

# Needs Assessment and Feasibility Study for a Child and Youth Advocacy Centre in Langley, BC

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MARCH 2022

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Authored by: Lynda Dechief, MSc  
Equality Consulting



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# Executive Summary

A Needs Assessment and Feasibility Study for a Child and Youth Advocacy Centre in Langley, British Columbia, was conducted between September 2021 and February 2022. The purpose of the study was to determine if there is a need in Langley for a Child and Youth Advocacy Centre (CYAC), and whether the community has the interest and resources to successfully develop a CYAC. The project was funded by the Department of Justice Canada, overseen by Encompass Support Services Society, and carried out by a consultant with sufficient experience in community-based research and the development of CYACs. This report describes the process and outcomes of that assessment.

Research into CYACs show they significantly improve the experience of children and youth after a disclosure of abuse, the families who support them, the professionals involved, and result in more favourable case outcomes. The first Child Advocacy Centre was developed in the United States in 1985 and the model has since expanded throughout North America (National Children’s Alliance, 2000). British Columbia now has seven fully operational CYACs, with many more in development. The need for and feasibility of a CYAC being developed in Langley was assessed through interviews and focus groups with 30 stakeholders from 17 agencies who work with children, youth and families impacted by abuse or violence in Langley, two quantitative surveys specific to need and feasibility, and a collation of data regarding child and youth reports of abuse to partner agencies.

Analysis of the data collected indicates a clear need for a CYAC in Langley and the abundant motivation and capacity of the partner organisations to successfully implement a CYAC in Langley.

Like many communities, the overall system of services in Langley is not designed for easy collaboration; the effective communication that currently exists between service providers across agencies is generally only amongst those who are experienced in their role and have worked hard to bridge gaps and build relationships. Stakeholders noted that children and youth often need to re-tell details of their abusive experiences at multiple agencies situated across both the City and Township of Langley and even as far away as Surrey or Abbotsford, with some physical locations—such as the police detachment and hospitals—described by some as frightening and overwhelming for young victims and their families. Resources, while offered, are not always followed up on, many have waitlists, and families may be left without counselling or support after their initial encounters with the system. Many study participants felt that the cumulative impact of the current system may be inadvertently re-traumatizing for children and youth, as well as detrimental to case and court outcomes.

Based on these downsides currently in the system, all respondents identified the need for a CYAC in Langley with 80% determining it “*very much needed.*” Study participants felt that developing a culturally safe “one stop shop” where victims and their families could participate in only one interview in a child-

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and youth-friendly space, undergo forensic medical examination if needed, connect with an advocate who would provide consistent support over the long term, and access vital counseling services and other needed resources would be tremendously beneficial for young victims and reduce the likelihood of long-term, debilitating trauma while simultaneously resulting in the best evidence.

Quantitative information provided by partner agencies show that over 1000 distinct children and youth in Langley each year are provided a child protection response for sexual or physical abuse, violence, neglect, or domestic violence, and that approximately 250 children and youth victims are seen by RCMP. A significant percentage of these young victims are Indigenous, speaking to the need to have culturally specific services on site. The numbers also suggest that many victims may not be accessing follow up support services from the partner agencies, especially key medical services located outside the community. This indicates the need for a range of government and community services co-located at one site in Langley. Participants described the challenges that would need to be overcome to create such a CYAC in Langley—overcoming resistance to change, resources and capacity, working collaboratively, program development, and finding the right space—and also expressed confidence that the team of partner agencies had the experience and enthusiasm to do so. All respondents from the key agencies that would provide services on site responded in the affirmative when polled about whether or not this project was feasible, with 91% deeming it “*very much feasible.*” The commitment of agencies to the process so far, and the expertise and good working relationships around the table validate this finding.

Stakeholders described the components of an ideal CYAC model in Langley, including police, child protection, forensic interviewing, specialized victim services, counseling, forensic medical examination, cultural supports, family supports, case management, long-term supports, centre coordination, close connection to crown counsel, and good referral relationships. While there were various viewpoints on the ideal location for a CYAC in Langley, respondents agreed that the building needs to be central and accessible, near services yet set apart, private, safe and secure. Interior design considerations include a welcoming entrance, waiting room(s) for children and youth, offices, team spaces, an Indigenous, space, forensic medical exam room, forensic interviewing room(s), and an interview monitoring room. The report closes with recommendations for next steps, including establishing shared outcomes for a Langley CYAC, consulting with other CYACs to gather information about specific aspects of the model, finding the right location and building, developing the details of the multi-disciplinary program and partner agency commitments, involving the Indigenous Advisory Council in helping to create cultural safety and services onsite, and starting to think of an appropriate name. It concludes by encouraging the Langley CYAC Project Team to carry on with their excellent, collaborative work moving towards the creation of a coordinated, trauma-informed, child- and youth-friendly, culturally safe, co-located program that will undoubtedly immensely benefit many young victims in Langley.

In summary, this study concludes that a CYAC is both needed and feasible in Langley.

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## Background

Welcome to the *Needs Assessment and Feasibility Study for a Child and Youth Advocacy Centre in Langley, BC*. The purpose of this report is to capture the process and findings of a Child and Youth Advocacy Centre (CYAC) Needs Assessment and Feasibility Study that took place in Langley during the fall and winter of 2021/2022.

## Acknowledgements

I would like to begin by respectfully acknowledging that this study primarily took place on the unceded, ancestral, and traditional lands of the Coast Salish people. This includes the territories of the q'w'a:n̓'əñ (Kwantlen), ḡičəy̓ (Katzie), Matsqui, and SEMYOME (Semiahmoo) First Nations; and I recognize the Métis and Inuit people who make these lands their home.

I would also like to express my gratitude for all the members of the Project Team, all the stakeholders who participated in an interview or focus group, and especially Kristin Coyne of Encompass Support Services Society for supporting this process and ensuring it will continue.

## The Author

This study was conducted and documented here in this report by myself, Lynda Dechief. I have a Masters degree in Population and Public Health from the University of British Columbia with a focus on experiences in systems of women and children impacted by abuse or violence. I have been engaged in training, community-based research, multi-disciplinary program development, and consulting around issues of abuse and violence for over twenty years and helped develop and implement a rural CYAC model in the West Kootenay Boundary region of British Columbia called the Safe Kids & Youth (SKY) Coordinated Response. I have been actively involved in both the provincial and national CYAC networks, and conducted several CYAC Program Evaluations as a consultant. I have given numerous presentations across BC on developing a CYAC and was invited to co-author a chapter for a forthcoming book on this topic. All this to establish my capacity to undertake this project as well as my understanding of the CYAC model, the issues it is designed to address, and what is required for a community to successfully develop and implement a CYAC.

## The Lead Agency

Encompass Support Services Society was awarded funding from the Department of Justice Canada's Victim's Fund to hire a consultant to determine, in collaboration with community partners, the specific needs for a Child and Youth Advocacy Centre in Langley. This came after meeting with community partners over a two year period to discuss the importance of such a project to the community, through

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which the Langley CYAC Project Team was formed. Through Project Team meetings, Encompass was identified as an organization well suited and with the capacity at this time to lead this endeavour.

Encompass is a grassroots, non-profit agency that provides a wide range of enriching and essential programs and support services to the Langley communities. The organisation is experienced in abuse and trauma programs, works alongside the criminal justice system, engages in trauma-informed practice, and supports collaborative practice and coordinated approaches. Encompass has a strong history of bringing together community members to successfully develop coordinated services for young people, including the Langley Youth Resource Centre, and Foundry Langley (opening 2022).

## Purpose of a Needs Assessment & Feasibility Study

Based on the funding agreement and materials provided by the Department of Justice Canada, including the *Developing a Children's Advocacy Centre* document created by the National Children's Alliance (2000), a Needs Assessment & Feasibility Study has two separate but interconnected purposes:

**NEEDS ASSESSMENT:** To determine if there is a need in a particular community to develop a CYAC

**FEASIBILITY STUDY:** To decide whether a community has the interest and resources to develop a CYAC successfully

Together, these assessments help a community determine whether they should take the next steps towards developing a CYAC. This is also a required step for communities wishing to apply for funding from the Department of Justice Canada to support the development of new child advocacy centres.

## What is a CYAC and why are they important?

BOOST Centre for Kids in Toronto (2019) describes a CYAC as ***both a place and a process***:

“As ***a place***, a CYAC is a single location that provides a child-friendly, safe setting for a child to talk about abuse.

“As ***a process***, the CYAC brings together a multidisciplinary team of professionals involved in child abuse investigation, intervention, and treatment. Professionals work together as a *team* and share information to achieve the best and most accurate outcomes in child abuse cases.”

CYACs originated as Child Advocacy Centres (CACs) but now most Centres, especially in Canada, see children *and* youth, hence the expansion of the name to specify a greater range of ages. Different CYACs have various age cutoffs, depending on a number of factors, including the unique needs of their community and the partner agencies involved.

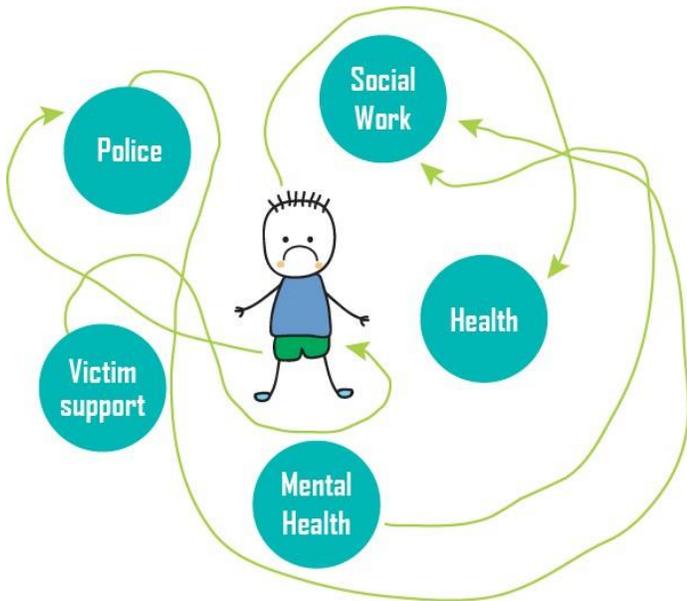
All CYACs respond to reports of serious familial physical and sexual abuse/assault. Many also investigate a broader scope of cases including neglect, witnessing family violence, and reports of non-familial and less physically violent cases of abuse (BOOST, 2019).

According to the [British Columbia Network of Child and Youth Advocacy Centres](#) (2020), types of services CYACs in BC provide include:

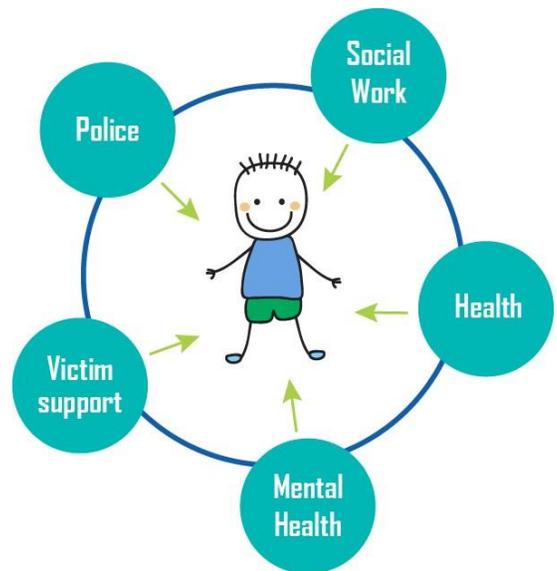
<b>Forensic Child Interviews</b>	<b>Integrated Service Approach</b>	<b>Court Prep &amp; Accompaniment</b>
<b>Safety Planning</b>	<b>Advocacy for Children</b>	<b>Support Referrals</b>
<b>Victim Support</b>	<b>Trauma Therapy</b>	<b>Health Support</b>

A key aspect of most CYAC models is that these services are co-located under one roof, so that children, youth and their families do not need to go to numerous locations around the community to have their service needs met. This is illustrated in the picture below:

**Before CYACs**

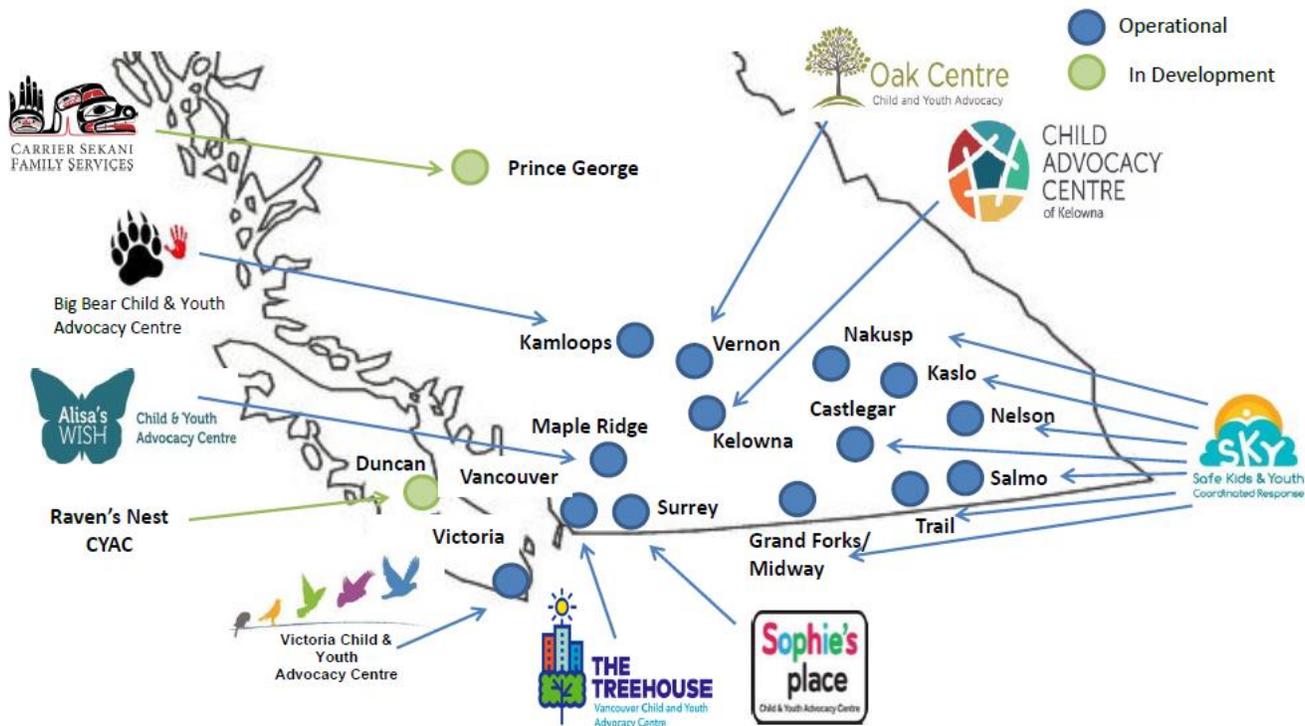


**After CYACs**



(BC CYAC Network, 2020)

The first Child Advocacy Centre was developed in the United States in 1985 and the model has since expanded throughout North America and beyond (National Children’s Alliance, 2000). British Columbia now has eight fully operating CYACs, with many more in development, as illustrated in the map below that was created and shared by the BC Network of Child and Youth Advocacy Centres.



