
West Kootenay Boundary Region

Coordinated Response for Child and Youth Victims

Preliminary Model Development

Prepared for

Nelson CARES Society

and

Kootenay Boundary Community Services Cooperative

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I. Executive Summary

“Traditionally, when a child needed to report abuse, they were forced to do so in the same manner as an adult; in an institutionalized setting with adult expectations. The child is expected to go to the police station, surrounded by sometimes scary strangers in the waiting area, then shuffled through the examination process expected to tell their stories a number of times to various players involved in the investigation. One could only imagine this intimidating endeavor for a child who finally mustered the courage to disclose” (Caribou Child and Youth Centre, 2012).

It is this all-too-common scenario that has motivated the development of Child Advocacy Centres (CACs) all over the United States and, more recently, in large urban centres in Canada. CACs provide a child-friendly space where a child is ideally only interviewed once. The questions are asked by an experienced forensic interviewer and audio- and video-recorded to be used in court, if necessary. A multi-disciplinary team (MDT) works out of this central facility to provide a seamless process of investigation and support. The team may include child protection, police, victim services, crown prosecution, counseling and family support. A child advocate coordinates the MDT and acts as the primary contact for the child and family. The primary goals are to avoid re-traumatizing children and improve court outcomes.

Service providers from all these disciplines in the West Kootenay Boundary region are no different in wanting to decrease trauma for children and youth. However, the region itself, located in southeastern British Columbia, is quite unique. It covers an area of just over 30,000 square kilometres with a population of approximately 80,000; a primarily rural region with scattered small urban centres. The geography includes several high mountain passes often difficult to travel in winter, and public transit systems that do not connect the entire region. For these reasons, it has been determined that one central CAC would not adequately serve the populace.

A Feasibility Study completed in June 2011 did show widespread support, however, for a more coordinated overall response and approach to child abuse in the region. This second phase of the initiative is the start of determining exactly what that could look like, given the region’s distinct characteristics. The project took place between July and November of 2012. It began with the hiring of a consultant and the formation of a multi-partner Steering Committee to guide her work. The next step was research, site visits, and advice from other CACs – including a recently opened one in Alberta serving a smaller urban population, and another in Kansas with three small facilities and a mobile unit covering a geographically remote and dispersed region. The consultant summarized and shared this information at a regional forum held in the community of Nelson in October 2012. Forty-two service providers who work with child and youth victims and their families from various sectors – including crown counsel, police, child protection, health care, victim services, and community-based advocacy, support, and counseling – came together from across the region for an entire day of collaboration. This group, plus ten service providers who provided input through other meetings with the consultant, created the foundation for a preliminary model for a more coordinated response for child and youth victims.

Shared vision, goals and strategies were developed from the collaborative input of this multi-disciplinary and regionally distributed group of stakeholders. Preliminary implementation plans for each of the five areas within the region were also created by participants from those areas. Ninety percent of participants at the regional forum made a written individual commitment to carrying out a necessary piece of the plan.

The result is a preliminary model for a region-wide coordinated response with specific community-based activities. A key piece of the model is its focus on a continued collaborative process including stakeholders from all the relevant disciplines. A Regional Advisory Committee has been formed that includes stakeholders from police (municipal and regional), child protection, crown counsel, specialized victim services, police-based victim services, education, and a variety of community social services. This group will work with local Child and Youth Coordination Committees in each of the five areas of the region. Through a collaborative committee model they will continue to develop and implement a more coordinated response for child and youth victims

The model for a Coordinated Response for Child and Youth Victims is as unique as the West Kootenay Boundary region. It is not a central facility-based program but instead proposes to have child- and youth-friendly spaces throughout the region. This may include mobile units and specialized forensic teams that travel. Co-location of dedicated staff is not part of the model. Instead, the initiative aims to involve the entire community of service providers who already work with child and youth victims and their families. Instead of necessarily creating new child advocate positions, the project will explore the possibility of adding hours to existing part-time positions that work with children and youth to expand their advocacy and coordination roles.

Success of the initiative will be measured in how children and youth experience the process, with less emphasis on legal outcomes. The response is aimed at children AND youth (up to and including the age of 18) and will address the broader issues of abuse, violence and neglect. This includes cases that may not end up in court. The mandates of most CACs are narrower, often focusing only on cases of sexual or severe physical abuse, or on younger children. Stakeholders in this region have found that it is those cases where children or youth are victimized but not necessarily victims of crime that can “fall through the cracks”. One aim of this initiative is to fill in those cracks by creating a comprehensive and coordinated response to the larger issues.

The model for a Coordinated Response for Child and Youth Victims is as unique as the West Kootenay Boundary region.

While the momentum currently exists to continue this process, sustaining it will be significantly aided with additional funding. Priorities for the use of prospective funds were identified, including the hiring of a Regional Coordinator. This person would support the collaborative committee process in its development of documents such as a resource directory, formal protocols, interagency agreements and consent for information sharing. The position will also assist the region in further creating child- and youth-friendly waiting and interview spaces and track patterns of demand for enhanced child advocacy.

Current funding priorities also include assisting one area in the region (Grand Forks/Boundary) that has already identified their specific needs to conduct a small pilot project regarding enhanced child advocacy. Future funding proposals will seek to a) enhance or add child advocacy positions across the region; b) have child- and youth-friendly spaces across the region, perhaps including a mobile unit; and c) to provide regional training on topics identified as crucial in furthering this work.

This report details the process of this phase of the initiative and makes suggestions for the next steps outlined above. It includes sample documents to work from, and two options for a governance model for overseeing and coordinating additional project staff. It is the intention and hope of its author that it represents just one step of many that will be taken towards a more Coordinated Response to Child and Youth Victims in the West Kootenay Boundary Region.

II. Background

The Child Advocacy Centre Model

Abuse or violence directed at children or youth is “a highly complex social problem that requires specialized investigative and treatment skills. It is a circumstance that demands careful multi-agency coordination and thoughtful, integrated service interventions at the level of the person, the family, and the community” (Trutte, Adkins, and MacDonald, 1994). One promising model for integrating services for children, youth and their families is the child advocacy centre (CAC). The Government of Canada describes the child advocacy centre model as “a seamless, coordinated and collaborative approach to addressing the needs of child victims or children who have witnessed a crime” (Department of Justice, 2012). A primary goal is to minimize the number of different people and agencies that the child must be interviewed by, in order to reduce additional trauma to the child and also to enable the child to provide stronger evidence for criminal court proceedings against the perpetrator(s).

According to the (US) National Children’s Alliance, which has accredited over 700 CACs, “a children’s advocacy centre is a child-focused, facility-based program in which representatives from many disciplines, including law enforcement, child protection, prosecution, mental health, medical and victim advocacy, child advocacy, work together to conduct interviews and make team decisions about investigation, treatment, management and prosecution of child abuse cases” (2009).

A child advocacy centre traditionally supports the child, and the child’s family, throughout the entire justice system process. It does not replace any existing services. Rather, it provides a child-friendly waiting and interview space and child-friendly “facilitator” to coordinate services, minimize interviews the child must face, ensure better communication amongst all the various agencies that may be working with the child and family, and be a constant known presence for the child during the whole process. Necessarily, any child advocacy initiative must work with any or all of the local law enforcement agencies, child protection, welfare services, crown prosecution, medical and mental health, and victim support and advocacy services (Nelson CARES Society, 2012).

“Traditionally, when a child needed to report abuse, they were forced to do so in the same manner as an adult; in an institutionalized setting with adult expectations. The child is expected to go to the police station, surrounded by sometimes scary strangers in the waiting area, then shuffled through the examination process expected to tell their stories a number of times to various players involved in the investigation. One could only imagine this intimidating endeavor for a child who finally mustered the courage to disclose”.

- Caribou Child & Youth
Centre

Developing a Unique Rural Model

The Kootenay Boundary Community Services Co-operative previously received funding from the federal Department of Justice to conduct a Feasibility Study for establishing a Child Advocacy Centre in the West Kootenay Boundary region. This study, completed in June 2011, indicated widespread support amongst

various agencies that a seamless, coordinated and collaborative response to providing services to child victims would be advantageous for the children and system as a whole. All agreed that enhanced coordination at the investigative and interview stage, and specialized forensic interviewing expertise, would be beneficial.

The West Kootenay Boundary region is a primarily rural area with scattered small urban centres. It covers an area of just over 30,000 square kilometres with a population of approximately 80,000 (CityData, 2010; Mattix, 2009). The geography includes several high mountain passes often difficult to travel in winter, and public transit systems that do not connect the entire region.

It requires a unique approach to the design of a child advocacy centre or program that will be effective here. Only through the involvement of key stakeholders from the various disciplines across the region can an appropriate response be developed. From mid-July to November 2012, we undertook a process to bring together as many of the people possible who need to be involved in developing a model for our region. The purpose of this report is to detail this step in this process and propose next steps.

Organizations involved

The Kootenay Boundary Community Services Co-operative (KBCSC) is a provincially incorporated co-operative with, currently, thirteen member organizations. The member organizations are charitable, non-profit agencies, incorporated under the BC Society Act, that provide a wide variety of community and social services, including either police-based or specialized victim services in six of the member organizations. The role of the KBCSC is to serve as a platform for activities on which the members wish to work together: regional services, regional projects, cost sharing regarding staff training and/or organizational development, sector research and development, and public education (KBCSC, 2012).

Funding for this phase of the initiative was provided from a Civil Forfeiture grant awarded to KBCSC from the (British Columbia) Ministry of Justice. The KBCSC contracted with one of their member organizations, Nelson CARES Society, to complete the work.

Nelson CARES Society envisions a healthy and inclusive community where complete respect for all individuals is an ordinary, everyday occurrence. Established in 1974, Nelson CARES Society is a multi-service charitable organization that delivers programs in the following areas: emergency shelter for the homeless, affordable housing, residential and employment services for adults with developmental disabilities, advocacy services for people living in poverty and a youth environmental program. The annual budget is \$3.5 million; there is a total of 90 full-time, part-time and casual staff. Nelson CARES Society is accredited through CARF International.

The Advocacy Centre is a high profile program of Nelson CARES Society which has been operating for 24 years. It provides poverty law advocacy and legal information in a variety of areas including welfare, disability, tenancy, debt, employment law and family law. It also provides specialized services to victims of partner and domestic abuse, sexual assault, criminal harassment, stalking and historical sexual abuse (Nelson CARES Society, 2012). Janet Sawyer, Manager of the Advocacy Centre, provided direction and

support to Lynda Dechief¹, community-based researcher and consultant with Equality Consulting, who was contracted to carry out the work.

Equality Consulting concentrates on helping to improve communities and the lives and health of individuals within them, especially those who are most marginalized, abused or exploited. This is accomplished through working with government agencies, community organisations, and research centres and using competencies in program development and management, research and evaluation, facilitation, workshop delivery, and academic and technical writing.

Purpose of the Project

This current project is designed to build on the work of the Feasibility Study. Its purpose is to take the next steps in the development of a unique model for our rural context. The objective is to achieve this through:

- 1) Helping establish a multi-partner Steering/Advisory Committee for this initiative;
- 2) Gathering information on practices and procedures in existing Child Advocacy Centres in other jurisdictions;
- 3) Meeting with relevant professionals in the region; convene and facilitate meetings between such professionals and agencies to discuss best practices, coordination, and possible development of a governance structure for a CAC;
- 4) Developing a draft document recommending procedures and protocols for a West Kootenay Boundary regional Child Advocacy Centre.

A further objective of this initiative was to promote and build awareness of the need for close communication and coordination between all parties involved in the entire process (when a child is victimized) so that children are not further traumatized by it, families are aware of next steps involved, more accurate information is obtained and the entire process is more effective and efficient (Nelson CARES Society, 2012).

This approach assumes that child advocacy is already happening here in our region and that there are many aspects working well that simply need to be built on.

III. Approach and Process

The project was approached from a perspective of respectful inquiry and encouraging participation and community ownership. The idea driving the process is that the expertise is already here in the region, and the focus was on bringing the right people together. Through facilitating a collaborative process to draw out the required knowledge, an appropriate child advocacy model for the region has begun to take shape. This approach assumes that child advocacy is already happening here in our region and that there are many aspects working well that simply need to be built on. This approach stems from the belief that those doing the work will have the ideas of how best to further collaborate and coordinate services. Thus, the results – a preliminary model, implementation plan, and

¹ Referred to in this report as “the consultant”.

funding priorities – are grounded in the collective experience of the people already working closely with child victims and their families in our region.

The steps that were taken to meet the project objectives are described below.

