

Special Report of the Office of the Child and Youth Advocate

A report examining the policies and procedures in place to ensure the safety and well-being of children and youth in receipt of protective intervention services where a report of child sexual abuse or exploitation is received

Final Report



Office of the Child and Youth Advocate
December 2025

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Message from the Child and Youth Advocate

I am pleased to provide this special report which was completed at the request of the Lieutenant-Governor in Council through an Order in Council. This order (OC2024-159) states:

“Under the authority of paragraph 15(l)(a) and section 16 of the **Child and Youth Advocate Act**, the Lieutenant-Governor in Council is pleased to direct the Child and Youth Advocate to review, investigate and report on the policies and procedures in place to ensure the safety and well-being of children and youth in receipt of protective intervention services where a report is received alleging that a child or youth has been sexually abused or exploited.”

I want to state emphatically that the work of my office did not in any way interfere with or compromise any ongoing criminal investigations or prosecutions.

This report provides a comprehensive examination of the policies and procedures as prescribed by the Order in Council. The review is critically important to children and youth who require state intervention and to my office.

It is my hope that this report will serve to enhance the current system to ensure the best services for children and youth receiving protective intervention services and to support the best possible outcomes for these young people.

Sincerely,



Karen Gray, MSW, RSW
Child and Youth Advocate (A)

Introduction

The Office of the Child and Youth Advocate

Newfoundland and Labrador's Child and Youth Advocate is an independent Statutory Officer of the House of Assembly. The Advocate derives authority from the **Child and Youth Advocate Act**. The role of the Advocate is to protect and represent the rights, interests, and viewpoints of children and youth in Newfoundland and Labrador. This is accomplished through individual advocacy, investigations and reviews, systemic advocacy, and children's rights education.

About This Report

Unlike many reports prepared by this Office, this report is unique in that it was referred by the Lieutenant-Governor in Council pursuant to section 16 of the **Child and Youth Advocate Act** (SNL2001) which states:

"The Lieutenant-Governor in Council or a minister may refer to the advocate, for review, investigation and report, a matter relating to the interests and well-being of children and youth and the advocate shall,

- a. subject to a special direction of the Lieutenant-Governor in Council, investigate or review the matter to the extent that it is within the advocate's jurisdiction; and
- b. make a report to the Lieutenant-Governor in Council or minister that the Advocate considers appropriate."

Order in Council

Prior to receipt of the Order in Council referring this matter to the Office of the Child and Youth Advocate, then Premier Andrew Furey wrote the Office of the Child and Youth Advocate on September 26, 2024, directing the Office of the Child and Youth Advocate to investigate the matter and to report our findings to the Lieutenant-Governor in Council.

Subsequently, on September 26, 2024, the Clerk of the Executive Council wrote the Child and Youth Advocate and enclosed the Order in Council. In providing the Order in Council to the Office of the Child and Youth Advocate the Clerk of the Executive Council further explained the Office of the Child and Youth Advocate's mandate and stated:

"In conducting the review and investigation referred to you by OC2024-159, I wish to emphasize the importance of ensuring that work in no way interferes with or compromises any ongoing criminal investigations or prosecutions. It is imperative both that these investigations and prosecutions proceed unhindered, and that your office completes its review of applicable policies and procedures to ensure the safety and well-being of children and youth."

Order in Council (OC2024-159) stated:

Under the authority of paragraph 15(l)(a) and section 16 of the **Child and Youth Advocate Act**, the Lieutenant-Governor in Council is pleased to direct the Child and Youth Advocate to review, investigate and report on the policies and procedures in place to ensure the safety and well-being of children and youth in receipt of protective intervention services where a report is received alleging that a child or youth has been sexually abused or exploited”.

This directive came at a time of increased concern for the safety and well-being of children and youth of this province who reported being victims of child sexual abuse and/or exploitation.

Disclaimer

This investigative report does not assign legal responsibilities or draw legal conclusions, nor does it replace other processes that may occur, such as investigations or prosecutions under the **Criminal Code** of Canada, or civil actions. It is intended to identify and advocate for systemic improvements and meaningful changes that will result in better responses and enhance the overall safety and well-being of young people who are receiving designated services. It is not about finding fault with specific individuals.

Further, this investigative report is limited in its scope. Responding to alleged child sexual abuse requires involvement from interdisciplinary professionals across multiple government departments. The documentation, legislation, and policies reviewed were exclusive to the department responsible for child welfare in Newfoundland and Labrador, currently named the Department of Families and Affordability (FAMA).

United Nations Convention on the Rights of the Child

The Office of the Child and Youth Advocate operates from a children’s rights framework. Children’s universal human rights are articulated in the **United Nations Convention on the Rights of the Child (UNCRC)**. Canada ratified this Convention in 1991 with written endorsement and support from all provinces and territories. The Convention is the most universally accepted human rights framework in the world today. It speaks to the social, cultural, economic, civil, and political rights of children. Children’s rights are real and meaningful. When these rights are protected and respected, they help children live better lives and have improved outcomes.

The Convention has 54 articles that outline children’s civil, political, economic, social, and cultural rights. One of these articles (article 19) calls for children to be protected from all forms of victimization and maltreatment, and another (article 34) is specific to sexual abuse and exploitation, stating that all appropriate measures be put in place to realize these protections.

“1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.”

– Article 19, **UNCRC**

“States Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse. For these purposes, States Parties shall in particular take all appropriate national, bilateral and multilateral measures to prevent: (a) The inducement or coercion of a child to engage in any unlawful sexual activity; (b) The exploitative use of children in prostitution or other unlawful sexual practices; (c) The exploitative use of children in pornographic performances and materials.”

– Article 34, **UNCRC**

In addition to having ratified the **UNCRC**, Canada is a founding member of the United Nations and has offered its full support to the Sustainable Development Goals 2030 Agenda. This Agenda outlines 17 key goals to achieve a better and sustainable future for all. Target 16.2 includes a commitment to “End abuse, exploitation, trafficking and all forms of violence against and torture of children” by 2030 (UN General Assembly, 2015). Moreover, Canada has been a member of the Global Partnership to End Violence Against Children since 2018 and is considered a global leader, or “pathfinding country”. A Road Map to outline Canada’s commitment was released by the Public Health Agency in 2019. As a province in the federation, Newfoundland and Labrador has a duty to give meaning and apply these international commitments.

Documents Reviewed

This was an in-depth examination which involved a comprehensive review of child protection referral (CPR) documents and relevant policy and legislation. In addition, the OCYA was provided with departmental correspondence including copies of memos and e-mails discussing child sexual abuse policies and procedures.

A list of documents received and reviewed are below:

■ Child Protection Referrals: Sexual Abuse

- Randomly Selected Sample of 174 Screened-In and 43 Screened-Out Protective Intervention Program Sexual Abuse Referrals (2007 to 2024)
- Randomly Selected Sample of 15 Service Provider Sexual Abuse Referrals (2018 to 2024)
 - ▶ Family Based Care Home Investigation
 - ▶ Foster Home Services Investigations
 - ▶ Kinship Home Investigations
 - ▶ Staffed Residential Services Investigations

■ Legislation:

- **Child, Youth and Family Services Act** (1998)
- **Children and Youth Care and Protection Act** (2010)
- **Children, Youth and Families Act** (2018)

■ Decision-Making Models:

- **Risk Management System Child Youth and Family Services Manual** (2010 version)
- **Risk Management Decision-Making Manual** (versions from 2013 to 2015)
- **Structured Decision-Making Policy and Procedures Manual** (versions from 2018 to 2024)

■ Policy and Procedure Manuals:

- **Child, Youth and Family Services Standards and Policy Manual** (versions dated March 2007 to May 2010)
- **Protection and In Care Policy and Procedure Manual** (versions dated June 2011 to March 2018)
- **Protection and In Care Policy and Procedure Manual** (versions dated January 2019 to December 2024) with new Policy 7.4 received in July 2025.

■ Other Policies, Standards, and Procedures:

- Critical Injury and Death Protocol (2023 revision)
- Child, Youth and Family Services Children and Youth in Care and Custody: Standards and Procedures Manual for Staffed Residential Placement Resources (April 2015)
- Residential Services Standards and Practices Manual (May 2007)

■ In addition to the documentation listed above, the review also included the examination of the following:

- Staff Training Presentations, Manuals, and Accompanying Documentation
- HPRM Documentation
- Departmental Memos
- Committee Meeting Minutes
- Regional E-mails and Attachments

Incidence and Prevalence of Child Sexual Abuse

Child sexual abuse (CSA) refers to any sexual misconduct committed against a child or youth by an adult or another young person. It can include one-time or multiple occurrences. Generally, statistics regarding CSA are difficult to find, and the ones that do exist may not be fully reliable or representative of the scope of the issue. This is due to CSA being vastly underreported.

CSA and exploitation statistics are separated in the literature by incidence and prevalence. Incidence refers to the number of new sexual abuse cases reported during a specific time such as per year. Reporting is usually to authorities such as law enforcement, hospitals, or child welfare services (Fallon et al., 2010). Contrary to incidence, prevalence refers to the number of persons who have experienced sexual abuse during a specific period such as childhood. Reporting prevalence relies on retrospective self-reporting by the person participating in the data collection (Fallon et al., 2010). As such, prevalence numbers tend to be much higher than incidence numbers officially reported by government agencies.

Nationally, the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) is one of the only sources of nationally aggregated information on investigated incidences of child maltreatment in Canada. The most recently available CIS was published in 2019 and revealed that CSA represented 3% of all maltreatment cases that year (Horvath et al., 2023). These numbers are only reflective of maltreatment that was reported to and investigated by child protective services. This is very similar to statistics reported by the Department of Families and Affordability, named the Department of Children, Seniors and Social Development (CSSD) at the time. From 2019-20, rates of sexual abuse for Indigenous and non-Indigenous Protection Intervention Program (PIP) files were both reported as 2% of maltreatment types. For 2020-21, the rates of sexual abuse were 4% for Indigenous PIP files and 2% for non-Indigenous PIP files. The Department has also remarked that the maltreatment types remain proportionally consistent since 2018 with sexual abuse consistently around 3%.

Prevalence of sexual abuse is also higher for girls than boys. In Quebec, the institute national de santé reports that approximately 1 out of 9 females and 1 out of 20 males have reported being sexually abused by an adult before the age of 15 (INSPQ, 2025). Internationally, a series of meta-analyses found that the overall estimated prevalence rate was 12.7%; 18% for girls and 7.6% for boys (Simon et al., 2020). Newfoundland and Labrador's Miles for Smiles Foundation reports that approximately 1 in 10 children will experience CSA before they turn 18. Children are at significantly higher risk if they are not living with both biological parents. If they are without either biological parent (e.g., in care) they are 10 times more likely to be sexually abused. If they live with a single parent and their live-in partner, they are 20 times more likely to be victims. This would be considered intra-familial CSA in the literature. That is, abuse perpetrated by a relative, or someone closely linked with the family including foster parents or a parent's partner (Horvath et al., 2014).

As this report will later highlight, almost all the child protection referrals examined in this Province were alleged intra-familial CSA rather than allegations against third parties. Prior to discussing these referrals, an examination of the legislation pertaining to children and youth requiring protective intervention is required.

Background of Child Welfare in Newfoundland and Labrador

A review of the history of child protection in this province was completed to better understand the shaping of current practice. Child welfare services in Newfoundland and Labrador have undergone significant legislative, administrative, and strategic changes over the past three decades.

Legislative and Structural Changes

Until 1997, the responsibility for child protection services in Newfoundland and Labrador was under the purview of the Department of Social Services (DSS). In 1997, DSS was renamed the Department of Human Resources and Employment (DHRE). The following year on April 1st, 1998, the Department of Health and Community Services (DHCS) assumed responsibility for the policy direction of child protection services while the administration, management and service delivery were transferred from DHRE to multiple Health and Community Services (HCS) Boards. These changes coincided with the implementation of **The Child, Youth and Family Services Act** (SNL 1998) which came into force on January 5th, 2000. The **Act** represented a significant shift in how child welfare services were delivered in the province and replaced the previous **Child Welfare Act** which was over fifty years old at the time. The new legislation was centered on contemporary and preferred practices with a focus on early intervention, client participation, and community partnerships (Department of Health and Community Services, 2008) and contained new standards for response time to allegations of maltreatment (Deloitte and Touche, 2007).

In 2005, there was a restructuring of the 14 existing HCS Boards which resulted in Child Youth and Family Services coming under the four Regional Health Authorities (RHAs): Eastern, Central, Western, and Labrador-Grenfell. Several years later, there was a need identified for a separate department that could focus exclusively on service delivery to children, youth and their families external to the RHAs. The new department, the Department of Children, Youth and Family Services (CYFS) was created on March 26th, 2009, and was comprised of four regions across the province with 56 regional service delivery offices located throughout the regions (Blumenthal & Sinha, 2014).

This was followed by the introduction of new legislation, the **Children and Youth Care and Protection Act (CYCP)** (SNL 2010). The **Act** which was referred to as a “progressive new piece of legislation to better safeguard the province’s most vulnerable” (CYFS, 2010), came into force on June 30th, 2011. This legislative shift which focused on a child’s best interests was influenced by the Turner Report (2006) and the recommendations made by the 2008 CYFS Clinical Services Review years prior. The **CYCP Act** provided legislative authority for the delivery of services including the Protection Intervention Program (PIP), services to children and youth in care, placement resources, and the Youth Services Program. The **Act** also included a reduction in the number of temporary court orders for children in care, and an increased promotion of permanency planning and more robust monitoring for children in care.

The Department of Children, Seniors and Social Development (CSSD) was formed on August 17th, 2016, which combined the previous Department of Child Youth and Family Services with Seniors, Wellness and Social Development. New legislation followed in 2018 with the **Children, Youth and Families Act** (SNL 2018) which came into force on June 28th, 2019, and remains in use today. This **Act** built on the principles of the previous **Act**, with an enhanced focus on maintaining children and youth in their family homes, improved information sharing, and strengthening service delivery to Indigenous children, youth and their families. Highlights of the **Children, Youth and Families Act (CYFA)** also included the expansion of permanency options for children and youth in foster care and the establishment of a licensing and regulatory framework for out-of-home placements. The scope of duty to report was also expanded to include youth, and services for youth were expanded to the age of 18 under Youth Services Agreements (YSAs). In May 2025, the Department underwent another transformation and changed its name to the Department of Families and Affordability (FAMA). As of July 2025, consultations are in progress to explore potential improvements to the **CYFA**, which is required to be reviewed every 5 years.



Overview of Programs and Policies

Programs

FAMA's child welfare programs and services are provided under the legislative authority of the **CYFA**, mentioned previously. The Protective Intervention Program (PIP) is the gateway through which other interventions, programs, and services may be offered, such as when there is concern of maltreatment by a parent. Most of the documentation examined for the purposes of this review are from client PIP files.

Beyond the PIP, when the safety and well-being of a child cannot be maintained or assured in the family home, the Department has other programs and services that can be explored. These programs and services include Kinship Services, Protective Care Agreements, In Care Program, Youth Services Program, and Adoption. Documentation was examined from a variety of investigations into out-of-home placements including kinship homes, foster homes, and staffed residential placement resources (more information pertaining to this is provided later in this report).

Policies

As well as legislation, service provision to children and youth in need of protection has been guided by departmental policies and procedures. These are compiled in manuals which receive continuous revisions as required. They are also subject to regular review through the Child Protection and In Care Divisions. For the purposes of this special report, the relevant policy and procedure documents were the **Child, Youth and Family Services Standards & Policy Manual** (versions from 2007 to 2010), the **Protection and In Care Policy and Procedure Manual** (versions from 2011 to 2018) and the current **Protection and In Care Policy and Procedure Manual** (versions from 2019 to 2024). An additional policy was created and added to the most recent **Protection and In Care Policy and Procedure Manual** during the period of this review. It was provided to the Office of the Child and Youth Advocate in July 2025.

Decision-Making Models

Accompanying policy are decision-making models which guide child protection social workers as they assess the information they receive. This review examined work completed from 2007 to 2024, the span of which included three decision-making models.

RMS

In 2003, the Newfoundland and Labrador Risk Management System (RMS) was introduced and included a formalized risk management process. It was a response to “increasing numbers of maltreatment, increased liability in practice... and the inadequacy of the historical approach to risk assessment” (Risk Management System Manual, 2003). It replaced the New York Risk Assessment Tool which had been in use since 1993. RMS included nine key risk decision points as well as criteria to guide each decision. These decision points were linear, with each step building on the last. For example, Risk Decision #1 was for determining if a Child Protection Report (CPR) should be accepted for investigation, and Risk Decision #9 was about the termination of protective intervention. Each risk decision point guided the service provider through necessary steps, considerations, required consultation, and documentation.

RMDM

In June of 2013, the Risk Management Decision-Making (RMDM) model came into effect. The model promoted “a strengths-based approach to service delivery” with client engagement “... not viewed as an end, rather as a means of effectively assessing and securing the safety of the child” (Risk Management Decision Making Manual, 2013). RMDM included eight key standards starting with the screening of information (Standard 1) and ending with File Closure (Standard 8). Like the previous model, each standard outlined the specific tasks or activities that are performed by the social worker. Also included in each standard was its intent, step by step procedures, practice considerations, and companion tools and forms.

SDM

The currently used model, the Structured Decision Making Model (SDM), was introduced in 2018. Structured Decision Making and SDM are registered trademarks of Evident Change, a nonprofit that creates analytics and assessment models (Evident Change, 2025). The SDM is a comprehensive assessment and case management framework that combines current research and best practices with a social worker’s clinical judgment. The model includes clearly defined service standards, as well as evidence-based assessment tools to ensure consistent and accurate social service decisions.

Records Management

Documentation has always been an important tool for social workers working within child welfare. From 2000 until 2018, the Client and Referral Management System (CRMS) was the electronic database used by social workers to record client information and interactions. With the introduction of SDM in 2018 came the implementation of a new record keeping system for the Department called the Integrated Service Management System (ISM). SDM has been tailored to the Department's ISM system. That is, the SDM forms, such as the CPR, are populated in ISM for social workers to complete. Social workers and their supervisors then receive notifications when assessment forms and other documentation are due or past due.

ISM also acts as a database and can be used by social workers to complete records checks such as a child welfare history search to determine if there is a record of contact between the Department and a child, their family, or alleged perpetrators. All information and case files that were originally in CRMS have been converted over to ISM, so they are searchable by current child protection social workers.

Quality Division and Critical Injury and Death Protocol

The Quality Management Division of the Department was established in 2008. They are responsible for seeking opportunities for continued learning and improvement of practice. One of the ways this is achieved is through their review of all child and youth critical injuries, death notifications, and case reviews.