CYACs have been well researched to significantly improve the experience of children and youth after they disclose abuse, the families who support them, the professionals involved in the CYAC, and case outcomes. According to the National Children’s Advocacy Centre, the CYAC difference includes:

- **Reduced impact on children**
- **Improved caregiver satisfaction with systems**
- **Increased Multi-Disciplinary Team collaboration (wrap-around)**
- **Improved access to mental health services and medical exams**
- **Improved rates of substantiated abuse allegations**

(National Children’s Advocacy Centre, 2020)

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The BC CYAC Network (2020) expands on this by noting the following health and developmental outcomes with a CYAC approach:

- **Improved physical health outcomes**
- **Improved mental health outcomes**
- **More positive social outcomes**
- **Improved educational outcomes**
- **Improved economic well-being and self-sufficiency**

The provincial network also references service delivery improvements with a CYAC approach:

- **Improved effectiveness and quality of service delivery in responding to child abuse cases**
- **Professionals experienced increased support for their work within their multi-disciplinary teams and less burn out**
- **Child and youth victims of crime are connected to enhanced victims service support including advocacy and navigation leading to a more positive view of the criminal justice system**
- **Reduced long-term impacts and costs of child abuse for children, families, and communities**

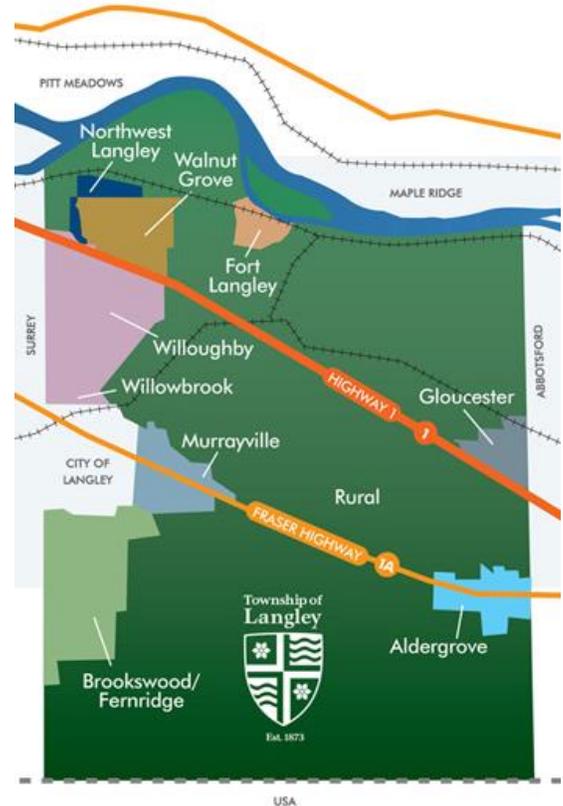
(BC CYAC Network, 2020)

## Why consider a CYAC in Langley?

### Langley Demographics

Langley, sometimes called “the Langleys”, has two parts: the City of Langley (shown in white on the center left side of the map) and the Township of Langley, consisting of all the neighbourhoods named in the image, as well as a large rural area. It is centrally located in Southwestern BC’s Lower Mainland, and bordered by Surrey, Pitt Meadows, Maple Ridge, Abbotsford, and the United States. Langley covers just over 317 square kilometers and had a total population of 161,566 in 2021, up from 143,713 in 2016 (Statistics Canada, 2022).

In 2016, the last year we currently have a breakdown of census demographics, there were 34,350 children and youth aged 0-19 in the Langleys. Langley’s population grew 9% between 2016 and 2021, so the number of children and youth will be higher now: approximately 37,450 if that number also rose by 9%, however a number of Project Team members noted the influx of young families into Langley in recent years. The Langleys have a diverse population with, in 2016, 4.24% of residents identifying as Indigenous (First Nations, Métis, or Inuit) and a further 16.5% being a visible minority, with the predominant cultural backgrounds being South Asian (3.98% of the total population) and Chinese (3.66%). See Appendix B for a more detailed breakdown.



### Current system in Langley when a child or youth discloses abuse

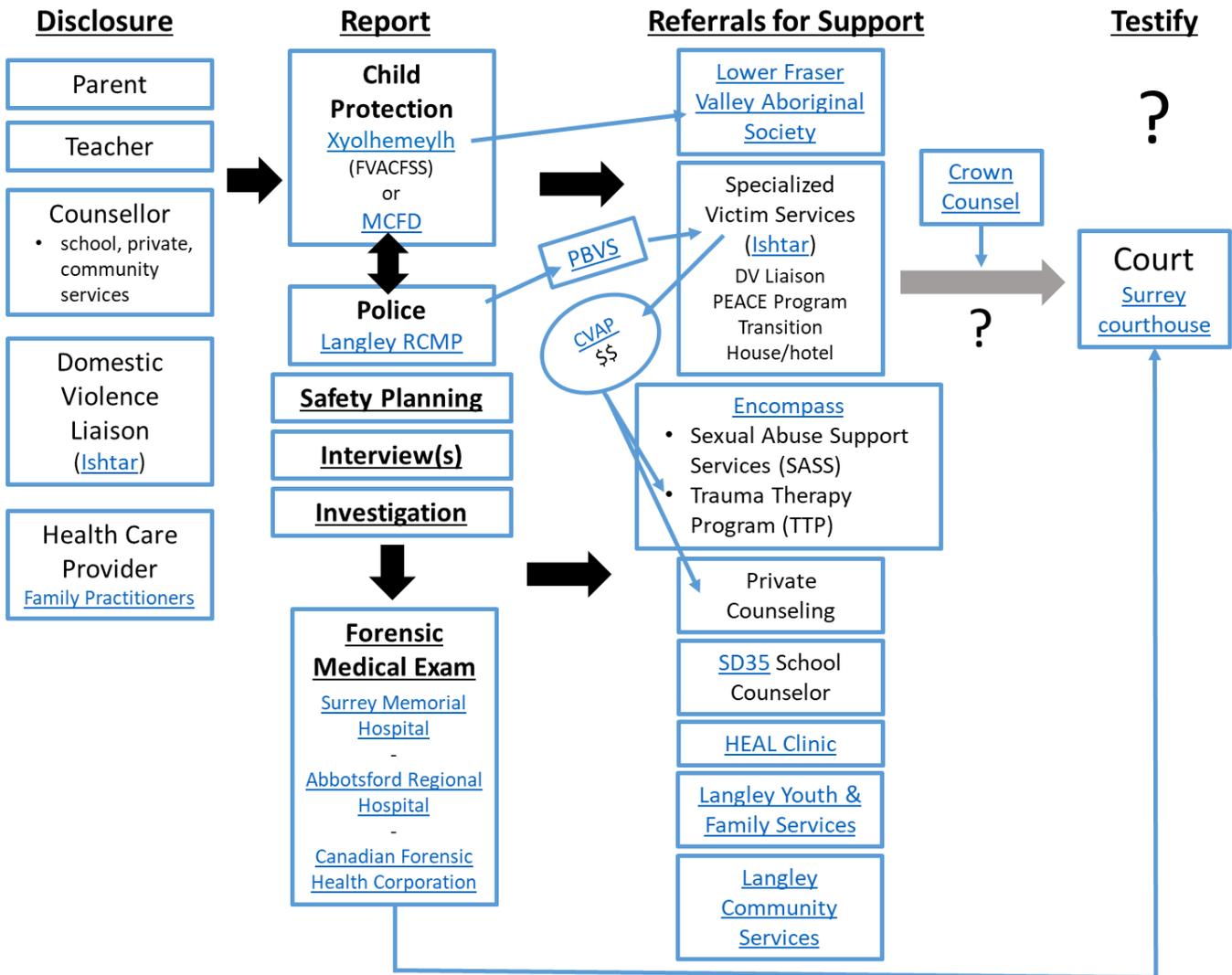
In my first meeting with the Project Team, consisting of stakeholders from a number of partner agencies—Encompass Support Services Society, Langley RCMP, MCFD, Xyolhemeylh (the Delegated Indigenous Authority), Ishtar Women’s Resource Society, and the Canadian Forensic Health Corporation—I asked:

#### *What typically happens now when a child or youth in Langley discloses abuse or violence?*

I provided as a scenario to focus the discussion: a 9-year-old girl who has been sexually abused by her mom’s boyfriend and discloses to a trusted teacher. From this discussion, the following System Map

for the current response to disclosures of abuse in Langley was created and added to throughout the study. A description of the diagram is below, with links to more information for the agencies included.

**Langley System Map: When a child or youth discloses abuse or violence**



Stakeholders described that a child or youth in Langley typically discloses to someone they trust – a parent, teacher, counselor, health-care provider (such as a [family practitioner](#)), or a worker in a community program such as [Ishtar Women’s Resource Society’s](#) Domestic Violence Liaison. This person reports either to [police](#) or child protection—[Xyolhemeylh](#) for Indigenous families; the Ministry of Children and Family Development ([MCFD](#)) for non-Indigenous families—and those agencies work both separately and together to safety plan, interview, and conduct an investigation. If an incident has happened within a particular time frame, and there may be DNA evidence to collect, the child or youth may be sent for a forensic medical exam through Forensic Nursing Services at [Abbotsford Regional](#)

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[Hospital](#) or [Surrey Memorial Hospital](#), which is often conducted by a nurse trained and supported through the [Canadian Forensic Health Corporation](#). The [HEAL Clinic](#), a Fraser Health regional program located at Surrey Memorial Hospital, provides follow-up health services in non-acute cases of physical and sexual abuse.

[Police-Based Victim Services](#) (PBVS) is often a first point of contact if an incident is reported to Langley RCMP after hours or on weekends; PBVS then connects youth and families who are victims of power-based crimes such as abuse or violence to [Specialized Victim Services](#) at Ishtar Women’s Resource Society who continue to support the family and make referrals to other programs within their agency as well as any number of community agencies, depending on the needs of the family.

Counseling, which may be funded through the [Crime Victim Assistance Program](#) (CVAP) is a key resource for many victims, and may be done through private counselors or [Encompass Support Service Society](#)’s Trauma Therapy Program. Encompass also offers Sexual Abuse Support Services free of charge. Langley’s [School District 35](#) has School Counselors available to support students. The [Lower Fraser Valley Aboriginal Society](#), [Langley Youth and Family Services](#) and [Langley Community Services Society](#) were other community agencies the team mentioned making referrals to.

If police recommend charges to [Crown Counsel](#) and the case goes to [Provincial Court in Surrey](#), Victim Services provides court preparation and accompaniment; those who were involved in initial forensic interviews, or forensic medical examination, may need to appear in court with their evidence.

This is by no means a complete picture of services provided to children and youth in Langley, but a snapshot of the information provided by stakeholders regarding the journey of a child or youth through the system after a disclosure or report of abuse or violence.

More details about the role and services offered by each of the agencies included in this illustration can be found online or by clicking the links in the paragraphs above in the digital version of this report.

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# Study Methodology

The purpose of this Needs Assessment and Feasibility Study was to first establish if a need exists in Langley for a Child and Youth Advocacy Centre. Part of this process was establishing if the current system, as outlined above, is already working well enough or if there is a perception by service providers in the community that implementing a new model for responding to disclosures of abuse or violence is necessary. The second aim was to then determine if the agencies in Langley have the resources, relationships, and motivation to develop and implement such a program.

## Interviews and focus groups

In order to assess the need for and feasibility of a CYAC in Langley, interviews and focus groups were conducted with stakeholders from all the potential partner agencies and other stakeholders who work closely with children, youth, and families in Langley. Questions were developed through a review of other CYAC Needs and Feasibility Studies, the *Best Practices for Establishing a Children's Advocacy Centre Program* guide developed by the National Children's Alliance (2000), and further honed through feedback from the Project Team. The Interview Guide included the following questions:

- 1. Would you say that there are any downsides to the current process when a child or youth in Langley discloses abuse or violence? If Yes, what are they?**
- 2. What are the strengths of the current system? How are organisations already working together?**
- 3. How familiar are you with the CYAC model and what do you think of it?**
- 4. What would be the benefits of a CYAC in Langley?**
- 5. Do you think a CYAC would/could work in Langley?**
- 6. What are the possible challenges to successfully implementing a CYAC in Langley?**
- 7. What would be a good location for a CYAC in Langley?**
- 8. What are the most important services to have onsite a CYAC in Langley?**
- 9. What role could you envision your agency playing in a Langley CYAC?**
- 10. What would your organization need in order to be involved? Are there any barriers that would need to overcome for your organisation to move to this model?**
- 11. Anything else you would like to add?**

The first round of interview participants to be recruited were the Project Team. In those interviews, I asked if there were other people from their agency, or any other agencies, that it would be important to include in the study. Most interviews were individual interviews, but three focus groups were also conducted: two with three staff members from the same agency, and one with eight members of an Indigenous Advisory Council that has advised Encompass on other matters.