Establishment of Steering/Advisory Committee

The members of the Steering Committee who oversaw the Feasibility Study were invited to continue to provide direction to this next phase of the initiative. Some members were no longer in their positions or in the region, so additional people knowledgeable about this subject area were identified and invited to a Steering Committee meeting held in August 2012. This group was primarily drawn from the KBCSC's member agencies, and provided crucial advice regarding the steps of the project, including hosting a regional forum. The Committee discussed the practicality of omitting the term "child advocacy centre" from the name of the project, as it presupposes a facility-based program which may not be ideal for our region. Instead, the term "Coordinated Response for Child Victims" was proposed by one of the members to better reflect the aims of the project. This was later expanded to include youth in the name.

The group also advised the expansion of the committee into a larger Advisory Committee that includes stakeholders from both police forces (RCMP and Nelson Police), Crown Counsel, MCFD and police-based and community-based Victim Services. At the regional forum (described below), representatives from a range of service sectors and communities volunteered to participate on a multi-disciplinary Regional Advisory Committee that will continue to be a hub for this collaborative work in the region. Its membership and purpose are described in more detail in the Results section.

Research into Existing Child Advocacy Centres

The Child Advocacy Centre model has been in existence for over 25 years, since the first CAC was established in Huntsville, Alabama, in 1985. There are now over 900 CACs functioning across the United States (National Children's Alliance, 2009). The concept is newer to the Canadian context, with the Zebra Child Protection Centre in Edmonton being the first CAC to open in Canada in 2002 (Zebra Centre, 2005). Since that time, similar models have formed in other large, urban centres including Regina, Saskatoon, St. Catherine's, Toronto, and Montreal. More CACs are under development in cities such as Victoria, Winnipeg, Surrey, and Vancouver (Thorau, 2011). Recently, a small urban centre – Grande Prairie, Alberta with a population of 55,000 – opened their own CAC, the Caribou Child and Youth Centre, based on a scaled-down model of the Zebra Centre (Caribou Centre, 2012). To date, there have been no CACs developed in Canada (that we could locate) that serve a primarily rural region with small, scattered urban centres. However, we did find a region in Kansas with many similarities to ours (except the mountain passes) that had developed a unique rural model: a mobile Child Advocacy Centre (Robbins & Fyler, 2010).

The consultant had in-depth conversations throughout August and September of 2012 with staff from many of these programs. Detailed information was gleaned from the Executive Director of the West Kansas Mobile Child Advocacy Centre. Site visits were conducted to the Zebra Centre in Edmonton and the Caribou Centre in Grande Prairie. These two sites were chosen by virtue of being, respectively: 1)

the first CAC in Canada and a prototype for many others, and 2) the only Canadian CAC in smaller urban centre in a more rural region. Additional information was provided by: a staff sergeant at the Regina Child Justice Centre regarding a policing perspective on CACs; and the Executive Director and MCFD

To date, there have been no Child Advocacy Centres developed in Canada that serve a primarily rural region with small, scattered urban centres.

Advisor of the ORCA Centre (being developed in Victoria, BC) regarding the process of developing a CAC, and considerations for MCFD involvement. All of these people expressed their interest in supporting the development of a child advocacy model in the West Kootenay Boundary region, and would be willing to provide additional information or advice required in the future (see Appendix A for a list of names).

Significant considerations that emerged through these discussions include:

- Making interview and waiting spaces child- and youth-friendly
- Creating rapport with a child or youth
- Multi-disciplinary team (MDT) formation
- Determining who is doing the interview: training, experience, profession, gender, philosophy
- MDT consultation/input before or during the interview
- Audio-visual recording and monitoring
- How to build collaboration without co-location
- Paid advocacy staff vs. volunteers
- Connection with appropriate and timely medical services
- After hours reports
- Sharing of information between MDT members
- Mobile vs. stationary services
- Process being as important as outcomes

Photos and information from the site visits were presented as part of the Regional Forum, described below.

Building Collaboration

Regional Forum

Service providers from across the West Kootenay Boundary region who work with child and youth victims and their families were invited to attend a full-day forum held in October 2012. The purpose of

the forum was to collaboratively identify opportunities to develop a more coordinated regional response for children impacted by abuse or violence.

Forty-two people attended, representing thirteen different communities and a broad spectrum of disciplines and agencies. These included RCMP, Nelson Police Department, MCFD (child protection, and child and youth mental health), Crown Counsel, Interior Health, clinical psychology, School District 8, and Victim Services (community- and police-based). Community-based programs represented include Stopping the Violence Counseling, Children Who Witness Abuse, Sexual Abuse Intervention Program, Child & Youth Mental Health, Aboriginal Family Support, and Family Places. See Appendix B for a list of participants.

42 people attended, representing 13 different communities and a broad spectrum of disciplines and agencies.

The day was structured to provide ample time for discussion and collaboration amongst meeting participants. In the morning, the group looked at the issue of abuse, neglect and violence against children and youth, as well as what other communities are doing in terms of coordinating their responses to child victims. The group then spent the rest of the day determining what might work for us here in our region, including identifying funding priorities.

The agenda included:

- Participants' hopes for the day.
- Background to the project.
- Video of three stories of child/youth abuse, violence and neglect.
- Large group "brainstorm" on what we want child and youth victims to experience when they enter our shared systems, and the impact we are trying to have on their lives.
- An introduction to the concept of Child Advocacy Centres as one promising practice for meeting the region's goals for child and youth victims, including photos and information from the Zebra Child Protection Centre (Edmonton, Alberta), the Caribou Child and Youth Centre (Grande Prairie, Alberta) and the West Kansas Mobile Child Advocacy Centre (West Kansas Region, Kansas).
- Small group discussions and report back of what our various sectors 1) are already doing to meet the stated goals, 2) what more they could do, 3) the challenges to doing so, and 4) what they need from other sectors.
- Collaborative exercise focused on "what more we could be doing better as a region *right now* and what should we apply for more funding to do?"
- Development of priority actions for the communities of Nelson and area, Greater Trail, Castlegar, Grand Forks/Boundary, and Nakusp and area, including participants making individual commitments to support them.

See Appendix C for the slide presentation from the day.

Through large and small group work, first with colleagues from their sectors and later from their communities, participants were forthright about what is already working well and what could be improved upon. They established specific ideas of how things could improve, at both the local and regional levels. They identified what additional funding is required for and also what they could begin to do now in the absence of supplementary funds. In addition to developing local community plans, 38 of the 42 participants (90%) wrote down an individual commitment to taking on a piece of this work, thus establishing ownership of the initiative. This collaborative work laid the foundation for the preliminary

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model and implementation plan for a Coordinated Response for Child and Youth Victims. The information was summarized by the consultant into a draft Vision, Goals and Strategies statement that was distributed to all of the participants for feedback, and developed into the version included here.

An additional 10 stakeholders provided input into the preliminary model or implementation plan through meetings with the consultant but were unable to attend the forum. These people are listed at the end of Appendix B.

IV. Results

This section includes the details of the Preliminary Model – Vision, Goals and Strategies – and the Implementation Plans created by each of the five areas of the region. It describes the formation and membership of the Regional Advisory Committee and illustrates a proposed model of collaboration between this regional committee and five local Child and Youth Coordination Committees.

Preliminary Model: A Coordinated Response for Child and Youth Victims

Having clarity on the purpose of an initiative is a key first step in model development. Based on the collaborative input at the regional forum, and additional feedback from participants including Regional Advisory Committee Members, the following Vision and Goal statements were developed, as well as Strategies to realize them. Essentially, the Vision is *why* we are doing this; the Goals are *what* we hope to achieve, and the Strategies are *how* we propose to do this.

Vision

Through a West Kootenay Boundary Regional Coordinated Response for Child and Youth Victims (CRCYV), it is our aspiration that children and youth who are victims of abuse, violence or neglect in our area will:

- Feel safe to come forward with their experiences.
- Have an experience in our shared systems that results in no further trauma and instead:
 - works to counter shame, disbelief, guilt, loneliness, powerlessness, judgement and responsibility for the experience; and
 - allows them to feel believed, cared for, empathised with, connected, empowered, and that someone is looking out for their best interests.

- Be supported along with their families to be safe and get well.
- Be provided an objective and effective investigation from law enforcement and criminal justice agencies.
- Receive a comprehensive and sustained response that results in renewed hope and trust in other people and themselves, and in increased self-esteem.
- Be satisfied with the outcome of any criminal or legal proceedings.
- Live in a region where the abuse, violence and neglect of children and youth is being prevented through communities addressing the root causes of violence, abuse and neglect.

Goals

We believe this vision can be realized through a more collaborative, holistic approach, including:

- Informed, knowledgeable, committed people in each community working across disciplines to provide immediate and long-term support and investigation.
- A trusted individual providing advocacy and helping each child/youth and their non-offending family member(s) navigate through the system.
- Reducing delays in all parts of the process for the child/youth.
- Reducing the number of interviews children and youth participate in.
- Increasing the quality of interviews, from both the perspective of the child/youth and their prosecutor, including:
 - Child and youth-friendly interview spaces.
 - Interviewers with up-to-date training in *StepWise* forensic interviewing techniques.
- Finding the appropriate balance between sharing information between multi-disciplinary team members and maintaining confidentiality.
- Effective management/treatment of the offender.
- Working together as a region, with specific community-based responses developed.

Strategies

We believe we can reach these goals through the following strategies:

- Ongoing cross-training, relationship-building, collaboration and coordination amongst service providers who work with child and youth victims.
- The development of forensic interviewing teams (including police and MCFD, ideally of both genders) with up-to-date *StepWise* forensic interviewing training and skills, and clinical support.
- The development, distribution, and regular updating of a resource directory in each community of all the services who work with child and youth victims and their families, including their:
 - Role/mandate
 - Specific services offered to child and youth victims, and their families
 - Contact information
 - Hours of service

- The development of formal protocols in each community detailing the response when a child or youth victim (or someone on their behalf) comes forward about abuse/violence or neglect, which will aim to:
 - Reduce delays in the child/youth being interviewed and receiving support
 - Reduce the number of interviews the victim participates in
 - Elect the most appropriate interviewer for the specific child/youth
 - Interview the victim in a child- or youth-friendly space
 - Create a good quality forensic interview
 - Involve victim services and community social services early in the process
 - Provide prompt and effective medical examination or health care response
 - Have a consistent point of contact for the child/youth and their non-offending parent, who will keep them up-to-date on the process, provide referrals, help navigate the system, and coordinate services for them
 - Develop a multi-disciplinary team to provide support and investigation for the child/youth, which will:
 - Meet on a regular basis to review the case
 - Find a balance between sharing information and maintaining confidentiality
 - Engage Crown Counsel as early as possible in the process and inform them of the multi-disciplinary team supporting the victim
- The development of child- and youth-friendly interview and waiting spaces in various communities, and/or a mobile space that can travel to each community.
- The augmentation of after-hours crisis response services available to children and youth.
- The sharing of information, advice and strategies between communities through a multi-disciplinary Regional Advisory Committee with representation from each of the five areas (Castlegar & Area, Greater Trail, Nelson & Area, Grand Forks/Boundary, Nakusp & Arrow/Slocan Lakes).
- Community outreach and education and a focus on prevention of abuse, violence and neglect.
- Employing a Regional Coordinator and enhancing existing child advocacy positions to support and coordinate these strategies, and measure the achievement of goals.

How this differs from traditional Child Advocacy Centres

The Collaborative Response to Child and Youth Victims model has similar aims as traditional Child Advocacy Centres. However, it has a unique set of ideas about how best to achieve them in the West Kootenay Boundary Region. The major differences are:

- a) This initiative is not facility-based. It will explore the possibility of child- and youth-friendly interview spaces dispersed around the region and potentially creating mobile units as well as specialized forensic teams that travel. Traditional CACs have one central location that all families must travel to.

- b) Co-location of staff is not part of the model, as it is in large urban CACs. This is not entirely necessary given the proximity of services in small centres. Perhaps more importantly, the initiative aims to involve the entire community of service providers who already work with child and youth victims and their families. For this reason, the option will be explored of adding hours

The Collaborative Response for Child and Youth Victims has similar aims as traditional Child Advocacy Centres. However, it has a unique set of ideas about how best to achieve them.

to existing positions with a child advocacy role to allow them to do more collaborative work, rather than creating entirely new child advocate positions. Child protection and police investigators will continue to do interviews but a smaller group of specialized investigators may conduct as many of the interviews as possible. This is important for keeping skills current in a dispersed rural region where each investigator may only see a few cases each year.