In December 2017, legislative changes were made to the **Child and Youth Advocate Act** to require mandatory reporting of all critical injuries and deaths of children and youth receiving services from the departments of Families and Affordability and Justice and Public Safety, or who had received services in the preceding twelve months. These changes took effect on March 7th, 2018. The Critical Injury and Death Protocol provides a list of examples defining what constitutes a critical injury. There are two examples in particular that are relevant to sexual maltreatment:

- A child/youth that has been a victim of a sexual assault that may result in significant long term physical or psychological trauma.
- A child/youth who has been the victim of a sexual assault by a person in a role of authority, trust or dependence (e.g., parent, foster parent, kinship provider, childcare provider, teacher, coach, etc.).

This reporting process is another level of oversight to ensure that when an injury does occur that the correct persons are notified, the correct professionals are involved, and support can be offered to the child and their family as needed.

Interdisciplinary Collaboration

Responding to alleged maltreatment such as CSA requires coordinated intervention by multiple professionals across various disciplines. This could include but is not limited to child protection services, law enforcement, medical services, and legal and victim services.

The Child Abuse Investigative Training Project

Child welfare and policing in Newfoundland and Labrador have a decades long relationship of collaboration. Together they have a history of multi-agency response to allegations of child abuse which is demonstrated most evidently in the long-time collaborative Child Abuse Investigation Training delivered by the RNC, RCMP, and FAMA.

The Child Abuse Investigative Training Project (CAITP) started in 1993 in response to recommendations of the (1991) **Hughes Inquiry**: “The Royal Commission of Inquiry into the Response of the Newfoundland Criminal Justice System to Complaints” (Mount Cashel Orphanage). Specifically, recommendations 13 and 23 are of note.

Recommendation 13 states:

“Members of the Royal Newfoundland Constabulary assigned to the Major Crime Section of the Criminal Investigation Division should receive training in all the procedures and techniques necessary to enable them to detect, investigate and testify in respect of the sexual offences defined in those sections of the **Criminal Code** of Canada introduced by an **Act** to amend the **Criminal Code** and the **Canada Evidence Act** S.C. 1987, c.24; R.S.C. 1985, c.19 (3rd Supp.) to standards the same as or equivalent to those observed by the Royal Canadian Mounted Police without delay.”

Recommendation 23 states:

“In the field of child abuse, sexual, physical and emotional, the training of social workers and police officers should be treated as basic and joint, and undertaken at the earliest possible time in their periods of service; it should consist of practical exercises in the techniques of interviewing complainants and preparation for trial; and it should be assisted or conducted by social workers and police officers with experience of delivering the services which are the subject of the training programme.”

Since 1993, the RCMP, RNC, Memorial University of Newfoundland (MUN)’s School of Social Work, and CYS have been collaborating on the provision of collaborative child abuse investigation training. During its inception, the School of Social Work contracted a coordinator for the project. The coordinator wrote two training manuals, “A Collaborative Approach for the Investigation of Child Sexual Abuse” and “Investigating Allegations of Child Sexual Abuse Regarding Very Young Children,” in 1993 and 1996, respectively. The coordinator was also responsible for the delivery of the training as well as other duties, including conducting research and completing curriculum updates as needed. This coordinator was required to report regularly to CAITP’s Steering Committee as required.

The **Turner Review and Investigation** conducted by the Office of the Child and Youth Advocate in 2006 also reiterated the need for multi-disciplinary training for the collaborative investigation and management of child abuse cases.

Recommendation 7.6 from **Turner** States:

“That the Province develop and deliver mandatory, multi-disciplinary education and training (including but not limited to) from police, health care professionals, educators, lawyers and caregivers, the focus of which is investigation and assessment of the need for protective intervention on behalf of the child or children.”

This recommendation has since been confirmed as implemented. In 2010, a new delivery model for the course was adopted by the CAITP and the revised course materials for participants and facilitators were created by 2011. The revised version included a stronger focus on professional skill development. There was also a reduction of training days required from five to three and required readings were provided to participants in advance. The coordinator left their position in 2012 and was not replaced. Management of the collaborative child abuse investigation training was taken over by the Training Unit under CYFS at the time. In 2016, the training manual and curriculum were further broadened and updated. The Department of CSSD contracted a subject matter expert to update the curriculum to reflect current research findings regarding child interviewing practices, sex offending, child abuse, and neglect. This updated curriculum was implemented in 2017 and will be discussed later in this report when training offerings are examined.

Memorandum of Understanding (MOU) with the Police

Collaboration between child welfare and policing is further solidified through a Memorandum of Understanding (MOU). The MOU represents an agreement that began in 1993 between the Child Welfare Department at the time (e.g., DOSS, CYFS, CSSD, FAMA), the Department of Justice and Public Safety, the Royal Newfoundland Constabulary (RNC) and the Royal Canadian Mounted Police (RCMP) for a coordinated response to child maltreatment. The MOU recognizes that each agency has separate mandates and pieces of legislation, and that inter-agency information sharing is needed regarding child abuse in Newfoundland and Labrador. The MOU assists in the prompt identification of children at risk of abuse and facilitates a timely investigation and prosecution of offenders. It is also followed when gathering statistical data of child abuse in the province. In November of 2013, a working committee was established between CYFS, the RNC, and the RCMP to review the MOU regularly.

All the Department’s policy and procedure manuals, regardless of the legislation in place at the time, contain a section related to the MOU, formally called Memorandum of Understanding on Information Sharing. There are two versions of the MOUs that were available for this review.

In the **Child, Youth and Family Services Policy and Standards Manual** (2007-2010) the MOU is outlined in section 2.1 and appended to the manual in Appendix B. The MOUs in this manual are dated March 1993.

In the **Protection and In Care Policy and Procedure Manual** (2011-2018) the MOU is outlined in section 1.6 and appended to the manual in Appendix A and A-1 for each MOU with the RCMP and the RNC, respectively.

In the **Protection and In Care Policy and Procedure Manual** (2019-present) the MOU is also outlined in section 1.6 and is appended to the manual in Appendix A and A-1 for each MOU with the RCMP and the RNC, respectively. The MOUs in the later versions of the policy manuals are dated March 2016 for the RCMP and June 2015 for the RNC.

There were no MOUs available to reflect the change in Department name from CYFS to CSSD or from CSSD to FAMA. Both MOUs are overdue for an update as they are only valid for a five-year term from the date they are signed (Section 6.1: Term; Appendix A and A-1, MOU). There was interdepartmental e-mail correspondence reviewed that noted CSSD was in the process of renewing the MOUs with both police agencies in June of 2021, but to date this has not been completed.

Interviewing Protocols

There are many interview protocols that are used nationally and internationally for the forensic interviewing of children by law enforcement and social workers alike. Two will be highlighted for the purposes of this report: Step-Wise and National Institute of Child Health and Human Development (NICHD) Protocols. While this report's focus is FAMA and CYS, both social workers and police officers complete forensic interviews together. Therefore, it is important to understand and comment upon which interviewing techniques are available to them.

PEACE and Phased Interview Models

Since 2010, all RNC officers receive training in the Preparation and Planning, Engage and Explain, Account, Clarify, Challenge, Closure, and Evaluation (PEACE) Model of Investigative Interviewing, which provides foundational interviewing knowledge and skills. The highlights of the PEACE Model include an emphasis on active listening and open-ended questioning. PEACE has five tiers, one of which includes an in-depth child interviewing course which is based on the NICHD Protocol, which will be discussed in more detail later in this document. All RNC officers have PEACE training, but not all are trained in the Protocol. Those officers who have this training are part of the Child Abuse and Sexual Assault (CASA) Unit and the Investigative Interviewing Unit.

Since 2015, the RCMP have been training officers using the Phased Interview Model (PIM) which is considered a hybrid model of PEACE, merging elements of PEACE with other tactics already available to police. In addition to PIM, some RCMP members have training using protocols for interviewing children such as Step-Wise or NICHD. These models are discussed further in the following sections.

Step-Wise

A model commonly used by professional interviewers of children is the Step-Wise Interview Protocol. Step-Wise was included as a method of interviewing in the CYFS **Protection and In Care Policy and Procedure Manuals** from 2011 until June 2015. The Step-Wise Interview (Yuille, 1993) was developed as a method for interviewing children in cases of alleged sexual abuse. Step-Wise interviewing has been in use since the early 1990's and has been updated overtime to reflect new and emerging research in child development as well as cultural considerations. The name "step-wise" comes from the use of the many steps (9 in total) that occur over the course of an interview (Eckert & Ha, 2024). The goal of the Step-Wise Protocol is to organize the interview steps in a way that maintains the integrity of the interview, maximizes the amount of information provided and minimizes trauma during the process (Yuille, 1993). Despite the existence of newer models, Step-Wise is still a widely accepted forensic child interviewing model today.

NICHD

Another widely used model is the National Institute of Child Health and Human Development (NICHD) Interviewing Protocol, developed by researchers Orbach, Hershkowitz, Lamb, Sternberg, Esplin, and Horowitz (2000). This is a newer and evidence-based model that increases the likelihood of obtaining complete and accurate information from child victims. It has clearly defined operational steps that assist interviewers, enabling them to ask more open-ended questions, extract more details, and ultimately increase disclosure rates (Cyr, 2020). The NICHD has been revised several times over the years and is sometimes referred to in the literature as the NICHD-R. The revised version was created to place stronger emphasis on providing social and emotional support to children to address emotional factors that could impact motivation and cooperativeness. This could include circumstances where the suspected offender is a family member or someone the child depends on emotionally or otherwise (Cyr, 2020).

As previously noted, the new Collaborative Child Abuse Investigations Training course was implemented in 2017. This updated training included the incorporation of the NICHD Protocol and removal of the Step-Wise Protocol. At the time of this change, the RNC had already ceased the use of the Step-Wise Protocol since 2010. However, the RCMP had and continues to have child abuse investigation protocols, standards, and processes that vary throughout the province and nationally. Despite this variation, all members from both police forces who complete the collaborative training alongside CYS social workers are trained in NICHD.

Professional Training for Collaborative Child Abuse Investigations

Steering Committee, Working Group, and Trainers Group

After the inception of the CAITP, a steering committee was created to provide oversight. The committee included representatives from each agency (School of Social Work, RCMP, RNC, and CYFS at the time). There was also an executive committee that met annually to discuss the work and direction of the project.

There have been many changes over the years in the name, structure, and professionals involved with the steering committee, but the spirit of collaboration has remained the same. More recent changes were made after the update to the Collaborative Child Abuse Investigations Training in 2017. An updated steering committee was created, called the Collaborative Child Abuse Investigations Training Committee. Members from each organization (FAMA, RNC, and RCMP) sit on the Committee. They first met in February of 2017 and continue to meet annually or on an as needed basis at the call of the Chair, who is the Director of Quality Management and Training with FAMA. The Committee members are responsible for: providing updates related to training, addressing concerns identified by the working group (see below), recommending annual funding allocation to senior management, and approving the annual training plan.

In addition to the Committee, there are two other groups that meet to discuss the collaborative child abuse trainings and investigations. A working group was established, and their first meeting was held in December of 2016. Meetings of this group occur quarterly or on an as needed basis. Their roles and responsibilities are outlined in a Terms of Reference. Finally, a trainers group was also established. The trainers group is co-chaired by the lead trainer from each of the three agencies (FAMA, RNC, RCMP). They meet twice per year, or on an as needed basis. The group's Terms of Reference lists the roles and responsibilities and states the first meeting was held on December 1st, 2020.

Training Delivery

The delivery of the Collaborative Child Abuse Investigations Training course with the NICHD protocol is scheduled to occur at least four times per year. This is usually twice a year in the St. John's/Metro area in either January or February and again in November. The Central and Western portion of the island deliver training once yearly between March and May. There is one training per year in Labrador which occurs in Goose Bay in September or October.

Training usually consists of 20 participant spaces per session. Ten of these spaces are reserved for child protection social workers with CYS, and the other ten spaces are for police officers from the RNC and RCMP, ideally five from each. These numbers can vary slightly depending on availability and any emergencies that may arise. CYS maintains a standby list so

alternative social workers are prepared to attend the training as space arises. When a police participant is unable to attend, their space is first offered to the alternate police organization, and secondly to child protection staff.

Staff from both policing and child welfare are trained together to create familiarity and reinforce the team approach. The training aims to promote joint social work and police investigations while improving investigation and interviewing skills as it pertains to children and youth. The training is offered by two facilitators, a lead child protection social worker and a police officer, over a period of three days. Guest speakers are also brought in when available. The curriculum is divided into 10 modules and includes time for small group activities and practice and critique sessions.

According to numbers from CSSD, as of October 22, 2020, the number of professionals who completed the Collaborative Child Abuse Investigations Training was 240; 144 from CSSD, 49 from the RNC, and 47 from the RCMP. CSSD have also run NICHD training for Clinical Program Supervisors separate from the collaborative trainings with the goal of having all those in supervisory positions trained. Collaborative trainings continue to be delivered.

Post-Training Support

Once the initial collaborative training is over, post-training support is important for professionals in the field. The RNC provides post training support to staff in the Criminal Investigations Division that have completed NICHD Protocol training and Collaborative Child Abuse Investigations training. This is achieved through consultation regarding investigations and interviews as well as peer and Sergeant interview reviews and feedback as needed. Similarly, while there is no formal post-training process, the RCMP provides consultative support to assist members in child abuse investigations as needed.

FAMA does not offer any formal post-training support to social workers. However, they have a Training and Development Unit that workers can access for support and to ask specific questions whenever needed. In addition, where possible, all Clinical Program Supervisors are trained in the use of the Collaborative Child Abuse Investigations and the NICHD Protocol so they can provide support to social workers that report to them. This is complemented by an enhanced management training for Clinical Program Supervisors and Zone Managers so learning can be transferred to other workers.

In the past, the Collaborative Child Abuse Investigations Training Committee attempted to coordinate a Collaborative Child Abuse Investigations Community of Practice. This was an endeavor to have meetings with all social workers and police officers who had completed the training, as well as the trainers. Due to low attendance and the crisis driven nature of the work, these meetings did not continue.

In Practice

When a police officer and social worker determine that a forensic child interview is required, they work together to create an interview plan. The social worker is responsible for assessing the child's immediate safety while the police officer is seeking to determine if a crime has occurred and if charges can be laid. While both professionals have different mandates and seek different outcomes, their practice must converge during the interview process. Before beginning the interview, the level of training and experience of the police officer and social worker must be considered as well as which interview protocol will be used and who will lead the interview.

There have been some noted practice issues along the way. For example, there exists documented concerns that CYFS (at the time) and the RNC were not on the same page when the RNC began utilizing the PEACE model to conduct interviews. These concerns arose again when Step-Wise was phased out in favor of the NICHD. It was recognized by the Department that social workers and police having different training meant that they could not successfully engage in the joint interview approach. When these concerns occurred, they were brought to the attention of upper management and were ultimately resolved by meetings of the Collaborative Child Abuse Investigations Steering Committee.

The Committee determined that wherever possible, the NICHD Protocol should be implemented and used. A police officer with NICHD training is most preferred to be a lead interviewer. When an NICHD trained officer is not available to conduct a forensic child interview, then a Step-Wise trained officer would be next preferred. After that, an NICHD trained social worker would be preferred, followed by a Step-Wise training social worker. If neither party is trained in child interviewing, then the police offer should lead the interview but is expected to seek internal support.

The second interviewer, often the social worker, observes the interview from outside of the room using the available audio and visual equipment. They are well positioned to make observations and suggestions regarding strategies, process, and questioning. They may also need to determine whether more direct questions are needed to assess the child's safety. Once an interview is completed, the lead officer will connect with the social worker as soon as possible to advise of the interview outcome. At this time, the social worker can be provided with copies of recordings and transcripts from the interview for their review and consideration as they complete their child protection investigation.

While it would be ideal to have consistency of child abuse interviewing standards and practices throughout Newfoundland and Labrador, this is not currently possible. Both Step-Wise and NICHD are still widely in use by law enforcement agencies. Despite this, the preference is for NICHD, and the Department has shown its ability to adapt as needed to suit differing styles in child interviewing by the two police agencies. One such example was in 2022, when the RNC and CSSD discussed operational issues, specifically around how social workers were engaging with the CASA unit. It was determined that social workers could benefit from additional training in the form of a webinar or video presentation on topics such as an overview

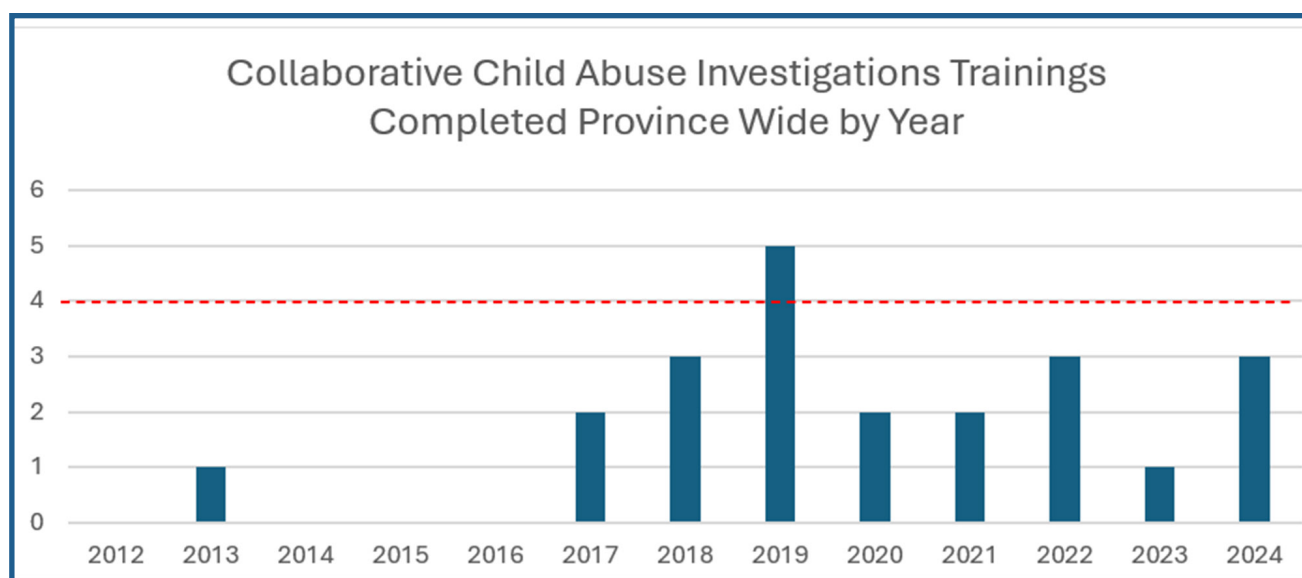
of CASA and the referrals officer, who to contact and when, and what can and cannot be released. Clarification was also needed related to on-going concerns with joint investigations, namely when the social worker can investigate allegations on their own and when they need to stop and ensure CASA is there. CSSD were swift in their response to provide additional training to their staff and showed an ability to work collaboratively and address concerns as they arise.