Interviews and focus groups were conducted between October 2021 and February 2022. A total of 30 stakeholders participated from 17 different agencies providing services to Langley children and youth who have been impacted by abuse or violence. See Appendix C for a list of interviewees. Background

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information provided to potential interviewees and the consent form shared before each interview are included in Appendices D and E, respectively. Ethical Approval for the study was sought through the Ministry of Children and Family Development. Security Approval for the project was received from MCFD's Security, Privacy & Compliance Management Team and Privacy Approval received from the agency's Modelling, Analysis and Information Management Branch.

## Qualitative Data Analysis

The content of the interviews was analyzed using traditional qualitative methodologies, allowing data to be assembled, categorized and thematically sorted, then developed into themes described as meaningful, credible, and practical results (Williams & Moser, 2019; Vaismoradi, Jones, Turunen & Snelgrove, 2016; Bradley, Curry & Devers, 2007). These results are presented in the following section on Study Findings.

### Brief surveys

At two points during the study process, quantitative surveys using a 5-point Likert Scale (Preedy & Watson, 2010) were employed to sum up stakeholders' assessments of the need for and feasibility of a CYAC in Langley. Each of these were first conducted at a Project Team meeting using the Poll function in Zoom Meetings, then sent out to a wider group of relevant stakeholders who had participated in interviews or focus groups for their input. Each survey had only one question and five possible answers:

#### A. Need for a CYAC in Langley

*How needed is a CYAC in Langley?*

- 1 - Not at all needed
- 2 - Not really needed
- 3 - Undecided
- 4 - Somewhat needed
- 5 - Very much needed

#### B. Feasibility of a CYAC in Langley

*How feasible is it that a CYAC could be implemented in Langley?*

- 1 - Not at all feasible
- 2 - Not really feasible
- 3 - Undecided
- 4 - Somewhat feasible
- 5 - Very much feasible

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## **Collection of data on child abuse incidents reported in Langley**

The final piece of quantitative data consisted of the numbers of child and youth abuse incidents reported annually to the partner agencies. The 2020 calendar year or the 2020/2021 fiscal year was the focus of the data collection, being the last full year at the time the request for data went out. Numbers from previous years (back to 2017/2018) were also gathered in order to see if incidents were changing over time or had been affected by the Covid-19 pandemic that began to impact services in March of 2020.

Quantitative information was provided by MCFD, Xyolhemeylh, RCMP, RCMP Victim Services, Ishtar Women's Resource Society, Encompass Support Services Society, the HEAL Clinic, and Forensic Nursing Services at both Abbotsford Regional Hospital and Surrey Memorial Hospital. A summary and analysis of these numbers are included in the section on Quantitative Findings: Need.

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## Study Findings

This section includes the results of the interviews and focus groups with 30 stakeholders, two brief surveys, and data gathered from partner agencies on reported child/youth abuse incidents. It aims to both describe and assess the need for a CYAC in Langley, as well as the feasibility of one being successfully implemented in the community.

As much as possible, I used study participants' own words and phrases, and have included them as quotes throughout.

### Need for a CYAC in Langley

A key part of a needs assessment for a CYAC is whether or not the current system is adequately meeting the needs of children, youth, and families. This is not to find fault with particular agencies or to suggest that they are not doing their job to the best of their ability, but to assess how the entire system of agencies is functioning together.

*"It is absolutely essential to establish a focus... that keeps the emphasis off of each organization's perceived deficits and directs the discussion to improving the system as a whole."*

- Best Practices for Establishing a Children's Advocacy Centre Program (NCA, 2000)

### Qualitative Findings: Need

#### *Downsides in the current system*

Participants were asked if there were any downsides to the current system. They described shortcomings in all aspects of the current system: the response to initial disclosures, reporting, safety planning and investigation, interviewing, medical exams, referrals, and court. These gaps were primarily where agencies need to work together or communicate between systems. When downsides were named within a particular agency, it was generally by respondents from within that agency describing perceived weaknesses in their own agency's role in the overall systemic response.

#### Initial disclosure

Respondents noted that there is great variation in responses to disclosures. Children and youth may tell their experiences to a family member, service provider, school staff, or another trusted person in their life. Depending on their training and experience, the person who receives the disclosure may not know what to say, and they may ask too many intrusive questions. This can start a long process of the child or youth having to re-tell intimate details of their experiences as they move through the system.

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The person who receives the disclosure may also not know how to report to the appropriate agencies, and may not even know their Duty to Report.

It was also noted that communication by professionals back to the person who received the initial disclosure *“could be better,”* especially if they are a support person for the victim who is trying to help support them through next steps.

## Reporting

Study participants noted that people do not always want to report disclosure of abuse or violence, fearing bias or victim blaming. Youth and Indigenous families were two populations specifically mentioned as potentially feeling hesitant to engage with police or child protection, given the role those agencies may have previously played for a family. If a family is in the middle of breaking up, parents may also worry about preconceived bias that the complaint is being made because they want custody of their kids, when the disclosure is instead what precipitated the perpetrator being asked to leave.

Reporting to child protection involves calling Centralized Screening which means that the report first goes out of community to be assessed before being assigned to child protection services in Langley. Where the person reporting was previously able to have a direct conversation with a local child protection worker, it is now what one respondent called *“a mystery box.”* Service providers do not always understand, nor are they able to ask, which reports make it back to local child protection teams or not. This makes it harder for them to *“walk”* the family or youth through next steps of the process and to provide information back to the family after a report is made.

Community service providers who participated in the study also acknowledged that they do not entirely understand how the child protection and justice systems work, and they may hold mistaken expectations of what happens after they make a report. This, again, makes it harder for them to support families.

## Safety Planning & Investigation

Safety planning and investigation are carried out by the two child protection agencies and police. When a child protection agency and the police are both working on a case, some important downsides were noted by respondents from those agencies. First, because it is not always clear in the beginning that both agencies need to be involved, one may be brought in later in the process. This can be a factor of new staff not understanding the need to work jointly. Even when one agency reaches out to the other right away, scheduling differences mean that it can take significant time and effort to meet to coordinate. As one respondent noted, *“there’s a whole communication piece that can get lost or broken, maybe the*

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*There can be a week of phone tag when the shifts of police officers don’t line up with those of daytime social workers.*

- Langley CYAC  
Stakeholder

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*person's not working that week or we're not working and you can't get a hold of them and by the time you connect with them over the child, there's been a lag in time frame."*

Once the two agencies are collaborating, there can still be some confusion about who has the authority over certain aspects of the case, such as safety planning. Respondents noted that police and child protection have different aims, and that sometimes *"family or youth can be caught in middle."* Participants remarked that information sharing between the two agencies *"mostly works"* but that there can be *"blips"*, especially if new workers are involved. If relationships have not been established by workers across agencies, one may assert that the other agency is not entitled to certain information. This was described as being *"territorial."* As one respondent noted, *"that is, unfortunately, in general how our system is set up. That's really hard for parents and that's really hard for the kids as well. It fragments the timelines and things take longer than they should."*

Even with good communication and collaboration, both agencies are focused primarily on physical safety at first, and the *"thorough investigation of facts"* can be *"quite intrusive"*. Because workers must make important decisions in a short period of time, the victim's *"emotional safety might not always be at forefront."*

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*The worst-case scenario is when an investigation takes precedence over the care of a child and family.*

- Langley CYAC Stakeholder

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## Interviews

As noted above, if one agency (eg. MCFD) begins their investigation before involving their counterpart (eg. RCMP), an interview might take place that only meets the need of the first agency. The other agency then needs to conduct another interview when they become involved. This was named as the *"biggest fault"* of the interview process, and even the entire system, by a number of respondents. A significant number of study participants expressed that *"for victims and families the re-telling is equally traumatizing as the event itself."*

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*Kids might see police and child protection and go to hospital for forensic medical exam in short time span. They're tired, it's intensive, the story changes. That's the neurobiology of trauma. Then doubt is cast. Which leads to further trauma.*

- Langley CYAC Stakeholder

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Due to scheduling, staff turnover, and a perceived urgency to take a statement, children and youth also run the risk of being interviewed by people who are not forensically trained and experienced in working with younger age groups. A downside to this is that the interview may not provide good evidence, and the victim may need to be re-interviewed. This can impact the chances of a case going to court if there are any discrepancies between the interviews, which is *"a valid consequence of memory reconstruction and trauma."* As noted above, re-telling intimate details of their experience can also be *"re-traumatizing"* for children and youth.

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A final downside noted by many respondents, including RCMP stakeholders, is the interview environment at the Langley detachment. Families enter the detachment and sit in a busy waiting room

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*Our detachment's just not designed for comfort for when you're doing a child interview. How traumatizing is that for a little kid to come into a police station where there a ton of people in the front waiting area? You never know who's going to be out there.*

- Langley CYAC Stakeholder

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which may contain any number of people there for various reasons, as well as police officers in full uniform with guns. The interviewing officer meets the child or youth for the first time in this environment, then needs to lead them away from their parent or caregiver through several doors, up flights of stairs, and down a long hallway, before reaching the interview room. There is a "soft" interview room but it is described as similar to the "hard" interview room, except with bigger, softer chairs. The environment was

described as "sterile"—the only other items in the room being "a table with a tape recorder." It was noted that it is not always possible for the interviewer to be in plainclothes, so they may be conducting the interview in uniform.

Many of the respondents who discussed the downsides of this aspect of the system expressed that the police detachment is not the best place to interview vulnerable young victims of abuse and violence.

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*The RCMP interview room is so uncomfortable and intimidating for kids. This little girl was just staring at the police officer, in full uniform with a gun, terrified.*

- Langley CYAC Stakeholder

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Conversely, other respondents noted that interviews are sometimes conducted in a child or youth's home or at school in an attempt to do so in a place that is more comfortable for the victim. The downside to this is that, if it was where the abuse happened, there is "a higher likelihood of re-traumatization"; if it was *not* where the abuse happened, it can "attach traumatic memories to a previously safe place."

### Medical examination

The location of forensic medical exams for children and youth from Langley was another significant downside mentioned by the majority of respondents. The local hospital does not conduct acute forensic medical exams for children and youth, despite being where families are often referred in cases of recent sexual or physical abuse. Participants describe families needing to wait for long periods of time in a busy, chaotic Emergency Department, asked questions by the triage nurse,

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*There are beeps, lights, other people crying, screaming. The hospital is not the ideal place for forensic examination for pediatrics.*

- Langley CYAC Stakeholder

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seen by a physician who may ask more questions, then referred to Surrey Memorial Hospital or Abbotsford Regional Hospital. Both of these hospitals are at least 30 minutes away, longer during peak travel times. Having to drive out of community and dealing with traffic can be extremely stressful for families during such a traumatic time, according to study participants. And “commuting for families without a vehicle is even more of a barrier.” Several study participants noted that they knew of several families who just simply gave up and did not go to Surrey or Abbotsford for a forensic medical exam.

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*Transportation is a huge burden, traffic is stressful, then families need to wait for hours in a highly traumatized situation with the parent wondering, “Is my child okay?” They’re already scared, it’s a huge ordeal.*

- Langley CYAC Stakeholder

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As well, respondents note that—as in other parts of the system where service providers are not all trained in working with children and youth, have an understanding of the dynamics of abuse or violence, or training in trauma-informed practice—experiences with health-care providers can vary.

Once families arrive in Abbotsford or Surrey, if they do go, they need to again wait in a busy Emergency Room and be asked more questions. Both hospitals have Forensic Nursing teams which can provide forensic medical exams for patients 13 years of age and older. Unfortunately, not all the members are trained in pediatric medical exams for those under the age 13, so families sometimes need to wait even longer for an appropriately trained person to arrive.

Participants noted that families again need to go out of community to go to the HEAL Clinic at Surrey Memorial Hospital, which sees children and youth whose most recent experience of physical or sexual abuse was more than a month previous. There can also be a one to two month wait for an appointment with the program.

Additionally, not all service providers in other parts of the system know about these services or think to refer families to them within the necessary window of time. This means, according to stakeholders interviewed for this study, that opportunities to gather evidence, including high quality pictures of injuries, are sometimes missed.

## Referrals

After the initial response families receive from police, child protection, and at times forensic nursing, they are often referred to follow up services in the community. Gaps in this process were also noted.

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The appropriateness of these referrals is highly dependent on the person making the referral and their knowledge of services. Newer staff may not know all the resources or be familiar with Langley, resulting in families not accessing the services they need, when they need them. Ishtar's Specialized Victim Services should be referred to in all cases, and they can support families and make additional referrals, but respondents noted that this does not always happen.

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*Families who are stressed, if not traumatized, receive so many numbers, so much information. It can be overwhelming.*

- Langley CYAC Stakeholder

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There is also some confusion amongst service providers about the difference between Specialized (Community-Based) Victim Services and Police-Based Victim Services. The latter may receive referrals directly from police, and after hours and on weekends, but will then refer families on to Specialized Victim Services for all cases of abuse or family violence.

When referrals are made to counseling and other support services in the community, the referring agency often does not know if the family actually connected with the service. Participants described that sometimes families can receive a large number of referrals in the beginning but may be too overwhelmed to follow up with any of them. Some families face additional barriers to accessing services, such as poverty, transportation, and language. Waitlists can be long, especially for free services, and not everyone knows the process of applying for them.

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*If there's been some sort of traumatizing incident that, in itself, is very stressful for a family. So then to add, on top of all of that, that they have to deal with all of these different people and that those people are all in different locations with not always the easiest access, that just creates more challenges and hurdles.*

- Langley CYAC Stakeholder

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Participants noted that because there is a gap in information sharing between services, victims often need to re-tell details of their experience at each new service they attend. As one respondent stated, "they are disclosing information to one community group and then you don't know about all these other conversations and you are calling up and checking up on something or asking something that they've already shared with someone else and, from their standpoint, it's 'I've already talked about this'. You're double questioning and they're thinking 'why don't you know this, that I just talked to this person?' Because we're not together, working collaboratively."

Respondents described how supports may be available for child and youth victims but not for their caregivers or other family members, and parents are not always given information on how best to support their child after a traumatic experience. When

children or youth are accessing counseling in the community, the role of the school counselor is not always clear nor is there always communication between services that are supporting the same family.