- c) Process is a key part of the model. The intent is to have continued collaboration between geographically dispersed stakeholders in order to develop a truly regional initiative with unique local coordinated responses.
- d) The focus of this initiative is how children/youth and their families experience the process, rather than the legal outcomes. Traditional CACs place more weight in charges laid, conviction rates and length of sentences for perpetrators.
- e) The response is aimed at children AND youth (up to and including the age of 18) and will address the broader issues of abuse, violence and neglect. This includes cases that may not end up in court. The mandates of most CACs are much narrower, sometimes focusing only on cases of sexual or severe physical abuse, or on younger children. Stakeholders in the region have found that it is those cases where children or youth are victimized but not necessarily victims of a criminal offence that can fall through the cracks. The already hidden nature of abuse can also be exacerbated in rural areas where it can be difficult to access services anonymously. Thus, it is important to develop a response that keeps in mind all children and youth experiencing abuse, violence and neglect, not only those who have been identified.

The Vision, Goals and Strategies provide the “why”, “how” and “what” of the Coordination Response for Child and Youth Victims. In the next sections, we see the “who” and “when” pieces of the puzzle filled in.

Community Implementation Plans

At the regional forum, service providers from each of five areas within the region worked together to begin to identify actions they can begin to take now (without any additional funding) to enact a more coordinated response to child and youth victims. Ninety percent of the participants also wrote down an individual commitment to taking on a piece of the work necessary to move this collaborative regional effort forward. Outlined below is each area’s plan, as well as a summary of the individual commitments made.

Castlegar and Area

Participants who provide services to residents of Castlegar and the surrounding area, including the communities of Robson and Thrums, identified the following actions to begin with:

- MCFD and RCMP will commit to working together to better each other through training
- Interview observation with both parties contributing
- Review joint protocol for all cases
- Build consent form to deal with disclosure
- ½ day of working together (new police recruits will spend time at MCFD and community organizations to get familiar with child- and youth-serving agencies)

Their plans for next year include:

- Reassess to see if things have been completed
- Expand the existing Castlegar Domestic Violence Accord Protocol to include child abuse and neglect

In order to carry out these plans, individual participants committed specifically to:

- Meet with others (including MCFD and RCMP) to:
 - Review protocol
 - Strategize regarding enhancing interview skills
- Give MCFD orientation for new police officers
- Make community programs more accessible and visible
- Develop consent form for mass referral to community services
- Taking on the role of coordinating services in cases of child abuse/neglect
- Review existing DV Accord to expand for child/youth

Grand Forks and Boundary

Service providers from the Grand Forks and Boundary area, including Greenwood, Midway, and Beaverdell, developed plans for:

- Orientation and training to community staff about reporting protocols
- Including community in a larger discussion about our collaborative response to this issue
- More inter-agency cooperation
- Developing interview team for our area – trained, specialized key people
- Creating a child-friendly interviewing space

Specific individuals made commitments to:

- Inform other colleagues about this regional meeting
- Initiate conversations about this project within their discipline across the region, and across disciplines within the area
- Consult broadly with community partners and existing integrated services
- Provide education within community agencies on reportable/criminal circumstances

- *StepWise* Forensic Interview Training for two RCMP members

Greater Trail

Participants providing services to residents in the Greater Trail area, including the surrounding communities of Rossland, Warfield and Fruitvale, developed a plan to:

- Communicate better
- Identify barriers
- Develop relationships
- Be available for consultation

Specifically, individual service providers committed to:

- Work on building relationships with other agencies to have good communication, including being open to feedback about what's not working
- Increased networking and collaboration of services
- Develop authorization for information sharing
- Work on developing a protocol/memorandum of understanding regarding child at risk responses
- Follow up with opportunities to provide or collaborate with training

Nakusp and Arrow and Slocan Lakes

Service providers serving Nakusp, New Denver and other communities along Arrow and Slocan Lakes committed to:

- Developing a protocol for the area concerning child victims, inter-agency coordination, and domestic violence
- Share information, ideas and resources
- Hold Child & Youth Care Committee meetings (once every 1-2 months)
- Look into developing a child-friendly interview space

Specifically, individuals committed to:

- Calling each other to set a subsequent meeting to develop a CYC Committee
- Prepare information on mandate, role, and services to share at coordination meeting/committee and through pamphlets
- Create a resource list of agencies in our community
- Identify gaps in our community
- Work together to create a protocol
- Offer space to RCMP and MCFD for interviewing

Nelson and Area

Nelson and its surrounding areas – including Salmo, South Slocan, Kaslo and other communities along the west arm and northern part of Kootenay Lake – determined that they can: better communicate;

learn each other's roles; proactively cooperate; and identify key individuals to support the victim/family through the entire process.

They decided to begin now to:

- Share contact information and information about what individuals do
- Identify 2 MCFD social workers / police officers with *StepWise* /child interviewing skills (ideally both males and females) to create a forensic interview team
- Begin creating a local protocol of response
- Begin collecting information to strengthen preventative programs
- Commit to a follow up meeting or information sharing plan

Their plans for next year include:

- Evaluating the information collected to assess efficacy and need
- Work to create a child friendly space for interviewing
- Sign and implement protocols in our community

To accomplish these tasks, various individuals committed to:

- Liaise with other disciplines on a regular basis, continuing to increase communication and build relationships in order to improve services and keep current on child advocacy process
- Create a contact/resource list that includes each organization's mandate, staff roles and responsibilities, keep it up to date, and share it within their organizations
- Meet with other stakeholders about forensic interview team
- Complete and develop local protocols of response
- Work on creating a child-friendly interview space, potentially one that can be available 24/7
- Continue to work from a strengths-base of support for victims and families
- Help in any future plans in establishing a Child Advocacy team
- Gather information that could strengthen child abuse and neglect prevention programming

Region-wide

The few participants who work in a regional capacity across West Kootenay Boundary committed to beginning to:

- Pursue additional funding
- Build relationships, share information about services
- Develop a resource list, including availability
- Host gatherings

And in the next year, to:

- Continue to host gatherings
- Organize relevant training

Individuals committed specifically to begin now to:

- Look for funding for next steps in the process
- Volunteer for the Advisory Committee

Committee Formation

A Regional Advisory Committee representing the range of disciplines and areas was formed out of the forum. Its purpose is to support next steps, including continued collaboration and the pursuit of additional funding to further this work. This group met in November of 2012 to provide feedback into Terms of Reference for the committee (see Appendix D), the Preliminary Model, and funding priorities.

Regional Advisory Committee membership

Community Social Services

Tim Payne, *Executive Director*, Arrow and Slocan Lakes Community Services – Nakusp
 Cathy Swanston, *Child / Youth Counsellor*, Nelson Community Services Centre – Nelson
 Janet Sawyer, *Manager, Advocacy Centre*, Nelson CARES Society – Nelson
 Valerie Warmington, *Executive Director*, Kootenay Kids Society – Nelson/West Kootenay Region
 Andrew Jarrett, *Executive Coordinator*, KBCSC – Kootenay Boundary
 Tara Howse, *CED Organizer*, Howse Business Solutions – Rossland

Police

Devon Reid, *Corporal*, RCMP Trail Detachment – Trail
 Paul Burkart, *Sergeant*, Nelson Police Department – Nelson
 Colleen Lowing, *Constable*, Central Kootenay RCMP, Rural Nelson Detachment – Nelson and area

Crown Counsel

Philip Seagram, *Crown Counsel*, Ministry of Justice and Attorney General – West Kootenay
 alternate: Sunday Patola, *Crown Counsel*, Ministry of Justice and A/G – West Kootenay

Specialized Victim Services

Sarah Bolton, *Program Coordinator*, Specialized Victim Services – Nelson

Police-based Victim Services

Cathy Riddle, *Program Manager*, RCMP V/W Services – Grand Forks to Beaverdell

MCFD

Rhonda Shears, *Team Leader*, Ministry of Child and Family Development – Castlegar
 Ria Anderson, *Team Leader*, Ministry of Child and Family Development – Trail

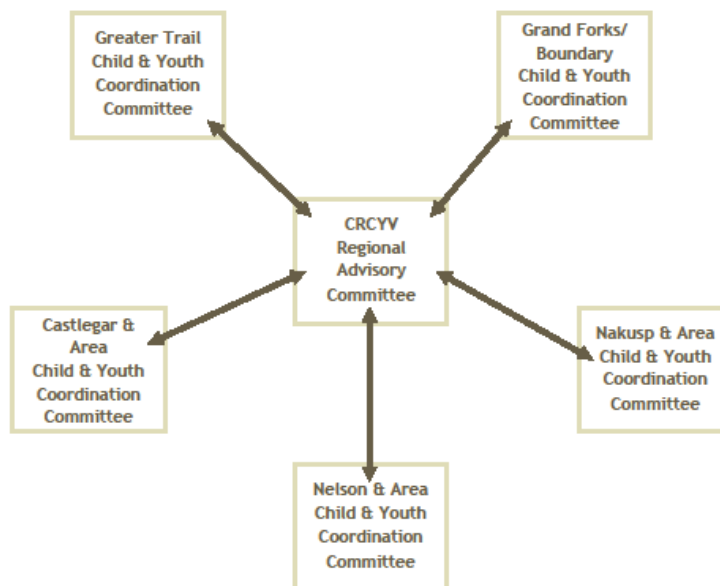
Education

Heather Dennill, *District Principal*, School District 8 – Kootenay Lake communities

A Regional Advisory Committee representing the range of disciplines and areas was formed out of the regional forum.

Committee members have identified that it would also be beneficial to have representation from the health sector, ideally someone from Interior Health with a regional role. It would also be good to have the meeting location rotate among the five areas.

Regional Advisory Committee (RAC) members from each of the five areas also agreed to set up the first Child and Youth Coordination committee meeting in their area. These may be linked to existing multi-disciplinary committees. The purpose of these first local meetings is for participants from the regional forum to review their community plans and individual commitments and strategize with additional community members about how to collectively move forward with them. It is proposed that there always be a representative from each of the five Child and Youth Coordination Committees at each RAC meeting, keeping the developing strategies and ideas flowing back and forth between the community and the regional levels (as depicted by two-headed arrows in the following diagram). In this way, a coordinated response can be developed that is both regional in nature, and specific to each unique area.



Proposed Committee Collaboration Model

The next phase of this project will include seeking additional funding to support the further development of the Coordinated Response to Child and Youth Victims.

V. Next Steps

The amount of momentum that already exists in the region to begin to implement the model described above is inspiring. However, the collaborative process will be greatly assisted with additional funding. The first priority is to hire a Regional Coordinator to support committee collaboration, protocol and resource directory development, and further elucidation of the model. One area of the region is also ready to pilot a key aspect of the model: enhanced child advocacy. Future funding priorities are to expand this aspect to the other areas in the region, as they track demand for services. Capital funding to develop child- and youth-friendly spaces across the region and/or mobile units to travel between communities will also be sought once specific needs are identified.

Initial Priorities for Funding

Participants in this project identified current and future priorities for funding applications, which the Regional Advisory Committee helped the consultant to elaborate on. These are described below.

Hiring a Regional Coordinator

The most pressing need for the momentum of this project to be sustained is the hiring of a Regional Coordinator. It is suggested that this be approximately a 0.6 FTE position, and well compensated to ensure that someone with the appropriate skills and experience is hired. It would also be extremely beneficial to have funding for this position for at least two years to start, as collaborative processes require sufficient time. The primary objective of this position would be to support continued relationship building and networking across the region. This will allow stakeholders to further elucidate and implement a collaborative model regarding a coordinated response for child and youth victims.

The most pressing need for the momentum of this project to be sustained is the hiring of a Regional Coordinator.

The duties of the Regional Coordinator position would include:

- Organizing and providing administrative support for the Regional Advisory Committee.
- Supporting the (further) development of Child and Youth Coordination Committees in the five areas.
- Supporting the Regional Advisory Committee and Child and Youth Coordination Committees in developing local (and possibly regional) protocols and interagency agreements for a coordinated response for child and youth victims.
- Assisting communities to develop consent/information sharing forms.
- Developing and keeping up-to-date a resource directory for each community, including team members' mandate, services offered, times available and contact information.
- Helping (further) develop child- and youth-friendly interview/waiting spaces in the various communities; identify where additional capital funding is required to adequately prepare them; researching the feasibility of a mobile unit to serve smaller communities in the region.
- Organizing cross-training and determining additional education needs.

- Tracking patterns of demand to determine gaps and specific needs for additional child advocacy in each area.
- Community education and outreach regarding abuse, violence and neglect of children and youth.

Protocol and Resource Directory Development

Developing protocols to describe how individual agencies will work together to provide a coordinated response to child and youth victims is a key component of the model development process. Having current information regarding their mandate, services offered, hours of operation, and contact information is also important. Included in the appendices are sample protocols shared from other projects that can be adapted to reflect a Coordinated Response for Child and Youth Victims. It is recommended that the Regional Coordinator create and facilitate opportunities for stakeholders at both the regional and community levels to make these documents work for their unique areas.

