to use; services fragmented and confusing; clients being 'bounced around' from one service to the other and client's not clearly understanding what the next step in their investigation, treatment or care is.



"When making referrals it's hard enough for us as professionals to navigate through the system and establish relationships with each other, much less a parent or a child."

"The system is disjointed. That in turn makes the system difficult to navigate for service providers and thus families."

"Clients often ask for services during the police investigation but police cannot provide that service. Telling them to call Victim Services isn't really helping because often they (clients) don't follow through."

"More transparency is needed in the investigation process. For example, letting families and children know what comes next, maybe a facilitator that can explain what is happening every step of the way and lead and transition the family through the process."

FUNDING

Insufficient and fragmented funding was frequently identified as creating a number of difficulties within the current system. Understaffing, waitlists, high case loads, lack of program integration, service gaps, service breadth and depth and service availability were some of the challenges named.

"Peel does not receive its 'Fair Share' of funding. Funding only looks at past formulas, not population. This means that essential services are under serviced and under resourced."

"A lot of the decisions around funding from the various ministries is really fragmented and made in silo without the interconnectedness that the child abuse sector needs. The partners that have a role to play all get funding from different envelopes – it's like we don't know what the right and left hands are doing."

"Even under same funding streams (i.e. MCYS) decisions are not always being made in an integrated manner between mental health and child protection."

"There is a huge disconnect between what we do as a multi-funded agency, what our client needs and what our funder expects us to do. MCYS wants us to do it one way. MCSS wants us to do it another way. So it's very difficult to develop your programs in such a way that meets all those particular mandates while still, at the end of the day, your own mission is what counts."

"Fragmented funding, fragmented decision making equals fragmented services."

DIVERSITY

Participants recognized that although Peel has had a number of successes in providing high quality service to its diverse population that as region, we may not have a common understanding of what anti-racism and anti-oppression (ARAO) means and how this disparity continues to marginalize members of the community. It was noted that some organizations who communicate to the community that they have a high level of commitment to ARAO practices, may at times, be the worst offenders. As well, some organizations may be committed but not effectively held accountable.

Due to a lack of specialized services in the region, some children and youth are being sent to areas in the province that are not as diverse nor as culturally competent. It was noted that in the mental health system, the utilization of assessments that are not culturally sensitive nor attend to systemic oppression, may lead to inaccurate diagnoses and treatment. Finally, participants expressed the importance of meeting the diverse needs of Peel's children and youth through thoughtful inquiry and service planning that utilizes an anti-oppressive and social inclusion lens.

"What is frustrating about Peel is that they figured out we are a diverse population, but they haven't figured out that should therefore mean our responses should be as such."

"The other piece that's really problematic is that once you get out of the GTA the racial diversity and cultural diversity is completely different. We've often needed to place some of these kids in mental health treatment centers outside of Peel that will take some of our dual diagnosed kids. So what in fact happens is that I've ended up having to place kids at Lutherwood in Waterloo ,they're basically a mental health treatment facility as well, but they're 99% white. So it really affects some of the children who are moving around."

"There is a collective denial of the systemic and individual oppression that our systems do to children."

"Assessment tools (in the mental health system) can create major oppressive outcomes for racialized youth and children and also those who are LGBTQ. We know that they are over-diagnosed, they are overmedicated. When you address the systemic structural issues, they get well magically."

"…when we talked about assessing the needs of kids and figuring out how we best meet their needs whether it be in our service systems, whether they're victims of abuse or not, really the question and

again I go back to in our region Peel, you know, how do we do that in an anti-oppressive way? How do we do that through the lens of diversity? People talked about bullying and who the bully is. Do we look at the bullying behavior through a lens of anti-oppression or do we look at it in terms of our traditional medical model or our traditional counseling model or a zero tolerance model? When I think about the youth that maybe are excluded from school pending a mental health assessment, who are those youth? What do they look like? I mean that literally. What do they look like? And, you know, I think it is – I think it is a really fundamental issue for our region. When we talk about a made in Peel model, you know, one of the things – what I think about made in Peel, you know, big D, diversity. Big A, O. Right because there is a huge segment of our population that we will lose if we can't figure out how to get that right."

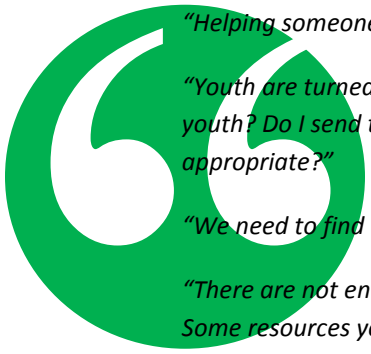
"Collecting ethnic demographics and looking at social problems in a culture can be considered a racist intervention."

"When funders ask us to identify cultures we are serving, for some families this is insulting."

YOUTH EXPERIENCES OF THE SYSTEM

The experiences of youth victims as well as the experiences of service providers working with youth, was a predominant theme throughout the focus groups. This focus group theme, in addition to a review of literature and statistics, suggests the importance of including well-developed services for youth when planning for a CYAC or another alternative service delivery model.

Focus group participants talked extensively about the lack of services and supports for youth under the age of 18 who are trying to protect themselves from violence. More specifically, multiple challenges exist in supporting Transitional Aged Youth (TAY) particularly those who are experiencing issues related to mental health.



"Helping someone live violence free under the age of 18 is nearly impossible."

"Youth are turned away from shelters because the abuser is not their spouse. Where do I send a youth? Do I send them to Interim Place, Family Life Resource Centre, Our Place Peel? What is appropriate?"

"We need to find a solution for youth between ages 16 and 25."

"There are not enough supports for transitional aged youth. Supports change when you reach 16. Some resources you can access until you are 16, others when you are 17."

"There is no consistency on what constitutes youth and what does not."

"To access services always seems like a moving target. It kind of sucked because by the time you realize that you could actually do that like get into a program or like get an actual service from them either you were too old or too young or you had to wait for it." -Youth quote

TRUST AND RELATIONSHIPS

Trust between clients and the system across multiple organizations and institutions was spoken about extensively. Trust, relationships and community engagement issues between youth and police, youth and the school boards and youth and the CAS were identified. Fear around the consequences of disclosure for children, youth, families and women were also named. Some focus group participants also identified that some relationships between organizations/institutions also requires thoughtful attention.

Youth

"A lot of youth are smart and will not report abuse until they are 16 in order to avoid CAS involvement."

"A lot of youth will not go to a social worker."

"The (child protection) system often looks at us as kids. A lot of youth in care are mature and have to grow up faster."

"Police still have biases. If you see one youth walking down the street they are potentially in danger. If they see four youth walking down the street they are potentially a gang."

"It is hard for a child or youth to trust a stranger especially after experiencing abuse and trauma."

Police allegedly "harassing and beating up youth"

"A lot of people will pull the trigger- particularly principals, vice-principals – not having an understanding of the culture and the nuances involved in the culture, about the importance of collectivism and academics in certain cultures. They pull the trigger and the police and CAS launches in. Do you think the kid is going to call police three years later? Absolutely not. Because their entire family has been turned upside down as a result of that intervention."

Community

"Especially in the Spanish community, what I notice is that clients are really worried about going to the police station. They are afraid of authority and they feel really uncomfortable. I always remember what they said, 'Why do we need to go there? Why don't they come over here?' They are really afraid. They said to me so many times that they are afraid of the police because of their backgrounds."

"There is stigma in some cultures to talk about what is happening and seek support."

Between organizations, institutions and service providers

"A healing and reconciliation process is needed with some of the big systems at the table (child protection, school boards, and police). Can this group advocate for this?"

"Sometimes it is the professionals who are the major stumbling blocks and not my clients."

COLLABORATION AND SERVICE COORDINATION

Participants expressed the need for organization-wide support for service coordination and collaboration efforts with other key stakeholders. In the current system participants noted that often clients are being steered in different directions and that service providers are not always communicating about their clients' care. Participants stated that sometimes, it was the values of individual staff that were the glue or reason for successful partnerships and not necessarily organizational values.

Collaboration

"Sometimes we don't know the bigger picture, that a different service might be better for them. If we are thinking about what is best for families we need to be collaborating more."

"Collaboration is happening well in pockets – it is happening because some of the right people are involved. They are at times risking their careers to 'make the right thing happen.' Their agencies/organizations however do not necessarily hold the same values as them."

"What we provide or what we access or how we communicate around what seems to be very pocketed right now. It just depends on the workers and the situation, the individual school and the hutzpah of the people involved as opposed to it being a systemic awareness that's sort of an automatic process."

Service Coordination

"I want a place where everyone would be communicating and not sending you back and forth between workers and services."

"Families want service providers to coordinate ourselves. They don't want to be the middleman of communication."

"Clients do not always know if another service might be better for them; more collaboration needs to happen to ensure all families are getting the best services for their specific needs."

"Service providers are steering people in different directions. Are they doing this because they do not know how services are similar or different? There is a lack of coordinated response. When a child experiences sexual abuse where do they go? Well, they are told this by one person, this by another, this by another…"

"If police are looking for evidence for prosecution then when does the hand off to the next service provider happen?"

REFERRALS AND FOLLOW UP

Participants identified that an effective referral and follow up process is lacking in our region. Participants acknowledged the need for follow up to ensure holistic support and continuity of service. Many respondents agreed that the referral and follow up process needs to be consistent and adequate to ensure families are not falling through the cracks.

"There is a lack of holistic support, throughout the various stages... There is a lack of follow up in the referral process."

"After a police investigation, there is no one there to say these clients need counselling etc."

"Service providers make a referral and then they leave the families' lives."

"There is a lack of follow up when children are released from GAD."

WAITLISTS

Waitlists and timely access to services was named as problematic. Sometimes service providers have witnessed family problems worsening during the wait period. It was also identified that some families are on multiple waitlists for similar services.

"So I do ongoing case management but my argument would be that even if you are well-connected, even if you do know a lot of the resources that doesn't make them any more accessible. The wait list are crippling for some of the most important services… The wait list for Peel wraparound is about nine months."

With regards to sexual abuse treatment there are children who are on all of the waitlists? Why is this? Is this because of wait list issues? Do they feel their needs are so great that they need to access multiple services?"

"Due to limited services, the waitlists are long and when presenting issues do not get addressed, they manifest into other issues and the complexity of clients' situations increase."