Department Training Schedules

Through their Training Unit, the Department of FAMA offers a wide variety of in-person and virtual trainings for both new and existing social workers, supervisors, and management. After a review of training schedules offered over the years, it is evident that the Department is committed to offering trainings to CYS staff on a regular basis.

Collaborative Child Abuse Investigation Training

Of most significance to this review, is the Collaborative Child Abuse Investigation Training, which is also referred to as the Collaborative Child Forensic Investigations in the documentation reviewed. An examination of the training schedules for the Collaborative Child Abuse Investigation Training was completed from 2012 to present. Earlier data was not available because prior to 2012 the MUN School of Social Work held responsibility for the contracted position who managed training delivery.

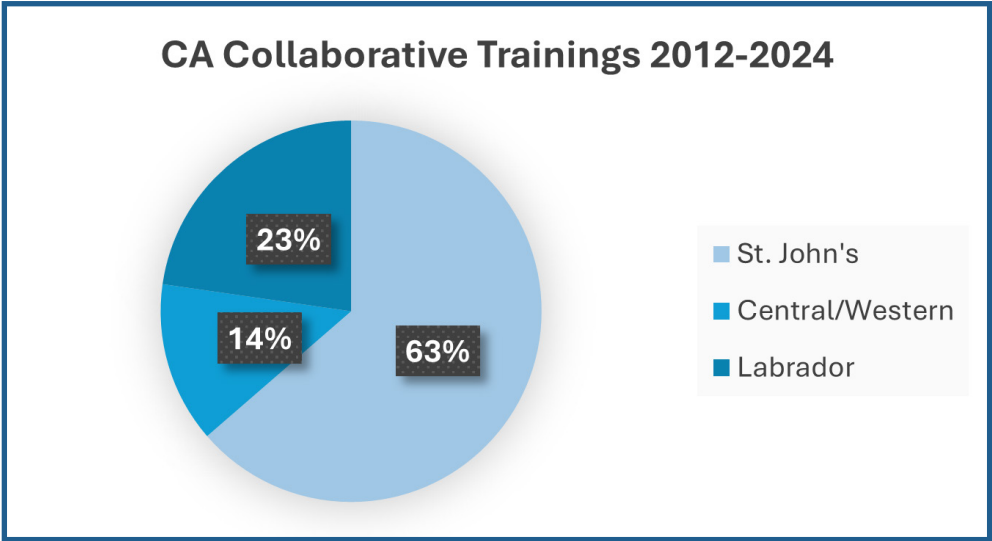


Information regarding training sessions was compiled from various sources provided by the Department including portions of training schedules, meeting minutes from the Training Committee, and minutes from meetings between the OCYA, CSSD, RNC, and RCMP officials regarding collaborative interviews.

The red dotted line indicates the expected number of trainings per year which is four. This target number was discussed during a committee meeting. It was suggested that given population distribution, two of the four trainings should occur in St. John's, one in Central West, and one in Goose Bay, Labrador. Out of the 13 years examined, four or more trainings was achieved only once in 2019. Please note that two of the trainings sessions in 2024 occurred after this review began, but have been included.

Efforts were made to schedule trainings in 2013 and 2014 as evidenced by two trainings scheduled in 2013 and four in 2014 that did not go ahead. Reasons noted for cancellations of trainings included logistical issues, human resource challenges, and “on hold by executive”. On July 1st, 2015, the CYFS Training Unit was transferred from Stephenville to St. John's with new training officers taking over all trainings. After this transfer, the training schedules received did not indicate if there were any cancelled trainings.

Also of note is a stark increase in training offerings after 2017. This timing corresponds with the updating of the curriculum and training materials to include the NICHD protocol. There was a significant decrease in the number of trainings provided after 2019. This may be attributed in part to the COVID-19 pandemic which impacted in-person offerings in 2020 and 2021. It is promising to see that trainings were offered three times in both 2022 and 2024 and is trending upward.



Looking at all collaborative trainings from January 2012 to December 2024, trainings occurred in St. John's far more often than other regions of the province; totaling 14 out of 22 trainings. This high number is appropriate due to the larger population of the St. John's Metro area and therefore higher numbers of children, social workers, and police. Of the remaining trainings, three occurred in the Western or Central region (Corner Brook or Deer Lake), and five occurred in Goose Bay, Labrador.

Additional Trainings

The Department's Training Unit provides a variety of other relevant trainings which are offered either in-person or virtually. Below is a table listing the number of offerings for each training over the twelve-year period examined. The Collaborative Child Forensic Investigations Training is not included as it was discussed separately in the above paragraphs.

Training Name	Number of Times Delivered Between Jan 2012 and Dec 2024
Basic Orientation Training (includes Pre-Core)	51
Orientation to Documentation	37
Documentation Skills 1 (includes refreshers)	3
Documentation Skills 2	1
Legal Aspects (includes refreshers)	43
Interviewing Skills	6
Core 1 & 2 (offered together)	15
Core 3 & 4 (offered together)	33
Core 5 (includes supervisory trainings)	23
Core 6 (includes supervisory trainings)	18
Core 7 (includes supervisory trainings)	2
Core 8	4
SDM (includes refreshers and ISM training)	54
RMDM (includes CRMS training)	20
RMS (includes CRMS training)	4
Child Development and the Impacts of Maltreatment	4
Introduction to Family Violence	4
Think Trauma	1
Introduction to Working in the PIP	5
Managing Diversity	2
Indigenous Presentation	1
Clinical Supervision	3
Disclosures of Sexual Abuse/Sexual Exploitation from Youth	1

The table presents the number of trainings that went ahead from January 2012 to December 2024. Trainings were included if there were a confirmed number of participants who attended. For example, the training "Managing Diversity" was offered on at least five occasions, but only went ahead two of those times, therefore it was counted twice in the table.

Some trainings were offered frequently as they are required for new employees working on the frontline, including: “Basic Orientation,” “Orientation to Documentation”, and “Legal Aspects”. Employees also received training in whichever decision-making model was in use (RMS, RMDM, or SDM). The numbers of participants in each session were provided for this review. The training with the least amount of participants went ahead with only one participant, but this was atypical. Most trainings had approximately 10-20 participants at a time. It was rare to see trainings exceed 25 participants, and when this occurred it was typically for sessions offered in virtual format.

There are other trainings that are offered to social workers less frequently or are limited offerings. For example, the training “Introduction to Family Violence” was offered twice in 2021 and twice in 2022 and hasn’t been offered since. More recently, “Interviewing Skills” training was offered 6 times, 4 times in St. John’s and twice in Corner Brook since 2022. Another learning opportunity, “Child Development and the Impacts of Maltreatment,” was piloted in 2019 and continues to be offered once per year, except for 2022.

CSA content is a component in multiple departmental trainings. It was a topic in the “Core” orientation modules, particularly Core 1 and 2. These Core modules were offered until the end of 2017, when SDM was introduced. “SDM Training” takes place over multiple days and is required for new employees of the former Department of Children, Seniors and Social Development. The training in this decision-making model includes lessons about assessment tools, policies and procedures, and documentation that is required from an initial intake until a file closes. There are training slides about how to identify and define types of abuse. Trainees also learn to create protection and investigation plans including working with the police and interviewing relevant parties.

Another training called “Legal Aspects” also contains information about CSA and it is offered regularly. The training educates the social worker in topics including the age of consent, criminal proceedings, court structure, and how to support a child through the court process. Finally, a unique offering called “Disclosures of Sexual Abuse/Sexual Exploitation from Youth” was offered to social workers in 2022 as an “Advancing Practice Together” session. This session was provided through a partnership between the former Department of CSSD and MUN’s School of Social Work. “The training outlines the warning signs and patterns of abuse, disclosure process, and focuses on best practices for receiving the information and assisting youth to navigate their trauma.” The training presentation was recorded for future use.

It is evident that the Department has made a significant commitment to training frontline staff and their supervisors with respect to investigating child sexual abuse. This includes formalized long standing partnerships with the province’s policing agencies.

Provincial Partnerships, Stakeholders, and Collaborators

Child and Youth Advocacy Centres

As previously discussed, the response to CSA is multifaceted. It requires the intersection of many agencies including child welfare, law enforcement, medical care, and mental health and victim support services. These entities may have separate mandates but all overlap in their level of involvement and information sharing when it comes to a child victim (Shaffer et al., 2021). Efforts such as the local MOUs attempt to increase collaboration, but strains on a child victim and their family still exist. The Child and Youth Advocacy Centre model further addresses the fragmentation of service delivery by bringing the various sectors together under one entity.

Child and Youth Advocacy Centres (abbreviated in the literature as CYACs or CACs) are “regarded as the leading practice in responding to child abuse cases” and operate in more than 20 countries worldwide (Child and Youth Advocacy Centres of Canada, 2024). CYACs provide a multidisciplinary approach in a trauma-informed and age-appropriate environment for child victims and their families. The first CYAC in Canada was founded in Edmonton in 2002. The creation of additional CYACs across Canada began slowly in the early 2000’s until the Department of Justice’s Federal Victims Strategy began providing support and funding in 2010. During the 2021-22 fiscal year, Canadian CYACs served 10,665 child and youth victims (Justice Canada, 2024). This number represents victims of both sexual and physical abuse.

Despite these successes, the level of federal funding for CYACs in Canada is substantially lower than in other countries, such as the United States (Shaffer et al., 2021; Justice Canada 2024). Securing sustainable funding was identified as a challenge by over half of all Canadian CYACs in the last CYAC National Operational Survey, including the one located in Newfoundland and Labrador (Justice Canada, 2024).

North Star Child and Youth Advocacy Centre

North Star Child and Youth Advocacy Centre (CYAC) was the first Child Advocacy Centre in Newfoundland and Labrador. North Star was in development for several years and was spearheaded by the Steering Committee for the Development of a Child Advocacy Centre in Newfoundland and Labrador which was formed in March 2017. The Committee was composed of members from CSSD, Victim Services, Eastern Health, the RNC, RCMP, and Key Assets. There had been previously expressed interest in the development of a CYAC in Newfoundland and Labrador through the acquisition of federal funding. This funding required sponsorship by a non-governmental, not-for-profit organization, and Key Assets Newfoundland and Labrador decided to sponsor the initiative in 2017. There was a later feasibility study completed by Goss Gilroy in 2018. Key Assets applied for funding through the Justice Canada Victims Fund and provided several “in kind” contributions as the funding received did not cover the total required costs. Documentation reviewed from 2019 identified that a satellite site in Happy Valley-Goose Bay (HVGB), Labrador was also proposed.

North Star CYAC opened its doors in St. John's in early 2022, hosted in a building owned by Key Assets and co-located with the Children and Youth in Alternative Care Clinic (CAYAC). The establishment of North Star CYAC created a single access point in the St. John's metropolitan areas for the investigation and provision of support services to children and youth who experienced abuse or violence. It provided them with a child-friendly space where forensic interviews could be completed as opposed to a police station. A variety of professionals accessed the centre including police, child protection social workers, pediatricians, mental health counsellors, and victim services.

In addition, there were two staff, a coordinator and a navigator, who worked collaboratively with agency partners at the Centre. Their role was to facilitate multidisciplinary team meetings, provide support to victims and their families, and assist them with systems navigation. An MOU was established between North Star CYAC and its partners (including CSSD, RNC, and RCMP) to facilitate information sharing. There was also a Board of Directors and Interagency Steering Committee whose meeting minutes were reviewed for this report.

Unfortunately, North Star CYAC closed its doors in March 2023, just over a year after opening. The circumstances around the closure are not fully known. Two employees left their positions which was followed by a reclaiming of the space by Key Assets. A memo was issued to CSSD staff advising that they should revert to the process for joint interviews that was in effect prior to the Centre's opening.

Regardless of the reason, the closing of North Star CYAC caused the reemergence of gaps in service for child victims and their families in St. John's. There is no longer a single child friendly space where coordinated investigations and interview processes can take place. Children may unintentionally become revictimized by having to repeat their story multiple times to the various service providers. Families now have to seek information and support from a variety of agencies in various locations rather than have a single location where continuous support is provided.

At the time of this writing, efforts are underway to explore the reopening of the CYAC in St. John's. This is encouraging given that access to the CYAC model of care is widely regarded as best practice for child victims.

The Janeway Children's Hospital

Another long-standing partner to highlight when examining the response to CSA is NL Health Services. FAMA has a long established relationship with the provincial children's hospital. The Janeway Children's Hospital, ("The Janeway"), has a child protection team that handles cases of physical and sexual abuse. There is also a Janeway Child Protection Committee Steering Committee that ensures best practice is being followed.

Additionally, there is a full-time child protection Janeway liaison social work position who works within the Janeway Child Protection Team. The social worker in this unique position is responsible for receiving requests from CYS social workers for child medical referrals to facilitate this process. The position is another example of how the Department maintains relationships and communicates with other professionals.

Child protection medicals are required in some instances when physical or sexual maltreatment has occurred. Upon the opening of the North Star CYAC, child protection medicals were completed at the CYAC rather than at the Janeway, unless they were required after hours. The medicals have since moved back to the Janeway after the CYAC's closure.

The Department of Justice and Public Safety

Policing

As previously noted, there are two policing agencies in this province: the RNC and the RCMP. Specific to children and youth, the Criminal Investigation Division of the RNC houses the CASA Unit which investigates both physical and sexual assaults. CASA has a dedicated officer that deals solely with FAMA to ensure the safety of children at risk.

Also of note, is the Integrated Internet Child Exploitation Unit which is a joint unit of the RNC and RCMP. The RNC website describes the unit as responsible for online child sexual exploitation. This includes "the transmission, production, possessions and accessing of child pornography, voyeurism, publication of intimate images without consent, making sexually explicit material available to a child, luring a child, and, agreement or arrangement to commit a sexual offence against a child."

In addition to these policing services and prosecutorial responsibilities, there are two other areas of note where the Department of Justice and Public Safety interacts with the Department of Families and Affordability regularly.

Agency Notifications

The Department of Families and Affordability receives agency notifications for sex offenders from Adult Probation. These notifications are regarding all sexual offences and include victims that are children as well as intimate partners. They are typically received monthly and are faxed to CYS' Provincial Intake or to the local regional office. If a notification is received at a regional office, then clerical staff will e-mail it to Intake where it is printed. These are housed in a folder in the Provincial Intake Supervisor's office.

According to reviewed documentation, the CYS intake team has been adding copies of the notifications to the ISM since February 2024. This provides the opportunity for intake, and all staff with ISM access, to search a name as part of an initial record check should a referral be made on that person in the future. This individual would also show up as part of an initial record check on a CPR which is completed through the ISM.

CYS reviews the received information pertaining to convictions of sexual assault, no matter if they are against a child and/or an adult, to determine if further intervention is required. While an offender may not have any children of their own, they may be connected to a child and their family if they are in a relationship with someone who has children. A parent in this situation would need to be given the information received by CYS indicating their partner has convictions of sexual assault against a child. The parent could then act protectively once they have information that they know may place their child at risk. If an agency notification is received and the offender is a parent, CYS would also screen that information to determine if further intervention is required, such as if the child is at risk when with the offending parent.

Victim Services

Victim Services is a free service offered province wide by the Department of Justice and Public Safety. Children and youth under the age of 16 are eligible for services if they are required to testify in criminal proceedings. While referrals can come from anyone, typically child protection workers and police are the most common sources. Victim Services provides information and guidance through the court process to children and their families. They also assist with the writing of victim impact statements and can refer clients for therapeutic counselling as required (Department of Justice and Public Safety, 2022). While an excellent resource, there must be charges laid for a child to receive service, and it is acknowledged that CSA cases rarely end up in court.

As of November 2024, Victim Services was revising its policies and consulting with the Department of CSSD around the sharing of information. There were discussions around approaches that could be taken such as the development of a standardized form to report information. Clarification around what Victim Services staff should and should not be reporting to the Department was also provided.

First Light

First Light is a registered charity and non-profit organization located in St. John's. They offer a wide variety of programming, trainings, and support for all people, with services rooted in the strength and celebration of Indigenous culture. Some highlights of the organization's services are a cultural support team who can provide connection to land-based activities and resources, as well as connection within the community. There are also three Indigenous patient navigators in partnership with NL Health Services to provide support and assistance related to health care. While there are no services specific to CSA, there are initiatives in areas including childcare, housing, transportation, arts, and more. All programming and events are rooted in Indigenous healing, connection and empowerment (First Light, 2025).

Miles for Smiles and Body Safety Program

Miles for Smiles Foundation is a non-profit organization based in St. John's. It was founded by a local advocate who was also a board member for the North Star CYAC. Miles for Smiles has three pillars that represent their work: support, awareness, and prevention.

The organization has been advocating to Government for several years regarding the implementation of an educational program for children and youth of this province. In 2023, the Minister of Education at the time, announced that "Kids in the Know", a body safety program for children, would be available in all K-9 classrooms in Newfoundland and Labrador starting in September 2025. Kids in the Know is a national safety education program from the Canadian Centre for Child Protection. It is a prevention-oriented CSA program that teaches students age-appropriate strategies to recognize CSA and to tell a trusted adult.

Sexual Assault Nurse Examiner's Program

The Sexual Assault Nurse Examiner (SANE) Program has been providing services since November 2005 (Eastern Health, 2021) and is based in the emergency department at St. Clare's Mercy Hospital. SANE nurses are trained first responders who provide medical and psychological treatment to victims of sexual assault. They also engage in forensic assessment and evidence gathering duties. Historically, the SANE program accepted persons over the age of 16.

However, the age requirement has changed in recent years. When the **CYFA** was introduced in 2019, there was concern by SANE nurses that 16- and 17-year-olds would refuse treatment if there was a risk that their parents/guardians would be notified by child protection. Discussions occurred between the hospital and CSSD at the time seeking clarification regarding the legislative changes. CSSD's Policy and Program Development Division explained that the **CYFA** requires mandated reporting if a youth (16 and 17) is in need of protective intervention which is defined as a child or youth who has experienced or is at risk of experiencing abuse or neglect due to action or lack of action by a parent. Any youth engagement with CYS services would be voluntary. Currently, the SANE Program is only being offered to victims over the age of 18. Younger victims receive the same level of medical care at the Janeway.

The Journey Project

The Journey Project (JP) was founded in 2017 as a collaborative initiative between Public Legal Information Association of Newfoundland (PLIAN) and End Sexual Violence Newfoundland and Labrador (ESVNL), formerly the Newfoundland and Labrador Sexual Assault Crisis and Prevention Centre. JP assists survivors of sexual violence and/or intimate partner violence in Newfoundland and Labrador through the provision of individualized connection, support, and navigation of legal options. Initially JP serviced people over 16 years of age but in January 2023 they expanded to provide legal supports and services to children and youth. This provided another resource for child and youth victims and their families.