The sample documents included as appendices are:

- Terms of Reference for Child and Youth Coordination Committee (Appendix E)
- Protocols for a Coordinated Response (Appendix F)
- Interagency agreement (Appendix G)
- Consent/information sharing forms (Appendix H)
- Template for creating a resource directory (Appendix I)

It is recommended that line items for web or telephone conference call support be included in all future budgets for this project. WebEx Virtual Meeting Centre is an excellent way to effectively facilitate collaborative meetings of people in various locations. Travel for staff and committee members to participate in regional activities should also be accounted for.

Developing protocols to describe how individual agencies will work together to provide a coordinated response to child and youth victims is a key component of the model development process.

Pilot project

Current funding priorities also include assisting an area in the region that has indicated a high degree of readiness to pilot an aspect of the model. Grand Forks/Boundary has identified their specific needs for enhanced child advocacy and is prepared to trial some of the ideas of the preliminary model.

Enhanced child advocacy

The Grand Forks/Boundary Area has put considerable effort over the past decade into creating mechanisms for collaboration and coordination among community partners in their area. Through the Boundary Integrated Services Model (BISM), different stakeholders in the community have previously developed projects based on principles of colocation, integration, and service delivery to Boundary families. They have worked hard to create a community driven child, youth and family serving system and have a good working model in place to deliver cohesive services (Boundary Family and Individual Services Society, 2012). Thus, the area has been able to immediately identify some specific needs for enhancing child advocacy in their area.

It is proposed that 10 hours per week be added to an existing part-time position in the community to provide additional child advocacy services. The existing position would be one where the person already has an understanding of child development and the dynamics and impacts of violence and trauma, likely the Children Who Witness Abuse Counselor. This position is currently 26 hours per week, and with Boundary Family and Individual Services Society (BFISS). BFISS provides a variety of services to children and youth who require advocacy and support.

This additional time would be dedicated towards child advocacy work, including:

- Providing support to a small caseload of children, youth and their families, who are impacted by violence, abuse or neglect. This includes children and youth whose experiences may fall outside the scope of the criminal justice system.
- Being the constant person for a child/youth and their family, helping them navigate the various systems they may come in contact with, and coordinating services for the family.
- Advocacy within various systems, and ensuring children/families know their rights and what is available to them (such as aids to appearing in court).
- Community education and outreach around the prevention of abuse, violence and neglect of children and youth.
- Supporting collaboration by assisting community members to organize coordination meetings.

Clinical supervision would be provided by the Supervisor for Child, Youth and Family Programs at BFISS.

It would be beneficial if this person received training around child victims in the criminal justice system, like that developed by Wendy van Tongeren Harvey. Harvey is a Crown prosecutor, located in New Westminster, well known for her specialization in crimes against vulnerable persons such as children, and accommodations for young witnesses in court. This training could be offered to other service providers across the region.

The Child Advocate (CA) would attend Grand Forks/Boundary's Child and Youth Coordination Committee (CYCC) meetings. The multi-disciplinary committee will provide input into how best to prioritize their time. The CA and CYCC will track demand for enhanced child advocacy services in the Grand Forks/Boundary area. Knowledge gained through this pilot will be shared with other communities in the region and beyond.

It is recommended there be an evaluation component to this pilot of enhanced child advocacy services.

Future Funding Priorities

All of the collaborative work described above will determine further funding needs, such as:

1. **Capital funding to support creation of child-friendly interview spaces** across the region and/or a mobile unit that can travel around the region.
2. **Enhanced child advocacy across the region**, either by adding new positions in different communities, or augmenting existing positions. This may include adding to current position

hours and/or creating on-call after hours services. These additional or enhanced child advocacy positions may provide added support for:

- a. Coordination of multi-disciplinary teams for interviews and regular case review meetings.
 - b. Early crisis support for children/youth and non-offending family members, and connection with support, counseling and advocacy.
 - c. Helping families navigate systems and coordinate services.
3. **Regional Training** on topics identified by the communities.

VI. Potential Governance Model Options

If it is identified that additional child advocate positions are needed in various communities and funding is sought for this purpose, there are various options for overseeing the work of the Regional Coordinator and Child Advocates. It is crucial to connect their work in with that of the local and regional committees.

Many Child Advocacy Centres (including the Zebra Centre in Edmonton and the developing ORCA Centre in Victoria) are stand-alone non-profit agencies. Feedback from local stakeholders suggests this is an unnecessary and onerous process for this project. By creating a separate entity the community ownership, multi-disciplinary participation, and regional nature of the initiative could be lost.

Grande Prairie's Caribou Child and Youth Centre has a model that is simpler, basing the Centre and its Coordinator within an existing non-profit agency. However, the collaborative nature of the work is also overseen by a multi-disciplinary committee comprised of all the partner agencies (RCMP, Grande Prairie Victim Services, Child and Family Services, the Crown, Alberta Health Services and PACE). The Coordinator is employed by PACE (Providing Assistance, Counseling & Education), a multi-service agency, and supervised by its Executive Director but with joint direction from PACE's Board and the Caribou Steering Committee. Service providers from the other partner agencies that form the multi-disciplinary team continue to report to their own agencies. Discussions and agreements happen at the Steering/Operations Committee regarding any changes required to develop a more collaborative response.

Their governance model forms the basis for both options illustrated below. The proposed options may appear more complicated because Child Advocates are located in various communities, and because there are five Child and Youth Coordination Committees in addition to the Regional Advisory Committee. They are simpler, however, by having the Regional Coordinator report only to the community agency s/he is employed by; the regional and local committees play only an advisory role to the position. If, however, it is decided that the Regional Advisory Committee should move towards sharing more governance authority in the future, the Caribou Centre's Memorandum of Agreement between its program partners (Appendix J) would form a good basis for doing so.

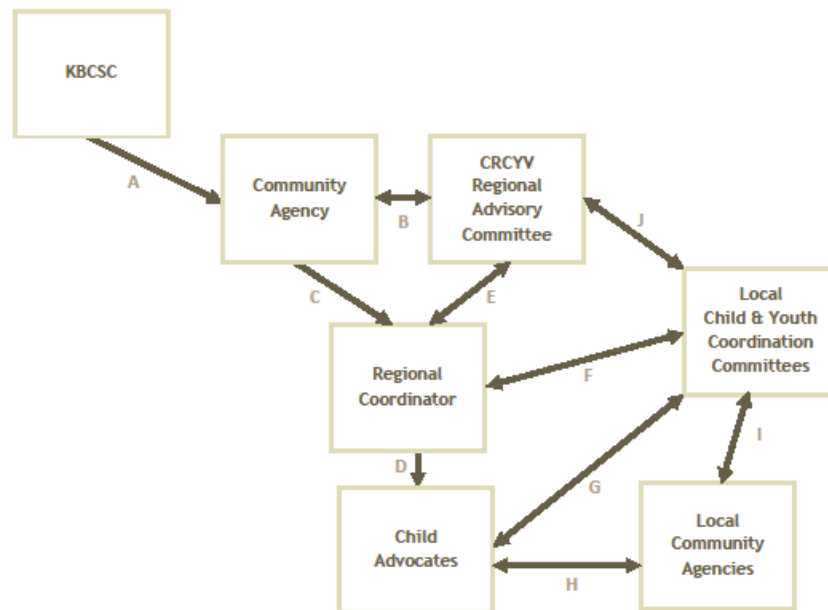
Thinking about these options now will allow the KBCSC and the Regional Advisory Committee to determine whether the Regional Coordinator position will be based at KBCSC, or whether it will be contracted out to one of its member agencies who can provide clinical support to positions that have a

crisis support component to their work. This is a possibility if the Regional Coordinator is ever backfilling for one of the Child Advocates they supervise².

Option 1: KBCSC contracts all positions to one community agency

In this option, the KBCSC will contract with one community agency (depicted by arrow A) to hire the Regional Coordinator and Child Advocates. It would be ideal if this community agency already worked regionally. A Board Member or designate (Executive Director or a Manager) from the community agency will sit on the Regional Advisory Committee (arrow B) and directly supervise the Regional

Proposed Governance Model - Option 1



Coordinator (arrow C), who will provide support, direction, and supervision to the Child Advocates (arrow D) located in different communities. The Regional Coordinator will also both give and receive advice from the Regional Advisory Committee (arrow E), as well as the five Child and Youth Coordination Committees (arrow F), unless there is a Child Advocate in that community fulfilling the latter role (arrow G). Child Advocates will be physically located in a local community agency (arrow H) but report to the community agency overseeing the entire project. The local community agency housing them will receive funds for their office space and will ideally be an active participant on their local Child and Youth

² KBCSC has been quite clear with the other stakeholders that it does not necessarily need to be the organization managing this project or its staff and only wants to continue to support the initiative through seeking funding if that is the wish of the Regional Advisory Committee.

Coordination Committee (arrow I). The Child and Youth Coordination Committees continue to have two-way communication with the RAC (arrow J), providing input and direction into what is happening at the regional level, and receiving input and direction from the RAC. Note that only the single-headed arrows are formal reporting relationships. The double-headed arrows denote collaboration and communication.

Other members of the multi-disciplinary teams that the child advocates collaborate with will continue to report to their own agencies (not shown here), who will ideally be represented on either their local Child and Youth Coordination Committee or the Regional Advisory Committee or both.

There are benefits to one community agency overseeing all the project staff, making for consistency in employee standards, supervision, and clinical support. The Regional Coordinator directly supervises all the Child Advocates located in different communities so everyone is likely to have more communication with each other, and work better as a project team, with CAs being able to share workload and backfill each other for vacations. The initiative may feel more “regional” in nature with this option.

The potential drawback, however, is that Child Advocates are housed in a community agency that they do not directly work for, so will have different employee conditions than other staff in that agency. Their direct supervisor will be from another agency, and perhaps another community, than the one they are physically located in. There is the possibility of the project being overly influenced by the community that the Regional Coordinator is located in, making other communities feel less “ownership” over, and connection to, the project.

Option 2: KBCSC employs Regional Coordinator, contracts out Child Advocate positions

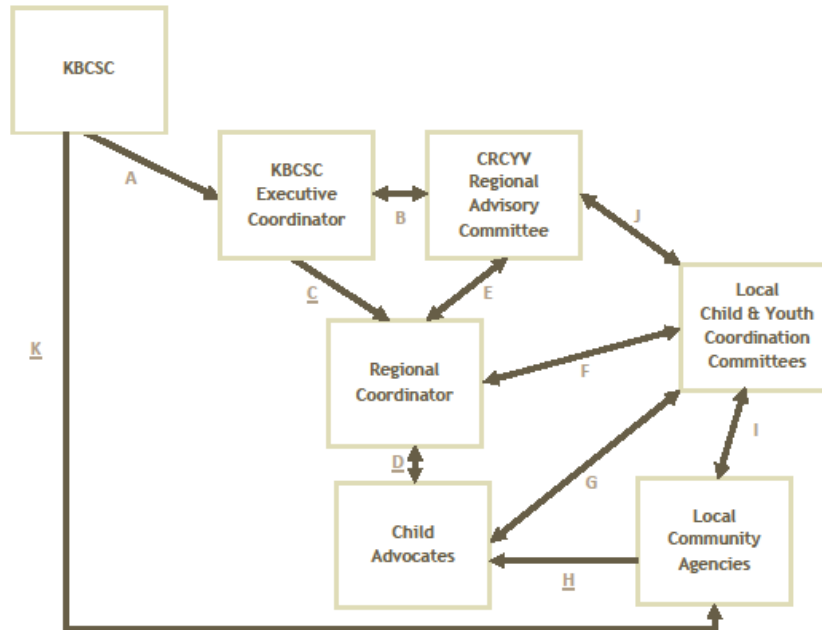
In the second option, pictured below, many of the relationships are the same, with the follow key changes:

The Regional Coordinator does not do any crisis support requiring clinical supervision and is employed by the KBCSC and supervised by its Executive Coordinator (arrow C). The Regional Coordinator collaborates with the Child Advocates located in different communities but does not supervise them (arrow D). Instead, the Child Advocates are employed and supervised by their local community agencies (arrow H), who receive funding and direction directly from the KBCSC (arrow K).

The benefits of Option 2 stem from Child Advocates being directly employed by their local community agency. This can make logistics simpler if the position is part-time and the other part of their position is already with that agency. It also supports the enhancement of existing positions which already do child advocacy. The Child Advocate will have clinical support and supervision closer at hand. Communities may feel more ownership of the project in their area.

A potential challenge to this option is that communication and coordination with the other Child Advocates and the Regional Coordinator may take more work, as they will all be employed by different agencies. Differences in perspective on the how the work should be done may take more effort to resolve as each Child Advocate’s employment conditions are different, and they are supervised by

Proposed Governance Model – Option 2



different people. The project may thus feel less “regional” in nature. These will be important considerations to take into account when determining a governance model for A Coordinated Response for Child and Youth Victims.