STAFFING RESOURCES AND STAFF TRAINING

Research participants spoke about understaffing, high turnover, variability of skill sets and specialization across staff in various organizations and institutions. The general consensus was that in Peel region, there are a number of skilled, passionate, forward-thinking professionals and that child and youth victims were fortunate if they interfaced with these helping professionals. However, participants felt children and youth were less fortunate and sometimes in harm's way if they were paired with professionals who were less skilled or were not passionate about their work.

Understaffing

"Peel Children's Centre is doing great work but they only have two women working with the families which means they sometimes have to leave one family to attend to another."

"SVU officers are sometimes babysitting the children while CAS does interviews and that problem needs to be solved."

"There is a huge gap certainly for the Crown's office because they are the busiest court in Ontario. They are overwhelmed."

"We have one and a half court worker positions in Peel. It is just not enough."

"If there was funding the Crown would go back to being embedded at Peel Regional Police. It worked well but the Crown's office did not get any back filling. Police had access to legal advice on many things. It helped them do their job better. Having an embedded Crown also provided a more consistent approach for the victim. The victim didn't have to tell their story over and over again. We also worked really hard for one Crown to follow the case from beginning to end."

Training and Skills

"Medical assessments in the region can miss critical information."

"Interpreters need more training in dealing with police investigations."

"There is high staff turnover in child welfare. They may not have adequate experience or training."

"A client's experience at SVU is not perfect because it really depends on the skill set of the officer."

INFORMATION SHARING AND CONFIDENTIALITY

Many respondents expressed that there is not sufficient information sharing occurring between agencies and sectors. Some clients are negatively impacted by information sharing limitations between agencies. Participants called for a universal process including a consent form that would help break down these current communication barriers.

"Lack of information sharing doesn't help the client at the end of the day. There needs to be a complete open door policy all away around."

"So I am working with several agencies and I am the right hand. I have no idea what the left hand is doing. That means my clients are not getting effective, efficient service and it angers me a great deal. So I think this is something that really needs to be looked at, and not hiding, for it seems there are some professionals that hide behind the guise of 'I can't tell you because it's confidential."

"There's a lack of information because we are separate services. It's almost like when CAS leaves here (SVU), it's like they forget that a police investigation was going on. It the lack of information we get from CAS, afterwards when it's information that affects our case. That's a huge issue that we deal with in this office every day."

"All services must be able to communicate and share information. There's so much legal stuff that prevents us from sharing stuff and ultimately the only person that is hurting is our victim."

"If information is confidential, get the client's permission and bring them in and talk together to break this confidentiality thing because there really are limited resources."

"It would be great if there were streamlined consents and processes for information sharing."

"Within the medical model, there is something called the Circle of Caring. You are able to exchange information with other hospitals and physicians around the family. That courtesy is not extended when you're working with other community agencies. So there are barriers there for sure and obstacles, especially if the family is working with multiple agencies and they don't want you to share."

"We should be advocating for a ministry form or a government form. That's what we need to advocate for is a government form. Once you signed off this consent form, everybody that works for the government we could talk to. That's what we need."

MEDICAL SERVICES

Respondents identified a need for better integrated medical services, that are easier to access and that are similar to the Suspected Child Abuse and Neglect Program (SCAN) offered at Sick Kids Hospital in Toronto. Particular attention was also paid to the lack of accuracy in medical assessments pertaining to child abuse. Participants also suggested a need for better screening for domestic violence and child abuse.

"SCAN at Sick Kids has been great. I wish we had something like this closer."

"My experience has been that when the kids have gone to the hospitals here in Mississauga, the results are very different from what SCAN. I don't even like the kids to be assessed other than at SCAN. If they are assessed here they will come back and say 'Oh, it's fine.' Then I go down to SCAN and it's a completely different story. I prefer they just go to SCAN to begin with."

"Medical assessments in the region can miss critical information."

"We would like to see medical services integrated better and have quicker access to ER."

"Need medical facilities to do more screening for domestic violence and child abuse."

MANDATES & VALUES

Participants questioned how agencies can work together or co-locate if there are different values and/or a lack of understanding of one another's roles and mandates. This lack of understanding was identified as a main cause of families being 'bounced' back and forth from one service to another. It was suggested that understanding each other's mandates, goals and capacities will assist service providers in providing victims and their families with the right services at the right time.

"How can you co-locate with organizations that have diametrically opposing values?"

"…one of the central problems I think that we run into in Peel is that service providers do not fully understand other service providers' mandates. As a result, for instance we will run into situations where a mental health agency is saying the child needs to be in child protection, or you have child protection demanding that a child goes into mental health. The problem is I don't think that everybody fully understands each other's mandates." "One of the great things, back to strengths, is with this Safe Center, is that everybody understands everybody's role so that when you have a

family coming to you, you can say okay, these are the services that would be applicable to what you're actually experiencing. In order to do that, you have to understand everybody's service and what their mandates are."

"You need to understand each other's mandates before you can work together in any capacity. First understanding and appreciating the differences. Then really looking at, 'Okay. How do we all adjust and kind of come together?' It was a lot of work and continues to be. It's always ongoing work. I think that's important. Once you understand each other's mandates, you find way you can stretch them because at the end of the day, you are all in it for the kids."

"Sectors don't know about each other – the system is disjointed. They {police in Western Canada)} said, 'think about it this way. We're trained very differently than the way you were trained to deal with the same issue. We're trained to be hunters. We have to go out there and find the perpetrator and get the bad guy. Right? Whereas you're trained around looking at why did this happen? What support does the family need? How do we help the family heal?' Just that mindset coming to the same situation with very two different goals and two different mindsets is a gap because it becomes a way that we polarize each other rather than saying recognizing the police are coming from it this way. How do we embrace that and work with that? At the same time, how do the police embrace the strengths that we may bring and the way we look at situations?"

FAMILY AND CRIMINAL COURT

Participants identified challenges with how the legal system considers pertinent information and also collaborates with social service providers when court matters are layered with alleged or verified child abuse. It was recommended that major decisions makers in family law disputes and criminal court matters as well as other service providers' work together to ensure that the most accurate information is obtained and that decisions are well-informed.

Family Law

"In the family law system it is a struggle to figure out what is going on with children in custody and access disputes. It's not uncommon for there to be allegations of abuse or neglect at some level whether serious or minor. It is a difficult area for Children's Aid to respond to because parents come in with different agendas and try to use Children's Aid to gain an advantage in the proceedings."

"Social workers, counsellors and schools are reluctant to get involved in cases (where there are family law disputes where there are also abuse allegations) and they often only see a narrow piece of the picture. They are perceived to have an alliance with the parent who brings the child in. They are generally not very effective and that can leave a very problematic system to figure out what the wishes of the child are and to give them some voice."

"We are left struggling to give children a voice and also struggling to figure out whether there has been some abuse and the degree of that, whether there has not been the best parenting or something more serious. If there's clear evidence of protection concerns then CAS is able to be involved but there are a whole lot of other things that may be less serious and protection concerns that really have an impact on where a child should live. There doesn't seem to be any improvement in that area."

"Crowns are going to be a major player on what the outcome is. On the other hand, the familial system decides who's going to be the parent with authority which maybe one of the most important decisions that are made about children. They're off in another clinic."

"The Family Court of judges is going to be a major decision maker and you need those decision makers around the table in getting them the information they need, as well as the service providers who are going to pick up the pieces after those other decision makers have done whatever they are going to do. They're going to be stuck with those decisions."

Criminal courts

"The criminal courts tend to make decisions that affect families based on criminal criteria without really looking at issues of the families. If a primary caretaker, someone the children are really attached to, there's some violence, they get charged then the other parent may affectively end up with custody without ever looking at the best interests of the child. Or there may be restrictions in contact that have really serious consequences for finances and relationship."

"I imagine a day when a Crown looking at a bail hearing would actually have some input about where the children should be living and what type of access is going to occur."

ADDITIONAL SERVICE GAPS/BARRIERS

Additional gaps and barriers that were identified, covered a wide range of issues.

LACK OF

- child care resources when families accessing services
- long term services, specialized services (especially in the case of complex trauma)
- intensive treatment
- prevention work
- crisis services for families
- services for children with disabilities and complex needs
- enough family court support
- affordable interpretation services
- recognition of importance of anti-oppression work
- family court work integrated with child abuse work

THEME 3: SUGGESTIONS FOR AN IMPROVED SERVICE DELIVERY SYSTEM IN PEEL

GOALS AND OUTCOMES

During the focus groups, participants were asked what a highly successful support system for child and youth victims would look like. Participants named the following goals and outcomes:

- Saving lives
- Seamless service
- Integration of ARAO in service delivery
- Child & youth friendly
- Funding support
- Clients don't regret reporting
- Clients report positive court experience
- Reducing negative impact of system
- Families accessing more support
- Fewer crimes against children and youth
- Healing
- Less PTSD
- No waitlists
- Fewer barriers
- Increased access to service
- Early intervention
- Less fear
- Minimize number of interviews for victims
- Reduce stigma
- Greater trust
- Enhanced relationships
- More family reunifications
- Client needs met
- Positive client feedback
- Reduced travel for clients
- Services under one roof
- Simpler process
- Services easier to use
- Increased service collaboration
- Solid follow up
- Better referrals
- More empowered community
- Decreased CAS calls
- Fewer apprehensions
- More youth high school graduations
- Increased reporting
- Greater information sharing
- Stronger community
- Specialized services
- Highly trained staff
- Prevention work
- Resource sharing
- Shared accountability
- Specialized, multi-disciplinary teams
- Shared responsibility
- Teamwork
- Hope
- Client endorsements
- Support for clients from beginning to end
- Holistic approach
- Attention to social determinants of health
- Survivors input and involvement
- Client focused
- Working collectively
- Child and Youth Advocate
- Specialized forensic interviewers
- ARAO practice leader

CHILD AND YOUTH ADVOCATE POSITION

"If a support person was paired to the investigation, families would feel less threatened and the process would be smoother and easier for families and workers."

"Have someone act as an advocate for the child."

"Need a skilled service provider to open up the dialogue and provide clarity as not all service providers may have the whole story."

"To prevent re-victimization, have the same person involved throughout the investigation, a central worker so they do not need to repeat themselves to several people."

"Help youth navigate the system."

"A consistent case manager that advocates on their behalf."

PHYSICAL ENVIRONMENT

A number of ideas were discussed about what kind of physical environment would be best for child and youth victims.

"Environment that is reflective of diversity, of their world. They would see symbols and faces they can relate to. It will be comforting to see an environment where they can see maybe the head of a Buddha or something that represents their own."

"Like how Chantel's Place has an interview room set up for us (police) that would be great because then victims do not have to be carted around here and there."