The JP's website has resources for non-offending parents and caregivers who are supporting a child who has experienced sexual abuse. Its staff are a team of Legal Support Navigators that provide legal information and support in the form of legal clinics, systems navigation, emotional support, as well as accompaniments to court, the police station, or hospital. JP also runs the Journey Project Legal Support Services where participants can receive free legal advice from lawyers. It is documented in reviewed correspondence that JP and FAMA have presented to each other on several occasions regarding their respective mandates and services. JP also consulted with the FAMA's Training Unit and Policy and Program Development Unit upon their expansion to support child and youth victims.

End Sexual Violence Newfoundland and Labrador

End Sexual Violence Newfoundland and Labrador (ESVNL) is a non-profit, community-based organization that provides confidential support to any person impacted by sexual violence. ESVNL operates a province-wide 24-hour support and information line, 365 days a year. The line which has no age limit, is run by volunteers who are trained to respond to disclosures in a supportive manner. According to their website, in addition to the support and information line, ESVNL provides accompaniments to the hospital or police stations as required. They also offer a weekly skill-building and peer support group for people impacted by sexual violence. In late 2024, ESVNL and the Mokami Status of Women Council launched a joint project for free, accessible, trauma-informed, and culturally sensitive counselling. The service, the Fireweed Counselling Collective, is available to those impacted by gender-based violence in the Labrador region who are over the age of 18.

Coalition Against the Sexual Exploitation of Youth

The Coalition Against the Sexual Exploitation of Youth (CASEY) is the only organization in the province with a mandate to address the sexual exploitation of youth. They are a coalition of stakeholders and representatives from both community and government agencies. CASEY offers a wide variety of resources for youth, families, and professionals. They also provide presentations and in-depth trainings on sexual exploitation created and delivered by persons with lived experience. CASEY was responsible for proposing and sponsoring the government commissioned report on sexual exploitation in the province in 2011. The report which was funded through the Women's Policy Office (now the Office of Women and Gender Equality),

was called “It’s Nobody’s Mandate and Everyone’s Responsibility: Sexual Exploitation and the Sex Trade in Newfoundland and Labrador” and it confirmed the existence of widespread child and youth sexual exploitation in the province.

A more recent piece of work from CASEY was a report published in 2023 called “Breaking the Culture of Silence in Newfoundland & Labrador: Provincial Assessment of Youth Sexual Exploitation (YSE)”. This report examined the realities of youth sexual exploitation in the province and made several recommendations to prevent, address, and respond to it. Areas of recommendation centered around the need for increased government leadership and commitment of resources in the form of long-term sustainable funding for public education, staffing and supports related to sexual exploitation as well as anti-poverty policies and strategies (Kippenhuck, 2023). Correspondence reviewed for this report showed that CASEY continuously engages departments within government, including FAMA, to advocate for a formalized provincial response to trafficking and exploitation for persons of all ages.

National Initiatives

Canadian Centre for Child Protection and Cybertip.ca

The Canadian Centre for Child Protection, also known as C3P, operates Cybertip.ca, a national tipline for reporting online sexual abuse and exploitation of youth. Cybertip.ca has been in operation since 2002 and became part of the Government of Canada’s National Strategy for the Protection of Children for Sexual Exploitation on the Internet. Under the National Strategy, Cybertip.ca was mandated to receive reports about online CSA and exploitation and refer any relevant leads to the appropriate law enforcement agency and/or child welfare agency.

The “tips” are reports sent to child welfare agencies regarding a child, or children, who may be in need of protection, or about a possible offender who may have access to children in the area. Each partnering agency provides C3P with a designated contact, who gets notified and receives a link to the reports in the C3P Cybertip.ca Child Welfare Portal. The primary contact can then log in and access the reports through the Portal, confirm receipt, and distribute, as necessary. According to reviewed correspondence, Newfoundland and Labrador were approached by C3P in July of 2019 to partner. Currently the Interprovincial Coordinator with the Department’s Provincial Office is the designated point of contact for the incoming tips and reports. The Combined Forces Special Enforcement Unit (RNC and RCMP) also receive these tips and reports.

Further to this, C3P has many resources and trainings available to child welfare agencies and other professionals working with children. Provincially, CYS staff were offered Child Sexual Abuse Awareness Training as well as an Expert Interview Series through C3P’s Virtual Training Academy. Further, this past year, the Government of Newfoundland and Labrador committed \$200,000.00 for the Department of Education to offer C3P’s online training program to Grade 7 to 12 teachers, guidance counsellors, and school administrators (Department of Education and Office of Women and Gender Equality, May 23, 2024).

Kids Help Phone

Kids Help Phone is Canada's only free e-mental health service that is available 24 hours a day and 7 days a week by online chat, text message or phone call. They provide a confidential service where a young person can receive validation, information, and crisis support in the language of their choice. The organization also has multiple action plans and initiatives for marginalized service users including those who identify as Indigenous, Black, or newcomers. Their website has an extensive content library with over 400 resources for youth and adults, including those related to identifying and seeking support for sexual abuse and exploitation (Kids Help Phone, 2025).

Summary

The historical and present-day context of child welfare engagement in cases of CSA in this province is built on partnerships and collaboration. The Department of Families and Affordability has many firmly established relationships with other professionals, departments and stakeholders. Over the years, continued collaboration and robust training have remained a priority.

Provincial and national initiatives were highlighted. While not an exhaustive list, it is representative of options available to professionals as well as survivors of CSA and their families.

The next section of this report takes an in-depth examination of the steps a child protection social worker takes when a report is received alleging CSA or exploitation. The report also includes an analysis of randomly selected CPRs based on the legislation, policies, and decision-making models applied at the time. The response is largely the same in every situation with minor differences depending on factors such as whether the alleged perpetrator is a third party, the child victim's age, and the child's current care arrangement. The strengths and needs of the processes are discussed as well as future considerations.

Determining the Need for Protective Intervention

The responses to allegations of maltreatment that include CSA or exploitation have not changed significantly over the years. The first step is that information of an allegation is provided to the appropriate intake through the duty to report. This process typically occurs by telephone but can also include other formats such as in-person visits or written reports or e-mails. In the past there was a regional intake system, but this changed in January 2023 when the pilot of the Provincial Intake Line began. Currently all referral information across the province is processed by this team.

When the Intake Team receives a report regarding a child that may be in need of protective intervention (sexual maltreatment or otherwise), the information must be assessed under the appropriate subsection of the legislation in use at the time.

In the **Child, Youth and Family Services Act** (1998), which applied from 1998 to 2010, 'Determining the Need for Protective Intervention' is outlined in Section 16.

16. (1) Upon receiving information that a child is or may be in need of protective intervention, a director or social worker shall assess the information to determine if there are reasonable ground to believe that a child is in need of protective intervention.

- (2) After the assessment, a director or social worker may
- (a) determine that protective intervention is not required;
 - (b) offer support services to the child and family;
 - (c) refer the child and family to other resources, or
 - (d) investigate further the child's need for protective intervention.

In the two subsequent pieces of legislation, ‘Determining the Need for Protective Intervention’ is outlined in Section 12 instead of 16. They are worded the same except for two additional subsections. Section 12 of the **Children and Youth Care and Protection Act** (2010) reads as follows:

12. (1) Where a manager or social worker receives information in the form of:
- (a) a request for protective intervention services;
 - (b) a report under section 11; or
 - (c) other evidence that a child may be in need of protective intervention

the manager or social worker shall investigate whether the child is in need of protective intervention unless, upon assessment, the manager or social worker is satisfied that the information provided was without merit or without reasonable grounds.

(2) Where, after an investigation referred to in subsection (1), the manager or social worker has determined that the child is in need of protective intervention, the manager or social worker shall

- (a) enter into a written agreement with the parent outlining the plan for the child and the child’s parent with respect to the required services; or
- (b) where the manager or social worker is not satisfied that the child’s need for protective intervention can be met under paragraph (a), take whatever action under this Act that the manager or social worker considers appropriate.

(3) Where,

- (a) upon assessing information received under subsection (1), a manager or social worker is satisfied that the information provided was without merit or without reasonable grounds;
- or
- (b) after an investigation referred to in subsection (1), a manager or social worker has determined that the child is not in need of protective intervention,

the manager or social worker may, where appropriate, refer the child or the child’s parent to health care, social, legal or other services which may assist the child or the child’s parent and may, in exceptional circumstances, enter into a written agreement outlining the plan for the child and the child’s parent with respect to the required services.

(3) An agreement under this section shall set out the responsibilities of each party to the agreement.

The current **Children, Youth and Families Act** (2018), further expands Section 12 to include seven subsections. The first three subsections are identical to the 2010 legislation except for the clause “with respect to a child” which was added to refer to children who are aged 0-15 and not older. This is because once the CYFA was enacted, the scope of determining the need for protective intervention expanded to include youth (more on this below).

Assessment of Information

This review identified that no matter which version of the legislation applied, the intake social worker’s actions were the same. They were, and still are, responsible for gathering any information necessary to determine if a protective intervention investigation is required. A determination must then be made about whether reasonable grounds exist to believe that the child is in need of protective intervention, due to the action or inaction of a parent, as defined in the legislation (section 2(1)(x) of the **CYFA**).

All three pieces of legislation examined include a definition for a child in need of protective intervention. This is in section 14 of the **Child, Youth and Family Services Act** (1998), and section 10 in both the **Children and Youth Care and Protection Act** (2010) and the **Children, Youth and Families Act** (2018).

As it relates to sexual abuse and exploitation, the wording is the same in all three pieces of legislation. They also have the same subsection letter in each of their respective sections (14 or 10).

Items b) and e) are the two most relevant to this review:

A child is in need of protective intervention where the child

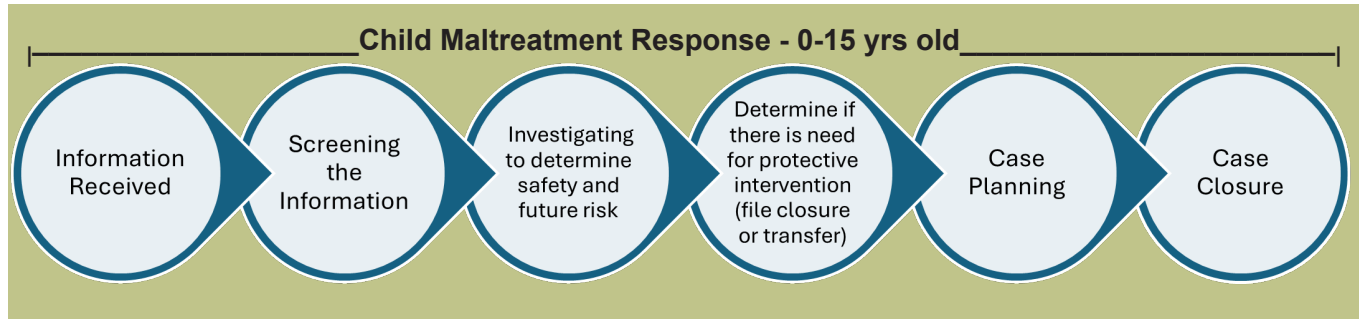
(b) is being, or is at risk of being, sexually abused or exploited by the child parent;

(e) is being, or is at risk of being, sexually abused or exploited by a person and the child’s parent does not protect the child.

All referrals alleging CSA and/or exploitation would be screened the same way. The CYS social worker would be responsible for using the appropriate legislation, policies, and decision-making model available to them at the time.

Children from 0 to 15

The Department can intervene involuntarily to assess and ensure a child's safety. The definition of a child in the current legislation is "a person actually or apparently under 16 years of age" (section 2(1)(d) of the **CYFA**). The child maltreatment response from 0-15 is represented in the following graphic:



Under all past and present decision-making models, when referral information is received, the first step is to determine if the report should be accepted for investigation. Actions taken by the child protection worker include:

- Obtaining thorough information from the referral source, including but not limited to:
 - Names, locations and contact information for every child who may be in need of protection.
 - Names, locations, and contact information for the parents/caregivers and other relevant family members such as siblings.
 - Details around the circumstances/situation which prompted the report/child protection concerns.
 - Information regarding the alleged perpetrator and their ability to access the child/children.
 - Other witnesses or possible sources of information
 - The child and family strengths/protective factors and sources of support
- Assessing the referral source's motivation and credibility
- Completing an Initial Records Check for current/previous involvement.
- Ensuring the criteria of jurisdiction and reasonable grounds are met.
- Consulting with a supervisor and having them sign off approval.
- Developing an Investigation Plan

It is through a clinical assessment of the information that the social worker determines if the child is in need of protective intervention. Procedures related to this assessment are identified in Policy 1.3 of the most recent **Protection and In Care Policy and Procedure Manual**. If a social worker believes that the child is or may be in need of protective intervention in accordance with the respective section(s) of the legislation, then the referral is screened-in as requiring investigation as part of the Protective Intervention Program.

If the social worker believes after a clinical assessment of the concerns, that the child is not in need of protective intervention in accordance with the respective section(s) of the legislation and/or the information received does not meet the threshold for an investigation (no reasonable grounds), the information is screened out.

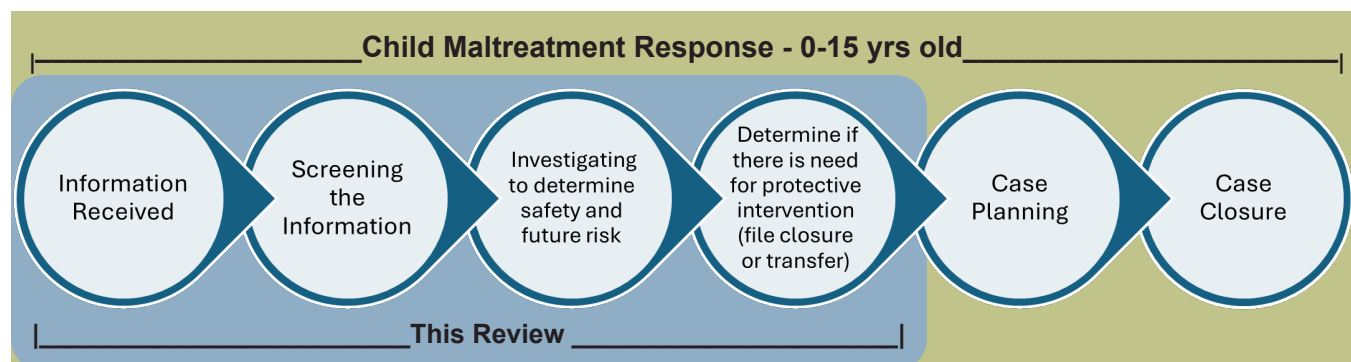
Some reasons that a report regarding CSA or exploitation may be screened out include:

- The subject of the report is not a child as defined in the legislation.
- The alleged perpetrator is not the parent of the child victim
- The report does not meet the definition of a Child in Need of Protection under the legislation.
- Insufficient information exists for an investigation under the relevant section of the legislation.
- There is verification that the report is malicious and/or false.
- There is verification that all the information in the report was previously assessed, and appropriate action was taken to address the circumstances reported.

When information is screened out, parents are contacted to advise them of the screening decision, and they are provided information about supports available in the community, where appropriate. Until April 2011, the Department had the option of providing families not requiring protective intervention services with voluntary services. These services were provided through the Supportive Services Program which no longer exists. Today, families can be connected to supportive services in the community. In exceptional circumstances, a decision can be made to provide services to a child who is not in need of protective intervention. This decision is made between the Manager and the Provincial Director for Child Protection and Youth Services.

If the information received is regarding sexual (or physical) abuse, the information must be reported to a local police agency (RCMP or RNC) as soon as possible. A referral to the police must be completed whether the referral is screened in or out as per the SDM manual and Policy 1.5: Police Involvement. This policy will be discussed further later.

For the purposes of this review, we were provided with the documentation involved in the first four steps of the process. That is, we reviewed documentation surrounding the receipt of referral information, the screening decision, safety assessment, risk assessment (SDM only), referral verification, and decision-making around the need for protective intervention. We did not receive or review anything related to case planning that would occur after a file is transferred to ongoing protection such as Family Centre Action Plans (FCAP) or File Closure Summaries.



Youth 16 and 17

As mentioned previously, the introduction of the **CYFA** in 2018 involved the expansion of the age of children who may need protection. The **CYFA** defines a youth as “a person who is at least 16 years of age but under 18 years of age” (section 2(1)(ff)). Since that time, CYS have been receiving referrals for this age group as outlined in section 12 of the **CYFA**.

There are four additional subsections regarding youth:

- (4) Where a manager or social worker receives information in the form of
 - (a) a request for protective intervention services with respect to a youth;
 - (b) a report under section 11 with respect to a youth; or
 - (c) other evidence that a youth may be in need of protective intervention,

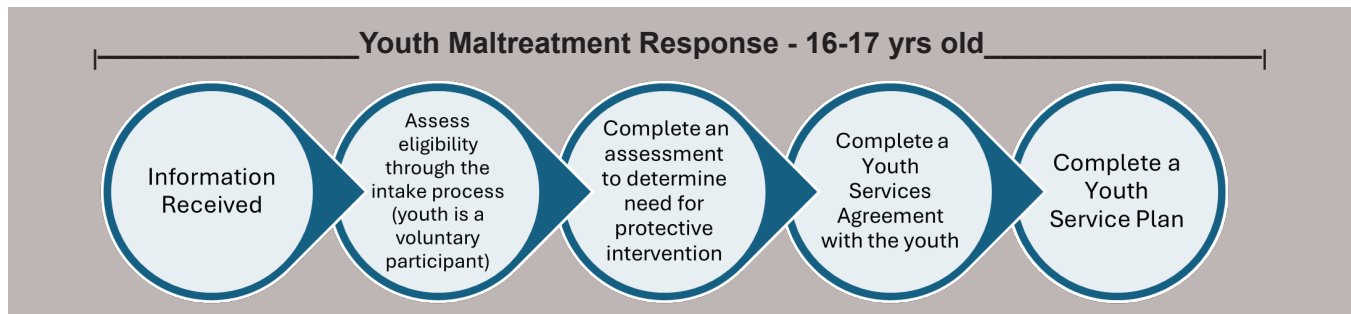
the manager or social worker shall attempt to engage the youth to assess the youth’s need for protective intervention and may enter into an agreement for services with the youth in accordance with section 88 [Youth services agreement].

(5) Where a manager or social worker has information that the youth may be unable to protect himself or herself due to a lack of mental capacity, the manager or social worker shall assess whether the youth is in need of protective intervention unless, upon assessment, the manager or social worker is satisfied that the information provided was without merit or without reasonable grounds.

(6) For the purposes of this section, a youth is in need of protective intervention if the youth meets one of more of the criteria set out in section 10.

(7) An agreement under this section shall set out the responsibilities of each party to the agreement.