VII. Conclusion

There is a high level of concern in the West Kootenay Boundary region for child and youth victims of abuse, violence and neglect. There is also an incredible amount of passion for working to improve the process for victims in our local systems. Building on a Feasibility Study that showed a desire to work together more collaboratively, this initiative brought service providers together from the relevant sectors. Crown counsel, police, child protection, health care, education, victim services, and community-based advocacy, support, and counseling attended a regional forum to further build relationships. Together, they began to envision a regional model for *A Coordinated Response for Child and Youth Victims*.

The preliminary model includes a shared vision, measurable goals, and specific strategies to achieve them. Each of the five areas within the region developed an initial plan for implementing these strategies in their communities. Individual service providers committed to smaller pieces of the work

that together adds up to a significant amount of energy towards bringing the model to fruition. A Regional Advisory Committee with membership from all the key sectors has been established and commitments have been made to forming local Child and Youth Coordination Committees in each of the five areas. Through a committee collaboration model, ideas and knowledge will flow between the two levels, resulting in a truly regional model with community-specific responses. Collaborative processes are a key aspect of the Coordinated Response for Child and Youth Victims.

Priorities for additional funding have been identified to help sustain the momentum of the initiative. Initially this includes the hiring of a Regional Coordinator, protocol and resource directory development, and a small pilot project: the enhancement of child advocacy services in Grand Forks/Boundary. The knowledge gained through these activities will form the basis for future funding priorities. These will likely include: enhanced or additional child advocate positions in different communities; capital funding to create child- and youth-friendly waiting and interview spaces across the region and/or a mobile unit; and regional training to further build capacity for a Coordinated Response for Child and Youth Victims.

Building on a Feasibility Study that showed a desire to work together more collaboratively, this initiative brought service providers together from the relevant sectors. Crown counsel, police, child protection, health care, education, victim services, and community-based advocacy, support and counseling attended a regional forum to further build relationships. Together, they began to envision a regional model for A Coordinated Response for Child and Youth Victims.

Two governance models are proposed and discussed in this report. Considerations in determining how best to oversee project staff who are geographically dispersed include: a) supporting community ownership; and b) working well together as a region. With a focus on local and regional participation and collaboration, it is possible to have both.

The West Kootenay Boundary Region is a unique and varied part of British Columbia, not suited to a traditional Child Advocacy Centre model due to its geographical makeup. Its large area, scattered population and mountain passes necessitate some ingenuity in developing a more integrated response for children and youth experiencing violence, abuse or neglect. Through a collaborative process involving a diversity of over 50 stakeholders from across the region, we began to envision a Coordinated Response for Child and Youth Victims. Through continued collaboration and funding, our little part of the world will be a place where children and youth can always feel safe to come forward with their experiences because service providers from a range disciplines across the region are working together in their best interests.

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Appendix A: Contacts at other Child Advocacy Centres

In researching other Child Advocacy Centres, specifically the details of their models and their start up processes, I spoke at length with the following people:

- Zebra Centre, Edmonton
 - *Barbara Spencer*, Executive Director
- Regina Children's Justice Centre
 - *Scott Layman*, Staff Sergeant
- Western Kansas Mobile Child Advocacy Centre
 - *Kelly Robbins*, Director
- Caribou Child and Youth Centre, Grande Prairie
 - *Karen Kish*, Acting Program Coordinator
- Organized Response to Child Abuse (ORCA), Victoria
 - *Fred Ford* (Executive Director)
 - *Deb Rutman* (Principal, Nota Bene Consulting) – conducted Feasibility Study
 - *Carol McAlary* (MCFD Team Leader) – on ORCA Advisory Committee

Appendix B: List of Project Participants

The following people attended the regional forum held October 2012.

Name		Position	Organization	Community/ Area
Laranna	Androsoff	Aboriginal Family Support Worker	Boundary Family & Individual Services Society	Grand Forks/ Boundary
Dana	Barter	Coordinator - Nelson Police Victim Services	Nelson Police Dept/RCMP	Nelson
Michelle	Binnie	Child & Youth Mental Health	Ministry of Child and Family Development (MCFD)	Nelson
Sarah	Bolton	Program Coordinator	Specialized Victim Services - The Advocacy Centre (Nelson CARES Society)	Nelson
Sherri	Bond	Program Manager, Specialized Victim Services	Trail FAIR Society	Trail
Paul	Burkart	Sergeant	Nelson Police Dept.	Nelson
Heather	Dennill	District Principal	School District 8	Kootenay Lake
David	Hallmark	Constable	RCMP Castlegar Detachment	Castlegar
Jim	Harrison	Staff Sergeant	RCMP	Boundary Regional
Darren	Hedstrom	Integrated Team Leader - Child Protection/Youth Probation/Family Support	MCFD	Nelson
Katie	Heine	Team Leader	MCFD	Nakusp
Tara	Howse	CED Organizer	Howse Business Solutions	Rossland
Graham	Jamin	Family Support Worker	Nelson Community Services Centre	Nelson and South Slokan
Andrew	Jarrett	Executive Coordinator	KBCS Co-op	Kootenay Boundary
Laura	Kearnes	Hep C Coordinator	ANKORS	West Kootenay Boundary
Leanna	Kozak	Program Manager	Castlegar RCMP Victim Services	Castlegar
Sunshine	Latimer	Support Worker, Specialized Victim Services	Trail FAIR Society	Trail

Celeste	Le Duigou	Prevention Worker	Castlegar and District Community Services Society (CDCSS)	West Kootenay
Faith	Louis-Adams	Children Who Witness Abuse Counsellor/STV Women's Outreach Worker	Arrow & Slocan Lakes Community Services	Nakusp and area
Roger	Luscombe	Behavior Management Consultant	Nelson Community Services Centre	Nelson BC
Rosalie	Macdonald	Youth and Family Worker	School District 8	Nelson
Linda	Mahoney	Child and Youth Counsellor	Nelson Community Services Centre	Nelson
Jenn	McTeer	Child Protection Social Worker	MCFD	Trail
Hazel	Miller	Coordinator, Salmo RCMP Victim Services	Salmo RCMP	Salmo
Carol	Mitchell	Children Who Witness Abuse Counsellor	Boundary Family and Individual Services Society	Grand Forks, Rock Creek Midway, Greenwood, Christina Lake
Tim	Payne	Executive Director	Arrow and Slocan Lakes Community Services	Nakusp
Garry	Peters	Team Leader	MCFD	Grand Forks/ Boundary
Dan	Pollock	Corporal	RCMP Castlegar Detachment	Castlegar
Devon	Reid	Corporal	RCMP Trail Detachment	Trail
Mandy	Root	Specialized Victim's Services	Advocacy Centre (Nelson CARES Society)	Nelson
Jennifer	Ruse	Family Place Programs Manager	Kootenay Kids	Nelson
Janet	Sawyer	Manager, Advocacy Centre	Nelson CARES Society	Nelson
Jennifer	Schwartz	CYMH/ SAIP Art Therapist	Arrow and Slocan Lakes Community Services (ASLCS)	Nakusp/ New Denver
Phil	Seagram	Crown Counsel	Ministry of Justice and Attorney General	West Kootenay
Rhonda	Shears	Team Leader	MCFD	Castlegar
Ruth	Sutherland	Ed Manager	Interior Health	Nelson

Cathy	Swanston	Child / Youth Counsellor	Nelson Community Services Centre	Nelson
Kris	Taks	Family Counselor and Aboriginal Support	CDCSS	West Kootenay region
Valerie	Warmington	Executive Director	Kootenay Kids Society	Nelson and West Kootenay Region
Dawn	Wegner	Manager/Coordinator	Nakusp RCMP Victim Witness Services	Nakusp
Barry	Williscroft	Registered Clinical Counsellor	Private Practice	Trail, Castlegar & Rossland
Donna	Wright	Family Support	Nelson Community Services Centre	Nelson and Area

Additionally, several other stakeholders were unable to attend the regional forum but provided valuable input into the process or model through in-person or telephone meetings with the consultant. These were:

Name	Position	Organization	Community/ Area
Ria	Anderson	Team Leader	MCFD Greater Trail
Jane	Clark	Nelson Police Victim Services	Nelson Police Department Nelson
Wayne	Holland	Chief of Police	Nelson Police Department Nelson
Cory	Hoy	Detective	Nelson Police Department Nelson
Leda	Leander	Executive Director	Boundary Family and Individual Services Society Grand Forks/ Boundary
Colleen	Lowing	Constable	Central Kootenay RCMP - Rural Nelson Detachment Nelson and Area
Carey	Morgan	Crown Counsel	Ministry of Justice and Attorney General West Kootenay
Sunday	Patola	Crown Counsel	Ministry of Justice and Attorney General West Kootenay
Cathy	Riddle	Program Manager	Boundary Regional RCMP Victim-Witness Services Grand Forks/ Boundary
Dan	Seibel	Staff Sergeant	RCMP Regional

CHILD ADVOCACY CENTRES

"A seamless, coordinated and collaborative approach to addressing the needs of child victims or children who have witnessed a crime".

- Government of Canada, Department of Justice

"A children's advocacy centre is a child-focused, facility-based program in which representatives from many disciplines, including law enforcement, child protection, prosecution, mental health, medical and victim advocacy, child advocacy, work together to conduct interviews and make team decisions about investigation, treatment, management and prosecution of child abuse cases".

- (US) National Children's Alliance

ZEBRA CHILD PROTECTION CENTRE



ZEBRA CENTRE



"Thank you for coming, we've been waiting for you"

19 police
8 social workers
56 victims services/child advocate volunteers
5.5 Zebra centre staff

~460 open files
11 new cases in past four days

ZEBRA CENTRE



Children's (under 8) waiting room

Child Advocate creates rapport and transfers to interviewer

Next door is "parent support room"

"Home-like" atmosphere and furniture

ZEBRA CENTRE



"Child-friendly" details:

- Grouping of toys
- Nothing broken or missing
- "Good" toys, chosen by other children

All intended to reduce frustration and anxiety

ZEBRA CENTRE



Waiting room for older (>8) children and teens

ZEBRA CENTRE



One of two interview rooms, is for older children and teens

Interviewer is either social worker or police, depending on history of child

Skills more important than gender

Everyone 'Stepwise' trained, apprenticeship period

Privilege to interview kids, leave ego at the door

Co-location key to collaboration

ZEBRA CENTRE



Camera in corner

ZEBRA CENTRE



Monitor room:

Watching interviews in real time

Use 'For the Record', can make notes timestamped to the interview

Information sharing between child protection, RCMP and Edmonton Police Services fairly transparent

ZEBRA CENTRE



Toy closet

After kids "do their job", get toy of choice

Colour group toys so not so overwhelming

ZEBRA CENTRE



Items for older kids and teens

ZEBRA CENTRE



Satisfaction surveys showed that contact made during process more important than court outcomes

"My dad was acquitted but the blanket I got at the Zebra Centre will always be on my bed"

Young woman off to university 10 years later, taking her teddy bear with her.