"Non-clinical setting, toys and welcoming environment: less visible appearance of authority and dominance."

"Can't have an office space with gray doors and gray painted walls. Make it look friendly, colorful for the children, not a police station with closed windows and a one way mirror. That is traumatizing."

"Create a positive space where youth can feel comfortable, a sense of relief, safe."

"We don't have bathrooms for kids in here. We had to wash them down the hall. You have babies screaming. There is other work being done in the building. So it would be great if we could have the facility here but if it (the CYAC) were like Chantel's Place that would be awesome."

"Having beds would be great. We try not to interview late at night and put if off until the morning but sometimes we can't. There's nowhere for the kids to go. They're here and they're exhausted and they're freaking out and then the rest of my shift is freaking out."

INVESTIGATION

"Coordinate interviewing and investigation because some survivors may not want to repeat their story over and over again."

"Collaborate with police so they can have their equipment and special interview room right at the centre."

"Any child under the age of 16 would be interviewed in the presence of a Peel CAS worker as well as a child advocate to ensure that the child's rights were taken into account."

PROSECUTION

"It would be great if they had specific Crowns like a few of them that are designated for sexual assaults and child abuse. Because if you have specific Crowns that are passionate about it, it just makes a world of difference for the victims."

"Crowns that have some say over where children will end up."

"Family court and criminal court working together."

RELATIONSHIP BUILDING

"We need to consult with the community, with survivors."

"There are some community development and some issues between policing and the youth that needs to be worked out."

"Educate the community about what services do and understanding how cultural diversity influences knowing about and using services and trust about services."

"Empower communities to make complaints, use their voices. There should be more complaints coming to the police, to education. I know these things sound antithetical to most people but it is evidence that people are accessing their rights and options."

"Should be children and youth led. It should not feel like adults are making all the choices for them."

PROGRAMS AND SERVICES

Participants suggested that the additional following services and programs should be offered in a CYAC/improved service delivery model:

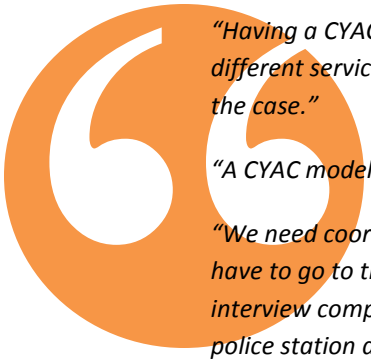
- Advocacy
- Counselling
- Education
- Prevention
- Community engagement
- Legal services
- Family law services
- Family court support
- Settlement services
- Parent and caregiver education
- Family support
- Housing
- Ontario Works
- Expressive arts
- Life skill development
- Recreation
- Tutoring
- Transportation
- Peer mentor programs
- Mental health support
- Peer to peer resolution programs
- Free childcare
- Community development initiatives
- Community engagement
- Drop in centre
- Crime prevention
- Court services
- Court support
- Employment services
- Social opportunities
- Food
- Beds
- Clothes
- Tuck shop
- Safe computer use programs
- Enhanced medical services
- Office of the Children's Lawyer
- Spirituality
- Intergenerational conflict program

THEME 4: 'MADE IN PEEL' SERVICE DELIVERY MODELS

Due to time limitations in some focus groups, approximately half of the participants were asked about their ideas regarding alternative service delivery models.

There was variability in the level of knowledge focus group participants had about Child and Youth Advocacy Centres. Although no two centres are identical, some focus group members were familiar with the CYAC model and its core components, whereas others were learning about CYACs for the first time. It was observed that participants who were knowledgeable about CYAC's, also demonstrated a high level of support and enthusiasm for developing a 'Made in Peel Model'. The participants suggested the following models:

CYAC/CENTRE-BASED FACILITY



"Having a CYAC is a really good opportunity for all of us in Peel to work together, a range of different services in a proper hub, rather than working in our own sections or buildings or whatever the case."

"A CYAC model could help us gather collective evidence without re-victimizing clients."

"We need coordinated and integrated interviewing in a child friendly environment. Right now, kids have to go to the Special Victim's Unit. It would be nice to have an environment where the interview component is totally integrated within a child friendly environment. Instead, you go to a police station and it is the fear that drives you back."

"There's strength in numbers. Is it about philosophy? Is it about living together? I think it is both. So far we're a year into the Family Justice Centre. A group of 9 organizations have come together with various mandates and practices. Talking about it and doing it on a regular basis, together right there in the moment when a victim is walking down the hall or is there for five hours. We have a system that holds us all accountable. Because otherwise what happens is that when we move into a place of complexity or uncertainty or not feeling in control we default to old ways of working and our silos."

"I really support them (CYAC). The experience we've had with Safer Families, the Heal Network and the Safe Centre is that the more you are integrated, working together and living together running joint programs, the more inter-disciplinarian or inter-sectorial, artificial barriers break down. It's no longer a turf thing. It's about the family and the individual and what's the best intervention."

"Have police, CAS and other service providers come on site in order to increase communication."

"Have all parties on site for investigation on the same day."

"If everyone was in the same building and someone is freaking out I could just have someone come over and deal with it right? Your access would be right there."

"It would be wonderful to accomplish many things in one location like a physical exam for sexual abuse, interviews with police and CAS and accessing supportive and crisis services."

"Having a centre readily available would help families make the choice to advocate for their rights."

"If services and supports were under one roof it would be so much easier. They would all be there. You don't have to go searching to this place here and then have to take a trip up here and then go down there. It is all so confusing. Everything else is so stressful, like why can't we make something easy?" –youth

According to our youth (n=7), an ideal CYAC for youth would include….

- Dance/arts
- Gym facilities
- Legal services
- Counselling
- Job search support, interview prep
- Budgeting, life skills, cooking class, sewing class, home economics. classes
- Basic car knowledge

FJC AND CAC HYBRID

"An FJC/CAC would be a great place for the police to attend and get statements from clients."

"I think the idea of a hybrid model blending a CYAC and the Safe Centre is fantastic. I thought a combined model was in the original plans of the FJC and I was surprised when it did not materialize. I understand why, but would love to revisit it."

"The hybrid model is a lot more feasible because police do get involved in domestic violence cases and the children sometimes need to be interviewed."

"Are you going to combine it with the Safe Centre? Aren't a lot of the players already there? Why reinvent the wheel?"

Concern with CYAC/FJC Hybrid

"You'd be surprised. Some mothers do not support their children, do not believe their children and want to stay with their partner, believe it is in the child's mind. Sometimes it is good to keep those things separate. A place where a child is supported and a mom can go wherever else. Children need their own space where they are believed, loved and cared for apart from their parent."

MDTS IN MULTIPLE SITES

"Have a main location and also have satellites in communities they serve the most."

"It would have to be more than one building. So there is one building that offers everything here, all the same services just in different locations….that would help the transportation issue." – Youth quote

"Have a number of MDT teams in various satellite locations that come together on a regular basis to learn from one another and take on bigger projects."

"More than one building that offers the same services in different locations."

MOBILE TEAM

"Should it be mobile? Peel is huge – how can we provide services to such a large area?"

"Go where the clients need you to go. Bring services to them. Like a bus."

"MDT team that comes together and works out in the community."

"No moving between service providers. In this model, clients and families stay put and we go to them."

"Conduct the investigation in a place where the child feels comfortable like their home, a community centre or library."

ENHANCED COLLABORATION, PROTOCOLS & AGREEMENTS

Two focus group participants communicated that a CYAC model may not be necessary and that perhaps enhanced collaboration, protocols and agreements is what is needed.

"I'm not necessarily stuck to the concept of co-location."

"Maybe we just need a service collaborative, not a centre."

"Protocols between police and agencies serving child and youth victims"

Enhanced collaboration and/or protocols between: "CAS and SVU, CAS and VAW, CAS and Sexual Abuse Treatment Services, Various Child Abuse Treatment Programs."

RECOMMENDATIONS

Through reviewing the literature, focus group data and engaging in consultations with other communities exploring or implementing a CYAC, a number of next steps emerged. Short term, intermediate and long term recommendations are proposed.

SHORT TERM

Establish a Planning Steering committee

- Comprised of key stakeholders that , will develop consensus around the merits and feasibility of implementing a CYAC in Peel
- Build a common foundation, vision, values and understanding of each other's mandates. "Time spent on crafting a common vision sustains a vision-driven approach throughout the process" (Kaufman & Kennedy, 2013).
- Create and approve terms of reference
- Additional tasks for the Steering committee could include: planning and implementation of a CYAC or alternative model, providing direction and support to enhance the current service delivery system, serve as a central point for resolution and escalation of issues, review and bring forward recommendations to Executive Leads Committee (if established), develop a work plan and ensure tasks stay on track, and identification and implementation of working or task groups (Kaufman & Kennedy, 2013).

Establish an Executive Leads Committee

- Comprised of key decision-makers in partner organizations who will further explore and develop consensus around the merits and feasibility of implementing a CYAC in Peel. Tasks for the Executive Leads committee may include: participation in feasibility study/economic analysis ; providing direction to and oversight of the Steering Committee (SC); review and approve recommendations from SC; ensure effective ongoing communication, issue management and government/stakeholder relations (Kaufman & Kennedy, 2013).

Other tasks for committees, partners and/or project leads:

- Review and integrate core messages communicated by focus group participants about factors needed for successful collaboration, planning and implementation.
- Engage other committees/ stakeholder groups in the community (i.e., CART, PCSA, Peel Youth Violence Committee and media), raise the profile of child and youth victims' needs and increase knowledge about benefits of CYAC models.
- Develop a systemic approach for collecting regional statistics on child and youth victims of abuse and

violence (i.e. definition of victim, numbers seen and type of services provided and an approach to prevent duplication in data collection numbers).

- Continue to gather and review evidence-informed information and research on CYAC key issues (i.e. service delivery models, organization and governance, partnerships, leadership, decision-making, policies and procedures, fund development; start up and implementation) (Kaufman & Kennedy, 2013).
- To enhance learning, continue to participate in Ontario CYAC network and connect with other communities across Canada who is engaging in similar projects.

*Boys under 12 years old have a **higher risk** of being sexually assaulted*

INTERMEDIATE

- Offer inter-sectorial training on responding effectively to child and youth abuse (i.e. cultural competency, trauma informed practice, screening and assessment, specialized forensic interviewing etc.).
- Consider the creation of a Child and Youth Advocate Position who will a) help child and youth victims and their families navigate the system b) assist in further defining and raising the profile of the importance of advocacy work c) work with the Steering Committee to support the development of a CYAC or alternative service delivery model (Lafreniere, Gordon, Cote & Braganza, 2013).
- Leverage community support, and explore major donors and government funding that is sustainable and avoid embracing (exclusively) project specific funding (Kaufman & Kennedy, 2013, Lafreniere et al., 2013).
- Hire a fund development manager.