The response to a youth in need of protective intervention is different compared to the response for a child under 16. The steps for responding to youth maltreatment (16-17) are noted in the following graphic:



Although CYS receive referrals on youth who are 16 and 17 under section 11 of the **CYFA**, they do not complete investigations on youth in need of protection in the same way they do for children. When information is received indicating that a youth may need protective intervention, CYS social workers attempt to engage the youth to assess eligibility for the Youth Services Program (YSP) and their need for protective intervention in accordance with section 10 of the **CYFA**.

Assessing Service Eligibility and Determining a Youth's Need for Protective Intervention is outlined in Policy 5.2 in the most recent **Protection and In Care Policy and Procedure Manual**. For a youth to be eligible for services under the YSP, they must be a voluntary participant and meet one of four criteria:

- a) being maltreated, or at risk of being maltreated, and can no longer reside at home
- b) residing at home but there is a substantial risk of family breakdown and other community services are not available or are insufficient to maintain the youth in the home
- c) transitioning home from the care/custody of a manager; or
- d) a youth court has ordered the youth reside outside the parental home and no alternative living arrangements have been made for the youth

There are two documents used by CYS for youth: the Youth Screening and Assessment Tool: Intake (YSAT: Intake) and the Youth Screening and Assessment Tool: Assessment (YSAT: Assessment). The YSAT: Intake must be completed within 14 days of receiving the initial report or request. The intake process includes meeting with the youth in person to explore their current situation, obtaining information supporting the identified reason for service, speaking to their parent or guardian, and completing a Department Records Check. As part of the YSAT: Assessment, the social worker examines the youth's situation as well as their strengths, supports, risk factors and protective factors. Meetings occur with the youth as well as their parents and any formal and informal supports to see if a plan can be implemented to prevent family breakdown. The YSAT: Assessment includes a determination about the youth's need for protective intervention and must be completed by the social worker in consultation with their supervisor within 45 days of receiving the initial report or request. If it is determined that a youth cannot safely return home, residing with extended family or a significant other is explored with the youth as a preferred alternative.

Policy 5.2 does not include guidance around reporting information of youth maltreatment to the police. However, it does include information about discussing the limits of confidentiality with the youth at the beginning of the intake process. It is assumed that the policy used for children aged 0-15, Policy 1.5: Police Involvement, would also apply to youth. However, this policy does not use the language “youth” at any point and refers only to a “child” which is defined in the policy manual as someone under 16. While it was later confirmed by the Department that this policy does in fact apply to youth as well as children, it is not explicitly stated in the policy manual.

If a youth accesses services through the YSP there are two streams: Residential Services or Supportive Services. In both cases the youth will enter into a YSA and sign a Youth Services Plan. This plan addresses the youth’s areas of need including physical and mental health, housing, and relationships. The youth’s consent and active participation is required throughout the entirety of the process, and their involvement in the program can continue until their 21st birthday.

Below is a graphic to show the steps taken once information regarding the maltreatment of a child (left) or youth (right) is received:



Response Time

The social worker must also determine how quickly they will need to respond once the concerning information is screened in. The response time has changed over the years and depended on which decision-making model and policies were in use at the time.

RMS (2003-2013)	RMDM (2013-2018)	SDM (2018-present)
<ul style="list-style-type: none">• Immediate• Same Day• 48 Hours/2 Days• 72 Hours/3 Days• No Risk	<ul style="list-style-type: none">• Same Day• Seven Day	<ul style="list-style-type: none">• Same Day• Seven Day

RMS

The RMS Model had five levels when determining response time which ranged from Priority 1 to 5. The RMS Manual provided examples of what would have warranted a particular response time when this model was in use. Examples related to sexual abuse or exploitation are provided below:

■ High Risk – Priority #1: Serious and Imminent Danger (Life Threatening)

→ Immediate Follow-Up Required

- There are no examples related to sexual abuse, but severe lack of supervision is listed.

■ High Risk – Priority #2: Dangerous but Not Life-Threatening

→ Same Day Response

- RMS listed Priority 2 as “Severe and Serious Sexual Abuse” which included: children who are sexually abused by parents, relatives or other caretakers; children who are sexually abused due to a lack of supervision; reports of vaginal, anal, or oral penetration; the use of overt force to perpetrate the abuse; ritualistic or bizarre sexual activities; one or both parents actively involved in sexually abusing the child; multiple offenders sexually abusing the child; involving the child in pornography or prostitution.

■ **Medium Risk – Priority #3: Damaging but Not Life-Threatening or Dangerous**

→ 48 Hours/2 Days

- RMS listed Priority 3 as “Moderate Sexual Abuse” which included: activities which are sexual in nature but do not include penetration or touching. Examples given in the manual are adult exposing genitals to the child; adult making sexual suggestions to the child; sexual kissing; adult voyeurism regarding the child; exposing the child to pornography.

■ **Low Risk – Priority #4: Potentially Damaging**

→ 72 Hours/3 Days

- RMS listed Priority 4 as “Substantial Risk of Sexual Abuse” and included situations or parental behaviors which could result in the child being sexually abused, either by lack of supervision or deliberate infliction. Other examples were the parent knowingly allowing their child to be in the unsupervised company of or be cared for by a person convicted of the sexual abuse of a child; and allowing the child to be persistently in the exclusive company of an older person who may be in a position to sexually exploit the child. Additionally, this category included a lack of parental supervision which may have placed the child at risk of sexual abuse; the child exposed to incidents of sexual abuse or sexual exploitation between other family members; parent temporarily or permanently without adequate parental capacity and no effective support system.

■ **No Risk – Priority #5: No Risk**

→ Family Services Request

- RMS defined Priority 5 as no current risk to the child as the parent is seeking assistance to improve the situation. Examples include counselling and supportive services, and family services.

RMDM

The RMDM Decision Making-Model had only two response times: same day response and response within seven days. Examples related to sexual abuse and exploitation are taken from the RMDM Manual and provided below:

■ **Same Day → referral is actioned on the day it is received**

- Examples from the RMDM Manual:
 - ▶ Parent has abused the child and may have unsupervised access to the child today.

- ▶ Child has been sexually abused by an individual other than the parent, but the parent had knowledge of what was happening and allow it to occur and there is concern the individual who abused the child has access to the child today.
- ▶ A young child (not able to be interviewed due to age and stage of development) has physical indicators consistent with sexual abuse, the perpetrator of the abuse is unknown, and a parent's protectiveness cannot be determined.
- ▶ A parent is aware that an individual has a history of sexually abusing child/children and allows that individual unsupervised access to his/her child. The parent may deny the individual's abusive history or believe the individual abused another child but does not understand or minimizes the risk to his/her child.
- ▶ A parent allegedly views or possesses child pornography and has unsupervised access to his/her child today.

■ **Within Seven Days → the referral is actioned within seven calendar days**

- Examples from the RMDM Manual:
 - ▶ It is alleged/verified that the child exhibits sexual knowledge or behaviors beyond normal exploration and what we would consider normal for a child in this age and stage of development, but no specific abuse allegations has been made (e.g. a young child initiating sexual play with a sibling or friend and who continues to initiate sexual play with friends after receiving correction regarding the behavior).
 - ▶ It is alleged that the child may be at risk of sexual harm as a result of a parent's actions (or by another individual and the parent does not protect the child) that is concerning for another person or may be perceived as an indication that a child is being "sexually groomed" by an adult but no specific sexual abuse allegation has been made and there is no information to suggest that the child has been sexually harmed to date. Examples include a parent who may require a child to bathe, shower or sleep with a parent or another individual.

SDM

With the implementation of the SDM and the ISM system, there was a change in the way information was documented. Digital forms were customized for the Department's needs and became more specific than those available when CRMS was in use. Along with the two response times (same day and within seven days) SDM has five maltreatment types that can be selected on the referral form. The five options are:

1. Exposure to sexually explicit conduct or sexually explicit material
2. Parent engaging or attempting to engage in a sexual act or sexual contact with child
3. Physical, behavioral, or suspicious indicators consistent with sexual abuse
4. Sexual exploitation or a child by a parent
5. Threat of sexual abuse.

Once the maltreatment type is identified, response time must be determined. A same-day response is required if at least 1 of the 13 criteria exists. The criteria most relevant to sexual maltreatment include:

- Child is likely to be exposed to sexual harm or abuse today. Examples include:
 - Allegations include current concerns of sexual abuse, and parent of concern will have access to the child today.
 - Parent allegedly views or possesses child pornography and has/will have unsupervised access to the child today.
- Failure to protect child from serious harm. Examples include:
 - Parent left child with a third party and knew or reasonably should have known that the third party was physically or sexually abusing the child.
 - Allegations of sexual abuse exist, and the non-perpetrating parent is disbelieving of the allegation or is otherwise demonstrating a non-supportive response.

If there are no same-day response criteria present, then a response within seven days is required.

Police Involvement

During the process of screening and responding to the child protection referral, the social worker must determine if police involvement is required. Police involvement appeared as Policy 2.2 in the **Child, Youth and Family Services Policy and Standards Manual** (2007 to 2010) and as Policy 1.5 of both the **CYFS Protection and In Care Policy and Procedure Manual** (2011 to 2018) and the **CSSD and FAMA Protection and In Care Policy and Procedure Manual** (2019 to present).

All three of the time periods that were examined included the same policy or standard when it came to sexual abuse and police involvement:

Policy:

1. All reports of suspected child maltreatment including physical or sexual abuse shall be forwarded immediately to the police.
2. A joint social work/police investigation of alleged physical or sexual abuse shall be conducted whenever possible.

While there are minor differences between the iterations of the policies and procedures such as word choice (for example, changing “the Stepwise protocol” to “the agreed upon protocol”) the content remains the same. Each manual has commentary related to the above policies once information related to sexual abuse or exploitation is received. In every iteration, the following steps are outlined:

- Informing the police immediately of all referrals in which there are reason to believe a child is at risk of being sexually abused or exploited (or physically harmed).
- Informing the police immediately of all referrals in which there are reasons to believe that a crime has been or is about to be committed which places a child at risk.
- Completing an initial verbal report to police followed by a report in writing. If the risk is immediate, the referral should be faxed immediately.
- The police and the social worker deciding together about the most appropriate and effective means of investigation. Options include:
 - Protection investigation only
 - Police investigation only
 - Parallel protection and police investigation
 - Joint protection and police investigation.

- Ensuring that if the police are not available to respond, the social worker takes measures to ensure the protection of the child without, whenever possible, jeopardizing the police investigation.
- Refraining from interviewing an alleged offender without consultation with police.

It should be noted that not all referrals that are forwarded to the police from FAMA result in a forensic interview. Further, if there is a forensic interview, there is no guarantee that criminal charges are laid. *

*Note: While there is much to be described in this report, the scope of this review did not include an examination of the criminal justice process.

Supervisor Approval

Supervisory consultation, review, and approval is an integral part of any work completed by a child protection social worker. Supervisors are involved at every step in the process. Over the years the time required for supervisor approval and sign off has changed with the introduction of the different decision-making models. As noted in the figure below, the required time has shortened from 7 days to 24 hours. This is a positive change as it means the social worker's decisions are supported by their supervisor as quickly as possible and reduces potential for delay of intervention.

Supervisory Approval Times by Model		
RMS (2003-2013) "The supervisor must review and sign approval of the social worker's recommendation within 7 days".	RMDM (2013-2018) "A supervisor shall review and approve the CPR and IIR forms within 24 hours of receipt of the Child Protection Referral."	SDM (2018-present) "All Child Protection Referrals must be reviewed and approved by a supervisor within 24 hours".

Some exceptions to supervisory approval apply such as when verbal approval is given. For example, under the SDM currently in use: "In cases where a supervisor has provided 'verbal approval' for a decision, the CPR shall be approved within 72 hours of receipt of referral." These extended time limits were taken into consideration when reading the CPRs provided for this review.

Safety Assessment

Safety Assessments assess a child’s present danger and the interventions that are currently needed to protect them. They are time-specific and focus on the immediate circumstances. It is not uncommon for there to be more than one Safety Assessment (SA) completed throughout the life of a case. SAs help determine if a child can remain in the family home. The table below shows how safety is assessed depending on the decision-making model:

RMS (2003-2013)	The social worker shall complete the Safety Assessment form as soon as possible, and within 24 hours of the child being seen.
RMDM (2013-2018)	A social worker shall complete a Safety Assessment and document it on the Safety Assessment form within 24 hours of interviewing the child and parents.
SDM (2018-present)	The Safety Assessment form must be completed on ISM within 48 hours for CPRs with a same day response time and by the end of the eighth day for CPRs with a seven-day response.

In the three decision-making models reviewed, safety information is listed as either safety factors or safety threats. The language pertaining to sexual abuse on the SA form has remained consistent: “Child sexual abuse is suspected, and circumstances suggest that the child’s safety may be an immediate concern.” This is item 10 on the SA forms using RMS and RMDM, and item 2 on the SA form using SDM.

SDM also includes an additional safety threat that references CSA. Item 3 reads “Parent does not protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, emotional abuse, or neglect.” Each iteration of the SDM Manual has included definitions for each safety threat to guide the social worker in their decision making. In 2020, the definition of Safety Threat 3 was expanded to include individuals with known physical or sexual violent criminal behavior/history residing in the home. This was an important addition when considering who has access to the child on a daily basis.

In the event a child is determined to be unsafe, the social worker must work with the family to create a Safety Plan. Safety Plans are an essential part of every policy manual and decision-making model and are made collaboratively with the family. The Safety Plan includes steps to ensure the child or children are kept safe for now. This involves an examination of the family’s current needs as well as available protective factors.

Risk Assessment

Risk assessments differ from safety assessments as they examine the likelihood of a child being maltreated in the future. Files are assigned a risk rating of low, moderate, high, or very high probability of future abuse or neglect. It is necessary to highlight that the purpose of the risk assessment tool is not to predict recurrence but rather to assess whether the family is more or less likely to have another incident if CYS does not intervene.

Prior to 2018, the RMS and RMDM models were used which included the Risk Assessment Instrument (RAI). For both these models, the RAI was supposed to be completed within 60 days of receipt of the CPR where it was determined that a child was in need of protective intervention. The documentation provided by the Department of FAMA for the purposes of this review did not include copies of completed RAIs. However, the RAI and the determined risk rating were often referenced, usually in the social worker's Assessment Investigative Summary (AIS). Sometimes the narrative in the AIS would advise that a copy of the RAI could be viewed on the physical file.

Earlier risk assessment is a feature of SDM that began in 2018. The SDM Family Risk Assessment (FRA) assists in determining if a case should be closed or transferred to ongoing protection intervention services. In accordance with SDM policy, the FRA is completed after the safety assessment has been completed and prior to the conclusion of the protection investigation. This is no later than 30 days from the date of the Child Protection Referral (CPR). The FRA forms were included in the document disclosure for this review.

SDM Overrides

Overrides occur when a social worker uses their clinical experience to make judgment calls beyond the results of the assessment tools. For the FRA, there are two types of override scenarios: policy overrides and discretionary overrides. Policy overrides are instances when it is determined by the social worker that either the incident seriousness and/or child vulnerability concerns warrant a very high-risk rating regardless of the risk level indicated by the assessment tool. Discretionary overrides are when the social worker believes that the risk level identified by the assessment tool is too low, such as when the worker is aware of conditions affecting risk that are not accurately captured on the FRA. The SDM manual states that selection of any override requires supervisory approval.

In June 2024, significant revisions were made to the SDM Policy and Procedures and Practice Standards Manual. This included the addition of general and specific definitions of overrides when completing risk assessment. Language of the sexual abuse policy override was also revised to include situations where "the child is likely to have access with an individual who, historically or presently, has allegedly sexually abused a child."

Analysis of Child Protection Referrals

General Comments

In order to determine whether the investigation process followed the direction provided by legislation and policy, this review included a thorough examination of the steps taken by staff upon receipt of referral information. This included the review of both screened-out and screened-in CPRs. The sample examined was chosen at random by the OCYA and not the Department of FAMA. At the time of sample selection, spreadsheets of file numbers were provided to the OCYA without any identifying client information. A representative sample of 10% was decided and file numbers were randomly selected. From there, the selected list of file numbers was sent to the Department so they could extract the required documentation that corresponded to each file number.

Referrals and accompanying documentation were examined to ensure they met the criteria outlined in the appropriate policy manual and decision-making model in use at the time. Below is documentation that would be expected to be completed according to the specific decision-making model:

RMS (2003-2013)	RMDM (2013-2018)	SDM (2018-present)
<ul style="list-style-type: none">• Child Protection Referral• Initial Intake Report• Safety Assessment• Safety Plan (if needed)• Verification Decision Assessment/Investigative Summary Report	<ul style="list-style-type: none">• Child Protection Referral• Initial Intake Report• Safety Assessment• Safety Plan (if needed)• Verification and Assessment/Investigative Summary Report	<ul style="list-style-type: none">• Child Protection Referral• SDM Safety Assessment• Safety Plan (if needed)• SDM Family Risk Assessment• Protection Investigation Summary

In addition to these forms, some referrals had additional accompanying documentation. This included but was not limited to social worker case notes, case closure reports, letters or photos sent with the initial referral, letters from professionals, faxes, etc.

Some of the information received was not in its original form. Referrals from 2007 until 2018, were documented using the CRMS information management system. In March of 2018, the new ISM system was introduced which corresponded with the new legislation and SDM decision making model. After ISM was introduced, everything that was originally in CRMS was converted to ISM. This included any investigative and decision-making tools. The Department of FAMA have advised that there were minimal impacts when the information management system changed and the only impacted timeframe was during the transfer period, over three days from March 16th to 18th of 2018. Workers on call would have had to use paper forms during those three days so no new information would be entered into the electronic system during that time.

The paperwork received varied in format, however, all the information needed to assess adherence to policy and procedure upon receipt of maltreatment information could still be extracted. For example, a formatting difference could be a check box rather than a drop-down box.

Some of the questions that guided this review were:

- Was all the required paperwork present and fully completed?
- Did the concerns meet the definition of maltreatment as defined in the legislation in use at that time?
- Did the child meet the definition of a child in need of protective intervention?
- Was the screening decision made within the appropriate amount of time?
- Was a referral made to police?
- What was the nature of the police involvement? Was this involvement documented?
- Was the appropriate response priority selected based on the maltreatment concerns?
- Was the child interviewed (or observed depending on age and development)?
- Was the safety assessment completed following the first face-to-face contact with the child/family?
- If a safety plan was required, is it attached?
- Did supervisory consultation occur throughout?
- Did the supervisor sign off/approve as required?
- Was the family risk assessment completed? (SDM only)

About the Sample of Screened-Out Referrals

In total there were 420 child protection referrals referencing sexual abuse that were screened-out by CYS from the period of January 2007 to November 2024. A representative sample of approximately ten percent, or 43 referrals, was selected at random to be analyzed. Of the 43 screened-out CPRs, there was representation from each decision-making model:

Decision Making Model	Number of Referrals	Percentage of Total
Risk Management System (RMS) January 2007 – June 2013	10	23%
Risk Management Decision Making (RMDM) June 2013 – to March 2018	20	47%
Structured Decision Making (SDM) March 2018 – October 2024	13	30%
TOTAL	43	100%

There was representation from all geographical areas of the province. Please see the Appendix for which areas were included in each region. The breakdown for the screened-out referrals is below:

Regional Breakdown of Referrals Screened-Out	
St. John's and Metro	14
Eastern (outside of Metro)	14
Central	6
Western	6
GNP and Labrador	3
Total	43

Below is the breakdown of screened-out referrals based on the year the information was received. Although the sample included 2007 and 2008, the random selection method relied upon by the Office of the Child and Youth Advocate did not include these years. However, there was representation from 2009 to 2024.