ZEBRA CENTRE



Crown prosecutors meet with kids in evenings to do court preparation

Use diagrams, and video that is a virtual tour of the court and what will happen there

Kids meet advocate who will accompany them to court

ZEBRA CENTRE



Edmonton has two child friendly courts, where the child can see only the judge

Kids are strong and confident by the time they get to court

ZEBRA CENTRE



Kids own the centre

One girl said the interviewer was "the first person who really listened" to her. "not just something on her 'to do' list"

Helping kids to find their new normal, letting kids define their lives rather than being defined by the abuse

OUTCOMES OF THE ZEBRA CENTRE

Evaluation of the Zebra Centre showed:

- Reduction in system-induced trauma
- Increase in charges laid
- Better quality of evidence
- More guilty pleas
- Higher conviction rates with more appropriate sentences
- Families more willing to access services

ZEBRA CENTRE



IMPORTANT ASPECTS:

- Continuous support for kids and families
- Forensic Interviewing
- Collaboration, not siloes
- Passionate people who:
 - Really want to make it work
 - Will do what they can to make it work within agency/mandate
 - Believe it's about the kids
 - Believe in a multi-disciplinary approach
 - Open to other points of view, respectful of others

CARIBOU CENTRE



CARIBOU CENTRE



Located in PACE's building, a multi-service community agency

Governed jointly by PACE, RCMP, Child and Family Services, Victim Services, and Crown

One paid Coordinator

Volunteer Child Advocates

CARIBOU CENTRE

The Caribou Child and Youth Centre provides:

- a child welcoming venue for RCMP and Child and Family Services to conduct interviews of alleged crimes of abuse against children
- audio video recording of the interviews to be used for the court proceedings
- crisis intervention, support and counselling to child victims of crime and non-offending family members
- supervision of the children in child friendly waiting areas
- volunteers for child assistance while awaiting the interview
- volunteers to provide ongoing support to the non-offending family members
- court preparation, accompaniment and support through the court process
- therapists to provide counselling to the children upon completion of the investigation
- advocacy and referrals on behalf of the child victims of abuse

CARIBOU CENTRE



Kids' "child-friendly" waiting room



CARIBOU CENTRE



Waiting room for older kids and teens

CARIBOU CENTRE



Parent's Room

CARIBOU CENTRE



Kids' Interview Room

No toys in room (distracting)

Open for one week, did 9 interviews (acute cases, not historical)

CARIBOU CENTRE

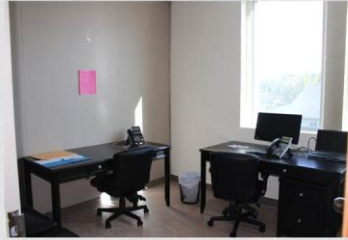


Monitor Room
(being re-wired)

Interviews conducted by RCMP or CFSA (Stepwise trained), depending on what makes sense for family

Interviewer will consult with other team members during interview

CARIBOU CENTRE



RCMP and CFSA not co-located on site, but have this office to use

Two 0.5 social work positions allocated to Centre

Working on MOU, as well as protocols with all partners

Health services working to expedite process at hospital

CARIBOU CENTRE



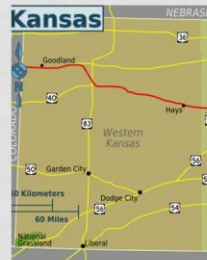
Youth Interview Room

Not institutional, compared to:

- CFSA does child interviews in "an office space with a few toys thrown in"
- RCMP have a "soft room" but kids have to wait with the general population

All partners prefer to do interviews at Caribou

WEST KANSAS MOBILE CAC



West Kansas:

Low population density

~ 150,000 people in entire region

3 standalone CACs in communities with 2000-4000 people

Multi-disciplinary teams (MDTs) not co-located

Child Advocates are paid positions

Trained Forensic Interviewers, not police or child protection (they see cases too rarely to keep up skills)

WEST KANSAS MOBILE CAC



Added mobile unit:

107% increase in interviews in first year, 158% increase by third year

Conducted 245 interviews last year, believe will reach 300 this year

WEST KANSAS MOBILE CAC

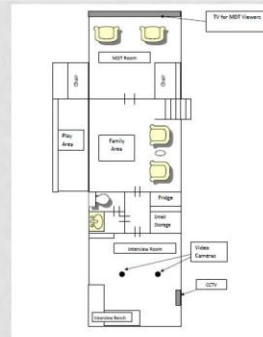


Diagram of interior

WEST KANSAS MOBILE CAC



Family Waiting Room

WEST KANSAS MOBILE CAC



Family Seating

WEST KANSAS MOBILE CAC



Children's Play Space

WEST KANSAS MOBILE CAC



Interview Room

CCTV, so child can later testify from this safe, familiar location rather than taking the stand in open court facing perpetrator

WEST KANSAS MOBILE CAC



Interview Room

Cameras in ceiling have tilt, pan and zoom options

Controlled by MDT in front, transmits A/V to them

Interviewer wears earbud, so team members can insert a comment or question during interview

WEST KANSAS MOBILE CAC



Driving area

Multi-Disciplinary Team (MDT) seating for meetings and during interviews

Holds up to 6 people

WEST KANSAS MOBILE CAC

6 Staff (all serve multiple roles):

- 1 F/T therapist
- 2 Child/family advocates (also trained in forensic interviewing)
- P/T medical position (SANE and medical wellness exams)
- Executive Director – also do interviews and therapy
- Program Director – also do interviews and therapy

Everyone trained to drive the bus

Can send out two teams of three, always have an advocate and a forensic interviewer.

WEST KANSAS MOBILE CAC

Benefits of Mobile Child Advocacy Centres:

- Reducing a child's trauma
- Providing services that are more available and more easily accessible to all community members
- Ensuring that children do not have to travel far to receive services
- Saving law enforcement agencies with limited personnel the expense and time of escorting a child to a forensic interview
- Providing prompt and ongoing services that are tailored to a child's needs and family situation
- Empowering non-offending parents to protect and support their children throughout the intervention process and beyond

WEST KANSAS MOBILE CAC

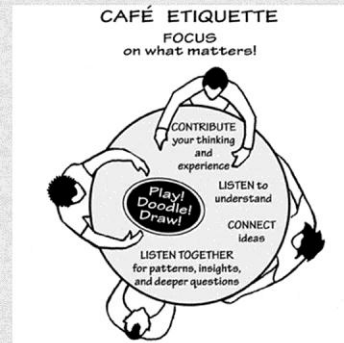
Benefits of Mobile Child Advocacy Centres (cont.):

- Holding more offenders accountable by coordinating investigative and interview procedures
- Processing cases in the court system more quickly
- Educating the community about the problem of child abuse and the appropriate response methods
- Allowing for easier prosecution, because specially trained forensic interviewers conduct neutral and defensible interviews
- Providing additional specialized mental health treatment resources
- Investigating allegations of abuse more thoroughly and producing more usable information

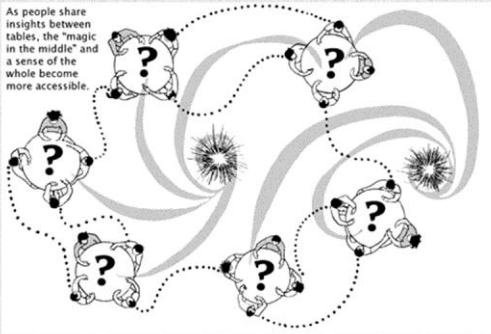
WEST KOOTENAY BOUNDARY

In your 'sector':

1. What three things are you **already doing** to work towards meeting these goals for children and youth?
2. What three **more** things could you be doing?
3. What are three **challenges** to doing so?
4. What three things do you **need from other sectors** in order to be able to do more?



As people share insights between tables, the "magic in the middle" and a sense of the whole become more accessible.



ROUND #1

- Everyone discusses the question at your small table for 10 minutes and writes on flipchart.
- When time is up, one person (the "host") will stay at the table.
- Everyone else moves quickly to a different table anywhere else in the room
 - Keep groups similar size
 - Don't sit at same table as anyone from your first table discussion

ROUND #2

- The Host starts by sharing some of the highlights from the first round with the new people at the table.
- People talk together for rest of the round.

ROUND #3

- People move a third time
- Host shares what was discussed in last round.
- People then reflect on what patterns & connections they have heard.

After last round, the facilitator will ask for themes and patterns.

THE CAFÉ QUESTION

Given what you've heard today, what do you think we could start doing better as a region right now, and what should we apply for more funding to do?

COMMUNITIES/AREAS

- As a community/area, what are you going to do better?
- What are you going to do right now?
- What are you going to do next year?
- Who's going to do what?
(everyone commit to at least one small thing)

CONCLUSION

Thank you for coming today, and for your commitment for child and youth victims and their families!

Appendix D: Terms of Reference – Regional Advisory Committee

1.0 Purpose

- 1.1** The CRCYV Regional Advisory Committee provides information, advice, feedback and support to CRCYV project team.

2.0 Objectives

- 2.1** To provide a mechanism for receiving input and advice on the range and scope of CRCYV Project work.
- 2.2** To identify issues and concerns that the project team must address to achieve the objectives of the project.
- 2.3** To act as a resource to the CRCYV project team on planning, implementation, and evaluation of their capacity building activities.

3.0 Membership

- 3.1** The group shall consist of representatives from organizations with a role in addressing issues of violence and abuse to children and youth (up to and including age 18).
- 3.2** The following organizations will ideally be represented on the committee:
 - The Ministry for Child & Family Development
 - Regional Police (RCMP and Nelson Municipal)
 - Crown Counsel
 - Victims Services (Specialized and Police-based)
 - Community Social Service Agencies
 - Health Care
 - Education
 - Other organizations as identified by the Advisory Committee and approved by the Executive Coordinator of the Kootenay Boundary Community Services Co-operative.
- 3.3** The following five community areas will also ideally be represented on the committee:
 - Nelson and area
 - Castlegar and area
 - Greater Trail
 - Nakusp and Arrow and Slovan Lakes
 - Grand Forks/Boundary

3.4 Members are eligible for reimbursement of reasonable expenses (e.g. mileage) for their participation on the committee, as funding allows.

4.0 Term

4.1 Membership shall be for the length of the project (currently intended to last until December 31, 2012) or up to one year.

4.2 Terms shall be extended by mutual agreement if the project continues beyond the current scheduled conclusion.

5.0 Quorum

5.1 As an operational advisory group, no quorum is necessary.

6.0 Process

6.1 Meetings of the CRCYV Regional Advisory Committee shall occur 2-3 times per year and be scheduled in advance, according to the needs of the project and the agreement of the members.

6.2 Members may participate via teleconference or other meeting technology.

6.3 The project coordinator will prepare and send out an agenda prior to each meeting. Members of the group will be encouraged to contribute to the agenda.

6.4 The project manager or designate will chair the meeting

6.5 The project coordinator will take notes at each meeting and circulate the notes via email following the meeting.

6.6 The group's role is to provide information and advice. Ultimate decision-making authority rests with the Kootenay Boundary Community Services Co-operative.

6.7 Smaller subcommittees may be formed for specific purposes, such as a 'Steering Committee' consisting of member agencies of the Kootenay Boundary Community Services Co-operative to aid in decision-making regarding the project.

7.0 Accountability

7.1 The CRCYV Advisory Committee is not formally accountable for its work; however, its work will be reviewed as part of the project evaluation.

7.2 The Kootenay Boundary Community Services Co-operative Board of Directors will review, adjust, and approve the terms of reference annually to ensure that they remain relevant.

Appendix E: Draft Terms of Reference – Child and Youth Coordination Committees

Coordinated Response for Child & Youth Victims (CRCYV) Child and Youth Coordination Committee

DRAFT Terms of Reference

1.0 Purpose

- 1.1** This CRCYV Child and Youth Coordination Committee (CRCYV CYCC) works together across disciplines to improve the experience of child and youth victims in our shared systems
- 1.2** This CRCYV CYCC works at the local level and also provides information, advice, feedback and support to the CRCYV Regional Advisory Committee (CRCYV RAC).

2.0 Objectives

- 2.1** To provide opportunities for increased networking, communication and relationship building amongst local service providers working with child and youth victims and their families.
- 2.2** To review community cases of child and youth victimization to determine what worked well for the child/youth and family and where improvements could be made through community collaboration
- 2.3** To develop protocols, memoranda of understanding, consent for information sharing and/or any other documents needed to support a local coordinated response for child and youth victims
- 2.4** To provide a mechanism for communicating regional and community-specific input and advice on the range and scope of CRCYV Project work.
- 2.5** To identify and communicate community-specific issues and concerns that the CRCYV RAC must address to achieve the objectives of the project.
- 2.6** To act as a community-specific resource to the CRCYV project team on planning, implementation, and evaluation of this collaborative initiative.

3.0 Membership

- 3.1** The group shall consist of representatives from organizations with a role in addressing issues of violence and abuse to children and youth (up to and including age 18).
- 3.2** The following organizations will ideally be represented on the committee:
 - The Ministry of Children & Family Development

- Police
- Victim Services (Specialized and/or Police-based)
- Community Social Service Agencies
- Health Care
- Education
- Other organizations as identified by the community and/or the CRCYV RAC

4.0 Term

4.1 Membership shall be for the length of the project or up to one year.

5.0 Quorum

5.1 As an advisory group, no quorum is necessary.

6.0 Process

- 6.1** Meetings of the CRCYV CYCC shall be scheduled in advance, according to the needs of the project and the agreement of the members.
- 6.2** Members may participate via teleconference or other meeting technology.
- 6.3** At least one member of the CRCYV CYCC will attend the CRCYV RAC meetings, either as a member or as a representative of the CYCC.
- 6.4** There will be a rotating meeting Chair, determined in advance.
- 6.5** The Chair/Regional CRCYV Coordinator will prepare and send out an agenda prior to each meeting. Members of the group will be encouraged to contribute to the agenda.
- 6.6** The Chair/Regional CRCYV Coordinator will take notes at each meeting and circulate the notes via email following the meeting.

Appendix F: Sample Protocols for a Coordinated Response

SAMPLE MULTIDISCIPLINARY TEAM PROTOCOLS

(Developed by the West Kansas Child Advocacy Centre)

1. MULTIDISCIPLINARY CHILD ABUSE RESPONSE

PURPOSE OF THE PROTOCOL

This protocol serves as a model for handling child abuse cases within the service area. It is intended to provide guidelines and a reference source for interagency cooperation in the investigation, prosecution, and management of child abuse cases. It also serves to:

Clarify each agency's role, responsibilities, and "best practice" standards.