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## Court

If a child or youth victim's case goes to court, families are again required to go out of community to the courthouse in Surrey, which can be a barrier for some. As well, respondents described that some victims are unwilling to give testimony out of fear of the court process and its impacts, especially if they have not had services or supports since the initial investigation.

Crown Counsel has a quiet, safe place near the courthouse that children and youth can provide evidence remotely from but most service providers, and the families they support, are unaware of this option.

## Overall

In summary, the current system in Langley when a child or youth discloses abuse or violence was collectively described as having quite a number of significant downsides. This is *"not a failing of entities, rather a failing of coming together,"* as one interview participant described. While there is genuine goodwill to communicate and connect regarding shared cases, the various parts of the system *"still operate in siloes"* due to how it is set up. Respondents described how challenging it is to share information and collaborate across large organisations with significant staff turnover and *"no one agency currently responsible for coordinating all aspects of a case."* This can result in children and youth being asked for details about their abusive experiences a number of times, which can contribute to an acquittal for the accused if there are inconsistencies between interviews, as the research literature validates (Denne, Sullivan, Ernest & Stolzenberg, 2020; Palmer, Button, Barnett & Brewer, 2016; Connolly, Price & Gordon, 2009).

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*Everyone is doing great work,  
just not doing great work  
together.*

*- Langley CYAC Stakeholder*

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*There are so many pieces to the  
puzzle, sometimes the family is  
the forgotten piece.*

*- Langley CYAC Stakeholder*

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Additionally, several key service settings—including the police detachment and emergency departments—were not created specifically with the needs of vulnerable children and youth in mind. Downsides are also exacerbated by Langley covering a large geographic area, with services distributed throughout, and important elements—such as forensic medical examination and court—located outside the community.

Interview respondents felt that the impact of this uncoordinated, geographically dispersed system on children and youth was significant. As one participant said, *"the message we give to the kids when they have to go through all these hoops—at the end of the day, we're telling them we don't believe them."* Another respondent said, *"we become part of the process of inflicting trauma when things are not done right from the get-go."*

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Study participants felt that there was definitely room to improve services and that there needs to be a *“new way of looking at service delivery”* for children and youth impacted by abuse or violence. They thought that by focusing on being *“more trauma-informed, more mindful of child development, and more family-oriented”*, that the system in Langley could be more effective and efficient. There was a strong message from stakeholders that it is especially important to get services right for young victims because the impact of not doing so is potentially much greater.

### *Potential Benefits of a CYAC in Langley*

Study participants felt that a CYAC in Langley could *“help address all the downsides”* mentioned in the previous section and that it *“would be a very beneficial approach.”* They felt that by dealing *“wholistically with child disclosures”* through *“direct referral to one stop shop”* with a *“child-friendly physical design and welcoming and friendly staff”* that the detrimental aspects of the current system could be mitigated for children and youth.

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*Families just need to know they’re coming to one place. It’s us taking on the work of navigating a complex system.*

*- Langley CYAC Stakeholder*

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Having a *“smaller group of dedicated, specialized people”* form a multi-disciplinary team at a Langley CYAC who *“have the right competencies”* would allow *“improved communication and professional*

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*The needs of the family are just so important. With a CYAC, you have a recipe for success and showing families there is some hope out there.*

*- Langley CYAC Stakeholder*

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*collaboration”* by *“providing the opportunity to all be together in the same room at same time.”* Having *“one interview”* that is *“less intimidating”* by police being *“in a different building [than the detachment] and not in uniform”* would result in *“reducing the traumatic impact of children and youth having to be interviewed over and over.”* Additionally, this would *“get a better statement, and result in best evidence for court purposes.”*

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*It’s just so much more proactive to have everybody come together and be able to communicate.*

*- Langley CYAC Stakeholder*

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Victims and families would *“get all the things they need at the right time”* including *“a forensic medical exam in a community setting,”* a *“culturally sensitive space and service,”* and *“crisis counseling”* so that *“chances of trauma that is lasting and debilitating is reduced.”*

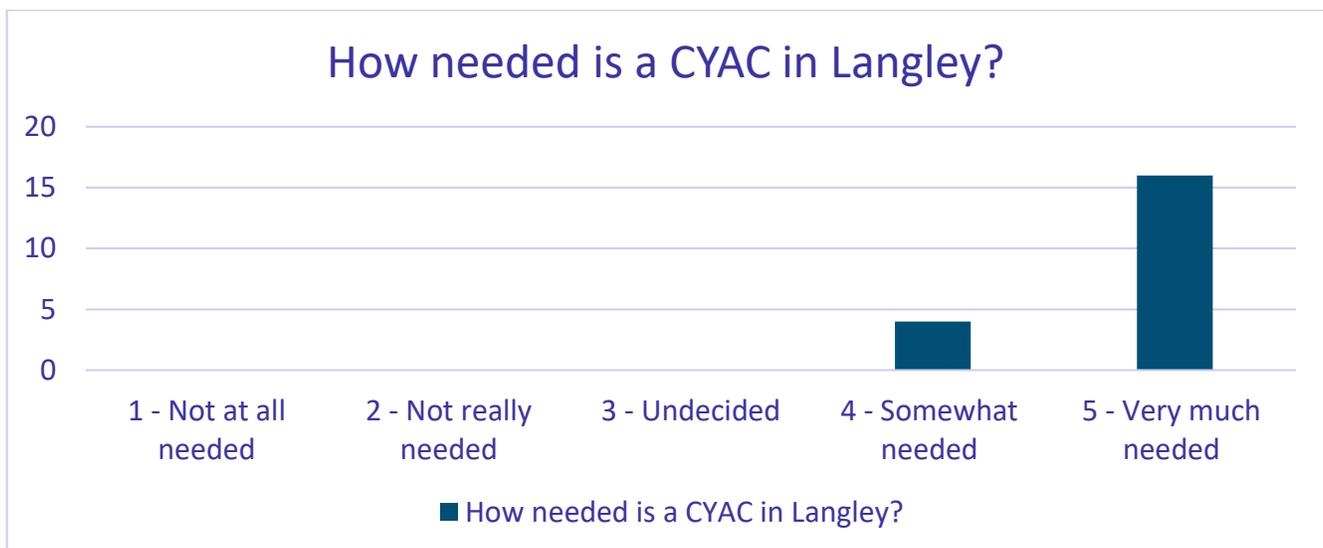
Over the long term, by having a *“consistent person from beginning to end”* and *“support for the whole family to heal,”* parents and children *“would be more supported”* and *“have the confidence to testify.”* The benefits of all of this were summarized neatly by one respondent who said that a CYAC in Langley will *“decrease impact, decrease trauma, and decrease re-traumatization.”*

## Quantitative Findings: Need

In addition to the qualitative findings regarding the need for a CYAC in Langley, the study included two sources of quantitative information: a brief poll, and data on the numbers and types of child and youth victimization reported to Langley-serving agencies.

### *Needs Poll results*

Twenty interviewees responded to a survey about the need for a CYAC in Langley. The purpose of this poll was to quantify what was being heard through the qualitative data: that stakeholders strongly felt there was a need for a CYAC in Langley. Participants were asked, “How needed is a CYAC in Langley?” As the chart of results below illustrates, all survey respondents felt that a CYAC is needed in Langley, with 80% believing it to be “very much needed”.



### *Numbers of child and youth abuse cases seen by Langley-serving organisations*

Many of the partner agencies provided quantitative information about the children and youth they saw annually regarding incidents of abuse, violence, or neglect. These numbers from 2020 or the 2020-2021 fiscal year are included below, along with details that may be relevant to the need for a CYAC in Langley. Where possible, these numbers were collected alongside those from an earlier year or years in case 2020/2021 reporting and service numbers were significantly different from other years. A summary and descriptive analysis of this quantitative information is included in this section.

In the 2020/2021 fiscal, there were **634** new Investigations and Family Development Responses (FDR) conducted by the **Ministry of Children and Family Development (MCFD)** in Langley for child protection concerns involving emotional abuse, emotional domestic violence abuse, neglect, physical abuse, sexual abuse, domestic violence, and other concerns. These involved 1020 distinct children and youth.

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207 of these children and youth were Indigenous and 813 non-Indigenous. Approximately half the children and youth were female, the other half male, and 1% unspecified gender. 68% were children aged 0-11 and 32% aged 12 and up at the time of the incident. Physical Abuse was a child protection concern for 597 distinct children and youth involved in new investigations and FDRs, and Sexual Abuse was a child protection concern for 47 children and youth. A child can have more than one concern listed so there may be overlap between those two numbers. The overall numbers were down 16% from the comparison year 2017-2018.

In the 2020 calendar year, **Xyolhemeylh** conducted an additional **148** new Investigations and Family Development Responses for Indigenous children in Langley for Sexual Abuse, Sexual Assault, Physical Abuse, Physical Assault, Neglect or Domestic Violence. This was down slightly from 156 (9 Investigations and 147 FDRs) conducted in 2017. In that earlier year, 7 of the Investigations were done together with RCMP (3 Sexual Abuse, 2 Sexual Assault, 4 Physical Assault), and police conducted the interviews at the detachment. Interviews for FDRs were conducted by Xyolhemeylh's delegated child protection social workers, generally at a child or youth's school or home.

In the 2020 calendar year, **Langley RCMP** had **247** reports involving a child or youth victim. 78 of these were aged 0-12 and 169 were aged 13-18. This was down 34% from the previous year when there was a total of 338 files involving children and youth. In 2021, the number had risen back up to 278. Across the three years, on average, 8 child victims and 16 youth victims per month were involved in occurrences reported to Langley RCMP. Assaults were the most common type of offence for both child and youth victims in Langley (54% and 36% of all cases, respectively), followed by Sex Offences (29% and 28%), then Uttering Threats, and Harassment. The most common relationship to the accused for child victims was parent/guardians. 37.2% of child victims were victimized by someone living in the same residence. For youth victims, the most common relationship to the accused was either casual acquaintance or unknown/other.

**RCMP Victim Services** had **80** total files in 2020 involving children (31) and youth (49). These files include all forms of abuse or assault. This number is down from 90 in 2019. RCMP Victim Services' mandate is to refer all power-based crimes to Community-Based Victim Services at Ishtar Women's Resource Society.

During the 2020-2021 fiscal year, **Ishtar's Community-Based Victim Services** supported a total of **43** child or youth abuse files, including 16 Youth Sexual Abuse/Assault, 14 Child Sexual Abuse, and 13 Child Abuse. This is up 43% from 30 files in 2017/2018, when the total gender/age breakdown was 57% female youth, 3% male youth, 33% female child, and 7% male child. There were an additional 231 files in 2020-2021 that involved Violence in Relationships that may have also impacted children and youth. Ishtar's **PEACE Program**, for children and youth who have witnessed abuse, supported 49 families that included **82** children and youth. Additionally, 77 children and youth stayed in Ishtar's **Transition Houses**

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that year, and a further 1258 children and youth were turned away due to lack of space, for a total of **1335** children and youth fleeing abuse or violence in the home that year.

In the 2020-2021 fiscal year, **Encompass Support Services Society** had **40** children and youth (up to the age of 19) who had experienced sexual abuse or assault referred to their **Sexual Abuse Support Services Program**. This program was able to provide one-to-one counselling, education, and support for 24 of those young victims. These numbers were down from 51 in the program, out of 56 referred, in 2017-2018. Encompass' **Trauma Therapy Program** provided counselling, education, and support to an additional **17** family members following the experience of a traumatic event, including 12 children and youth, 2 more young people just over the age of 19 who had started services with Encompass as youth and aged out, and 3 caregivers of children or youth in the sexual abuse/trauma program.

In 2020, **Fraser Health Forensic Nursing Services** saw **14** children and youth who resided in Langley for an acute forensic medical exam. This included 6 children or youth (aged 2-18 years) seen at **Abbotsford Regional Hospital** and 8 (aged 2-17) at **Surrey Memorial Hospital**. These numbers are double those of previous years, with Abbotsford's average for the previous 6 years being 3 Langley children and youth, and Surrey seeing an average of 4 for the previous 3 years.

The **HEAL Clinic** at Surrey Memorial Hospital conducted **2** non-acute Suspected Child Abuse and Neglect (SCAN) medical exams for Langley children and youth during the 2020/2021 fiscal year. This was down from an average of 5 exams per year over the past 4 years.

In summary, we do not know the extent of overlap between agencies' numbers, so cannot simply add up these numbers, nor assume these are the same families seeking a range of services. Overall, however, it appears there are a significant number of children and youth whose experiences of abuse or violence are being reported to Langley services, and who are accessing supports. For example, over the course of the year in focus, over 1000 distinct children and youth in Langley were provided a child protection response by MCFD for concerns involving Emotional Abuse, Emotional Domestic Violence Abuse, Neglect, Physical Abuse, Sexual Abuse, Domestic Violence, and other concerns, and almost 250 children and youth victims were seen by RCMP for experiences including Assault, Sex Offences, Threats Uttered, and Harassment. Of the children and youth seen by MCFD, 207, or 20.29%, were Indigenous. There were an additional 148 cases of child protection concerns regarding Indigenous children responded to by Xyolhemeylh, the Delegated Indigenous Authority. While we do not know the number of distinct children and youth these cases represent, the numbers signal that Indigenous children and youth are overrepresented in the child protection system, given that only 4.24% of Langley residents identified as Indigenous in the most recent year for which we have that information (Statistics Canada, 2016). This is a long-standing issue and not unique to Langley's child protection services (Rosner, 2020; Blackstock & Trocmé, 2004) but still speaks to the need to have a culturally safe CYAC with specific Indigenous supports and services on site.

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The numbers also suggest that many children and youth who are seen by child protection or police do not access follow up support services from partner community agencies, as the numbers from Ishtar and Encompass are significantly lower. Even the direct referral pathway from RCMP Victim Services to Community-Based Victim Services (CBVS) shows a sharp decline in numbers (from 80 to 43). It is possible that the differences in these numbers can be explained by different definitions of child abuse/assault, and that some children and youth may be captured in the 231 Violence in Relationships files seen by CBVS. But it is also likely that this implies a need to have a range of government and community services co-located at one site so that vulnerable children, youth, and families do not fall through cracks in the current system in Langley.