LONGER TERM

- Pilot a multi-disciplinary services model that includes but is not limited a CYAC, joint investigations and the role of advocate,
- Collect client and service provider outcome data that will inform next steps in improving service delivery and/or in the development of a CYAC.
- Partner with academic institutions and Department of Justice research initiatives that further investigate best practices, the efficacy of enhancing current child abuse service delivery models and Child and Youth Advocacy Centres.
- Continue to leverage community support and input from consumers/survivors.
- Continue to explore sustainable funding opportunities.

ADVICE FOR FUTURE PLANNERS

Focus group participants provided wise advice for future planners to consider as they embark on next phases of the project.

DEFINE ADVOCACY

"Cognizant of the word 'advocacy'. Does advocacy mean bringing services together in one place for one-stop shopping? If advocacy really means advocacy like the rest of the world is talking about advocacy, then it should be based on disparity and disproportionality, not just another so-called neutral because there's no neutral place. Neutral is just another mainstream dominant thing. So if we're going to do this, we need to put in the effort, it should be to fill gaps, people are falling through the cracks."

"Are we advocating for systems change, for integrated seamless services, for child welfare, child's family, more dollars, advocating for funding coordination and changes, and improvements?"

*Women and men in their late 20s and early 30s are at **greater risk of intimate partner violent victimization**, followed closely by those aged 15 to 24 years. Fifteen to twenty four year olds have the second highest rate of intimate partner violence.*

WORKING TOGETHER

"Our voice as a collective is way stronger."

"Acknowledge differences and work through them."

"One group's success is everyone's success."

"Developing a common agenda with all partners – showing partners what's in it for them if we work all together – what are the benefits. Everyone has individual needs but they need to see how some of their needs will be fulfilled if they work together."

"Partners engaging in dialogue when things get tough and not pulling out or not playing anymore when things are hard."

"Not just living together but working together."

PROCESS

"Need to consult the community. Our community's voice is needed."

"Recognizing different organizations' privilege and knowledge and effectively working with it."

"We cannot get everything right every time but need to try to listen to the critiques and respond accordingly."

"In terms of ARAO and other facets of development, all agencies are on journeys and in different place – need to recognize this to effectively collaborate."

"We need to tread lightly as there are cross sectorial implications. We have to have that constant ability to be flexible and nimble and responsive."

*In 2009/2010, youth in Mississauga and Brampton, aged 13-17, were **most vulnerable to sexual assaults** when compared to other age groups.*

VALUES

"Shared vision, definition and concrete activities related to advocacy that addresses systemic and individual oppression."

"Focus cannot be on what is best for the organization but on what's best for children and youth."

"Commitment to not being neutral."

"Doesn't matter if you have the bricks and mortar if you don't have all the other stuff people are saying."

"One stop shop is not enough in terms of advocacy or ensuring integrated service is being delivered, need to go beyond co-location to develop shared values/principles."

CONCLUSION

"NEVER DOUBT THAT A SMALL GROUP OF THOUGHTFUL, COMMITTED CITIZENS CAN CHANGE THE WORLD. INDEED, IT IS THE ONLY THING THAT EVER HAS."

– MARGARET MEAD

Over the last eight months of this fast-paced project, the enthusiasm around enhancing Peel's service delivery system for child and youth victims of abuse and violence has been infectious. The project team had a rare opportunity speak with multiple service providers across many sectors. During these conversations we heard stories from the field, witnessed frustration and were struck by the resounding hope.

The study revealed that in Peel's current system, there are a number of dedicated and passionate individuals who are focused on providing child and youth victims with the best supports possible. Some even going beyond the call of duty such as holding a scared child's hand, advocating for youth impacted by racism and utilizing limited resources to provide wrap around support to children and families impacted by abuse and violence. We have forever been changed by these conversations.

In Peel we are fortunate in many regards. There are pockets of strong collaborations, partnerships and programs and a number of services that are responsive and attentive to the needs of Peel's diverse population. Many service providers who work here can report with pride that Peel is often ahead of the curve. We often tell our incoming students and recruits that this is a training ground full of multiple twists and turns as well as best practices, and that once you work in Peel you can work anywhere. We have one of the fastest growing populations in the country, are one of the most diverse regions in Canada and at the same time are severely under-resourced. We know that to be successful we must get creative and work together. Our community needs us to do this but we also demand this of ourselves.

Our system however is not without its challenges. Difficulties around service navigation, funding, ARAO practices, youth experiences of the system, trust and relationships, collaboration & service coordination, referrals & follow up, waitlists, staffing resources & training, barriers around

information sharing, medical service gaps, not understanding each other's mandate & values and disjointed court system practices keeps Peel's service delivery model from being the best it can be.

There are many reasons why we could resist change and simply do nothing. There are tighter fiscal realities, some parts of the system may be functioning well and admittedly, change is hard. It is clear that integrating a CYAC in Peel will not be simple or straight forward. Research confirms this. "Communities invested in the team approach to handling child abuse cases know that supporting a healthy, functional, multidisciplinary team is not an easy task. Soliciting and maintaining the participation of diverse disciplines is an intricate process requiring dedication and really hard work" (Hall, 2007, p.22).

Close *examination of the data captured in this report reveals the vast majority of suggestions for improvement are exactly what a CYAC model offers.* Although the specifics of a made-in-Peel model still need to be sorted out, it is clear that our community wants the best possible responses for child and youth victims of violence. Important questions have yet to be answered. Feedback from current stakeholders indicates that Peel is ready to further explore the viability a CYAC model. Let's work together to build the most effective system possible.

APPENDIX

CHILD AND YOUTH VICTIMS OF ABUSE AND VIOLENCE – A NATIONAL PICTURE

THE ALARMING FACTS

In 2009, just over 75,000 children and youth were victims of police-reported violent crime (Wallace, M. 2009. "Police-reported crime statistics in Canada, 2008." Juristat. Vol. 29, no. 3. Statistics Canada Catalogue no. 85-002-X. Ottawa. http://www.statcan.gc.ca/pub/85-002-x/2009003/article/10902-eng.htm).

Sixty percent (60%) of all reported sexual assaults are against children (Canadian Centre for Justice Statistics. (2001). (Family violence in Canada: A statistical profile 2001. Catalogue no. 85–224-XIE. Ottawa: Government of Canada, pg. 13).

In 2009, close to 67,000 or 13% of all Aboriginal women aged 15 and older stated that they had been violently victimized (Violent victimization of Aboriginal women in the Canadian provinces, 2009, http://www.statcan.gc.ca/pub/85-002-x/2011001/article/11439-eng.pdf).

Daily requests for child pornography performed on the Nutella search engine totaled 116,000 (Internet pornography 2004); and, in excess of 20,000 child pornographic images are posted on the Internet each week (Hughes, 2001, http://www.rcmp-grc.gc.ca/ncecc-cncee/factsheets-fichesdocu/enviroscan-analyseenviro-eng.htm)

Stanley (2001) cites research that claims that there are approximately 14 million pornographic websites with some posting approximately one million child abuse images, and that between 23,000-40,000 sites advertised chat rooms that defend child-adult sexual relationships. (http://www.rcmp-grc.gc.ca/ncecc-cncee/factsheets-fichesdocu/enviroscan-analyseenviro-eng.htm)

PHYSICAL VIOLENCE

Physical assaults are the most common type of reported violence. (Statistics Canada, Canadian Centre for Justice Statistics, Incident-based Uniform Crime Reporting Survey 2009).

Twenty-five percent (25%) of child and youth victims were physically assaulted by a family member with 68% being perpetrated by a parent (Statistics Canada, Canadian Centre for Justice Statistics, Incident-based Uniform Crime Reporting Survey 2009).

SEXUAL VIOLENCE

In 2009, over half (59%) of all victims of police-reported sexual assault were children and youth under the age of 18 with 60% of these victims being between the ages of 12 and 17 (Statistics Canada, 2011, Family Violence in Canada: A statistical profile, Catalogue no. 85-224-X http://www.statcan.gc.ca/pub/85-224-x/85-224-x2010000-eng.pdf).

Sexual violence again children and youth was more commonly perpetrated by someone known to the victim (79%), including family members, friends or acquaintances (Statistics Canada, 2010, Family Violence in Canada: A statistical profile, Catalogue no. 85-002-X http://www.statcan.gc.ca/pub/85-224-x/85-224-x2010000-eng.pdf).

In 2009, the rate of family-related sexual offences was more than four times higher for girls than for boys. The rate of physical assault was similar for girls and boys (Measuring Violence Against Women: Statistical Trends 2006, Statistics Canada; Ontario Coalition of Rape Crisis Centres http://www.sexualassaultsupport.ca/Default.aspx?pageId=535956).

Women and girls are considerably more likely than men to be targeted; however for males, being under 12 years old heightens their vulnerability to sexual offences (Wolfe and Chiodo, CAMH, 2008, p. 3; Ontario Coalition of Rape Crisis Centres, http://www.sexualassaultsupport.ca/Default.aspx?pageId=535956).

Young women from marginalized racial, sexual and socioeconomic groups are more vulnerable to being targeted for sexual harassment and sexual assault (Wolfe and Chiodo, CAMH, 2008, p. 3.).

The risk of sexual abuse of persons with disabilities "appears to be at least 150% of that of individuals of the same sex and similar age without disabilities". (DAWN Ontario, Disabled Women's Network Ontario, 2006, http://www.orcc.net/sites/all/files/pdf/Sexual-Assault-Statistics-FS.pdf)

FAMILY VIOLENCE

Nearly 55,000 children and youth were the victims of a sexual offence or physical assault in 2009, about 3 in 10 of which were perpetrated by a family member (Statistics Canada Family violence in Canada – A statistical profile, 2011, http://www.statcan.gc.ca/pub/85-224-x/85-224-x2010000-eng.pdf .

A 2009 report by the Department of Justice Canada, estimates the economic impact of spousal violence – only one form of violence, to be about $7.4 billion a year, which amounts to $225.00 per Canadian (An Estimation of the Economic Impact of Spousal Violence in Canada, 2009 http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr12_7/p0.html#sum)

Girls are disproportionally represented as victims of family violence (sexual violence). In 2011, rates of family violence were 56% higher for girls than boys (Statistics Canada Family violence in

Canada – A statistical profile (2011) http://www.statcan.gc.ca/pub/85-224-x/85-224-x2010000-eng.pdf).