Year	Number
2009	1
2010	2
2011	2
2012	3
2013	3
2014	4
2015	3
2016	5
2017	6
2018	2
2019	1
2020	2
2021	2
2022	3
2023	2
2024	2
Total	43

Discussion of Screened-Out Referrals

The screened-out referrals all contained information related to CSA that had been screened-out by the social worker, meaning no child protection investigation occurred. In total, there were 43 screened-out referrals reviewed for 42 families (one family had two referrals that were reviewed). Of these 43, 13 referrals were categorized as “new”, which indicates the family did not have a previously open file with the Department at the time the information was received. In 13 cases, the families had previous involvement with the Department and their closed files were reopened. Finally, 17 cases were categorized as “new referrals on active cases” where the family already had an open PIP file with the Department and protective intervention was already ongoing.

For referrals screened using SDM (after March 2018), the maltreatment type was identified on the referral form. The maltreatment types for the 13 SDM referrals were: eight instances of parent engaging or attempting to engage in a sexual act or contact with child, two threats of sexual abuse, and three times when physical, behavioral, or suspicious indicators consistent with abuse were selected.

According to SDM, all CSA allegations are required to be screened in for investigation. However, the 13 referrals mentioned above were all screened-out based on an override. An override at the screening recommendation stage means that it has been determined that there is a reason why the information should not be investigated. This typically occurs in cases where the identical referral information has already been previously reported. Out of the 13 referrals with overrides that were reviewed, nine referrals were screened-out due to the referral containing duplicate information, one was already investigated, and three used the “other” option. The reasons provided under “other” were that the nonoffending parent was protective and limiting access, that a no-contact order was in place, and in one instance that the child was now in-care.

Appropriate paperwork was available for all 43 screened-out referrals. However, despite all forms being present, accuracy of completion was not always consistent.

Supervisory Approvals

While it appeared that all the screening decisions were made in consultation with the social worker’s Clinical Program Supervisor, this was not always documented appropriately. There were Initial Intake Reports (IIRs) where the Supervisory Signature section was not completed correctly. Sometimes the “Consent” section and/or the “Supervisor Decision” section was filled in, but not the “Supervisory Signature” section. In several instances, the clinical program supervisor did sign the form but was unable to do so in the time outlined in policy (days or weeks later).

For the 10 referrals that used the RMS, it would be expected that the supervisor sign-off on approval of the social worker’s documentation and recommendation within 7 days. It was determined that 8 out of 10 CPRs were successful in achieving that time frame while two referrals exceeded that time.

Under RMDM, supervisors are required to review and approve the CPR and IIR forms within 24 hours of receipt of the referral. There are exceptional circumstances where a social worker may need to obtain additional information to make an informed screening decision. In these situations, the timeframe may be extended up to a maximum of 72 hours of receipt of referral. Further, the maximum timeframe permitted to action the referral will be 10 days. Out of the 20 referrals that used RMDM, 11 had supervisor sign off within the 72 hours or 3 days required and nine did not. Of these nine, three had approvals that exceeded 72 hours, and six were blank or completed incorrectly (incorrect box filled in). Only one provided an explanation for the delay which was listed as a demanding workload.

Under the current model (SDM), all CPRs must be reviewed and approved by a supervisor within 24 hours of completion. There is an exception where the supervisor can provide verbal approval for a decision and therefore the CPR can be approved within 72 hours of receipt. There were 13 CPRs that fell under the SDM. Of these 13 referrals, eight were approved and signed within 72 hours or three days and the remaining five exceeded this time frame.

Level of Detail

Generally, the amount of follow up completed by the social worker for a screening determination varied widely. Some referrals had very little follow up completed while others were extensive. This was dependent on what questions the social worker needed answered to make an appropriate screening decision. For example, one screened-out decision was made after the intake worker contacted school staff at both frontline and management levels. The social worker also spoke to the parents of the child at length and interviewed the child in person.

Some referrals were very detailed and included a potential investigation plan. All the forms used contained expandable text boxes and the Department has confirmed that there is no character limit on what can be inputted by a social worker. In general, the SDM paperwork was clearer and easier to navigate. This was due to more clearly defined categories and the inclusion of tick boxes and circles rather than open text boxes. Overall, there were not any specific regions who were more thorough or detailed in their reporting than others.

Police Involvement

All CPR forms contained sections to record any police involvement prompted by the referral information. As previously noted, all reports of suspected child maltreatment including sexual abuse were required to be reported to police even when screened out. There were several inconsistencies in how these sections of the forms were completed.

Documentation forms prior to 2018 included an Initial Intake Report (IIR). Part C on the IIR is called “Service Response” and contains a section called “Police Involvement” that the social worker can complete. In this section the social worker indicates either “Yes” or “No” on the form. See the figure below for an example.

Police Involvement	
Referral:	Date of Referral:
<input type="text" value="No"/>	<input type="text"/>
Initial Police Response, (If Checked Yes):	
Added By:	On:
<input type="text"/>	<input type="text"/>
<input type="text"/>	

There were discrepancies identified in how this section was completed. On some documentation prior to 2018, the social worker documented “Yes” under police referral, but there was no indication about whether the referral made to police was past or present. There was a date section which was sometimes filled in and sometimes not. In some cases, a family may have had past police involvement, but it was not currently required. There were also cases where it was stated that a referral to police was made but the social worker later appeared to be referencing a previous investigation. Generally, it is unclear if social workers completing the form were referring to new referrals, current investigations, or past investigations. It was also impossible to discern whether some social workers may have been using the terms “police referral” and “police involvement” interchangeably.

In other circumstances the social worker recorded “No” under the police referral section even though they had discussed police involvement in earlier sections of the form. For example, for one CPR, the social worker and supervisor determined the next step was to consult with CASA (RNC) but the police referral section is marked “No.” This may have been completed appropriately, but there was nowhere to indicate if the consult did or did not occur and any potential outcome. There were three documented cases where a consult appeared to have occurred, but it was not reflected in this section of the form. In other instances, the police referral section was marked “Yes” but the social worker did not send a referral to police. Instead, the “Yes” was used to indicate that the referral came from the police to the Department. This was the case in at least six CPRs.

The ISM documentation using SDM required greater detail. The form states more explicitly “Is a referral to police required?” and then “Has referral been sent to the police?” with both requiring that either “Yes” or “No” be selected. There is a blank field to record the date the referral is sent and then check boxes to indicate how the referral was sent. See figure below for a sample.

Referral to Police	
Is a referral to police required?	
<input type="radio"/> Yes <input checked="" type="radio"/> No	
Has referral been sent to the police?	Date Sent:
<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
If yes, indicate how it was sent:	
<input type="checkbox"/> Verbal <input type="checkbox"/> Email <input type="checkbox"/> Fax	

Based on the policy that all information regarding the sexual abuse of a child should be forwarded to the police, it would be expected that the “Referral to Police” section would be marked “Yes” and the date filled in on these forms. However, many of the CPRs referred were screened out using an override. The majority of the overrides were categorized as “Duplicate referral; information will be included with referral assigned for investigation”. This indicates that the same information had already been screened in and was already actioned or is in the process of being actioned. It would be expected then that the original referral would have been sent to the police but cannot be known for certain without having the documentation of previous referrals.

About the Sample of Screened-In Referrals

In total there were 1,755 child protection referrals referencing sexual abuse that were screened in by CYS from the period of January 2007 to November 2024. A representative sample of approximately 10%, or 174 referrals, was selected at random to be analyzed. Of these 174, there was representation from each decision-making model.

Decision Making Model	Number of Referrals	Percentage of Total
Risk Management System (RMS) January 2007 – June 2013	54	31%
Risk Management Decision Making (RMDM) June 2013 – to March 2018	42	24%
Structured Decision Making (SDM) March 2018 – October 2024	78	45%
TOTAL	174	100%

Regional breakdown for the screened-in referrals followed the same regional boundaries as the screened-out referrals and can be found in the Appendix. The breakdown is below:

Regional Breakdown of Screened-In Referrals	
Metro	65
Eastern (outside of Metro)	24
Central	29
Western	32
GNP and Labrador	24
Total	174

Next is the breakdown of screened-in referrals based on the year the information was received. There was representation from all years spanning from 2007 to 2024.

Year	Number
2007	4
2008	7
2009	8
2010	11
2011	10
2012	12
2013	6
2014	9
2015	7
2016	8
2017	11
2018	13
2019	12
2020	12
2021	14
2022	13
2023	10
2024	7
Total	174

Discussion of Screened-In Referrals

In total, 174 screened-in referrals were reviewed for 169 families (five families had two referrals). Of these 174 referrals, 47 were new referral information, 42 were reopened files, and 81 were new referrals on active cases. In the case of four referrals no status was listed as the field was left blank.

For referrals screened using SDM after March 2018, maltreatment type was identified on the referral form. The categories for the 78 SDM referrals are as follows:

SDM Maltreatment Category	Number of Referrals
Exposure to sexually explicit conduct or sexually explicit materials	16
Parent engaging or attempting to engage in a sexual act or contact with child	25
Threat of Sexual Abuse	22
Physical, behavioral, or suspicious indicators consistent with abuse	16
Exploitation of a child by a parent	4
More than one maltreatment type	5

*Note: The total is more than 78 in the above chart as multiple maltreatment categories could be selected.

Documentation was not completed consistently, and some documents were missing. There were 44 instances where the Investigation Plan section was not filled out on the CPR. However, according to policy, the Investigation Plan may be documented in a case note rather than on the CPR.

Level of Detail

Similarly to the screened-out referrals, the detail provided in the screened-in referrals varied widely. There were not any specific regions who were more thorough or detailed in their reporting than others. The level of detail seemed to be specific to the social worker assigned.

Supervisory Approvals

Supervisory review and sign off is an important part of the child protection investigation. Consults with supervisors occur at every step of the process and this is evident through various fields on the forms for supervisors to sign. There were 32 instances where the field where the supervisor was supposed to sign off was incomplete. In some cases, there was indication of verbal consent or completion of a supervisory review, however the final signature approval on the CPR/IIR was not completed.

It is important to note that the only referrals where these fields were missing were from the previous record keeping system and older decision-making models. There were no concerns of blank supervisory sections beyond March of 2018 when SDM and ISM were introduced. This difference could be due to the transfer of CRMS documents into ISM format. This may also indicate that under SDM the forms are clearer, the system has built in reminders and prompts, and supervisors are consistently filling in the appropriate fields as the screening process and investigation proceeds. This appears to add to greater accountability for those making decisions.

Police Involvement

The screened-in CPRs had less discrepancies in the completion of the police referral section than the screened-out referrals. What police involvement looked like was different depending on several factors including the nature of the allegations and if a disclosure was or wasn't made by the child victim. The following categories emerged during the analysis:

Joint Investigations:

- In these cases, both CYS and the police investigated the referral information together. This was done through joint interviewing with one lead interviewer and another observing and contributing as needed.

Parallel/Separate Investigations:

- In these cases, the police and CYS completed investigations of the referral information separately. These investigations often occurred at the same time. In other circumstances, the police may have previously completed their investigation prior to sending the referral to CYS or had requested that CYS wait to get involved so as to not jeopardize the police investigation.

Protection Investigation Only but Police Agency was Consulted:

- In these cases, the police were contacted by CYS once the referral was received but they declined to investigate. In other cases, the police were interested in the information but requested that CYS complete their own investigation first and then contact them with the outcome, particularly if there was any disclosure to the social worker by the child. For some referrals in this category, the social worker consulted the police regarding a past investigation or past charges and/or convictions that a caregiver may have received. For example, a situation where there was a threat of sexual abuse due to past charges and/or convictions.

Protection Investigation Only Without Any Documented Consult:

- In these cases, there was no indication from the documentation reviewed that CYS made any contact with the police. There should be contact documented in case notes, but these were not reviewed for this report.

Part of the documentation received and examined included Protection Investigation Summaries (PIS). These are summaries which include reference to safety and risk assessments, verifications, and discussions of past referrals received/historical involvement. For the purposes of this review, the categories assigned are only for the specific sexual assault referral this Office received and are not based on any of the families' past referrals as these were not reviewed. Secondly, only the response to sexual abuse allegations were considered, meaning if police responded to another concurrent concern (e.g., physical abuse) then this would not be counted. For example: the police may have investigated a previous concern regarding the same family but declined to investigate the current referral. As a result, the category assigned for the current referral would be that CYS did their investigation unaccompanied. If there is documented consultation with police, then this would be reflected under "Protection Investigation Only but Police Agency was Consulted."

	RMS	RMDM	SDM	Total
Joint Investigation	25	12	17	54
Parallel/Separate Investigation (or Police completed their investigation prior to referral)	8	2	13	23
Protection Investigation Only with Police Consultation	8	12	25	45
Protection Investigation Only Without Documented Consult	13	16	23	52*
Total	54	42	78	174

*Of these 52, 44 did not clearly indicate if a referral was sent to police.

As the table above demonstrates, 52 out of the 174 screened-in referrals were categorized as "Protection Investigation Only Without Documented Police Consult". Out of these 52 referrals, eight were marked as the referral having been sent to the police. This indicates that CYS did make the police aware of the information. Whether they received confirmation that the referral was received or not is unclear, but it is assumed that as the referring agency, the Department would have several methods at their disposal to ensure transmission occurred. For example, a fax could result in a confirmation printout and an e-mail could contain a read receipt. In the remaining 44 cases, the referral was marked as "not sent" or left blank entirely. Based on the documentation reviewed, we are unable to confirm if the police were made aware in these 44 cases. Examination of individual files and police policy would be required before any conclusions can be made.

It became clear through reviewing the referrals that consultations between social workers and the police are becoming more commonplace, especially since the introduction of SDM. It was not only positive to read CPR documentation, but also departmental correspondence which included many consultations between the regional staff and policy staff regarding complex cases and policy decisions.

In cases where the police were definitively made aware of the allegations, there was an increase over time of police declining to investigate or requesting that CYS complete their investigation individually and then report back disclosures or anything else of note. It was not explicitly stated why they were declining to investigate, but departmental correspondence and the referral documentation examined highlighted that police resources were a concern on several occasions. Other correspondence suggests that there are a higher volume of child protection social workers than there are officers who respond to child maltreatment allegations.

In 2021, CSSD regional staff from multiple offices reported concerns with engaging the RCMP in joint investigations. There was a discussion regarding an investigation where CYS had been waiting months for the RCMP to complete a joint interview and ultimately the child ended up being placed in an out-of-home placement because there was no resolution. At a Steering Committee meeting, the CASA unit of the RNC requested that CYS consider some practice changes. Namely, that CYS decide whether to proceed with an investigation without confirmation from the RNC about a joint investigation decision. CYS expressed concerns with this idea, foremost that it would be going against Policy 1.5 which advises that a joint decision will be made by the social worker and the police officer as to the most appropriate and effective means of investigation. If this suggestion was accepted, CYS would report only certain physical and sexual maltreatment referrals to the RNC, rather than all of them. While the discourse was progressive, the outcome was potentially problematic from a child protection and children's rights perspective. CYS continues to refer all information regarding CSA to the police.

As noted above, there appears to be 44 referrals out of the total 174 sample (approximately 25%), where it is likely CYS completed investigations independently without consultation or involvement from police. It is possible that a consult did occur and that it was not recorded anywhere on the CPR or the PIS. This could also be documented in the case notes which were not a part of this review. If this is the case, it speaks to the need for a clearer way to document the amount of police involvement (consultatory, investigative, or otherwise). There was further discussion by the Department around what should and should not be reported to the police in 2023 and 2024. On these occasions there were concerns of inundating the police with reports that they may not need to action, such as in the case of some screened-out CPRs. It was determined that in keeping with the MOUs and Policy 1.5, all referrals in which there are reasons to believe a child is at risk of being sexually abused would continue to be reported to the police.

The SDM forms more clearly document when a referral is sent to the police and through which method (fax, email, or verbally). Previously models saw workers interpreting police involvement, referrals from the police, and referrals to the police interchangeably. Even still, there were cases after 2018 where the police boxes/fields are left blank. Consideration should be given to the addition of a consultation box on the form to note the nature and outcome of the consultation.

Response Time & Safety Assessment

The response time and completion of a safety assessment (SA) were examined for all screened-in referrals under each decision-making model.

RMS (January 2007-June 2013)

Recall that 54 of the screened-in referrals reviewed fell under the RMS model. As previously noted, there were five different response times assigned to these referrals: “Immediate Follow-up,” “Same Day,” “48 Hours/2 days”, “72 Hours/3 days”, and “no risk”. Please note that there are no CPRs under RMS that were categorized as “no risk” due to the concerning nature of the allegations.

The other response time categories are broken down in the table below:

Response Time	Number of Referrals	Percentage
High Risk - Priority #1: Immediate Follow-up	2	4%
High Risk - Priority #2: Same Day Response	17	31%
Medium Risk - Priority #3: 48 Hours/2 Days	20	37%
Low Risk - Priority #4: 72 Hours/3 Days	14	26%
No Code	1	2%
Total	54	100%

A breakdown of whether children were observed or interviewed in the appropriate amount of time assigned was completed. If there were instances where there were multiple siblings in different households and CYS could only interview some of the children in the allotted time but were attempting to locate the others, this was counted as having achieved the correct response time. If the SA paperwork was missing, interview information was taken from the AIS report or safety plan if applicable.

Below are the numbers for each RMS response time:

- 1 out of 2 of the High Risk - Priority #1: Immediate Follow-up referrals were actioned in the required amount of time.
- 13 out of 17 High Risk - Priority #2: Same Day Response referrals were actioned in the required amount of time.
- 16 out of 20 Medium Risk - Priority #3: 48 Hours/2 Days referrals were actioned in the required amount of time.
- 10 out of 14 Low Risk - Priority #4: 72 Hours/3 Days referrals were actioned in the required amount of time.
- In total, 40 out of the 54 referrals, or 74%, were completed in the appropriate amount of time.

An examination of SA documentation was completed. Referrals screened using RMS require the SA be completed with 24 hours of the child being seen. If the calendar day was different but still within a 24-hour period, it was counted as completed. Out of the 54 referrals, four were missing the SA form. Out of the remaining 50, 12 were completed outside of the 24-hour post-interview period.