Establish guidelines that limit the number of interviews of the child victim or witness.

Promote a consistent and efficient approach to the investigation, prosecution, and management of child abuse cases.

The guidelines set forth in this protocol are subject to modification as each agency's internal policies and procedures may require. They are also subject to case- by- case modifications as circumstances may require.

TEAM MEMBERS BY DISCIPLINE AND GOALS

SRS (Child Protection Services) - The SRS worker's primary responsibility is the protection of children from abuse, neglect, and exploitation by their parents or caretakers. This responsibility is achieved through initial safety assessments, crisis intervention, and support services through contractors or court intervention, to at- risk children and their parents. Following a risk assessment, the SRS worker determines what services are needed and whether the child can remain safely in the home. If safety cannot be assured, Juvenile Court proceedings are initiated.

LAW ENFORCEMENT - The law enforcement officer's primary goal is to conduct criminal investigations of alleged crimes that impact the safety of the community and the well- being of any child who may have been victimized. This responsibility includes interviewing the child, family, offender, and other witnesses; gathering evidence for the prosecution; recommending whether and when to arrest the offender; and providing protection during the intervention process.

COUNTY ATTORNEY - The County Attorney's office prosecutes all child abuse crimes committed by juveniles and adults in the county. This includes sexual abuse, physical abuse, neglect, and homicide. One of the County Attorney's primary responsibilities is to decide whether or not to prosecute a criminal case. The County Attorney's office also decides whether or not to prosecute child in need of care or juvenile offender cases. In both adult and juvenile cases, the County Attorney is responsible for processing and reviewing child abuse and neglect

investigations submitted by law enforcement departments and/or child protection agencies, and making filing decisions for each case submitted.

SEXUAL ASSAULT NURSE EXAMINER (SANE) - The SANE's primary goal is to ensure the physical health of the child victim and to promote his or her emotional wellness. Secondly, the SANE seeks to locate and preserve forensic evidence of abuse. These goals are accomplished through a comprehensive medical evaluation that addresses the child's well being while protecting existing forensic evidence that may be used in the investigation and prosecution of a case.

THERAPIST - The therapist's primary goal is to facilitate the emotional healing of the child who has been victimized, and may include working with family members to negotiate changes in the child's environment. Secondly, the therapist may assist in minimizing re- traumatization and maximizing effectiveness of the child as a witness during the legal process.

SCHOOL PERSONNEL – School personnel may include the school counselor, the child's teacher, principal or other person at the school who is involved with the child throughout the school day. School personnel can provide the team with any past history or information that may be of importance to the case. School personnel may monitor the child's progress at school to include any learning difficulties or difficulties with social skills. They can alert parents or caretakers of any concerns they may have. They may be the first reporters of alleged abuse and may also help the child in readjusting back to their usual routines after a trauma has occurred.

CHILD/FAMILY ADVOCATE / SUPPORT SERVICES - The child/family advocate's primary goal is to assist in reducing trauma and secondary victimization of child victims. Working with the child victim and often the family, the child advocate ensures that abuse victims receive the most sensitive and humane care during the investigation and prosecution of their cases. Child/family advocates may refer families to local resources in their communities, mental health care and assist the family in filing for victim's compensation as deemed necessary. Child/family advocates ensure families are kept informed of the progress of their case and primarily act as a support role for the child victim and their family.

FORENSIC INTERVIEWER - The forensic interviewer's primary goal is to conduct forensically sound interviews in a child- friendly environment using the "*finding words*" model of interviewing. Any member of the multidisciplinary team may also serve as the forensic interviewer, if they have been through the finding words or similarly approved training. The Forensic Interviewer may gain input from other team members during the interview via an earpiece. This ensures a collaborative effort in the interviewing process, eliminating the need for multiple interviews of the child victims, thus preserving the validity of the interview and reducing the stress and fear of the child victim.

2. REFERRAL CRITERIA

Alleged child victims of sexual abuse, serious physical abuse, or those children who have witnessed a violent crime may be referred by SRS or law enforcement to the WKCAC for forensic and advocacy services. The following criteria define more specifically those children who SRS or law enforcement may refer:

Children who have previously disclosed alleged sexual or serious physical abuse. Law enforcement officers and SRS workers may also schedule a forensic interview when investigators from another jurisdiction request a courtesy interview of a child.

Children, who have not made an abuse disclosure, but whom investigative authorities suspect have been sexually or seriously physically abused (medical abuse findings, sexual acting out behaviors, etc.)

Adults who are developmentally disabled and who have made an allegation of sexual assault/abuse or who may have been severely physically abused.

Children who may have been a witness to a sibling's abuse.

Children who may have been a witness to a violent family crime or a homicide.

Children who have been previously interviewed at WKCAC but law enforcement officer or an SRS worker feels that a second interview may be helpful.

While standard referral criteria are listed above, law enforcement officers and SRS workers may exercise discretion in special cases as they deem appropriate.

3. INITIAL REPORT AND TEAM NOTIFICATION

Comprehensive child abuse investigations require a joint response from law enforcement officers and SRS workers. Together these professionals determine an investigation strategy and direction. Upon receiving a case for investigation, the investigating officer should immediately contact SRS to determine the agency's involvement. Likewise, the SRS worker, in sexual abuse or serious physical abuse cases with alleged perpetrators age ten or above, should immediately inform the law enforcement agency with jurisdiction of the report. If the location of the alleged abuse is unknown, the jurisdiction will be established by the home address of the child.

During the initial contacts, both the SRS social worker and law enforcement officer are responsible for verifying the validity of the child abuse referral, and determining the child's immediate needs and the appropriateness of a referral to WKCAC. The law enforcement officer may request that an SRS worker proceed with collecting basic information necessary to determine the need for police involvement in the case. During this assessment, the SRS worker and the law enforcement officer should take care to minimize the number of times children are interviewed. The best case scenario would be one forensic interview with the child with all involved agencies present and working together in a multidisciplinary fashion.

Once a decision is made for the child to be forensically interviewed, the WKCAC will be notified and a time and location for the interview will be arranged. Agencies involved in this initial phase will assure other involved MDT members are notified for participation.

4. MEDICAL EXAMINATION

It is the WKCAC policy to refer child victims of abuse for a medical exam under the following situations:

The reported abuse has occurred within three days of the interview.

The allegations involved any type of penetration

The alleged abuse is chronic

The child has physical injuries

At the discretion of the MDT

Medical examinations will be conducted by a Sexual Assault Nurse Examiner (SANE) specially trained in techniques appropriate to the age of the victim. The immediate goals of the medical exam include the following:

Insuring the health and safety of the child by conducting an exam using the SANE/SART program.

Collecting and securing forensic evidence

Documenting forensically significant findings

At the time of the forensic interview, if a medical examination has not been conducted or scheduled, MDT members may assess the need for a medical examination. If a medical examination is needed, the MDT will present the SANE with a brief description of the circumstances leading up to the exam to prevent repeated questioning of the victim while providing the necessary information to the examiner.

5. FORENSIC INTERVIEWS

LOCATION – Whenever possible efforts should be made to interview children at one of the three WKCAC stand alone centers or the Mobile CAC. If this is not possible, the team members should make every effort to choose an alternate location that is a neutral and child- friendly environment.

PRE- INTERVIEW BRIEFING - Prior to conducting a forensic interview, the interviewer should meet with the MDT. A purpose of this staffing is to prepare both the interview specialist and the child advocate for meeting with the child and family. In this staffing, the following information should be sought:

When the case was brought to the referring agency's attention.

What contacts investigating professionals have made with the child?

What information exists about child, family, and perpetrator?

What interventions the referring agency has provided.

What prior reports, if any, were made regarding this child, family, or alleged perpetrator?

FORENSIC INTERVIEW

The forensic interviewer will be trained in the “*finding words*” model or a similar model of forensic interviewing. The forensic interview will follow the guidelines set forth in the said protocols

Translators will be provided when appropriate, so that children may be interviewed in their language of choice.

Team participation is essential for a forensically sound interview which meets each agency’s needs. MDT members participate in the interviewing process via remote sound equipment between team members and the interviewer throughout the interview process.

The interview will be videotaped and when age appropriate the child will be informed that they are being taped.

POST- INTERVIEW BRIEFING

After the interview, the child advocate will reunite the child with his/her parent or guardian, when appropriate.

The team will discuss the interview and the next steps in the investigation, then will provide the parent/guardian with answers to their questions or concerns.

The child advocate, together with the team, will make the necessary referrals.

The MDT will determine what information may be shared with the non- offending caregiver. If the investigative team has reason to believe the child was abused, it needs to know if this parent is able and willing to protect the child, and how this will be accomplished.

6. MENTAL HEALTH

Child abuse represents a crisis for the child and the family. The need for mental health services as well as other sources of learning, coping and social support arises from this crisis. The role of mental health professionals is to safeguard the child’s safety and to promote the child and family’s understanding of the abuse experience. The professional works to restore the child’s pre- crisis functioning and, if possible, promote healthy further development.

Therefore, each victim and their family will receive an appropriate mental health referral at the time of the forensic interview. The child advocate will discuss the mental health process with the victim’s non- offending caregiver.

The progress of the child victim will be discussed at the Case Review Team meeting if deemed appropriate by the mental health professional.

Extended Evaluation- Referral for extended evaluations may be made at any point in the investigative or case review process. In cases where the investigative team wishes to refer for extended evaluation with a mental health therapist, the parent should be informed and the purpose of the extended evaluation process explained.

7. CASE REVIEW

Case Review Team – A case review team meeting will be scheduled as determined by the MDT. Locations will vary by team. Representatives from the following agencies are encouraged to attend this monthly meeting.

Law Enforcement

SRS

Mental Health

Medical Health

County Attorney's Office

Victim Advocacy

Western Kansas Child Advocacy Center

Case Review Process – The agenda for case review team meetings would commonly include, but not be limited to, the following:

Facts of the case

Protection issues

Referrals

Extended evaluation

Treatment issues

Medical examinations

Legal and evidentiary issues

Victim services

Mental health issues

In order to better coordinate services and intervention, consistent case reviews are necessary. Any cases that have special concern of an investigative member should be reviewed by the MDT as soon as possible.

8. CASE TRACKING

Case tracking information is compiled through the WKCAC intake form, SRS reports, law enforcement forms and other material provided by MDT members. A comprehensive database on cases is kept and routinely updated by the Child and Family Advocate and is available to MDT members upon request. The following data is collected on cases:

Child's Name	Custody	Who received copies of the taped interview
Date of Interview	Who brought the child	Who has the drawings the child made
CAC Location	MDT members present during the interview	County of Incident
Date of Birth	Others present during the interview (counselor, guardian ad litem, etc)	County Reported In
Age at time of interview	Which agency requested the interview	Number of times the child was interviewed
Race/Ethnicity	Who performed the interview	Who performed additional interviews
Gender	Whether or not there was a disclosure	Date of occurrence of abuse
Address	Type of abuse, if any, disclosed (sexual, physical, other)	Date of first disclosure
Phone	Sexual assault medical exam date/outcome of the exam	Who the child initially disclosed to
Mental Health	Perpetrator demographics (age, gender, ethnicity)	Charges filed/outcome
Relationship of Perpetrator to Child	Victim Compensation	Charges pled to/ outcome
SRS Findings	Disability	Extended Evaluation

Appendix G: Sample Interagency Agreement

(SAMPLE) INTERAGENCY AGREEMENT

(Developed by the West Kansas Child Advocacy Centre)

Region/Area

In order to undertake a unified approach to child abuse cases arising in County, Kansas, the parties agree as follows:

1. Each party agrees to support the concept and philosophy of using a neutral, child- friendly site promoting the multi- disciplinary team approach to investigating child abuse cases.
2. It is recognized that a team approach is more conducive to the resolution of the problems presented by these cases than an individual agency approach.
3. A collaborative effort will be encouraged, with input from, and the assistance of: law enforcement, the county attorney, SRS social worker, mental health provider, SANE nurse, WKCAC staff, and/or other professionals deemed appropriate by the members of the Multi Disciplinary Team (MDT).
4. Each party agrees that all efforts will be made to coordinate each step of the investigative process to minimize the number and length of interviews to which the child is subjected
5. Each party agrees to devote sufficient staff and resources to maintain a team whose goals are to facilitate the recovery of the child victim and further the prosecution of offenders on a case-by-case basis.
6. Each party agrees that forensic interviews of children will be conducted by a professional that has received the appropriate training in the *Finding Words* approach or other nationally recognized child interview protocol.
7. Each party whose cases are scheduled for case review team meetings agrees to attend.
8. Information shared by the parties is hereby deemed as necessary to the fulfillment of the role of each party and shall not be disclosed to the public subject to the Public Records Law of Kansas. All confidential information acquired by any party shall remain confidential.
9. Each party agrees, in accordance to their individual agency's policies to participate in ongoing training in the field of child sexual abuse.
10. The parties recognize the fact that each of them has a different role and specific responsibilities for the interviewing, investigation, treatment, prosecution, and support services in the handling of these cases. Those roles are generally understood as, but not limited to:
 - a. Law Enforcement will investigate and determine whether or not a crime has been committed and present information to the proper authorities for prosecution.