Rates of family-perpetrated physical assaults against children and youth have been relatively stable from 2009 to 2011, while rates of sexual assault have dropped over this same period (Statistics Canada Family violence in Canada – A statistical profile (2011) http://www.statcan.gc.ca/pub/85-224-x/85-224-x2010000-eng.pdf).

RELATIONSHIP VIOLENCE

As with violent crime overall, young Canadians were most often the victim of intimate partner violence (Statistics Canada Family violence in Canada – A statistical profile, 2011, http://www.statcan.gc.ca/pub/85-224-x/85-224-x2010000-eng.pdf).

Women and men in their late 20s and early 30s had the highest rates of intimate partner violent victimization, followed closely by those aged 15 to 24 years. Rates generally declined with increasing age and were highest for women in every age group (Statistics Canada Family violence in Canada – A statistical profile (2011) http://www.statcan.gc.ca/pub/85-224-x/85-224-x2010000-eng.pdf).

THE IMPACT OF ABUSE AND VIOLENCE

Forty nine (49%) of homeless women are survivors of childhood sexual abuse; 51% are survivors of childhood physical abuse (Canadian Mental Health Association, 2006) http://www.orcc.net/sites/all/files/pdf/Sexual-Assault-Statistics-FS.pdf

REPORTING

Less than 10% of sexual assaults are reported to police (Statistics Canada, General Social Survey of Victimization, 2004).

According to the most recent General Social Survey (GSS, 2009), less than one-third of incidents of violent victimization (29%) came to the attention of police (Perreault and Brennan 2010, http://www.statcan.gc.ca/pub/85-002-x/2013001/article/11805-eng.pdf).

Results from the 2009 General Social Survey (GSS) on victimization show that 27% of Canadians aged 15 and older said they had been a victim of a criminal incident in the 12 months before the survey. This proportion was unchanged from prior results of 2004 (General Social Survey: Victimization, http://www.statcan.gc.ca/daily-quotidien/100928/dq100928a-eng.htm).

Younger people were much more likely than older people to report that they had been victims of a violent crime. Individuals between 15 and 24 years old were almost 15 times more likely to have been a victim than seniors 65 and older (General Social Survey: Victimization http://www.statcan.gc.ca/daily-quotidien/100928/dq100928a-eng.htm).

APPENDIX 2: REGIONAL STATISTICS

REGIONAL PICTURE

In 2012, Peel Regional Police responded to 14,116 domestic disturbances compared to 13,319 disturbances in 2009, a 5.9 per cent increase.[1]

Service Stats -- **All numbers are for child and youth victims seen (please refer to Appendix 3 for brief service descriptions)

1. HEAL (Catholic Family Services): 2011-2012 - **841**
2. Child Witness Program (Peel Children's Centre): 2011/12- **341**
3. Sexual Abuse Treatment Program (Peel Children's Centre): 2011-2012 – **170**
4. Trillium Health Partners Pediatric Sexual Assault/Abuse Counselling Program: 2011-2012 – **25**
5. Chantel's Place Medical Services, Trillium Health Partners: 2011-2012 - **40**

PEEL'S NEED: PEEL'S CHILD ABUSE REVIEW TEAM (CART) 2011-2012 STATISTICS

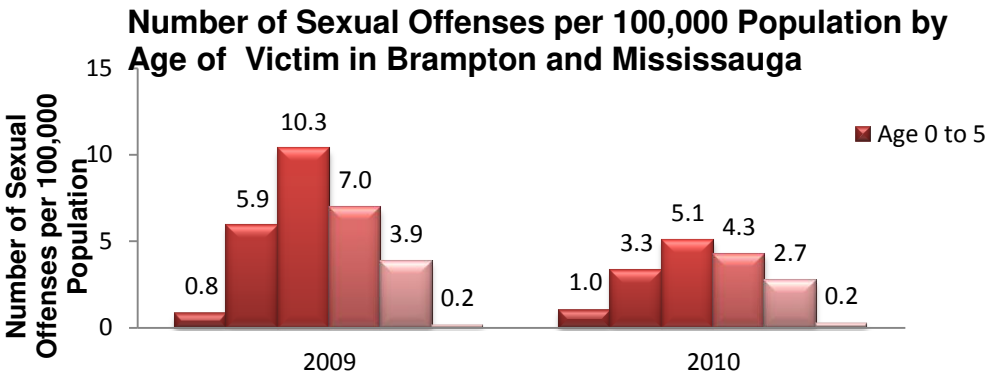
Peel Children's Aid Society (CAS) received 12,166 calls

Peel CAS investigated 7,446 reports of child abuse and neglect - this covers the whole range of reasons for service:

- 24.5% (1,826) – physical force and maltreatment
- 3 % (233) – abusive sexual activity
- 24.8% (1,843) – exposure to partner violence

Police investigated 316 alleged child abuse cases and 233 alleged sexual offences against children

[1] (Peel Regional Police, 2005 Annual Statistical Report & 2009 Annual Performance Report)



Source: Peel Regional Police data, 2008-2010 Data based on actual crimes reported to Peel Regional Police. Rate per 100,000 = # of Occurrences / (Population/100,000). "Known to Victim" refers to: associate, acquaintance, boyfriend or girlfriend, spouse, extended family, friend, parent, "Stranger" refers to persons unknown to the victim. Please refer to the Peel Counts report for additional information: http://www.peelcounts.ca/resources/Peel%20Counts%202011%20-%20full%20report.pdf

In 2012, Peel Regional Police responded to 14,116 domestic disturbances compared to 13,319 disturbances in 2009, a 5.9 per cent increase (Peel Regional Police, 2005 Annual Statistical Report & 2009 Annual Performance Report).

APPENDIX 3: REGIONAL STATISTICS – ACCOMPANYING SERVICE DESCRIPTIONS

Child Abuse Review Team (CART)

As part of the Child and Family Services Act, Peel Children's Aid is required to form a Child Abuse Review Team (CART). Members of CART come from Peel Children's Aid, the medical community, police, education system, early childhood education, community counseling services and Office of the Crown Attorney. This team reviews cases of abuse and works together to identify ways to prevent abuse and protect children. It also focuses on prevention and education to raise awareness to prevent child abuse from happening in our community.

For more information please visit: http://www.peelcas.org/communityPartners.asp?page=219

HEAL Network

The HEAL (Helping End Abuse for Life) Network is dedicated to helping children in the Region of Peel heal from their exposure to woman abuse.

The Network is a vibrant and dynamic collaboration between the following social service and settlement agencies in Brampton, Mississauga and Caledon:

- Catholic Family Services of Peel-Dufferin
- Catholic Cross-Cultural Services
- Dufferin Peel Separate School Board
- Family Education Centre
- Family Services of Peel
- India Rainbow
- Interim Place
- Malton Neighbourhood Services
- Multicultural Inter-Agency Group of Peel
- Muslim Community Services
- Peel Children's Aid
- Peel Children's Centre
- Peel Committee Against Woman Abuse
- Peel District School Board
- Punjabi Community Health Centre
- The Salvation Army/Family Life Resource Centre
- United Achievers' Community Services
- Victim Services of Peel

For more information please visit: http://www.cfspd.com/womanabuse.html

Peel Children's Aid

Peel Children's Aid protects children from abuse and neglect and helps parents and caregivers build healthy families. In addition to protecting children, which they do with the support of the Peel community, they also work with families who may be facing challenges such as poverty,

unemployment, ill health, domestic violence, mental health issues, or caring for a child who has serious physical, emotional or developmental difficulties. Some families also just need parenting support.

The agency provides counseling, teaching and support programs to help create safe and loving homes for children. They work with families to offer guidance and techniques for them to become better parents. They also work with community partners to ensure the families they work with have access to counseling and treatment programs specific to their needs.

For more information please visit: http://www.peelcas.org/aboutus.asp

Peel Children's Centre - Child Witness Program

The Child Witness Program provides information and support to children/youth who have witnessed or experienced sexual or physical abuse. This educational program helps young victims cope with the stress and pressures associated with their upcoming criminal court appearances.

The program provides child victims/witnesses and their support person(s) with emotional support, stress reduction and coping strategies. They also educate them about court procedures.

For more information please visit: http://www.peelcc.org/en/services-for-professionals/prof-child-preparation

Peel Children's Centre - Sexual Abuse Treatment Program

The Sexual Abuse Treatment Program provides specialized out-client services for families coping with trauma involving sexual abuse or sexual assault.

The program focuses on:

- remediating the trauma of sexual abuse or assault,
- preventing future offences, and
- supporting family members when sexual abuse amongst siblings has occurred.

Clients are treated using a combination of individual, group, and family counselling. Empirically based interventions, including Trauma-Focused Cognitive Behavioural Therapy, are provided for all clients of the program.

For more information please visit: http://www.peelcc.org/en/services-for-professionals/sexual-abuse-prof

Peel Regional Police – Special Victims Unit

Protect and support children by conducting thorough investigations into allegations regarding child abuse, through full cooperation between the Peel Regional Police, the Children's Aid Society and the community.

- Promote public safety in the areas of child abuse and sexual assault.
- Identify and successfully prosecute offenders.
- Educate and increase public awareness of community concerns.
- Provide assistance and support to victims.

Role and Function

- Investigate serious sexual assaults and the abuse of children.
- Manage known sexual offenders.
- Investigate child pornography offences.
- Work with other community support groups to assist them in achieving their mandates as they pertain

For more information please visit:
http://www.peelpolice.on.ca/en/aboutus/specialvictimsunit.asp

Trillium Health Partners - Sexual Assault & Domestic Violence Services

We help individuals who have been sexually assaulted or have been victims of domestic violence. We serve the entire Peel Region (Mississauga, Brampton and Caledon area).

Medical Services
Clients may access our 24-hour, 7-days-a week service through Trillium's Emergency Department (http://trilliumhealthpartners.ca/ineed/directions/Pages/default.aspx#miss) located at the corner of the Queensway and Hurontario.

Clients are taken to a safe, private, secure unit called Chantel's Place. A specially-trained nurse provides one-on-one care, which may include:

- assessment
- treatment
- documentation of injuries [with an option of photographing injuries]
- safety planning
- emotional support
- information concerning medical, legal and counseling options

Language interpreters are available, if required.