Comparing the 2020-2021 numbers to previous years does not show a clear trend across partner agencies but does suggest that many agencies' numbers were down that year compared to other years. This fits with a provincial trend of service providers in 2020 noting that child abuse reporting had declined (BC CYAC Network, 2020). One notable exception was acute forensic medical exam numbers, which doubled that year in comparison to previous years. However, while it is hard to know if exams would have been appropriate in all the reported cases of Sexual Abuse or Assault (eg. 47 to MCFD and ~70 to RCMP), a total of 14 exams still seems low. This fits with service providers' reports that Langley families are often not traveling to Abbotsford or Surrey for specialized medical services. The very low number of children and youth (2) that accessed the HEAL Clinic over the course of that year, and even the average of 5 for other years, also suggests that traveling out of community can be a barrier and speaks to the need to have medical examination and support on-site at a CYAC in Langley.

## **Overall Assessment of Need**

Study participants—who work within and know the current Langley system well—provided an abundance of information on downsides in a child or youth's journey through local services when they disclose abuse or violence. The weaknesses described are not primarily within the individual agencies but in how the system is set up, with consistent and effective collaboration difficult to achieve between large organizations that primarily function in "*siloes*". One key example of this is that children and youth are often interviewed by both child protection and police as well as asked questions by various other service providers, which requires them to re-tell intimate details of what they have gone through. But even when there is improved communication—which partner agencies have certainly been striving for—services are located across a large and dispersed geographic area, with multiple transportation barriers, and the added difficulty of families needing to travel out of the community for specialized medical examination and to attend court. Additionally, physical environments for key services—such as investigative interviewing and emergency health services—were portrayed as not designed to be trauma-informed or child- and youth-friendly, "*and often not culturally safe.*"

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Unfortunately, the collective impact of this uncoordinated system was described by stakeholders as potentially quite detrimental for children and youth, inadvertently giving them the message that they—and their experiences of abuse or violence—are not a priority for the community. Many respondents used the word “*re-traumatizing*” to describe children and youth’s experiences in the current system. They also noted that multiple interviews, inadequate communication, and a lack of coordinated long-term follow up and support—in addition to their effects on children, youth and families—could have a negative impact on case and court outcomes. Respondents highlighted the importance of getting service right for young victims, as the impact of doing so can be so much greater than for adults.

Study participants collectively articulated that a CYAC could remedy many of these downsides. They described the need in Langley for:

- **Direct referral to a ‘one stop shop’**
- **Dealing wholistically with child disclosures**
- **Child-friendly physical design and welcoming and friendly staff**
- **Smaller group of dedicated, specialized people who have the right competencies**
- **The opportunity to all be together in the same room at the same time**
- **One interview that is less intimidating**
- **Consistent person from beginning to end**
- **Forensic medical exam in a community setting**
- **Crisis counseling**
- **Culturally sensitive space and service**
- **Support for the whole family to heal**

With the potential benefits for victims and families being:

- **Reducing the traumatic impact of children and youth being interviewed over and over**
- **Getting a better statement, resulting in the best evidence for court purposes**
- **Getting all the things they need at the right time and being more supported**
- **Having the confidence to testify**
- **The chances of trauma that is lasting and debilitating is reduced**

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The qualitative findings were confirmed by a poll where participants were asked about the need for a CYAC in Langley, with all responding in the affirmative, and 80% of those indicating that it is “*very much needed*”. In summary, stakeholders from all the partner agencies agree that the system in Langley for responding to disclosures of abuse or violence by children and youth needs to change for the better and that a CYAC would be extremely beneficial for young victims. Numbers of children and youth this currently affects, and that a Langley CYAC could benefit, are demonstrated in case numbers provided by partner agencies. During the year in focus, over 1000 distinct children and youth in Langley were provided a child protection response by MCFD for sexual or physical abuse, violence, neglect, or domestic violence, and almost 250 children and youth victims were seen by RCMP for similar victimization experiences. Of the children and youth seen by MCFD, 20.29% were Indigenous. There were an additional 148 cases of child protection concerns regarding Indigenous children responded to by Xyolhemeylh, speaking to the need to have a culturally safe CYAC with specific Indigenous services on site. The numbers also suggest that many children and youth who are seen by these agencies may not be accessing follow up support services from partner agencies, especially medical services located in other communities. This further confirms the need to have a range of services co-located at one site in Langley.

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*I think it's a fantastic model. It could help a lot of kids in our community.*

- Langley CYAC Stakeholder

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## **Feasibility of a CYAC in Langley**

With the need for a CYAC in Langley established, the second part of the study was to determine if the partner agencies have the motivation and capacity to develop and implement such a program.

### **Qualitative Findings: Feasibility**

Study participants from the partner agencies were asked about the possible challenges to successfully implementing a CYAC in Langley and specifically any barriers that would need to be overcome for their organisation to move to this model. They were also asked, given these potential challenges and barriers, if they thought a CYAC could be created and would work in Langley.

#### *Possible challenges to developing a CYAC in Langley*

Stakeholders highlighted five challenges that the Langley CYAC Project Team may face in getting a CYAC in Langley up and running: overcoming resistance to change, ensuring the necessary resources and capacity are in place, working collaboratively, doing the hard work of developing a new program, and finding the right space. These are each described in more detail below.

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## Overcoming Resistance to Change

As one stakeholder noted, *“people like to do things the way they know to do things.”* There is *“buy in”* required from all the agencies that need to be involved—from the *“front-line staff”* who would need to shift their practice to be onsite to the *“higher ups”* who would need to re-allocate resources—to make the shift towards a new model. Those people need to *“feel passion and the need for it and how it will benefit”* in order for such a project to move *“beyond talking about”*.

## Resources and Capacity of Partner Organisations

Most respondents had concerns about the cost of developing a CYAC in Langley and wondered about the ability of partner organisations to contribute. Some also queried agencies’ capacity to provide staffing given current shortages and challenges in recruiting staff.

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*Can all the entities contribute to the extent needed? Do they have the capacity?*

*- Langley CYAC Stakeholder*

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## Working Collaboratively

Some respondents noted that *“agencies are used to working in siloes”* and will need to learn how to *“collectively bridge mandates.”* They expressed that *“coordination between different viewpoints and perspectives”* will take some good communication and *“bringing in the right people.”* One stakeholder noted that, for this to work, *“some partners will need to relinquish being in charge of process.”*

## Program Development is Hard

Respondents noted that moving from *“theory to more pragmatic pieces”* can *“be more complicated”* and that *“program development is hard.”* Figuring out the details of the program model—including documentation, privacy, information sharing, technology, security, Terms of Reference, Memoranda of Understanding between agencies, etc.—will *“be a big undertaking, a time commitment.”*

## Finding the Right Space

Most study participants saw finding *“a good space, the right building”* as an essential step, and also a major hurdle. Several noted that it is *“not easy finding space in Langley that is affordable and appropriate.”*

## Overcoming challenges

When then asked if they thought a CYAC would and could work in Langley, given the challenges identified, stakeholders resoundingly responded in the affirmative. Answers included:

**Yes**  
**I do**  
**Definitely**

**Why not?**  
**100%**  
**Absolutely**

**No doubt**  
**I think so, I hope so**  
**It needs to**

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Participants expanded on their “yesses” by adding that, despite the effort it would take, “we need to make sure we are keeping kids safe.” All stakeholders thought that all the potential challenges “can be overcome.”

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*It is absolutely feasible to have a CYAC in Langley.*

- Langley CYAC Stakeholder

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Finding the resources needed and the right building were indicated as the two major hurdles, but also viewed as “solvable” by stakeholders. Respondents from key partner agencies thought there would be enough “buy in” within their organisations to provide staff on-site by re-allocating resources internally and that recruiting would not be a problem as people would be excited to work at a CYAC and to learn to do their jobs in a more collaborative, effective way. They also expressed that, for some agencies, having specialized staff onsite at a CYAC handling these cases “can alleviate pressure on other areas of the organization.” It was noted that the expertise to secure the additional resources needed, find a good location, and create a suitable building already existed within the partner agencies on the Project Team.

As for collaborating, participants noted that Langley already has strong relationships between the partner agencies, and “a solid history of working together collaboratively in the interest of the community.” Respondents felt that, among the partner agencies, “the philosophies are in line” which would allow them to effectively develop the program together. Respondents thought that determining the details of the model was also very “doable.” Some noted that Langley is similar to other communities that have successfully implemented CYACs, making it much easier to learn from other programs and not have to do all the work “from scratch.”

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*Langley is really good at working together and collaborating to fill gaps. Everyone can see the need for this and will do what they can. I can't see it not working.*

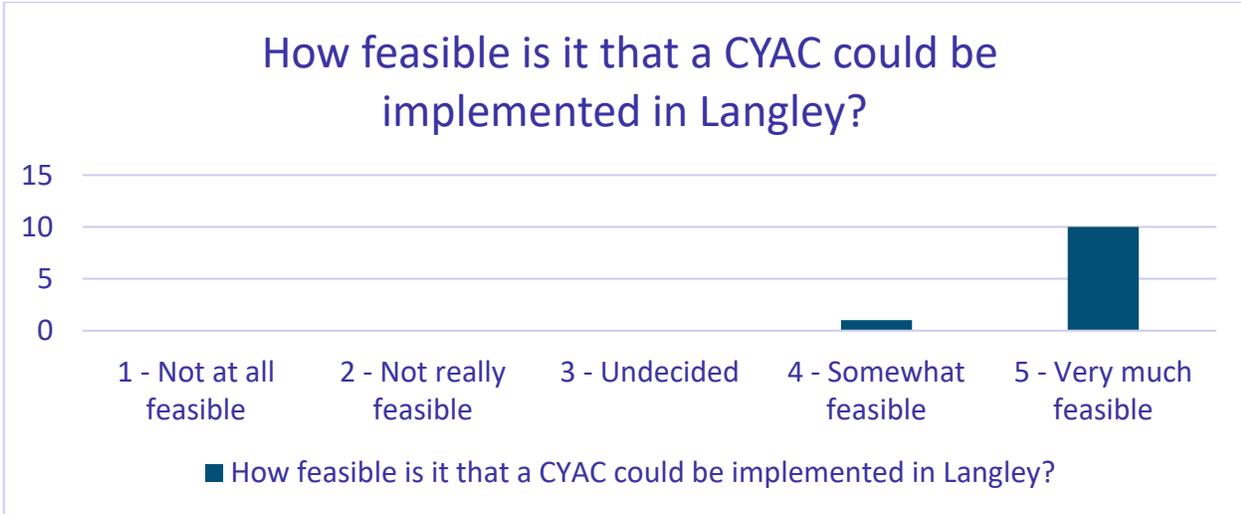
- Langley CYAC Stakeholder

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Overall, stakeholders expressed a willingness to do the work and advocate for the model. They felt that leadership within their organisations would be supportive because they also want what is best for kids. They noted that the CYAC model aligns well with directions that organisations are already going, such as towards more trauma-informed practice and cultural safety and reconciliation.

### **Quantitative Findings: Feasibility**

The Project Team, consisting of stakeholders from all the key partner agencies, were provided a poll asking, “How feasible is it that a CYAC could be implemented in Langley?” Eleven people participated from the key partner agencies who would be responsible for developing and implementing a CYAC. Again, the quantitative findings validate what was heard in the qualitative data.



All survey respondents thought that developing a CYAC in Langley was feasible, with 91% deeming it “*very much feasible*.” The one person who thought it only “*somewhat feasible*” noted that they were new to the Project Team and may change their assessment as more details of the proposed model are developed.

**Overall Assessment of Feasibility**

While stakeholders prudently noted a number of challenges that would need to be overcome to develop and implement a CYAC in Langley, they also expressed belief in their experience and capacity as a team of partner agencies to do so. Respondents felt that enough people—and specifically the right people—in their organization were open to this change in practice towards a more collaborative model. While they know that finding the resources and time to make this happen will be a hurdle, they also believe it to be at least partly achievable through re-allocation of staff and funding. The capacity and expertise for the additional grant-writing and fundraising that will be required already exists within the organisations around the table. While participants also saw finding the right building and location as a potential hurdle, they felt that it, too, was viable given the partner agencies and their previous experience developing similar programs in Langley.

Working collaboratively across mandates is always a shift in any multi-disciplinary program but stakeholders felt that their philosophies were enough in line to be able to effectively do so. All study participants from the partner agencies felt that through good communication, working together as a team, and by focusing on the best interests of child and youth clients, they would be able to bridge disparate organizational needs and allow everyone to do their job better for the benefit of the families that come to the CYAC.

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At the program development level, this group of agencies already has strong relationships and a history of working collaboratively to create effective programming in the community. The Project Team noted that, while they want to develop a CYAC that meets the unique needs of Langley, a lot of the groundwork had already been put in place by other CYACs around the province. They felt that developing the details of program—while still a big undertaking—was very doable and that they had the capacity as a group to make it happen.

When polled about the feasibility that a CYAC could be implemented in Langley, over 90% of stakeholders from the key partner agencies who would be responsible for developing and implementing the CYAC indicated that it is “*very much feasible.*”

Additionally, partner agencies have already showed their commitment to this process by actively participating in Project Team and related meetings, providing input into the proposed study methodology, gathering and providing statistics from their agencies, participating in Needs and Feasibility Study interviews, responding to the polls, providing feedback on preliminary findings, and writing letters of support for the next phase of funding.

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## Stakeholder Input into a Langley CYAC Model

As part of the study process, participants were asked about their understanding of the CYAC model, what services would be most important to have onsite at a Langley CYAC, how they saw their agency being involved, and what would be a good location for a CYAC in Langley. They were not asked about service model particulars such as what range of ages or types of cases should be seen onsite, staffing details, program logistics, or the principles upon which services should be based but a number of stakeholders shared their perspectives on those aspects of Langley CYAC. A summary of all of these findings can be found below. With the need and feasibility firmly established, this information provides a foundation from which the partner agencies can begin to develop a specific program model to meet the unique needs of the Langley community.

Almost all the interview participants who were asked about the CYAC model felt “*pretty familiar*” with it, at least with the concept. A number of Project Team members had worked with or visited Sophie’s Place CYAC in Surrey and talked to staff there. Others were familiar with Alisa’s Wish in Maple Ridge, the Treehouse Vancouver CYAC, and Big Bear in Kamloops.