RMDM (June 2013-March 2018)

Recall that RMDM had two response times: “Same day” or “Within Seven Days” and 42 of the referrals examined were completed using RMDM. Of these referrals, six were assessed as requiring a “Same Day” response and 36 were assessed as requiring a response “Within Seven Days”.

Response Time	Number of Referrals	Percentage
Same Day	6	14%
Within 7 Days	36	86%
Total	42	100%

A breakdown of whether children were observed or interviewed in the appropriate amount of time assigned was completed. Again, if there were instances where there were multiple siblings in different households and CYS could only interview some of the children in the allotted time but were attempting to locate the others, this was counted as having achieved the correct response time. Below are the numbers for both RMDM response times:

- 4 out of 6 referrals assessed as requiring a same day response were actioned in the required amount of time.
- 28 out of 36 referrals assessed as requiring a response time within seven days were actioned in the required amount of time.
- In total, 32 out of the 42 referrals, or 76% were completed in the appropriate amount of time.

An examination of SA documentation was completed. If the calendar day was different but still within a 24-hour period, it was counted as completed. Out of the 36 seven-day screen-ins, 25 had documentation on the SA form within 24 hours of interview completion. It should be noted that in one case there was significant delay as per the request of the police agency who asked that CYS hold off on their interview to avoid jeopardizing the investigation. For the same day screen-ins, 1 of 6 was missing the SA form entirely and therefore could not be assessed. However, a safety plan was included which indicates planning did occur to ensure the children's safety. Of the five remaining same day screen-ins, the SA form was completed within 24 hours of interview completion in three of these cases.

SDM (March 2018-October 2024)

As was previously indicated that there were 78 referrals screened under SDM that were assigned either a "Same Day" or "Within Seven Days" response time. Of these 78, 20 were assigned a "Same Day" response and the rest were assigned a response "Within Seven Days".

Response Time	Number of Referrals	Percentage
Same Day	20	26%
Within Seven Days	58	74%
Total	78	100%

A breakdown of whether children were observed or interviewed in the appropriate amount of time assigned was completed. If there were instances where there were multiple siblings in different households and CYS could only interview some of the children in the allotted time but were attempting to locate the others, this was counted as having achieved the correct response time. Below are the numbers for both SDM response times:

- 52 out of 58 referrals assessed as requiring a response time within seven days were actioned in the required amount of time.
- 17 out of 20 referrals assessed as requiring a same day response were actioned in the required amount of time.
- In total, 69 out of 78 referrals, or 88%, were completed in the appropriate amount of time.

An examination of SA documentation was completed. For same day referrals, if the calendar day was different but still within a 24-hour period, it was counted as completed. Of the 20 “Same Day” referrals, only six, or 30%, had the SA paperwork completed within the required 48-hour time. For responses “Within Seven Days” only 35 out of 58 cases, or 60%, had the SA form completed by the end of 8th day as per policy.

Through reading the investigation summaries, several reasons for delays in observing and interviewing children were identified. For example, in one case, it took time to locate the family, and the child had recently changed schools which made them difficult to locate. In another case, the children were already safe in an alternative placement by the time the referral information was received. However, there were several referrals where no reason was noted in the documentation reviewed.

A breakdown of children assessed as safe versus unsafe is not provided as it is beyond the scope of this review to determine if the correct determination was made. However, we would have expected that the SA was fully completed. There were six cases where the SA was either missing or left blank and three cases where the SA was started but incomplete. All of these cases were before 2018.

Of the cases where children were identified as unsafe or safe with a plan, policy dictates that a safety plan be put in place. A copy of this safety plan must also be attached to the casefile. There were three instances where the safety plan was not included with the documentation. The assessment was completed and determined a plan was required, however the plan was not present.

Risk Assessment

An examination of Family Risk Assessments (FRA) was completed. Of the 78 referrals screened in under SDM, 75 had FRAs completed. Two did not have an FRA included as required. One appeared to have been completed but the paperwork was missing. In the other case the investigation was not far enough along at the time of the documentation request, so there had not yet been an opportunity to complete the FRA. One case had an FRA that was assigned “0” values to indicate that the parent would not engage in the assessment and the investigation was terminated.

Sixty-six FRAs were completed without any overrides and concluded with the following risk ratings: very high (6 families), high (22 families), moderate (30 families), and low (8 families). All but two FRAs had the supervisory approval section filled out at the end of the form. One did not have a supervisor name or date and the other had the supervisor’s name, but it was not dated.

SDM Overrides

As reported, there are two types of overrides: policy overrides and discretionary overrides. For the sample reviewed there were nine FRAs where the original risk rating assigned was either increased or decreased based on an override. In the case of policy overrides pertaining to sexual abuse the SDM manual is clear that if there is a sexual abuse case and the perpetrator is likely to have access to the child, then the final risk level must be increased to “very high.” This override scenario occurred in five cases, with four originally rated moderate risk and changed to very high risk and one originally rated high risk and changed to very high risk. Discretionary overrides occurred in four documented cases. Out of these four, three were originally rated moderate risk and were increased to high risk. The final case had the rating downgraded from high risk to moderate risk. This was due to the alleged perpetrator, the primary caregiver passing away, therefore reducing risk.

Of the nine overrides reviewed, supervisory approval in the override section was present in five cases. The manual is not clear whether this approval must be recorded specifically in the override section as well as at the end of the form, or if one approval at the end of the FRA form is sufficient. Eight out of the nine FRAs had supervisor approval at the end of the form.

Timeframes

As contact standards for the Protective Intervention Program do not begin until the decision is made to transfer to ongoing protection, it is critical the FRA (and other initial investigation documents) are completed in accordance with policy timeframes.

According to policy, the FRA must be completed within a required 30-day period. Based on the referrals examined, over half of the FRAs were not completed within this timeframe. There were 31 FRAs dated within the 30-day period but 44 were dated beyond 30 days which is of concern.

Analysis of Referrals: Service Providers and Placement Resources

Continuum of Care Levels

Since approximately 2014, the Department has been operating using a continuum of care strategy. The continuum outlines four levels of out-of-home placement ranging from 1 to 4. They are outlined in the following diagram:



About the Sample Reviewed

A random sample of 15 Service Provider Sexual Abuse Referrals from the years 2018 to 2024 were selected. The selection of the random sample was completed by the OCYA using a list of file numbers (unique identifiers) contained in a spreadsheet. No identifying information was present other than the category (e.g., foster home, kinship, etc.). The sample chosen included five Foster Home Services Investigations (level 1 and 2), three Kinship Home Investigations, one Family Based Care Home Investigation and six Staffed Residential Services Investigations. Since all investigations were from 2018 and later, all documentation and decision-making would have been completed using SDM.

For these service providers and placement resources, the following forms were received: Referral on a Placement Resource, Alternate Care Provider SDM Safety Assessment (ACPSA) and Investigation on a Placement Resource. There exists additional documentation such as case notes, incident reports, and placement reviews that were not examined as part of this review. What was examined was the process the Department underwent once they received concerning information related to sexual maltreatment of a child in an out-of-home placement.

Foster Home Services Investigations

Policy

According to policy, all foster parents are required to complete a Child Protection Clearance Check, Criminal Records Check (Certificate of Conduct) and Vulnerable Sector Check. In addition, foster parents who are non-relatives are required to complete Parent Resources for Information, Development and Education (PRIDE) preservice sessions. Relative/significant other foster parents are not required to complete this training but are encouraged to do so.

A total of five out of the 15 investigations reviewed pertained specifically to foster homes. Allegations of child abuse, including sexual abuse in foster homes, are investigated according to Policy 4.13 of the **Protection and In-Care Policy and Procedure Manual**.

Policy 4.13

1. All concerns regarding the quality of care or the maltreatment of a child or youth placed in a foster home shall be assessed on the same day of receiving the information to determine what action is necessary to ensure the safety and well-being of the child or youth and to determine whether a foster home investigation is required.
2. All referrals of physical and sexual abuse shall be referred to the local police on the same day of receiving and assessing the information.
3. When it is determined that an investigation is necessary, the foster parents shall be notified of the decision to investigate and whether the concerns are quality of care, maltreatment, or both, as soon as possible. This notification shall occur the same day of determining that an investigation is required.
4. The safety of the child or youth currently placed in the foster home shall be assessed on the same day that the investigation decision is made to determine if the child or youth should be moved to an alternate placement while the investigation is being completed. This shall include face-to-face contact with the child or youth and the foster parents.
5. A social worker and supervisor shall be assigned to complete the investigation. The persons assigned shall not be responsible for the foster home or any child or youth placed in the foster home.
6. If the child or youth is in a protective care agreement, interim care, or interim or temporary custody, the parents shall be notified of the investigation. If the child or youth is in continuous custody, the parents may be notified depending on their level of involvement with the child or youth.
7. The foster home investigation, including all required documentation and the final decision regarding the continued approval or closure of the foster home, shall be completed within 45 days of determining that an investigation is required.
8. Foster home payments (i.e., basic rate, level fee and block funding) shall continue to be paid to the foster home for the period of the investigation up to 45 days

Below is a table of compliance to the policy items listed:

Table of Compliance: Foster Home Investigations					
Item from Policy 4.13	FH1	FH2	FH3	FH4	FH5
Same day assessment of maltreatment information (includes referral form)	Yes	Yes	Yes	Yes	Yes
Referral to police on the same day information was received	Yes	Yes	No, 8 days later	Info came from police	Yes
Foster parents were notified of the decision to investigate on the same day	Yes	Yes	Yes	Yes	Yes
Face-to-face safety assessment of the children or youth placed in the home on the same day an investigation decision is made (ACPSA form)	Yes	Missing ACPSA form	Yes	Yes	No
Social worker and supervisor assigned who are not responsible for the foster home or the children in it	Yes	Yes	Yes	Yes	Yes
Parents should be notified if the children or youth are in interim care, interim or temporary custody, or a protective care agreement	Yes	N/A	N/A	Not mentioned	N/A
Investigation including all documentation and final decision within 45 days	No, 74 days	Yes	No, 73 days	No, 95 days	No, 261 days

Documentation

Of the five foster home investigations reviewed, all concerns regarding sexual abuse were documented on the Referral on a Placement form and assessed on the same day they were received.

The ACPSA form was present in all cases reviewed except for one where it could not be found. In this case the safety of the children was still assessed, and they were placed in an alternative home on the same day the referral information was received, however the paperwork was not completed. In two of the five investigations, the impacted children were in interim or temporary custody and policy states their parents should be notified immediately. Given the focus of this type of assessment, there is no specific section on the investigation paperwork to include this information. In all cases examined, the foster home investigations were assigned to a social worker and supervisor other than those assigned to the foster home file or the in-care files of the children, as per policy.

Police Involvement

In four out of five investigations, contact was made with local police on the same day the concerning information was received. In one of these four investigations, it was the police who contacted CYS to advise them of the referral information rather than the other way around. Another investigation did not initially involve police but did so just over a week later.

Length of Time to Investigate

Only one of the foster home investigations met the 45-day timeline as outlined in policy. The two lengthiest investigations occurred in Labrador where more barriers existed including geography. It should be noted that there is an exception to policy where the completion of an investigation can be extended with manager approval when there are extenuating circumstances. We found no separate area on the paperwork to note the approval of an extension.

Kinship Home Investigations

Policy

According to policy, all kinship care providers are required to complete a Child Protection Clearance Check, Criminal Records Check (Certificate of Conduct) and Vulnerable Sector Check.

A total of three out of the 15 investigations reviewed pertained specifically to kinship homes. Allegations of child abuse, including sexual abuse in kinship homes, are investigated following Policy 1.14.1 of the **Protection and In-Care Policy and Procedure Manual**. The policy is listed below. Please note that children who are placed in a kinship home are not considered in the custody of a manager of CYS.

Policy 1.14.1

1. All allegations of maltreatment and quality of care concerns relating to a child placed in a kinship home shall be assessed to determine if an investigation is required.
2. When an allegation of maltreatment or quality of care is received on a child in a kinship home the social worker will either: (1) add a Referral on a Placement Resource on the kinship home, or (2) add a Child Protection Referral on the kinship caregiver(s). The decision is based upon whether reunification is the plan and will fall into one of the following categories:
 - a. In the case where a child is in a kinship arrangement and the parent(s) maintains custody of the child, and the plan is to work towards reunification, the social worker shall add a Referral on a Placement Resource form on the kinship home and follow the Kinship Home Investigation policy.
 - b. In the case where a child is in a kinship arrangement and the caregiver has custody of the child or the arrangement is long term with no plan for reunification with the parent(s) and this is documented on the KCA as a permanency plan for the child, the social worker shall add a Child Protection Referral on the kinship caregiver(s) and follow the Structured Decision Making policies and procedures for a Protection Investigation and not the procedures under this policy.
3. The screening decision on the Referral on a Placement Resource form shall be completed within 24 hours of receiving the information.
4. In order to assign a Referral on a Placement Resource for investigation, the allegations of maltreatment/quality of care concerns must meet the Definition of child in need of protective intervention under s.10 of the CYFA.
5. A Referral on a Placement Resource assigned for investigation is considered a same day response time referral which means the child and kinship caregiver should be seen on that day.
6. The child's safety shall be assessed using the SDM® Alternate Care Provider Safety Assessment (ACPSA) policy and procedures. The SDM® ACPSA is completed during the first face-to-face contact with the child and kinship caregiver.
7. The investigation, including the final decision regarding the continued placement of the child in the kinship arrangement, shall be completed within 30 days of receiving the referral information.

Under this policy there are procedures listed which include the social worker's roles and responsibilities during a kinship home investigation. Of relevance to the current sexual abuse investigation are items 1 b) and c).

Procedures

1. b) consult with police on physical and sexual abuse referrals prior to starting the investigation;
c) send the police the Referral on a Placement Resource for allegations of physical or sexual abuse;

Please note that all three kinship investigations received for the purposes of this review met the criteria for Policy 1.14.1a. Therefore, policy item 2 which concerns custody, is not included in the table below. An additional two rows were added to the table to reflect police involvement. Below is a table of compliance.

Table of Compliance: Kinship Investigations			
Item from Policy 1.14.1 and Procedures Involving Police	Kinship 1	Kinship 2	Kinship 3
Assessment of maltreatment information and creation of a Referral on a Placement Resource form	Yes	Yes	Yes
Screening decision on referral form within 24 hours	Yes	Yes	Yes
Children/youth and caregiver seen on the same day the investigation is assigned	Yes	Yes	Yes
The concerns met the definition of a Child in Need of Protective Intervention in s.10 of CYFA	Yes	Yes	Yes
Face-to-face safety assessment with child and kinship caregiver using the ACPSA	Yes	Yes	Yes
Investigation completed and decision made within 30 days	No, 40 days	Yes	Yes
Police were consulted prior to investigating	Yes	Yes	Yes
Referral on Placement Resource sent to police	Yes	Yes	Yes

Documentation

All three kinship investigations examined were completed as required per policy and contained the appropriate paperwork. ACPSA forms are required to be completed for kinship homes where reunification is the plan, and these are present in all cases. In all three kinship home investigations, an investigator and supervisor were assigned who were different from those already assigned to the home as required by policy.

Police Involvement

All three kinship investigations documented the social worker forwarding the referral information to the local police. The police response was also well documented in two out of the three cases. In these two cases the social worker assigned consulted with the police agency and the police ultimately declined to investigate. In one case, the social worker was instructed to recontact the police in the event the child made any direct disclosures during the child protection investigation. In the third case, there is confirmation that the police were notified but no information around the extent of their involvement, if any.

Length of Time to Investigate

Two of the three kinship investigations were completed within the 30-day timeline as outlined in policy. The other kinship investigation experienced significant delays, and no explanation was provided.

Family Based Care Investigation

Policy

One investigation was received regarding a Family Based Care Placement Resource. Family-based placements are considered and used when it has been determined that there are no placements in the existing foster home resources to meet the complex needs of a child, youth, or sibling group. All family-based carers are required to complete a Child Protection Clearance Check, Criminal Records Check (Certificate of Conduct) and Vulnerable Sector Check. Family-based placements are licensed, and the licensee can provide both long term and short-term placements ((Policy 4.16, **Protection and In Care Policy and Procedure Manual**)

Allegations of child abuse, including sexual abuse in family-based placements, are investigated following Policy 4.23 of the **Protection and In-Care Policy and Procedure Manual**. Some key items from this policy are as follows:

Policy 4.23:

1. All concerns regarding the care of children or youth placed in a family-based placement shall be assessed on the same day the information is received to determine what action is necessary to ensure the safety and wellbeing of children or youth, and to determine whether an investigation is required.
2. All allegations of physical and sexual maltreatment shall be referred to the local police the same day the information is received and assessed.
3. Where an investigation is required, the manager shall notify the licensee and the caregivers of the investigation, unless notification will compromise the investigation.
4. Parents of children or youth in a protective care agreement, interim care or interim or temporary custody shall be notified of an investigation. If the child or youth is in continuous custody, the parents may be notified depending on their level of involvement with the child or youth.
5. An inspector and supervisor shall be assigned to complete the investigation. The persons assigned shall not be responsible for the family-based placement or any child or youth in the placement.
6. The investigation, including all required documentation, shall be completed as soon as possible and within a maximum of 45 calendar days.

Below is a table of compliance to the policy items listed:

Table of Compliance: Family Based Care Investigation	
Item from Policy 4.23	Family Based Placement
Assessment of information on the same day it was received	Yes
Referral was made to the police on the same day the information was received and assessed	Yes
The licensee and the caregivers were informed that an investigation is required	Yes
Parents are notified if the child is in a protective care agreement, interim care, or interim or temporary custody	N/A
The social worker and supervisor assigned are different than those who are responsible for the placement	Yes
Investigation including all required documentation was completed within 45 days	No

Documentation

The Family-Based Placement Investigation was thorough and contained fully completed forms including the Referral on a Placement Resource, FBC-Alternate Care Provider SDM Safety Assessment, and Investigation on a Placement Resource report. In this case, the information regarding sexual maltreatment was received after-hours. Upon receipt of the concerns, the information was screened immediately and referred for investigation on the following day. As per policy, the investigator and supervisor assigned were different from the workers responsible for the family-based placement and the in-care files.

The licensee and caregiver were informed of the investigation on the following day. The ACPSA was completed at this time and the child was interviewed as required. The safety assessment came back as “safe” as there were no immediate safety threats and both CSSD and the licensee ensured the alleged perpetrator was not permitted back in the home. The local police were also notified on the following day and recommended the child be interviewed by them on a later date but it was within the 24 hour period. The screen-in, paperwork completion, interview, and police referral were all completed within 24 hours of the information being received.