- b. Social and Rehabilitation Services (SRS) social workers will provide protection of children from harm by parents or other caretakers. SRS will conduct a civil investigation to determine the degree of risk to children, to ensure safety and to inform of rehabilitation services for the family.
- c. The County Attorney will assess the legal aspects of the case in accordance with their prosecutorial role.
- d. Medical professionals will provide expert medical evaluations and consultations.
- e. Mental Health professionals will offer specialized mental health services to child abuse victims and their non- offending family members.
- f. The Child/Family Advocate will assist in reducing trauma and secondary victimization for children by providing support and needed services during an investigation and ensuing prosecution.
- g. The Forensic Interviewer, trained in a nationally recognized protocol, will conduct child sensitive, legally defensible interviews.
- h. WKCAC will assist families in securing needed services, and coordinate case- related communications among agency professionals.

In witness whereof, we have signed our names to this Interagency Agreement as part of our ongoing commitment to each other to ensure the best interest and protection of the children we will serve.

Sheriff	Date
County Attorney/Prosecutor	Date
Chief of Police	Date
Child Protection/Social Services	Date
Mental Health	Date
Forensic Interviewer	Date
Child/Family Advocate	Date
SANE /Medical	Date
School Representative	Date

Appendix H: Sample Release of Information Form

Sample Release of Information Form

I, _____ by my own free will give my consent to
_____ to release information to and from

Regarding the following:

This information is required to facilitate the support services being offered to myself and my family by _____

This release is valid for a twelve month period, but may be withdrawn at any time by advising _____ in writing.

Signature _____ Date: _____

Witness: _____ Date: _____

Appendix I: Sample Template for Creating Resource Directory

(adapted with permission from the Castlegar Domestic Violence Accord)

Agency name:

Contact Information:

WE WILL BE RESPONSIBLE FOR:

What services will your agency provide related to child and/or youth victims of abuse, violence and neglect, and their families?

What is your mandate?

What are your hours of service?

How are your services reached?

WITHIN THE MANDATE OF OUR SERVICE:

All agencies participating in these protocols agree to the following statement of Vision and Goals:

Vision

Through a West Kootenay Boundary Regional Coordinated Response for Child and Youth Victims (CRCYV), it is our aspiration that children and youth who are victims of abuse, violence or neglect in our area will:

- Feel safe to come forward with their experiences.
- Have an experience in our shared systems that results in no further trauma and instead:
 - works to counter shame, disbelief, guilt, loneliness, powerlessness, judgement and responsibility for the experience; and
 - allows them to feel believed, cared for, empathised with, connected, empowered, and that someone is looking out for their best interests.
- Be supported along with their families to be safe and get well.

- Be provided an objective and effective investigation from law enforcement and criminal justice agencies.
- Receive a comprehensive and sustained response that results in renewed hope and trust in other people and themselves, and in increased self-esteem.
- Be satisfied with the outcome of any criminal or legal proceedings.
- Live in a region where the abuse, violence and neglect of children and youth is being prevented through communities addressing the root causes of violence, abuse and neglect.

Goals

We believe this vision can be realized through a more collaborative, holistic approach, including:

- Informed, knowledgeable, committed people in each community working across disciplines to provide immediate and long-term support and investigation.
- A trusted individual providing advocacy and helping each child/youth and their non-offending family member(s) navigate through the system.
- Reducing delays in all parts of the process for the child/youth.
- Reducing the number of interviews children and youth participate in.
- Increasing the quality of interviews, from both the perspective of the child/youth and their prosecutor, including:
 - Child and youth-friendly interview spaces.
 - Interviewers with up-to-date training in *StepWise* forensic interviewing techniques.
- Finding the appropriate balance between sharing information between multi-disciplinary team members and maintaining confidentiality.
- Effective management/treatment of the offender.
- Working together as a region, with specific community-based responses developed.

Are you in agreement with this vision/goal statement?

ACCOUNTABILITY

To Whom should inquiries regarding your service be addressed?

Appendix J: Caribou Centre Memorandum of Agreement

(Shared with permission from the Centre's Acting Coordinator)

AGREEMENT BETWEEN
PACE (Providing Assistance, Counseling & Education)
and
THE CARIBOU CHILD & YOUTH CENTRE PARTNERS
GRANDE PRAIRIE & BEAVERLODGE R.C.M.P.
GRANDE PRAIRIE VICTIM SERVICES
NW ALBERTA GRANDE PRAIRIE CHILD & FAMILY SERVICES AUTHORITY

The Caribou Child & Youth Centre Steering Committee (Steering Committee) is the committee established for the development of a Centre in Northern Alberta. The Steering Committee will continue to operate as needed to provide collaborative leadership for the Caribou Centre program partnership between PACE, Victims Services (VS), RCMP, and Region 8 Child & Family Services Authority (CFSA). This agreement defines the relationship between these agencies.

The Caribou Child & Youth Centre (Caribou Centre or Centre) operates under the partnership direction of an Operation Committee comprised of representatives from RCMP, CFSA, VS and PACE.

PACE operates under the direction of an elected Board of Directors and is the ongoing sponsoring agency for the Caribou Centre, providing operational support for the coordinator position, child & youth therapy services for Centre clients, and housing the program.

In this document, the Coordinator means the person designated by the Operations Committee to be responsible for implementing the Centre's goals and objectives, and program management. The Director means the PACE Executive Director. The Program means the Caribou Child & Youth Centre Program. The Board means the PACE Board of Directors.

The Caribou Centre partners agree to collectively oversee operations of the program. The Operations Committee agrees to abide by the terms and conditions outlined here in. A representative of the Board will be appointed to the Committee and will provide the communication link to the PACE Board.

The Director and Coordinator will maintain communications on all the following issues and with each other on programing and services. Communication between the Operations Committee and PACE will occur in advance of decisions being made by either party that affect the other party's operations or potential funding sources.

I. ADMINISTRATION

1) FUNDING

a) Grant applications and funding proposals will be prepared as follows:

- i) Annual Budgets for Caribou Centre funding are prepared by Coordinator, reviewed and approved by the Caribou Centre Operations Committee, and PACE.
- ii) The Caribou Centre Coordinator will prepare all funding applications and proposals. Proposals over \$10,000 are submitted to the Operations Committee and forwarded with recommendation for approval to Board.

- iii) PACE Executive Director and/or designated Board members have signing authority on funding documents through PACE.

2) FINANCIAL MONITORING

- a) The program will be monitored as follows:
 - i) Annual Budgets for the Caribou Centre Program funding are prepared by the Coordinator and reviewed and approved by the Centre Operations Committee and PACE Board.
 - ii) Board reviews monthly financial statements and program expenditures and maintains signing authority on all accounts. Reviews annual program review and/or audit. Access to the books and records will be provided to the Board. Any Operations Committee member may also inspect the books and records of the program.
 - iii) PACE's bookkeeper ensures annual program audit is completed before June 30. PACE is responsible for ensuring financial statements are correct.
 - iv) Any major financial changes affecting the Caribou Centre must be submitted to the Operations Committee prior to the budget preparation, for example, rent, BOOKKEEPING, AND INSURANCE COSTS.
 - v) Program staff makes budgeted expenditures, monitors budget approved program expenditures and takes non-budgeted program items to the Operations Committee for review and recommendations to the Board.
 - vi) Board reviews the recommendations from the Operations Committee on exceptional expenditures and approves or declines the expenditures.
 - vii) If Board is not in agreement with the recommended expenditure, a meeting will be held with the Operations Committee and the PACE Executive Committee for a final decision.
- viii) Funding for Caribou Centre program comes under the Board name and will be turned over to the Bookkeeper for deposit to the program account.
- ix) The Operations Committee will be responsible for lease negotiations of Centres' construction. The VS Executive director will manage the start up funding for this project.

II. PERSONNEL

- a) Personnel management will proceed as follows:
 - i) Board arranges for employee group benefits for program staff. The Caribou Centre is responsible for associated expenses as per benefit policy.
 - ii) Board representative will hold permanent position on the Operations Committee through the PACE Executive director. The Personnel Committee of the Steering Committee will include the VS Director, and the PACE Executive director. Centre volunteers will be supervised by the program coordinator and will be responsible to abide by the policies of Victim Services and PACE.

- iii) Operations Committee is responsible for screening and selection of Coordinator, in accordance with the Board Personnel Policies and Procedures.
- iv) Coordinator works under the supervision of the PACE Executive Director, or designate, and reports monthly to the Operations Committee.
- v) Coordinator is responsible for hiring, supervision and evaluation of all other program staff, contractors and volunteers. Coordinator ensures maintenance of up-to-date personnel records.

III. PROGRAM MONITORING

- a) Program Monitoring will proceed as follows:
 - i) Steering Committee and Board receive copies of the staff reports. Steering Committee and Board receive copies of the annual report.
 - ii) Caribou Centre staff and Operations Committee, annually establish short term and long term goals and objectives for Caribou Centre within the parameters of the Purpose statement. The Steering Committee provides support and direction to program staff and ensures staff complete necessary documentation. Staff prepares interim report for PACE's year end. Reports are completed and submitted to funder as required.

IV. CONTRACTS

- a) Contracts will be handled as follows:
 - i) Program staff explores non-budgeted leases and contracts prior to submitting to Steering Committee for discussion.
 - ii) Steering Committee discusses all service contracts and property lease agreements that are non-budgeted items prior to recommending to the Board for signature.
 - iii) Board approves and signs leases and contract submitted by the Steering Committee and keeps copies of contracts on file.
 - iv) If Board is not in agreement with the recommended contractor or lease, a meeting will be held with the Steering Committee and the PACE Executive Committee for a final decision.

V. INSURANCE/PROPERTY MANAGEMENT

- a) Insurance and Property management will be handled as follows:
 - i) Board arranges liability and property insurance as required and advises Caribou Centre of their proportion for payment. Executive Director or Board notifies staff of any changes prior to budget preparation.
 - ii) Property acquired by the program belongs to the program and is managed by program staff. Program staff prepares property inventory and submits for insurance purposes to PACE.

VI. POLICIES

Policies are developed by the Caribou Child and Youth Centre staff, and Steering Committee congruent with the Objects and Principles of the Board and can be seen by the Board on request. Any new policies the committee develops will conform to and not conflict with existing Board Policies.

VII. DISPUTE RESOLUTION

In the case of a dispute between the Caribou Child and Youth Centre partners, the matter will be brought to the Operations Committees of the Caribou Centre.

If the Committee cannot resolve the issue, an arbitrator will be assigned by mutual agreement. The decision of the arbitrator will be binding.

VIII. BREACH OF AGREEMENT/TERMINATION

Except as otherwise expressly provided in the within agreement, if either party shall fail to duly and faithfully perform any of the terms, conditions and covenants herein contained, either party may give to the other written notice stating the nature and character of such default, and giving the other party sixty (60A) days from the date of the said written notice to cure such default. If the default is not cured within the said sixty (60) days from the date of the notice, either party may terminate the agreement by delivering to the other party notice of such termination. The party shall not deliver such notice of termination until a resolution of its Board of Directors or the Steering Committee acting as a whole has been duly passed, authorizing such notice to be delivered.

Failure of either party to notify the other of any default or to cancel and terminate the Agreement constitutes a waiver of any such default, nor shall it constitute a consent, acquiescence, or waiver of any later default, whether of the same or of a different character.

This Agreement may be terminated by mutual agreement of the Steering Committee members and the PACE Board. The party shall not deliver such notice of termination until a resolution of the Board of Directors or the Steering Committee acting as a whole has been duly passed, authorizing such notice to be delivered.

In the event that the Steering Committee decides to terminate this agreement and establish a separate society, the PACE Board will remain as operating authority until the new organization can assume legal authority and responsibility for the program(s).

In the event that the PACE Board decides to discontinue as host agency for the Steering Committee program, sufficient notice must be given to allow the Steering Committee or other organization time for incorporation as a registered society and for arrangement of access to charitable registration status.

IX. AMENDMENTS

No amendment or modification of this Agreement shall be valid unless it is in writing and signed on behalf of both parties with sixty (60) days notice for review of such amendment or modification.

President of the Board

Steering Committee Representative

PACE Executive Director

Steering Committee Representative

Date