Respondents were curious and excited about the possibility of creating a unique CYAC model to meet the needs of children, youth and families in Langley. Of the models they were familiar with, participants noted that having onsite forensic medical examination, such as at Big Bear in Kamloops, was especially important for Langley given that families currently have to travel out of the community for this service. They also felt it important to have a co-located model with staff onsite consistently to build the connection and collaboration needed to provide a seamless service for young victims in Langley who disclose abuse or violence.

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*Let’s get one centralized location, instead of services all over the Fraser Valley.*

- Langley CYAC Stakeholder

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## Proposed Services and Partner Agency Roles

Participants recommended that a Langley CYAC be a “*one stop shop*” model, including many of the entities that currently comprise the response to the abuse of children and youth in Langley. They suggested that there be core services on-site as much as possible, with other services brought in when needed to provide “*wraparound care*” to children and youth. The intent of the service collaboration would be to provide both immediate, timely, and long-term services to children and youth who disclose abuse or violence with “*all parties working together*” to minimize families needing to travel elsewhere. Good referral and collaboration with additional community partners was described as an important component to the program.

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Key services at a Langley CYAC, according to study participants, should include:

**Police**  
**Child Protection**  
**Forensic Interviewing**  
**Specialized Victim Services**

**Counseling**  
**Medical Examination**  
**Cultural Supports**  
**Family Supports**

**Case Management**  
**Centre Coordination**  
**Long-Term Supports**  
**Connection to Crown Counsel**

“Nice to have” services, as opposed to the “need to have” services listed above, would include a child life specialist, therapy dog, and music therapy. Referral and collaborative relationships with police-based victim services, health care, and schools round out the multi-disciplinary service continuum.

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*We need a team approach. Who needs to be in this child’s circle?.*

- Langley CYAC Stakeholder

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Each of these functions is described in more detail below, as well as the partner agencies identified by study participants to provide the service.

### *Police*

Each and every study participant named the police, specifically **Langley RCMP**, as a key onsite service for a local Child and Youth Advocacy Centre. People noted that the members need to have specialized training in forensic interviews with children and youth, as well as experience and skill in working with these age groups. They noted that it was important to have consistency in the members who were located at the centre; ideally a small, dedicated team who could support each other in the role, build good working relationships with other services on site, participate in specialized training, and become experts in the role in order to take pressure off of other units within the agency.

The function of police on-site would be to investigate allegations of abuse or violence in a timely way in conjunction with child protection; take statements; communicate with other team members to keep everyone up to date; communicate with the family as necessary; ensure safety for the victim and family; and recommend charges to Crown and appear in court when appropriate.

### *Child Protection*

Child protection social workers were also named by all study participants as an integral part of on-site services at a Langley CYAC. **Xyolhemeylh**—the Delegated Indigenous Authority also known as Fraser Valley Aboriginal Children and Family Services Society—was identified as the agency that would work alongside police to investigate allegations of abuse in Indigenous families and work to keep children and youth safe. The **Ministry of Children and Family Development** would play this key role for non-Indigenous families.

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One study participant from the RCMP noted that the two child protection agencies will have “*the biggest job*” to play at a Langley CYAC. While one respondent thought these social workers could potentially be located off site and attend the centre when needed, or participate through virtual meeting technologies, most study participants noted the importance of multi-disciplinary team members being on-site, and the good working relationships and shared understanding that comes from being co-located.

### *Forensic Interviewing*

A key onsite service described by all study participants is the specialized forensic interview. Most study participants felt that **Langley RCMP** should play this role, while a few mentioned that **MCFD** or **Xyolhemeylh**, or an independent interviewer, could also play that role but that Crown would need to be in support of whatever option was chosen. It was highly recommended that whichever agency conducts the forensic interview works closely with their police or child protection counterpart to ensure that children and youth do not need to re-tell details of their experience. They suggested this could be achieved by the entities talking before the interview about what they already know and what questions need to be asked in order for the “*joint interview*” to meet both agencies’ need for information.

It was also stressed that the interviewer needs to have specialized training in forensic interviewing of children and youth and that, whichever agency plays that role, they would benefit from another trained interviewer monitoring the interview. They noted the importance of that second person being available if the primary interviewer needs to step out to touch base with them during the interview about anything else they may be seeing or hearing. After the interview, the joint interviewer could provide feedback and review where appropriate to help build skills within the CYAC team.

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*We need a primary interviewer and a second to monitor. You can miss things, it’s good to have a second set of ears, who also knows child interviews.*

- Langley CYAC Stakeholder

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### *Specialized Victim Services*

Study participants were unanimous in their belief that Victim Services be on site at a Langley CYAC. Various called Victim Services, Victim Advocate, or Victim Assistance, this role was deemed a key one on the Multi-Disciplinary Team. The suggestion by most was that this position would be very similar to Specialized Victim Services already provided in the community by **Ishtar Women’s Resource Society**, and that they would be the most appropriate agency to provide this service.

The importance of this person, or rotating team of people, being comfortable and knowledgeable working with children and youth, as well as having a depth of understanding about family dynamics of abuse and violence, was highlighted.

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This role was described as being the first point of contact for victims and their families, to support family members while others are being interviewed, connect them to appropriate resources afterwards—including shelter, financial supports, counseling, etc.—follow up and communicate updates about their case, and provide court support and accompaniment if needed.

### *Case Management*

The importance of families having one worker be their “constant” from their first time at the CYAC all the way through to court was stressed. This person would help families navigate everyone they are to see at the CYAC and beyond, including Crown Counsel and health care, and to answer any questions that arise for them. They would ensure no one falls through the cracks and ends up unsupported or unresourced. Many of the study participants thought that this role would align well with that of Specialized Victim Services from **Ishtar**; others saw a separate role for a case manager or system navigator to oversee coordination of a family’s case and suggested that **Encompass Support Services Society** might hire one or more support workers play this role.

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*Family can focus on looking after family if we’ve taken on the logistics of navigation and connections. Without taking away the empowerment piece.*

- Langley CYAC Stakeholder

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### *Centre Coordination*

It was also suggested that the CYAC will need an onsite Coordinator or Director to oversee its day-to-day functioning, work with all the Partner Agencies, bring the Multi-Disciplinary Team together, organize training, and ensure all the logistical functioning of the program. Some study participants suggested that this role could include some of the case coordination functions mentioned in the previous section, such as recording intakes, coordinating for the family to see everyone they should at the CYAC, and ensuring families are receiving the ongoing supports they require.

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*Encompass is the expert on child and youth care from my perspective, their guidance is what’s going to make it successful. The Centre will be in excellent hands with them to champion and pilot this.*

- Langley CYAC Stakeholder

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It was suggested that **Encompass Support Services Society** is the appropriate agency to play this role given their expertise in working with children and youth, and their history of championing and implementing multi-disciplinary co-located programming for young people.

### *Counseling*

All study participants highlighted the importance of a CYAC focusing on children and youth’s mental health, including have counseling available on site. Most described this as immediate crisis counseling as well as access to long-term counseling. Many respondents expressed that it would be ideal if the same counselor who saw young victims immediately was also the one to follow them through their

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long-term journey of healing, but several also conceded that this might not be possible. In that case, a smooth transition from one counselor to the other would be important.

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*We need clinical counseling with different layers—crisis intervention and ongoing counseling—if we want this to not have long-lasting effects through a child or youth’s life.*

- Langley CYAC Stakeholder

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It was noted that these counselors need to have in-depth understanding of abuse and trauma, as well as extensive experience working with children and youth, including LGBTQIA2S+ victims. Additionally, they need to work from a trauma-informed approach and understand the complex links between abuse, violence and substance use in adolescent populations. The ability of on-site counseling to work well with other members of the MDT, including police, was also noted.

**Encompass Support Services Society** was again named for being an appropriate agency to provide this counseling, either in addition to, or as part of, their existing Sexual Abuse Supports program and long-term Trauma Counseling. The latter often utilizes funding through the **Crime Victim Assistance Program (CVAP)**, which was noted as a key resource for victims.

**Xyolhemeylh** was also named by several participants for having SAIP counselors that could provide support on-site for Indigenous victims. One respondent also noted that **MCFD’s Child and Youth Mental Health** services could potentially play a role onsite.

### *Medical Examination*

Participants noted that onsite forensic medical examination was where there was the most variability in other CYAC models. Most respondents felt that it was especially important in Langley to have this included as an onsite service, if possible, because the local hospital does not provide this service and families currently need to travel out of the community for it.

The forensic medical exam would need to take place within a given window of time after an incident of abuse and ideally be guided by the victim’s previously taken statement so that the examiner knows where best to swab for evidence. That evidence would be collected into a specially designed kit then either turned immediately over to the police or stored on-site, with continuity of evidence maintained. In addition to DNA collection, this service would also include injury documentation, and ideally forensic photos. Forensic medical examiners would also appear in court when required and be specially trained and experienced in the collection, maintenance, and documentation of evidence in pediatric sexual and physical abuse cases and able to see patients from age of two and up.

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*It would be so great if we could do forensic medical exams right here.*

- Langley CYAC Stakeholder

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The ability for the forensic medical examiner, or another health-care professional, to first rule out any acute medical conditions putting the victim's immediate health in jeopardy, and to later provide a "wellness exam" to reassure victims they are normal and healthy, were also noted as important aspects of onsite health services.

**Fraser Health's Forensic Nursing Program** was identified as an appropriate entity to provide forensic medical examination. They have independent teams of forensic nurse examiners at Surrey Memorial Hospital and Abbotsford Regional Hospital, with the latter being closer and currently having more pediatric-trained nurses. They are already working on their protocols for providing mobile services in community, so this would be a natural fit. Having both teams on call to provide services could result a "*bigger pool*" of forensically-trained nurses to draw on for timely forensic medical examination services provided onsite at a Langley CYAC.

The **Canadian Forensic Health Corporation (CFHC)** was also named as an appropriate entity to support the development of this service. Whether or not the CFHC provides nurses on-site, they could assist with program development, education, training, continuing education, peer review, quality assurance, and ensure nurses are supported in their role at the CYAC.

It was also noted that the CYAC itself could hire a forensic nurse examiner to be on-site part-time. However, downsides expressed to this idea are that the person would likely not be busy enough to justify the creation and funding of such a role, and they would be working alone without the benefit of being part of a team.

Regarding "*medically clearing*" patients before they undergo a forensic medical exam, it was suggested that forensic nurses could play this role but that some victims may still need to go to **Langley Memorial Hospital's Emergency Department**. Another suggestion was developing relationships with local pediatricians who could fulfill this role and also the later "*wellness exams*" through "*sessional funding*."

The **HEAL Clinic** at Surrey Memorial Hospital was also named as an appropriate site for children to attend for a non-acute health reassurance exam by a trained pediatrician some time after their visit to the CYAC. In this case, it would be ideal if families could be supported with any transportation needs.

While this may seem like a lot of potential health-care partner agencies involved, all of the participants interviewed from those agencies expressed a genuine desire to work together, and support each other, to ensure this medical component is properly realized.

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### *Cultural Supports*

Most respondents emphasized the need for cultural safety on-site, including specific cultural supports. Several people noted the diversity of Langley, including residents of South Asian heritage, and the importance of ensuring people of all cultures feel welcome at the CYAC. Most participants highlighted the importance of including Indigenous cultural services, such as having Elders available, and to ensure reconciliation is a priority on-site.

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*If an Elder could smudge, so families feel grounded.*

- Langley CYAC Stakeholder

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**Lower Fraser Valley Aboriginal Services Society** and the **Waceya Métis Society** were identified as appropriate agencies to provide Indigenous cultural supports. **Encompass** has an **Indigenous Advisory Council** that stakeholders hoped could help support the development of this component, potentially also with the participation of an Elder from **Xyolhemeylh**.

### *Family Supports*

Supports for other members of a victim's family were mentioned by several respondents. It was noted that siblings and parents are deeply affected by the abuse of a loved one and that they may also be victims themselves. The specifics of this component of the model would need to be fleshed out but suggestions were that it include advocacy, support, and counseling services.

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*Who will listen to the parents who need their own person to talk to?*

- Langley CYAC Stakeholder

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Those agencies already named as potential providers of counseling services, including **Encompass**, as well as **Ishtar's PEACE Program** which supports parent victims of violence, were noted as appropriate organisations to provide these services.

### *Long-Term Supports*

Long-term supports were previously mentioned in the sections on case management, victim services, and counseling but this concept was emphasized enough by study participants to warrant its own section. Participants felt that often victims of abuse or violence are overwhelmed by resources when they first disclose, then left bereft a month or two afterwards only to be inundated again a year or two later if their case goes to court. They felt strongly that the CYAC provide a consistent presence and support over the many months and years that victims need to heal from their experiences.

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*Children, youth and families might not be ready right away for counseling or different services, but down the road. Who is doing follow-up?*

- Langley CYAC Stakeholder

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### *Connection to Crown Counsel*

Several study participants noted the key role that Crown prosecutors play in victims' lives if their case goes to court. A few people brought up the possibility of victims testifying from the Langley CYAC, while others considered that scenario ideal but unlikely, at least at this point in time. However, a number of people noted how ideal it would be if Crown were able to come to the CYAC for at least their first meeting with a victim. If this is not possible, having dedicated Crown that already has good working relationships with the other Multi-Disciplinary Team members, and who has played a role in the development of the CYAC, would be ideal.

### *Additional*

Other services noted as being wonderful to have on-site, if possible, are a therapy dog, music therapy, and a Child Life Specialist. No agencies were identified to provide those services and details would need to be further developed.

### *Referral Relationships*

Having good referral relationships with agencies who see a lot of children, youth, and families was highlighted as important. Schools and health-care providers—specifically pediatricians and family physicians—were most frequently named. It was noted that educating partner agencies, and the community at large, about the existence and mandate of the CYAC, as well as how to make a referral, could fall within a role such as the Coordinator or Director. It will also be imperative for on-site partner agencies to support this work inside their own organisations.

Participants also noted that it will be important to have good referral relationships with agencies that children, youth, and families will go to after accessing services at a Langley CYAC. Specific agencies that would refer, and be referred to, that were mentioned by study participants are outlined below.