Follow-up Medical Services
The Follow-Up Clinic provides survivors of sexual assault and domestic violence with an opportunity to receive a range of medical services that may include:

- Re-documentation of injuries
- Care related to medication and/or results of testing

- Referral to social service agencies

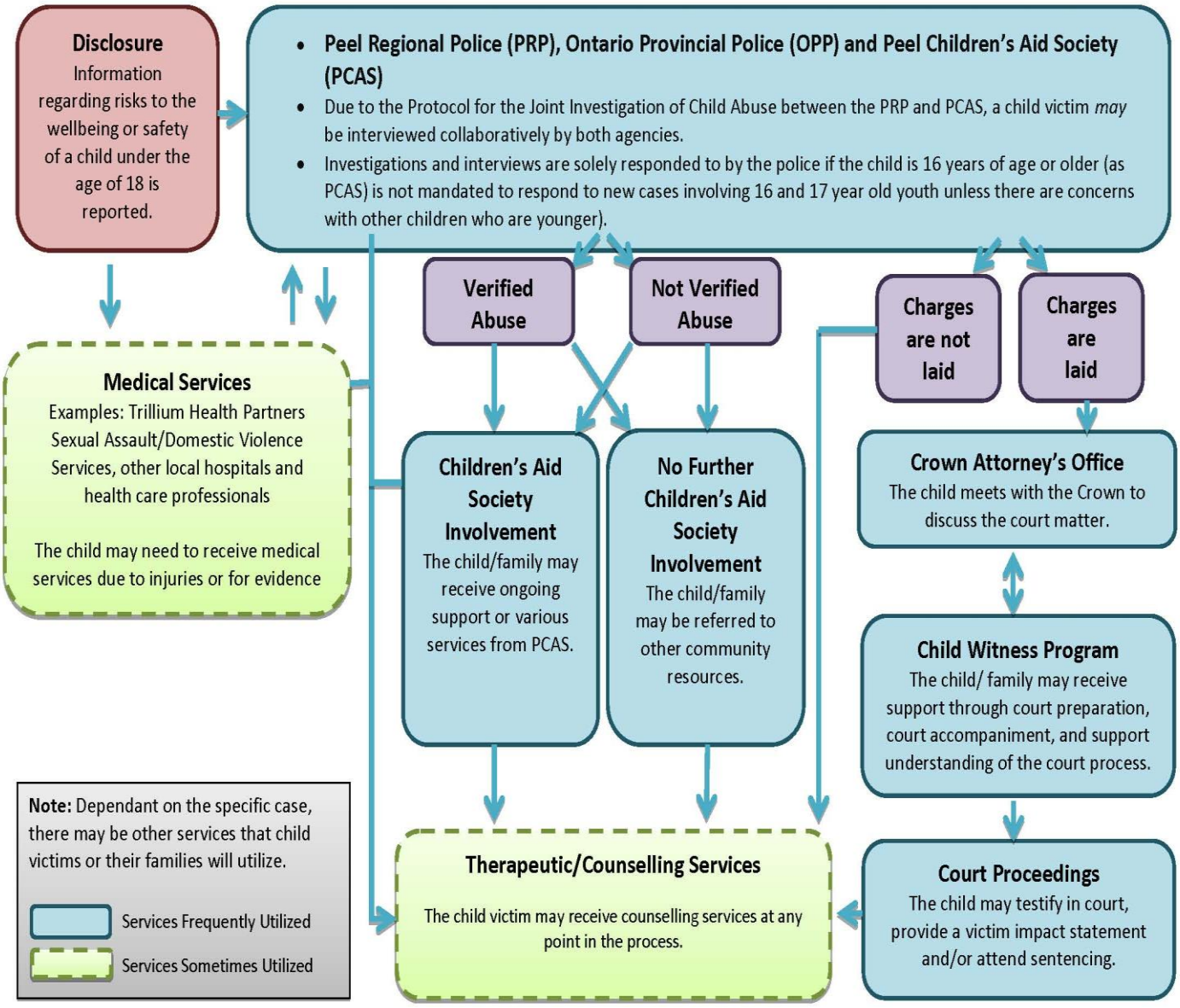
Counselling Services

We provide free-of-charge counseling for survivors of recent sexual assault and those who are supporting someone who has been sexually assaulted. Our counsellors are qualified and registered.

For more information please visit:
http://www.trilliumhealthcentre.org/programs_services/womens_childrens_services/womensHealth/sexualAssaultDomesticViolenceServices.php

APPENDIX 4: PEEL'S CURRENT SERVICE DELIVERY MODEL FOR CHILD AND YOUTH VICTIMS

Current Service Model for a Peel Region Child and Youth Victim – June 2013



APPENDIX 5: CHILDREN'S ADVOCACY CENTRES IN CANADA

(Children's Advocacy Centres in Canada, http://cac-cae.ca/)

APPENDIX 6: THE SAFE CENTRE OF PEEL (SCOP)

Mission: The Safe Centre of Peel is a partnership of many agencies in one location offering coordinated, responsive and accessible services and supports to individuals and families whose lives have been affected by abuse and violence.

Vision: To reduce the impact of abuse and violence in the lives of those affected and the community. Through partner collaboration, the centre offers settlement services, family advice lawyers, parent education, risk assessments and safety planning, applications for legal aid certificates, domestic violence counselling, advocacy for obtaining services, counselling and treatment for children & youth, coordinating shelter placements, family court support, legal services regarding housing, public assistance, immigration and more.

Partners currently on site:

Associated Youth Services of Peel
Catholic Cross Cultural Services
Family Court Support Worker
Family Duty Counsel (Legal Aid Ontario)*
Catholic Family Services of Peel-Dufferin
India Rainbow Community Services of Peel
Legal Clinics
Peel Children's Aid
Trillium Health Partners
Victim Services of Peel

Off site partners:

Family Education Centre
Legal Aid Ontario
Family Life Resource Centre
Peel Committee Against Women Abuse
Dufferin Peel Catholic District School Board

For more information please visit: http://www.scopeel.org/

APPENDIX 7: THE DEPARTMENT OF JUSTICE AND THE VICTIMS FUND

The Department of Justice has the mandate to support the dual roles of the Minister of Justice and the Attorney General of Canada. Under Canada's federal system, the administration of justice is an area of shared jurisdiction between the federal government and the provinces and territories.

THE MISSION OF THE DEPARTMENT OF JUSTICE IS TO:

- support the Minister of Justice in working to ensure that Canada is a just and law-abiding society with an accessible, efficient and fair system of justice;
- provide high-quality legal services and counsel to the government and to client departments and agencies; and
- promote respect for rights and freedoms, the law and the Constitution.
  For further information, please refer to: http://www.justice.gc.ca/eng/pi/index.html

THE VICTIMS FUND:

The Victims Fund is a grants and contributions program administered by the Policy Centre for Victim Issues within the Department of Justice. The Fund currently has $11.6 million a year available to give victims a more effective voice in the criminal justice system.

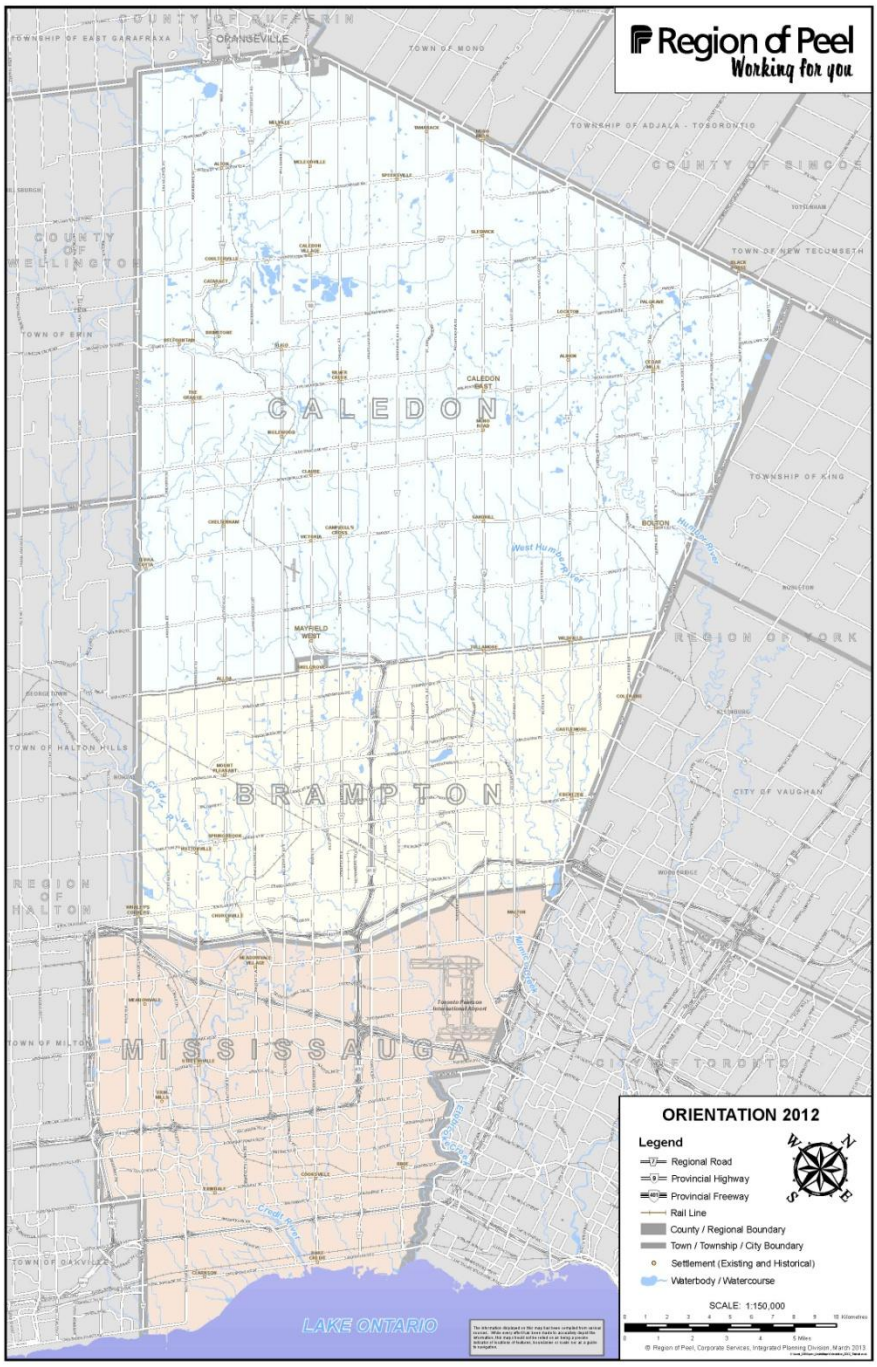
In October 2010, the Government of Canada made $5.25 million dollars ($1.05M per year) available over 5 years (2010-2015) to create new child advocacy centres or to enhance existing child advocacy centres in Canada. In April 2012, the Government committed an additional $5M over five years to increase the availability of funding under this initiative. This funding is accessible under the Victims Fund which has an annual budget of 11.6M.