**Police-Based Victim Services** will play an important role in ensuring appropriate cases that come into the RCMP detachment get to the CYAC, and in a timely manner.

**School District 35** is working with kids every day and will play a key role in connecting them to a Langley CYAC when appropriate. It is important that teachers, administrators, and school counselors are able to communicate with CYAC staff to ensure a good continuum of care and support when kids return to school. SD35 can also play an important role in the prevention of abuse and violence through their work educating and supporting students.

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*We need to build referral relationships in the community and with schools. They're working with kids every day. And to support the child back to school. So they can heal and feel safe.*

*- Langley CYAC Stakeholder*

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**Langley Division of Family Practice** could play an important role in educating family physicians about a Langley CYAC so they can make timely referrals, and possibly helping families who are “*unattached*” to a family physician find ongoing primary health care.

**HEAL Clinic**, as mentioned previously, could be an important referral for children youth and families who attend a Langley CYAC if they need the additional supports provided there: Child Life Specialist, Psychologist (for a one-time consultation), health reassurance from a pediatrician, and referrals to infant development, dental, speech and audiology services.

**Local pediatricians** and the **Langley Hospital Emergency Department** were also named as potential sources of referrals.

### **Additional Considerations for a Langley CYAC Model**

Interviewees were *not* asked questions about what ages should be served at a Langley CYAC, what types of cases should be seen there, considerations for the size or staffing of the model, or the principles on which it should be based. However, many study participants provided input into these details of CYAC model for Langley. They are shared below as additional jumping off points for discussion within the Project Team in its next phase of program development.

#### *Ages served*

Study participants that talked about the ages of children and youth that should be served at a Langley CYAC all felt that the entire age range possible should be served, ideally up to age 19. They noted that youth, while not yet adults, are no longer children and would ideally have age-appropriate spaces and services specific to them.

#### *Scope*

Many participants hoped that a Langley CYAC would “*have the capacity to extend beyond serious physical assault and sexual abuse*” cases. Because Langley does not have the same population as nearby urban centres with CYACs—such as Surrey and Vancouver—it might have the ability to benefit children and youth beyond that scope of cases, such as including stranger- and peer-based assaults, and cases of mental or emotional abuse and neglect.

In these cases, it is possible that not all the partners on the multi-disciplinary team would need to be involved but children and youth could still benefit from a child- and youth-friendly interview room and having many of their needs met under one roof.

#### *“Right-Sized” Model*

The ages and cases served by a Langley CYAC will determine in part how busy it is. Study participants noted the importance of the CYAC being “*busy, but not too busy.*” A “*right-sized model*”, as one

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respondent called it, would have “staff consistently working out of the centre” but also not having anyone “sitting around, not busy.”

Respondents discussed the dilemma of a “*phased approach or starting big*”, with several emphasizing the importance of starting off with enough “*core staff*” on site so that relationships can be developed and “*capacity established.*” “*Not having proper resources and infrastructure*” will lead to “*burn out [and] turnover*”, according to one study participant. From core staffing levels, the program and its partners can “*reassess and tweak.*”

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*We need to do it properly from the get-go. Not just create an empty building that we all have access to. That would be counterproductive.*

- Langley CYAC Stakeholder

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### Staffing

A number of study participants noted the importance of CYAC staff being part of two teams: the Multi-

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*This would be hard to do off the side of a desk. And unfair. It's going to be a lot of work. We don't want to fail the family.*

- Langley CYAC Stakeholder

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Disciplinary Team at the CYAC, and a team within their own agency. Ideally, each role at the CYAC would be filled by a designated staff of 2-3 people who can rotate. The purpose of this would be to ensure sustainability and consistency in each role as people need to take breaks, and so they can support each other, “*bounce ideas off*”, and not get “*burned out.*” Respondents noted that all staff need to be trained, dedicated, and “*passionate.*”

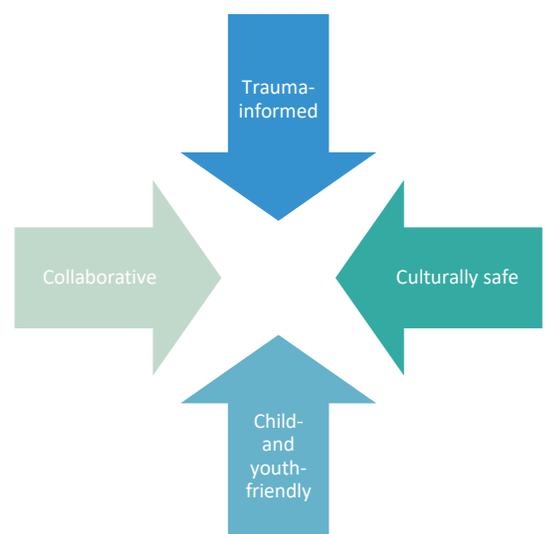
### Logistics

Participants also noted that, in order to be successful, a Langley CYAC would need to develop “*policies and procedures*”, “*MOUs*”, “*data sharing*”, and “*very good IT infrastructure.*”

### Principles

While not asked about principles upon which a Langley CYAC should be created, participants repeatedly mentioned the importance of the program being “*trauma-informed*”, “*child- and youth-friendly*”, “*culturally safe*”, and “*collaborative.*”

It will be important to ensure a shared understanding of these and other principles as the program is being developed.



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## Location and Site Considerations

Participants were asked, “*What would be a good location for a CYAC in Langley?*” Interestingly, there was no consensus on a particular location within the Langleys. Instead, features to consider when finding the right location and building for a Langley CYAC are that it be central and accessible, near services yet set apart, private, safe and secure. Respondents did note some potential neighbourhoods that could meet most of these needs, and two existing possibilities for buildings.

### *Central and Accessible*

Most participants mentioned the importance of a location that was both central and easy to get to for children, youth, and families. Transportation was noted as a major challenge in Langley. Features that would make the CYAC accessible include being on a transit route, especially near a transit hub; considering traffic flow; and having adequate parking, especially a parking lot that is not pay parking. Traffic flow should be considered and it was noted that being near a highway—the Fraser Highway or Highway 1—could be good.

### *Near services yet set apart*

Another consideration people stated was the CYAC’s proximity to other services. Most participants stated the importance of the CYAC having its own space but being near to other services, especially those that were not going to have a consistent presence on-site. It was mentioned that the CYAC might benefit from being close to the RCMP detachment, the hospital or other health care, Ishtar, the Foundry, or a recreation centre.

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*It should be close to resources, but standalone. Its own identity is important.*

- Langley CYAC Stakeholder

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It should also be noted that one participant specifically remarked that it should *not* be near the hospital, another said it should *not* be near public health, and another noted that it should *not* be too near the RCMP detachment in case families with prior experience with the police are uncomfortable attending.

### *Private*

A number of stakeholders highlighted the importance of privacy for families in accessing the CYAC. They felt this could be achieved either by having the Centre in a building apart from other offices or services or by having it in a location that had enough other services that it was not obvious where the family was going. Several participants conceded that this might be a delicate balance.

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*Not too secluded but not too public. It’s a fine line.*

- Langley CYAC Stakeholder

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### *Safe and secure*

In addition to a degree of privacy in entering the building, participants also stressed the importance of people feeling safe entering the building. Some stakeholders noted that part of this is ensuring the

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*A house with a foyer would be ideal, so kids feel welcome and not intimidated. But with access control.*

- Langley CYAC Stakeholder

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CYAC's immediate surroundings are *"family-friendly."* Examples given were to not locate it in an industrial area, or near adult mental health services.

Others suggested that the building itself needs to convey a feeling of safety by having a welcoming exterior and entrance, rather than an intimidating or institutional one. At the same time, some security measures was noted as important. Participants clarified that this should not be a security guard but instead some kind of system for buzzing people in.

### *Potential neighbourhoods*

Participants suggested a number of potential neighbourhoods in the Langleys that could fit some or all of the parameters described above, including Downtown Langley, the Willoughby-Willowbrook area, Murrayville, Walnut Grove, and Aldergrove.

Downtown in the City of Langley was most frequently mentioned as accessible by transit and close to other resources. It was also specifically mentioned by a few participants as not ideal because of those resources and the challenges they are working to address, such as poverty and mental health issues.

The Willoughby-Willowbrook area was the second most mentioned location, also noted for being central and for its proximity to *"lots of development and young families"*, as well as the hospital, MCFD office, and community policing. It was noted that it would be very accessible for the families there but that it is *"sometimes difficult to get in and out of"* for people coming from other neighbourhoods.

Murrayville was also noted for being near the hospital and the RCMP detachment, and Walnut Grove for its proximity to the highway.

### *Including Aldergrove*

Only one person suggested that it should be located in Aldergrove but many participants suggested that this neighbourhood needed to be taken into consideration in where the CYAC is located. They noted that Downtown and Aldergrove were two vulnerable areas of the Langleys but that Aldergrove is often left out of resource planning. Some ideas suggested to overcome this are to locate the CYAC *"halfway between Downtown and Aldergrove"*, to have *"a main hub"* that is more central with a *"satellite location"* in Aldergrove, or to consider outreach vans or some other form of transportation

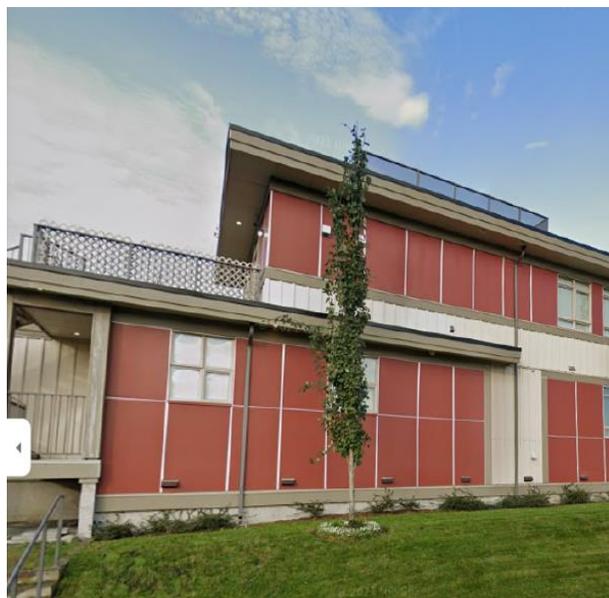
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assistance for Aldergrove and rural residents who do not own vehicles. The intent of this would be to either bring multi-disciplinary services to families or to bring families to the CYAC.

### *Existing possibilities*

Two buildings were mentioned by more than one stakeholder as existing possibilities: the current Youth Hub space, and Ishtar’s proposed new building.

The current Youth Hub, run by Encompass, is at 6275 – 203 Street, in Willowbrook. It was noted that despite being a short bus ride from both Langley Centre and Carvolth Bus Loops, it is not currently ideal for youth to access by transit because they need to walk down a shadowy street to get there after dark but that it does have parking and could work well during daytime hours, especially for families who are driving. It currently has two entrances, and has the potential for four, so could have separate client and staff entrances, and even separate child-friendly and teen-friendly sides. It has a medical room already and could likely be renovated without an enormous budget. It is also quite private.



Ishtar Women’s Resource Society is in discussion with two funders to construct a building to house a number of programs. The location is still not determined but the municipality is very supportive. The building will ideally include a variety of housing options for women and children, as well as space for office administration, counseling services and a daycare. There will likely be room, potentially almost a whole floor, for a program such as a CYAC. The timeline for this building is not yet determined.

### *Summary*

In summary, there was no clear consensus among the stakeholders surveyed on one ideal location for a CYAC in Langley. However, interviewees with a background in finding sites for programs noted that there is a number of possibilities that could work fairly well to meet most, if not all, of the conditions described above.

As one participant stated, there is *“no golden ticket location, you’re damned if you do, damned if you don’t.”* Another stakeholder had the opposite perspective on this conundrum: *“Anywhere in the Langleys would be good, you can’t really go wrong.”*

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It will be important for the Project Team to develop a complete list of existing and potential possibilities as part of its next steps, and evaluate each for its accessibility, proximity to other services, privacy, safety and security.

### **Interior design considerations**

Some respondents also had input into the interior design of a Langley CYAC. Developing the Program Model and determining the building layout to meet the needs of the program will be parallel, complementary processes that will take place during the next phase. Below are initial considerations shared by study participants.

#### *Entrance*

Respondents suggested that it would be nice if the building was “*set up like a house, to be more inviting*” and have a “*family friendly entrance*” but with some “*security control*” to ensure only clients access the building. They suggested “*different entrances for staff and families*” with a “*firearms lockup*” inside the staff entrance for police.

#### *Waiting Room(s)*

Once inside, respondents suggested that the entryway be connected to “*side rooms*” that contain “*separate child- and youth-friendly spaces.*” These would include “*couches, toys, puzzles*” for “*both younger children and youth*” where they can be occupied with “*playing, waiting, reading*” while adults are “*coming up with a plan.*” This would also be the space where the child or youth would be involved in a “*discussion about what the visit will be like.*” Parents might be meeting at the same time or separately with a “*support worker.*”

#### *Offices*

Office spaces were mentioned as a key part of a Langley CYAC. The number and size would be determined by the program model and staffing levels but respondents identified the need for “*designated office space*” for police, child protection, and counselors at a minimum. Several respondents noted that they appreciated how Sophie’s Place had separate areas for each of the partners, that could also be “*opened up into a larger shared space.*”

#### *Team Spaces*

Whether achieved through opening up smaller spaces or having a designated team space, study participants noted the importance of having a “*boardroom or meeting room*” for the multi-disciplinary team to meet and discuss cases. They also mentioned a staff “*lunchroom*” and “*washroom*” as part of the team spaces.