THE OBJECTIVES OF THE VICTIMS FUND ARE TO:

- promote access to justice and participation by victims in the justice system;
- promote the development of law, policies and programs for victims;
- promote the implementation of principles, guidelines and laws designed to address the needs of victims of crime and articulate the victim's role in the criminal justice system;
- increase knowledge and awareness of the impact of victimization, the needs of victims of crime, available services, assistance and programs, and relevant legislation;
- encourage governmental and non-governmental organizations to identify victim needs and gaps in services, and develop and deliver programs, services and assistance to victims;
- promote capacity-building within non-governmental organizations; and
- provide direct, limited, emergency financial assistance to individual victims in certain specified circumstances.

  For more information please visit: http://www.justice.gc.ca/eng/fund-fina/cj-jp/fund-fond/cac-cae.html

APPENDIX 8: PEEL REGION – GEOGRAPHY AND DEMOGRAPHICS



Peel region consists of the municipalities of Mississauga, Brampton and Caledon with a growth rate of 11.8% between 2006-2011 and a population of 1,296,814 in 2011. Peel has the second highest population in the Greater Toronto Area (GTA) behind Toronto with 2,615,060. Peel also has the third highest growth rate in population (11.8%), behind York (15.7%) and Halton (14.2%). From 2001-2006, Peel's growth rate was 17.2%, which was higher than the 2006-2011 growth rate

of 11.8%. Peel's residents comprised 21.4% of the total GTA population, which is the second largest share behind Toronto (43.2%).

From 2006 to 2011, Mississauga's population grew 6.7% (668,599 to 713,443), while Brampton's grew 20.8% (433,806 to 523,911) and Caledon grew 4.2% (57,050 to 59,460). All three municipalities experienced a decline in growth compared to the 2001-2006 period, which was 9.1%, 33.3% and 12.8% for Mississauga, Brampton and Caledon, respectively. Mississauga accounted for 55.0% of Peel's population, while Brampton and Caledon accounted for 40.4% and 4.6%. Brampton's share of the population has increased from 2006 to 2011, while Caledon and Mississauga's shares have decreased.

There are 217,255 children aged 0-12 years with the gender breakdown being 112,225 boys and 105,035 girls. There are 224,700 youth between the age of 13-24 with 116,035 boys and 108,675 girls. Peel's population is the youngest across the Greater Toronto Area (GTA) with Peel having the second highest proportion of children aged 0-4 in the GTA.

At 50.5%, Peel has the highest proportion of immigrants in the GTA. Fifty two percent of Brampton's recent immigrants were born in India. Mississauga has 57.6% of the Region's total immigrant population. The age at which Peel's immigrations are at the time of immigration is young with 8.6% immigrating under the age of five and 41.1% immigrating between the ages of 5-24 years. Therefore, half of all immigrants are coming to Peel between the ages of 0-24 years. The top five countries of birth of recent immigration are:

Mississauga	**Brampton**	**Caledon**
India (20.8%)	India (52.5%)	Philippines (15.9%)
Pakistan (11.3%)	Philippines (6.8%)	India (13.4%)
Philippines (10.9%)	Pakistan (6.3%)	United Kingdom (13.4%)
China (6.2%)	Jamaica (5.1%)	Mexico (8.5%)
Iraq (3.8%)	Sri Lanka (3.9%)	Ukraine (7.3%)

For more information or Peel-specific data, please refer to the Peel Data Centre at: http://www.peelregion.ca/planning/pdc/

APPENDIX 9: PARTICIPATING ORGANIZATIONS

Representatives from the organizations listed below participated in the creation of this document by lending their time to the focus groups, key informant interviews and the Project Review Team. The agencies that participated in the 2010 Needs Assessment but did not take part in the recent study are indicated with "(2010)". Without the contribution of these representatives the data in this report could not have been achieved. We would like to extend our deepest appreciation to all those that participated.

Project Review Team

Associated Youth Services of Peel
Brampton Caledon Community Living
Catholic Family Services Peel Dufferin
Legal Aid Ontario – Family Law Service Centre
Rapport Youth & Family Services– ECLYPSE Youth Resource Centre
Trillium Health Partners
Peel Children's Aid
Peel Children and Youth Initiative – Success By 6 Peel
Victim Witness Assistance Program - Brampton

Focus group and key informant interviews

Associated Youth Services of Peel
Autism Intervention Services (2010)
Brampton Caledon Community Living
Catholic Family Services Peel-Dufferin
Catholic Cross Cultural Services
Crown Attorney's Office - Peel
Dufferin Peel Catholic District School Board
Peel Public Health
Legal Aid Ontario -Family Law Service Centre
Family Education Centre
HEAL Network
Hope Place
India Rainbow Community Services of Peel
Malton Neighbourhood Services (2010)
Peel Behavioral Services (2010)
Peel Children's Aid
Peel Children's Aid - Crown Ward Education Championship Team (CWECT) Regional Youth Advisory
Peel Children's Centre – Child Witness and Sexual Abuse Treatment Programs
Peel Committee against Woman Abuse
Peel Infant and Child Development Services (2010)
Peel Regional Police - Special Victims Unit
Peel District School Board
Peel Public Health
Rapport Youth & Family Services– ECLYPSE Youth Resource Centre

Salvation Army Honeychurch Family Life Resource Centre
Success by 6 – Peel Children and Youth Initiative
Trillium Health Partners – Sexual Assault and Domestic Violence Services and Child and Adolescent Mental Health Services
Victim Services of Peel
Victim Witness Assistance Program (Brampton)

APPENDIX 10: SERVICE PROVIDER FOCUS GROUP QUESTIONS

FOCUS GROUP PURPOSE:

To investigate the feasibility of incorporating the Child and Youth Advocacy Centre model into Peel's current system of supporting child victims of abuse, including the exploration of a hybrid model FJC/CYAC at the Safe Centre of Peel.

QUESTIONS FOR SERVICE PROVIDERS:

1. In the Region of Peel, what are the current strengths of the system serving child and youth victims of abuse and violence and their families?

2. What challenges and or gaps exist for families and child/youth victims when accessing services?

3. In our community, what would help to close those gaps?

4. What does a child and youth centred approach look like for victims? Can you suggest the principles and values (innovative, open-minded, respectful) that would inform a child and youth centred approach?

5. How might we better structure our services in Peel to become more seamless, coordinated and collaborative?

6. What are some challenges and strengths of multi-disciplinary systems working together?

7. *CYAC are defined as seamless, coordinated and collaborative approach to addressing the needs of child and youth victims of crime, violence and abuse. Here is a handout with some general characteristics of a CYAC and some evidence-informed outcomes in communities that have successfully implemented a CYAC. Please take a moment to read through the one-page document.*
   What are your initial thoughts about the Child and Youth Advocacy Centre model?

8. Which partners need to be involved?

9. What are the possible challenges of implementing a Child and Youth Advocacy Centre model in Peel?

10. *Explain that SCoP is a FJC and have them refer to the 1-pager in front of them that explains what both FJC and a CAC models are.* What are your initial thoughts about developing a unique model for a CYAC combined with the current FJC? (A Hybrid model combining

CYAC and FJC)

11. *Critiques to co-located models of service include concerns that a focus on logistics of service serve to distract or obscure attention (discussions and actions) related to systemic and historical inequities that pervade the violence against women and child abuse sectors. For example, racism, classism, heteronormativity).*What are your thoughts about these critiques? How do we ensure that these concerns are addressed and/or integrated into our service planning and delivery?

12. How would we know if we are providing the best supports and services for child and youth victims and their families? How would our community look any different?

APPENDIX 11: YOUTH FOCUS GROUP QUESTIONS

FOCUS GROUP PURPOSE:

To investigate the feasibility of incorporating the Child and Youth Advocacy Centre model into Peel's current system of supporting child victims of abuse, including the exploration of a hybrid model FJC/CYAC at the Safe Centre of Peel.

QUESTIONS FOR CLIENTS (YOUTH):

*Note: Youth Sample was limited to 7 participants from the Crown Ward Education Championship Team (CWECT) Regional Youth Advisory

1. What are some of the challenges you and your family faced when accessing the services you needed?
2. To what extent would you say the services are catered to your age group?
3. What are your initial reactions to the Child Advocacy Centre model in terms of the support they can provide you and your family?
4. How do you think a Child Advocacy Centre would impact kids and families in Peel?
5. What would it be like if all the supports and services you wanted to access, would be under one roof?
6. What types of services would you want under that roof?
7. Do you see any issues with having all those services under one roof?
8. How would you like to be treated by the services/people providing the services?
9. If the services worked together really well, what would this look like?
10. What would need to be added/changed for you to feel the most comfortable when accessing services?

SUMMARY NATIONAL CHILDREN'S ALLIANCE-STANDARDS FOR ACCREDITED MEMBERS

1. MULTIDISCIPLINARY TEAM

This team is a group of professionals who represent various disciplines and work collaboratively from the point of report to ensure children receive the most effective and coordinated response possible.

In small rural communities, some CAC's may employ one person to fill multiple roles due to limited personnel resources. A safe environment is provided for a coordinated, comprehensive, compassionate professional response.

The following six disciplines together with the CAC Staff, comprise the core MDT. (Law enforcement, child protective services, prosecution, medical, mental health and victim advocacy).

These agencies/disciplines are able to provide specific services that are required (investigation, communication, train, medical history, assessment etc.) in a timely fashion. This helps the MDT anticipate and respond to the needs of children and their families more effectively, lessens the stress of the court process and increases access to resources needed by the family. The benefits of working on a MDT is more shared information, improved and timely evidence gathering, and the involvement of the prosecutor from the beginning stages. Non-offending parents are empowered to protect and support their children throughout the investigation, prosecution and beyond.

There are essential components which also have rated criteria. (See standards for details).

2. CULTURAL COMPETENCY AND DIVERSITY

Cultural competency is the ability to function in more than one culture, with the ability to appreciate, understand and interact with members of diverse populations within the local community. Diversity issues influence nearly every aspect of work with children and families. The CAC and MDT must be willing and able to understand the clients' world view, adapt practices as needed and offer help in a manner in which it can be utilized. Striving towards cultural competence is an important and ongoing endeavor. In a culturally competent environment, children and families of all backgrounds feel welcomed, valued, respected and acknowledged by staff MDT members and volunteers.

The essential components and rating criteria consist of the following:

Essential components:

a) CAC developed a cultural competency plan that includes community assessment goals and strategies
b) CAC must ensure that provisions are made for non-English speaking and deaf or hard of hearing children and their non-offending family members throughout the investigation process.
c) CAC and MDT members ensure that all services are provided in a manner that addresses culture and diversity throughout the investigation, intervention and case management process.

Rated criteria:

a) CAC engages in community outreach with underserved populations
b) CAC actively recruits staff, volunteers and board members that reflect the demographics of the community
c) CAC's cultural competency plan has been implemented and evaluated

3. FORENSIC INTERVIEWS

Forensic interviews are conducted in a manner that is legally sound, of a neutral, fact finding nature and are coordinated to avoid duplicative interviewing. These interviews create an environment that provides the child an opportunity to talk to a trained professional regarding their experience. When a child is unable or unwilling to provide information regarding any concern about abuse, other interventions to assess the child's experience and safety are required.

Essential Components:

a) Provided by MDT/CAC staff who have specialized training in conducting forensic interviews
b) CAC/MDT's written documents describe the general forensic interview process including pre-and post – interview information sharing and decision making, and interview procedures
c) Interviews are conducted in a manner that is legally sound, non-duplicative, non-leading and neutral.
d) MDT members with investigative responsibilities are present for the forensic interviews.
e) Forensic interviews are routinely conducted at the CAC.

Rated Criteria:

a) Written documents include:
   i) selection of an appropriate, trained interviewer;
   ii) election of an appropriate, trained interviewer;
   iii) sharing of information among MDT members; and

iv) a mechanism for collaborative case planning

b) provide opportunities for those who conduct forensic interviews to participate in ongoing training and peer review
c) coordinate information gathering whether through history taking, assessment or forensic interview(s) to avoid duplication.

4. VICTIM SUPPORT AND ADVOCACY

Victim support and advocacy services offer assistance to all CAC clients and their non-offending family members as part of the Multidisciplinary team response

CAC's coordination ensures continuity and consistency with various local community and system-based advocates and is defined in the CAC/MDT's written documents.

Essential Components

a) Crisis intervention and ongoing support services are routinely made available for children and their non-offending family members on-site or through linkage agreements with other appropriate agencies or providers
b) Education regarding the dynamics of abuse, the coordinated multidisciplinary response, treatment, and access to services is routinely available for children and their non-offending family members.
c) Information regarding the rights of a crime victim is routinely available to children and their non-offending family members and is consistent with legal, ethical and professional standards of practice.
d) CAC/MDT's written documents include availability of victim support and advocacy services for all CAC Clients.

Rated Criteria

a) A designated trained individual(s) provides comprehensive, coordinated victim support and advocacy services including, but not limited to:
   i) Information regarding dynamics of abuse and the coordinated multidisciplinary response;
   ii) Updates on case status;
   iii) Assistance in accessing/obtaining victims' rights as outlined by law;
   iv) Court education, support and accompaniment; and
   v) Assistance with access to treatment and other services such as protective orders, housing, public assistance, domestic violence intervention and transportation.
b) Procedures are in place to provide initial and on-going support and advocacy with the child and/or non-offending family members.

5. MEDICAL EVALUATION

Specialized medical evaluations and treatment services are routinely made available to all CAC clients and coordinated within the multidisciplinary team response.

Accurate history is essential in making medical diagnosis and determining appropriate treatment of child abuse and also avoids the need for repeated examination of a child.

Essential Components

a) Medical evaluations are provided by health care providers with pediatric experience and child abuse expertise
b) Specialized medical evaluations for the child client are routinely made available on-site or through linkage agreements with other appropriate agencies or providers
c) Specialized medical evaluations are available and accessible to all CAC clients regardless of the ability to pay
d) The CAC/MDT's written documents include access to appropriate medical evaluation and treatment for all CAC clients

Rated Criteria

a) The CAC/MDT's written documents include:
b) the circumstances under which a medical evaluation is recommended;
c) the purpose of the medical evaluation;
    i) how the medical evaluation is made available;
    ii) how medical emergency situations are addressed;
    iii) how multiple medical evaluations are limited;
    iv) how medical care is documented;
    v) how the medical evaluation is coordinated with the MDT in order to avoid duplication of interviewing and history taking;
    vi) procedures are in place for medical intervention in cases of suspected physical abuse and maltreatment, if applicable;
d) The CAC and/or MDT provide opportunities for those who conduct medical evaluations to participate in ongoing training and peer review.
e) MDT members and CAC staff are trained regarding the purpose and nature of the evaluation and can educate clients and/or non-offending caregivers regarding the medical evaluation.
f) Findings of the medical evaluation are shared with the MDT in a routine and timely manner

6. MENTAL HEALTH

Without effective therapeutic intervention, many traumatized children will suffer ongoing or long term adverse social, emotional, and developmental outcomes that may impact them throughout their lifetimes.

Evidence-based treatments and other practices with strong empirical support can reduce the impact of trauma and the risk of future abuse. For this reason an MDT response must include trauma assessment and specialized mental health services for child victims and non-offending family members.

Family are the often the key to a child's recovery and ongoing protection. Mental health treatment for non-offending parents or guardians, many of whom have victimization histories themselves, may focus on support and coping strategies for themselves and their child. Siblings and other children may also benefit from mental health treatment.

Essential Components

a) Mental health services are provided by professionals with pediatric experience ad child abuse expertise
b) Specialized trauma-focused mental health services for the child client are routinely made available on-site or through linkage agreements with other appropriate agencies or providers
c) Mental health services are available and accessible to all CAC clients regardless of ability to pay
d) The CAC/MDT's written documents include access to appropriate mental health evaluation and treatment for all CAC clients

Rated Criteria

a) The CAC/MDT's written documents include:
    i) The role of the mental health professional on the MDT including provisions for attendance at case review;
    ii) Provisions regarding sharing relevant information with the MDT while protecting the clients' right to confidentiality
    iii) How the forensic process is separate from the mental health treatment
b) The CAC and /or MDT provide opportunities for those who provide mental health services to participate in ongoing training and peer review
c) Mental health services for non-offending family members and/or caregivers are routinely made available on-site or through linkage agreements with other appropriate agencies or providers

7. CASE REVIEW

A formal process in which multidisciplinary discussion and information sharing regarding the investigation, case status and services needed by the client occur on a routine/regular basis.

Case review encourages mutual accountability and helps to ensure that children's needs are met sensitively, effectively and in a timely manner.

Essential Components

a) The CAC/MDT's written documents include criteria for case review and case review procedures
   i) frequency of meetings;
   ii) designated attendees;
   iii) case selection criteria;
   iv) designated facilitator and/or coordinator;
   v) mechanism for distribution of agenda and/or notification of cases to be discussed;
   vi) procedures for follow-up and recommendations to be addressed;
   vii) location of the meeting;
b) A forum for the purpose of reviewing cases is conducted on a regularly scheduled basis
c) Case review is an informed decision making process with input from all necessary MDT members based on the needs of the case
d) A designated individual coordinates and facilitates the case review process, including notifications of cases that will be reviewed

Rated Criteria

a) Representatives routinely participating in case review include, at a minimum
   i) law enforcement
   ii) child protective services
   iii) prosecution
   iv) medical
   v) mental health
   vi) victim advocacy and
   vii) Children's Advocacy Centre
b) Recommendations from case review are communicated to appropriate parties for implementation
c) Case review meetings are utilized as an opportunity for MDT members to increase understanding of the complexity of child abuse cases

8. CASE TRACKING

A systematic method in which specific data is routinely collected on each case served by the CAC.

Case tracking system must be compliant withal applicable privacy and confidentiality requirements.

Essential Components

a) Tracking case information until final disposition
b) The CAC tracks and minimally is able to retrieve NCA Statistical Information
   i) Demographic information about the child and family;
   ii) Demographic information about the alleged offender;

iii) Type(s) of abuse;
iv) Relationship of alleged offender to child;
v) MDT involvement and outcomes;
vi) Charges filed and case disposition in criminal court;
vii) Child protection outcomes;
viii) Status/outcome of medical and mental health referrals

Rated Criteria

c) An individual is identified to implement the case tracking process
d) All MDT partner agencies provide their specific case information and disposition
e) MDT partner agencies have access to case information as defined by the CAC's MDT's written documents

9. ORGANIZATIONAL CAPACITY

Every CAC is a designated legal entity responsible for the governance of its operation

The entity oversees ongoing business practices for the CAC:

- Setting/implementing administrative polices
- Hiring and managing personnel
- Obtaining funding
- Supervision program
- Fiscal operations
- Long term planning

Essential Components

a) CAC is an incorporated, private non-profit organization or government-based agency or a component of such an organization or agency
b) maintains, at a minimum, current general commercial liability, professional liability and Directors and Officers liability as appropriate to its organizational structure
c) written administrative policies and procedure that apply to staff, MDT members, board members, volunteers and clients
d) annual independent financial review <$200,000 or financial audit >$200,000
e) CAC has personnel responsible for its operations and program services
f) Compliant with written screening policies for staff and volunteers that include criminal background and child abuse registry checks and provides training and supervision

Rated Criteria

a) Provide education and community awareness on child abuse issues
b) Address it sustainability through the development of a strategic plan that includes a funding component

10. CHILD-FOCUSED SETTING

A Children's Advocacy Centre (CAC) requires a separate, child-focused setting designed to provide a safe, comfortable and neutral place where forensic interviews can be conducted and other CAC services can be provided for diverse populations of children and families.

Providing adequate supervision of children and families while they are on the premises and creating an environment that reflects the diversity of clients served.

Essential Components

a) designated, well defined, task appropriate facility or contiguous space within an existing structure
b) written policies and procedures that ensure separation of victims and alleged offenders
c) make reasonable accommodations to make the facility physically accessible
d) facility allows for live observation of interviews by MDT members

Rated Criteria

a) maintained in a manner that is physically safe and "child proof"
b) children and families are observed or supervised by staff, volunteers, and/or MDT members
c) separate and private area(s) are available for those awaiting services, for case consultation and discussion, and for meetings or interviews

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