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### *Indigenous Space*

Many participants echoed the sentiment of one respondent, who said that *“it would be really beautiful if we could offer something like the Indigenous space we’re putting together for the Foundry.”* Others gave details of what this space might look like at a CYAC, such as an *“Elder consultation room”* or a *“Circle Room”* where *“people could meet with peers or mentors in the Indigenous, Métis, or Inuit community to help them feel more at home or more connected.”*

### *Forensic Medical Exam Room*

The need for a *“dedicated forensic exam room”* was noted by most study participants. This would need to be a designated space with access to the room monitored and controlled to ensure *“cleanliness”*, *“DNA control”* and *“transfer of evidence”* in order to maintain the *“chain of custody.”* *“Best practice”* would be to have the capacity to *“store samples”* collected in a *“sexual assault kit”* which would require *“controlled access to a storage area and freezer.”* Respondents noted that Fraser Health and the CFHC will be key agencies to advise on the specific equipment and layout required for forensic nurses to be able to collect evidence in a community setting. Respondents mentioned that, ideally, the equipment in this room would also include a camera for forensic photography.

### *Forensic Interviewing Room(s)*

Having *“forensic interview rooms with recording equipment”* for *“investigative interviewing”* was described by one participant as *“the bread and butter”* of a CYAC and this sentiment was echoed throughout the interviews. The ability for *“police and MCFD to do the forensic interview right there”* after first talking about *“what needs to happen”* in the interview was seen as a *“key”* function of the building. Respondents specified that the room needed to be *“child-friendly.”*

### *Interview Monitoring Room*

Respondents also specified that the forensic interviewing room will need to be connected to a *“monitoring room”*, either through a *“two-way mirror”* or digitally. It was suggested that there *“not be more than one interview at once”* being monitored, so that it is not distracting for the people monitoring.

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# Conclusion

## Summary

The purpose of this study was to determine if there is a need in Langley for a CYAC, and whether the community has the interest and resources to develop a CYAC successfully. This was assessed through analysis of in-depth interviews and focus groups with 30 stakeholders from 17 agencies who work with children, youth and families impacted by abuse or violence in Langley, two quantitative surveys regarding need and feasibility, and a collation of data regarding child and youth reports of abuse to partner agencies. The results speak to the clear need for a CYAC in Langley and the abundant motivation and capacity of the partner organisations to successfully develop and implement a CYAC in Langley.

Like many communities, the system of services in Langley is not designed for easy collaboration and the good communication that does exist between service providers across agencies is generally only amongst those who are experienced in their role and have worked hard to bridge gaps and build relationships. Stakeholders noted that children and youth often need to re-tell details of their abusive experiences at multiple agencies situated across the Langleys and even as far away as Surrey or Abbotsford, with some physical locations—such as the police detachment and hospitals—sometimes being frightening and overwhelming for some young victims and their families. Resources, while offered, are not always followed up on, and families may be left without counselling or support after their initial encounters with the system. Many study participants felt that the cumulative impact of the current system in Langley may be re-traumatizing for children and youth, as well as detrimental to case and court outcomes.

Based on these downsides in the current system, all respondents identified the need for a CYAC in Langley. They felt that developing a culturally safe “one stop shop” where victims and their families could participate in only one interview, in a child- and youth-friendly space, undergo forensic medical examination if needed, connect with an advocate who would provide consistent support over the long term, and access vital counseling services and other needed resources would be tremendously beneficial for young victims and reduce the likelihood of long-term, debilitating trauma while simultaneously resulting in the best evidence. Numbers provided by partner agencies suggest that hundreds of Langley children and youth could benefit each year from a CYAC, depending on the criteria for inclusion determined in the next phase of program model development.

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*The results speak to the clear need for a CYAC in Langley and the abundant motivation and capacity of the partner organisations to successfully develop and implement a CYAC in Langley.*

- Report Author

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Participants realistically described the challenges that will need to be overcome to create a CYAC in Langley—overcoming resistance to change, ensuring resources and capacity, working collaboratively, the difficulties of developing program details, and finding the right space—and simultaneously expressed confidence that the team of partner agencies had the requisite experience and enthusiasm to do so. Each and every respondent from the key agencies that would provide services on site responded in the affirmative when polled about the feasibility of this project, with 91% determining it “*very much feasible*.” This group of partner agencies already has a history of working together to develop co-located multi-disciplinary services to better meet the needs of young people in Langley.

Additionally, partner agencies have already demonstrated their commitment to developing a Langley CYAC by being involved over the past two years, actively participating in the process of this Needs Assessment and Feasibility Study, as well as writing letters of support for the next phase of the project. This leaves me with no doubt that the Project Team is up to the task of successfully developing and implementing a CYAC in Langley.

In summary, the results of this study can only lead to the conclusion that a CYAC is both needed and feasible in Langley.

## Recommendations

I conclude this report with some recommendations for next steps that arose during the course of this Needs Assessment and Feasibility Study.

It was suggested by several stakeholders that it would be helpful to establish shared, clear outcomes for the children, youth, and families who will access services at a Langley CYAC. This may go hand in hand with developing a Mission Statement, as recommended in *Best Practices for Establishing a Children’s Advocacy Centre Program* document created by the National Children’s Alliance (2000).

Throughout the interviews, stakeholders mentioned other Child and Youth Advocacy Centres that could be consulted on particular topics relevant to developing a Langley CYAC. These include:

- The Treehouse Vancouver CYAC regarding how MCFD and the local Delegated Indigenous Authority can work well together to provide child protection services to both Indigenous and non-Indigenous families;
- Big Bear CYAC in Kamloops, and BOOST CYAC in Toronto, about how the forensic medical exam component can be successfully integrated into a Langley CYAC; and
- Other CYACs around British Columbia about funding and resource re-allocation arrangements by the partner agencies.

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It will be important to create a longer list of potential buildings and assess each based on the location and interior design considerations stakeholders expressed were important, as well as the resources each would require to host the CYAC.

Further developing the program will include what one participant described as “*drilling down*” on the details of roles, staffing needs, information sharing, and other logistical consideration described earlier. This should ultimately result in the development of Partner Agreements among the key agencies with resource and staffing commitments clarified.

It will be crucial to continue to involve the Indigenous Advisory Council in helping to create cultural safety and Indigenous services onsite, and they have expressed a willingness to play that role.

I would also add that it may be time to start thinking about a good name for a CYAC in Langley. This is a process that the partner agencies will likely want a fair amount of stakeholder input into, and should not be rushed.

And, finally, I would simply recommend for the Langley CYAC Project Team to carry on with their excellent, collaborative work moving towards the creation of a coordinated, co-located, trauma-informed, child- and youth-friendly, culturally safe service that will immensely benefit young victims in Langley.

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## Appendix B: Demographics of Langley

### Demographics – City of Langley (2016)

Canada 2016 Census		Population	% of Total Population
Visible minority group	South Asian	580	2.3%
	Chinese	450	1.8%
	African	205	0.8%
	Filipino	505	2%
	Latin American	270	1.1%
	Arab	135	0.5%
	Southeast Asian	650	2.6%
	West Asian	95	0.4%
	Korean	215	0.8%
	Japanese	165	0.7%
	Other visible minority	70	0.3%
	Mixed visible minority	155	0.6%
Total visible minority population		3,500	13.8%
Aboriginal		1,785	7.1%
European		20,025	79.1%
Total population		25,888	100%

## Demographics – Township of Langley (2016)

Canada 2016 Census		Population	% of Total Population
Visible minority group Source:[29]	South Asian	5,140	4.4%
	Chinese	4,810	4.2%
	Black	1,205	1%
	Filipino	1,915	1.7%
	Latin American	1,100	0.9%
	Arab	360	0.3%
	Southeast Asian	1,600	1.4%
	West Asian	355	0.3%
	Korean	3,550	3.1%
	Japanese	895	0.8%
	Other visible minority	105	0.1%
	Mixed visible minority	575	0.5%
Total visible minority population		21,605	18.7%
Aboriginal group	First Nations	1,870	1.6%
	Métis	2,320	2%
	Inuit	20	0%
Total Aboriginal population		4,310	3.7%
European Canadian		89,920	77.6%
Total population		115,835	100%

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## Appendix C: List of Interview Participants

**Ashlee Nunn**, Co-Coordinator, Forensic Nursing Service, Surrey Memorial Hospital

**Cheryl Gabriel**, Elder, Kwantlen First Nation

**Christina Simpson**, Forensic Nursing Services Coordinator, Abbotsford Regional Hospital

**Christine McCracken**, Executive Director of Programs, Encompass Support Services Society

**Claire Brown**, Constable, Youth Section, Langley RCMP

**Craig Van Herk**, Corporal, Youth Section, Langley RCMP

**Daniel Sheriff**, Director of Operations, South Fraser, Langley, MCFD

**Gary Robinson**, Langley community member, Indigenous Advisory Council member

**Iha Hayer**, District Vice Principal - Enhanced Student Services - Children in Care, School District 35

**Janice Gill**, HEAL Clinic Coordinator, Fraser Health SCAN Clinic, Surrey Memorial Hospital

**Jason Lesser**, Manager, Substance Use and Mental Health, Pacific Community Resource Society

**Jennifer Ehrichtou**, Nurse Practitioner, Forensic Nursing Service, Surrey Memorial Hospital

**John Johnstone**, leq'a:mel First Nation

**John White**, Circle 5 – Indigenous Child & Youth Mental Health, MCFD

**Julie Bion**, Corporal, Community Policing Unit, Langley RCMP

**Katelyn Moon**, Child and Youth Regional Coordinator (Fraser Salish), First Nations Health Authority

**Katie Pearson**, CEO, Lower Fraser Valley Aboriginal Society

**Kelly Sears**, Director, Waceyá Métis Society

**Kristin Coyne**, Manager of Foundry and Clinical Services, Encompass Support Services Society

**Lisa Cormier**, Constable, Serious Crimes Section, Langley RCMP

**Lisa Meneghello**, Manager, Langley RCMP Victim Services

**Loren Roberts**, Executive Director of Operations, Encompass Support Services Society

**Michel Ling**, Sergeant, Serious Crimes Section, Langley RCMP

**Michelle Stewart**, Sergeant, Watch GIS, Langley RCMP

**Rena Andronek**, Program Coordinator and Supervisor, Ishtar Women's Resource Society

**Rhea Del Vecchio**, Director of Operations, Youth and Guardianship, Xyolhemeylh

**Sara Young**, Team Leader, Child Safety Team, Langley MCFD

**Sarita Jones**, Acting Director of Practice, South Fraser Service Delivery Area, MCFD

**Tara Wilkie**, Co-Coordinator, Forensic Nursing Service, Surrey Memorial Hospital

**Tiffany Kafka**, Forensic Nurse Specialist, Partner/Director, Canadian Forensic Health Corporation

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## Appendix D: Interview Invite

Dear Colleague,

Encompass Support Services Society is leading a Needs and Feasibility Study regarding the possibility of developing a Child & Youth Advocacy Centre (CYAC) here in Langley.

The purpose of this project is to see if there is a need and motivation in our community to develop a Child and Youth Advocacy Centre. In communities that have a CYAC—seven so far in BC—when a child or youth discloses abuse or violence they are connected to a Centre where a Multi-Disciplinary Team (MDT) works collaboratively together to ensure that the child and their family are connected with the care and support required to assist them as they navigate the complex criminal justice system. An MDT typically consists of: • an advocate • police officers • child protection (MCFD/DAA) • victim service workers • Indigenous services • mental health and counselling services • medical professionals

All of these professionals are specially trained in trauma-informed practice, child development, and cultural safety and work as a team to reduce the trauma experienced by children, youth, and their families. An emphasis is placed on only interviewing the child or youth once, by a specially trained forensic interviewer, and in a child- or youth- friendly interview room where the interview can be videorecorded to the standards of the legal system. Ideally, MDTs are culturally diverse and accessible to all families. You may be familiar with Sophie's Place in Surrey, which is a CYAC (<https://the-centre.org/sophies-place/>). More information on the CYAC Model and a short video can be found here: <https://www.bccyac.ca/about-us/the-cyac-model/>

Given your role in supporting Langley children and youth as part of our system, we would be most appreciative if you were able to participate in an interview as part of the Feasibility Study. We have hired a Consultant, Lynda Dechief, who has extensive community-based research experience and considerable familiarity with the CYAC model to conduct this study. The interview will take less than an hour and happen over Zoom at a time most convenient for you. Your name and organisation will only be connected to your comments with your permission. Please let me know if you have any questions.

Thank you so much,

Kristin Coyne, Ph.D., RCSW, RPT-S  
Manager of Foundry and Clinical Services  
Email: [KCoyne@Encompass-Supports.com](mailto:KCoyne@Encompass-Supports.com)  
Office contact: (604) 534-2171 ext. 104 Fax: (604) 534-8802

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# Appendix E: Consent form

## Background

Encompass Support Services Society is leading a Needs and Feasibility Study regarding the possibility of developing a Child & Youth Advocacy Centre (CYAC) here in Langley. The purpose of this project is to see if there is a need and motivation in our community to develop a Child and Youth Advocacy Centre. More information on the CYAC Model and a short video can be found here: <https://www.bccyac.ca/about-us/the-cyac-model/>

## How your information will be used

- The information shared will help the Langley CYAC Project Team to determine if a CYAC is needed and would be feasible in Langley. Results from this study will be shared with community partners, potentially other emerging CYACs, and with our funder.
- With your consent, the interview will be digitally recorded to help create more accurate notes. The recording and any handwritten paper notes will be stored in a locked filing cabinet and erased five years after the end of the study. All data will be deleted by March 31, 2027, at the very latest.
- Transcribed notes will have all identifying information removed and be stored on a password protected computer.
- Information from the interviews will generally be aggregated in a Langley CYAC Needs & Feasibility report, but some direct quotes may also be included.
- Your name, role, organisation, or any identifying information will not be attached to a quote from this interview without receiving your explicit permission.
- Do you have any questions about the interview process or how your data will be used or securely managed?

## Permission and consent

Interviewee (name, role, organisation): \_\_\_\_\_

Date: \_\_\_\_\_

- ***Do I have your permission to record the interview?***
- ***Do I have your consent to move forward with the interview?***

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If you have any questions at any time after the interview about how the information you shared is being used or stored, please contact: Lynda Dechief, Consultant & Researcher, Langley CYAC Needs & Feasibility Study. If you would like to report any concerns about how the information you shared is being used or stored, please contact: Kristin Coyne, Manager of Foundry and Clinical Services, Email: [KCoyne@Encompass-Supports.com](mailto:KCoyne@Encompass-Supports.com), Office contact: (604) 534-2171 ext. 104 Fax: (604) 534-8802