Police Involvement

As previously stated, the police received the referral information within 24 hours. The Child Abuse Sexual Assault Unit (CASA) were assigned the investigation. It was determined that the police would interview the child in care, as well as licensee staff and supervisors. The social worker observed these police interviews and was then responsible for completing their own interviews with the other children who had contact with the alleged offender and their social workers, the caregiver, as well as other relevant collaterals. It was well documented that information was shared back and forth from the police and CSSD to assist with their respective investigations.

It should be noted that “the outcome of a family-based investigation is not dependent or contingent on the outcome of a police investigation” (item 29, Policy 4.23, **Protection and In Care Policy and Procedure Manual**). In this case, the police concluded their investigation without criminal charges. CSSD were unable to verify the referral information but did have multiple recommendations for the home going forward. Whether these recommendations were implemented is beyond the scope of this review.

Length of Time to Investigate

The family-based placement investigation was very lengthy and took over 200 days to complete, which is more than the 45-day requirement outlined in policy.

Staffed Residential Placement Investigations

Policy

FAMA and its legacy organizations contracts third-party service providers to deliver Level 4 placements in residential settings. In May of 2017, government committed to a new program for residential placements for children and youth which included ending the tendering process that had been in place since 2014 (Gov NL News Release, 2017). The **CYFA** in 2018 included a licensing and regulatory framework for agencies, family-based placement providers and residential placement providers under new sections: Licenses (Part VII), and Inspections, Investigations, and Violation orders (Part VIII). The Department continues to be responsible for the design, oversight, contracting, and funding of service providers to deliver these living arrangements. Further, these placement resources are reviewed annually by the Department to assess the quality of care being provided in accordance with the license.

There is a Residential Standards and Procedures Manual that exists for providers to strengthen and standardize the quality of care provided. The manual contains over 20 standards including but not limited to topics of confidentiality, record keeping, home and vehicle safety, sharing information, and planning and monitoring. The Human Resources standard advises that any staff hired by the Service Provider must adhere to the Department's hiring criteria including completion of Child Protection Clearance Check, Criminal Records Check (Certificate of Conduct) and Vulnerable Sector Check. The Investigation of Maltreatment standard states that the Service Provider is required to report allegations of physical or sexual abuse to the Department immediately. The CYS social worker then investigates and makes a determination around whether the child or youth is at risk of harm or maltreatment according to their statutory mandate. The social worker is responsible for contacting the local police and the Service Provider must remove any staff member from duties related to the provision of the services while the investigation is ongoing.

Allegations of child abuse, including sexual abuse in residential settings, are investigated following Policy 4.25 of the **Protection and In-Care Policy and Procedure Manual**. For this review, six investigations involving residential placements were reviewed. This included investigations into all types of level 4 placements including two individualized living arrangements (ILAs), three group homes, and one emergency placement home (EPH).

Policy: 4.25

1. All concerns regarding the care of children or youth placed in a residential placement shall be assessed on the same day the information is received to determine what action is necessary to ensure the safety and wellbeing of the children or youth, and to determine whether an investigation is required.
2. All allegations of physical and sexual maltreatment shall be referred to the local police the same day the information is received and assessed.
3. Where an investigation is required, the manager shall notify the licensee of the investigation, unless notification will compromise the investigation.
4. Parents of a child or youth in a protective care agreement, interim care or interim or temporary custody shall be notified of an investigation. If the child or youth is in continuous custody, the parents may be notified depending on their level of involvement with the child or youth.
5. An inspector and supervisor shall be assigned to complete the investigation. The persons assigned shall not be responsible for the residential placement or any child or youth in the placement.
6. The investigation, including all required documentation, shall be completed as soon as possible and within a maximum of 45 calendar days.

Below is a table of compliance to the policy items listed:

Table of Compliance: Staffed Residential Placement Investigation						
Item from policy 4.25	RP1 (ILA)	RP2 (ILA)	RP3 (GH)	RP4 (GH)	RP5 (GH)	RP6 (EPH)
Concerns addressed on the same day information was received	Yes	Yes	Yes	Yes	Yes	Yes
Referral made to police on the same day information is received and assessed	Yes	Yes	Yes	Yes	Yes	Yes
Licensee notified of the investigation	Yes	Yes	Yes	Yes	Yes	Yes
Parents notified where the child is in a protective care agreement, interim care, or interim or temporary custody	N/A	N/A	N/A	Applicable but not mentioned	N/A	N/A
Investigator and supervisor assigned who are not responsible for the placement or any child or youth in the placement	Yes	Yes	Yes	Yes	Yes	Yes
Investigation and documentation completed within 45 calendar days	No, 138 days	No, 144 days	No, 63 days	No, 86 days	No, 105 days	No, 53 days

Documentation

In nearly all cases, the documentation was thorough, and all correct documents were present and completed. There were a few instances where paperwork was incomplete or there were significant delays in its completion. For example, one investigation of a group home had a blank date field where the supervisor signed off on the investigation. The supervisor did approve the work, but it is unknown when this work occurred. In all cases, an investigator and supervisor were assigned who were different than those already assigned to the placements, as per policy.

Police Involvement

In five of the six cases reviewed, the referral information was sent to the local police on the same day the information was received and assessed by the Department. There was one case where the field regarding police follow up was left blank and the police were not contacted. In the other five cases, police consultation occurred. In at least three cases there was documentation of joint investigations where the police were present to interview the child in care.

Length of Investigation

Length of investigation was determined by looking at the number of days between the date the referral was initially received and the date the social worker signed off on the “Referral Verification” section of the investigation paperwork. In all six cases reviewed, investigation time far exceeded the 45-day time-period outlined in policy. Like foster home investigations, policy has an exception clause regarding the length of time investigations take place. A decision to extend beyond 45 days must be approved by a manager. Some reasons listed in policy for exceptions include “delays as a result of a police investigation or locating a person who has critical information.” In these cases, the reasons for the unmet timeline could not be found.

Recommendations and Follow-Up Sections

Beyond the scope of this review is an evaluation of the actions taken or not taken after an investigation has concluded and has been approved by management. The investigating social worker will make recommendations as well as provide required follow up actions. Based on the documents reviewed, the two sections on the form “Recommendations” (under Referral Verification) and “Summary and Necessary Follow up Action” (under Outcome of Investigation) were completed differently depending on who was investigating. This was particularly the case for reviews of placement resources such as the Family-Based Placement and the Staffed Residential Placements which contained recommendations for the licensee and their staff. Examples of Recommendations included:

- The home to be closed
- All staff receive education on their requirement to report any suspected child abuse or maltreatment directly to FAMA
- All staff receive information that it is the role of FAMA to assess risk to children
- [Licensee] have a clear organizational model for internal reporting
- [Licensee] adhere to documentation requirements and monitoring of same
- [Licensee] staffing protocols should be followed and not changed based on lack of resources

Examples of Necessary Follow Up Actions included:

- Meeting to occur with licensee to review outcome of investigation and recommendations
- All [licensee] staff will receive education on their duty to report concerns to management in a timely manner.
- Follow up is to occur with [licensee] to discuss the outcome of the investigation, as well as planning to address the issues of concern.
- Meet with [licensee] management to review the investigation report and recommendations

The information in the documentation provided for this review could not be used to determine whether follow up actions occurred. There is no area on the form to indicate dates and times of follow up or who would be responsible for completing this task. It is also unclear if the recommendations made are pervasive. That is, if they apply to all staff that the licensee employs at all locations or only the employees in the specific home investigated.

Based on the documentation received there is also no way to determine if the recommendations have been implemented. This could be determined through a review of the monthly contact visits completed by the social worker assigned to the placement resource or by looking through the monthly and annual placement reviews.

Summary: Service Providers and Placement Resources

Overall, there were no concerns with the completion of documentation when it came to service providers and placement resources. All fifteen placement resource investigations reviewed had the appropriate “Referral on a Placement Resource” paperwork which was populated accurately. Further, all 15 placement resources reviewed had the appropriate “Investigation on a Placement Resource” paperwork which was completed accurately. There was disparity in the level of detail that these documents contained but this seemed to be dependent on the individual worker and their supervisor. Some investigating social workers put detailed notes from interviews in their reports while others would refer the reader to a case note or attachment. Other social workers provided details from their review of the in care files while others would only reference having reviewed them. Standardization of documentation should be considered.

What is clear is that when concerning information is received about sexual maltreatment for children in out-of-home placements, action by the Department is immediate. Social workers are ensuring that referrals are sent to police, children are interviewed, and alleged perpetrators do not have further access to the children. What is also apparent is that the investigations are taking much longer than the recommended time outlined in policy. These delays are related to the completion of documentation for the investigative summaries and reports.

An initial observation was made regarding how maltreatment reports are documented when children are in care. As discussed, when referral information regarding sexual maltreatment is received, it generates the creation of the “Referral on a Placement Resource” paperwork. This paperwork is specific to the placement, or home, and not to the child or children in the home although the children are listed on the placement investigation paperwork. The investigating social worker must document the decision to investigate in the case notes of the placement file and place a copy of the referral on the paper file (Policy 4.25, **Protection and In Care Policy and Procedure Manual**). There does not appear to be any document generated for the child or youth’s in care file. Workers may be documenting in case notes, but these are not easily retrievable and are not part of the documentation reviewed for this examination. It is important to highlight that this concern has recently been remedied by the Department in cases where the alleged perpetrator is a third party. Since the commencement of this review, FAMA have implemented a new policy for responding and documenting child maltreatment of a criminal nature by a third party (someone other than the child’s parent). According to this new policy, documentation of the maltreatment will now generate a new form called “Third-Party Maltreatment of a Criminal Nature: Information for Police.” This form will be forwarded to police, and a copy will also be placed on the child’s file in ISM. If both the child and the victim are in care, then the form would be placed on both their files. This is an important step in ensuring the information stays with the child and not just the placement. This policy will be discussed in further detail in the next section.

Other Referral Types

Third Party Sexual Maltreatment

Nearly all screened-in referrals regarding CSA were intra-familial in nature, meaning that they were perpetrated by someone within or connected to the family, rather than by a third party. This is expected based on the legislation that provides authority for the delivery of child protection. However, Canadians who are surveyed as adults report that their childhood sexual abuse was most commonly perpetrated by an adult other than their parent or stepparent (Heidinger, 2022). Therefore, it is important to examine how the Department responds to third-party sexual assaults and how the response has changed as the legislation evolved.

There is evidence from departmental e-mails examined over the course of this review, that there has been much discussion over the years among professionals from various agencies including the health authority and the department responsible for child protection. Historically, since the 1990’s until approximately 2010, child protection social workers could become involved in third-party physical and sexual abuse cases. This involvement occurred whether the parents were acting in a protective capacity or not.

Once the Department of CYFS was created, there was an emphasis on “getting back to basics” in providing mandated and legislative services and programs. CYFS determined they had no legal authority to intervene or to open investigative files with respect to protective

intervention unless the child was at risk of being maltreated by a parent or the parent was not acting in a protective manner. Similarly, they would not request medicals or police involvement on behalf of children who have a parent who is acting protectively. A departmental e-mail from 2012 stated “To divert from our position on this issue will contribute to confusion regarding the direction we have provided and the potential for broad misinterpretation by professionals, the police and the general public on our ability to provide service to children who are harmed by people other than their parents”. The same scenario applies to the sexual exploitation of children. The legislation would only apply if the exploitation of a child is by their parent or with their parent’s knowledge and they did not act protectively.

Therefore, when examining CPRs around and after 2010, it was expected that the Department would not be involved in cases where children are sexually assaulted or exploited by persons other than their parents if the parent is acting in a protective manner. Taking this into consideration, only referrals from 2007 to 2010 would be included. In e-mail correspondence the Department has advised several parties in recent years that they do not keep any statistics related to third-party referrals as they are of a criminal nature only rather than a child protection matter.

Currently under SDM, if information is received pertaining to alleged CSA by someone other than the child’s parent, the parent is contacted as part of the screening process. This would inform the social worker if the parent(s) were aware of the concerning information and their response to the receipt of the information. The social worker could make a screening decision based on an assessment of parental protectiveness in the moment as well as the parent’s ability to protect their child going forward. The assessment of protectiveness is unique to every child, family, and situation. Guidance exists for social workers specific to screening third-party sexual abuse referrals through SDM Practice Standard # 1: “Assessing a Parent’s Protectiveness – 3rd Party Maltreatment Referrals”. Some factors explored include the parent’s response, cooperation, emotional and cognitive ability and willingness to follow the Department’s direction.

Upon the commencement of this review, FAMA participated in their own intradepartmental review to strengthen policy and practice. As of July 3rd, 2025, the Department introduced a new policy related to third-party maltreatment: Policy 7.4: Reporting Third-Party Child/Youth Maltreatment of a Criminal Nature to the Police. This policy outlines new documentation and police reporting requirements when information is received regarding a child or youth being maltreated or at risk of being maltreated by a third party. Information received by the social worker will now be documented on a CPR as well as reported to police using a custom form called Third-Party Maltreatment of a Criminal Nature: Information for Police. The new policy is a welcome addition as it ensures the reporting of information regardless if the child or youth is involved with the Department or not. Further, it is assumed that the Department will now be able to keep statistics on the number of these referrals, compliance to policy, and the information forwarded to police.

Youth Referrals

The scope of this review was limited in that it did not examine Youth Services Assessment Tools (YSATs) or YSAs. It is well documented that youth are vulnerable to harm and that adolescents experience higher rates of sexual violence than any other age group (Bailey et al., 2021). The government commissioned report in 2011 about exploitation in the province identified children and youth as the most sought after in the sex trade. It spoke to cases where landlords try to sexually exploit youth who are renting rooms from them, including those receiving residential money from a government department such as Youth Services clients (Women's Policy Office, 2011). Perpetrators take advantage of the context in which young people live and employ grooming tactics to give them something they are missing in their everyday lives. This could be material things like access to drugs, housing, food, or gifts. It can also be emotional such as offers of protection or sense of belonging (Godar, 2021).

Upon commencing this review there were gaps in policy when CYS received sexual abuse referrals involving 16- and 17-year-olds who were maltreated by persons other than their parents. The **CYFA** (2018) saw the inclusion of 16- and 17-year-olds in the duty to report, and since that time the Department assesses a youth's service eligibility and need for protective intervention, however, before 2025, there was no standardized process to report third-party perpetrators to the police.

In July 2025, Policy 7.4 was implemented which included procedures for youth who are maltreated by third parties, whether receiving services from the Department or not. The information is referred to the police through the Third-Party Maltreatment of Criminal Nature: Information for Police form.

Exceptions to the policy exist if the young person is over the age of 18 but still involved in the Department's programming. At age 18 or older, the youth must consent for the social worker to report their identifying information and details of the maltreatment to the police. In these cases, the new policy outlines that the social worker shall still report the alleged offender's name and any non-identifying details of the third-party maltreatment to the police, again using the newly created form. Exceptions also exist for youth who are in care where the Zone Manager, in consultation with the social worker and supervisor, decide that disclosing the youth's identifying information to the police could result in physical or emotional harm.

Whenever working with youth, it is a balancing act to ensure their right to protection from abuse and exploitation is upheld while acknowledging their right to privacy and evolving capacity to participate and consent in matters affecting them. The implementation of Policy 7.4 when there is alleged maltreatment of a criminal nature by a third party ensures the police are informed of the criminal concerns and perpetrator information with or without the youth's consent. While the Department has advised that best practice is to seek the youth's consent, the policy does not outline what the consent seeking process looks like or the extent of the efforts that will be made to achieve it. The policy states that the information may be reported regardless of the youth's agreed participation. The policy's exception clauses discussed above allow for discretion to be used when the disclosure could cause harm to the youth victim.

CYS must consider the youth's physical and emotional safety, ability to cope with the impact of their information being reported, the proximity of the offender to the youth, and risk of further harm. Even with these exception clauses, it is crucial that youth be included in every step of the process if they so choose. A core aspect of sexual violence is a profound betrayal of trust (van der Kolk, 2015). Given this, failing to obtain consent and support meaningful involvement from a young person before reporting to police can worsen their trauma, further damaging their sense of trust and control. Empowering youth to have agency in how their experience is handled is a strong predictor of more positive outcomes later in life (Trickett et al., 2011).

Children and Youth in Care

When children and youth are in the care of FAMA, the Department is considered their parent. Therefore, it is expected that the Department act protectively to ensure the children in their care are protected from all forms of harm. This is the same expectation that is placed on any parent under the existing legislation. This is echoed in the **United Nations Guidelines for the Alternative Care of Children** (2009) which states that "It is the role of the State, through its competent authorities, to ensure the supervision of the safety, well-being and development of any child placed in alternative care and the regular review of the appropriateness of the care arrangement provided". The guidelines, which are meant to enhance the implementation of the **UNCRC**, also express that the State ensure that "...accommodation provided to children in alternative care, and their supervision in such placements, enable them to be effectively protected against abuse."

Children and youth often come into alternative care having already faced multiple adverse childhood experiences. The trauma from these experiences, combined with other factors such as low self-esteem, a lack of insight into their own vulnerability, and a shortage of positive relationships and supports, make them a target for perpetrators (La Valle et al., 2016). In 2011, a government commissioned report highlighted the vulnerability of children and youth in care in this province. Being in care or in any out-of-home placement was highlighted as a risk factor for exploitation and recruitment into the sex trade industry, with children and youth that run from their placements at particular high risk (Women's Policy Office, 2011).

Recently, the Department has identified a group of children and youth in their care that are at particularly high risk. Review of written e-mail correspondence in late 2023 and early 2024 identified that there is ongoing and significant concern regarding children and youth residing in out-of-home level 4 placements. Namely that they are at risk of sexual exploitation, as well as addiction and overdose, criminal behavior including drug trafficking, and threats of violence.

Some considerations for navigating these challenging situations are highlighted in the sections below.

New Policy 7.4

The new policy introduced by the Department ensures that the police receive alleged offender information when a child or youth in care is sexually or otherwise maltreated by a third party. This policy was put in place to standardize the process of reporting across multiple program areas. The policy provides the following definitions:

Policy 7.4 - Definitions

Third-party maltreatment: maltreatment of a child/youth by someone other than the child/youth's parent (e.g., neighbor, family member, community member, teacher, coach).

Third-party maltreatment of a criminal nature includes: physical abuse or risk of physical abuse; sexual abuse or risk of sexual abuse; and/or exploitation (e.g. sex trafficking) or risk of exploitation.

For children and youth in continuous custody, the Third-Party Maltreatment of a Criminal Nature: Information for Police form is completed and immediately reported to police. The form is also put on the child's or youth's in care file in ISM. This new policy ensures that the police are aware of the circumstances around the offense as well as alleged offenders. What the police do with the information once it is received and whether they decide to investigate is beyond the scope of this review. As discussed previously, while obtaining consent is not required, it should be sought whenever possible to uphold the young person's participation rights, give them back a sense of autonomy and maintain their trust. The policy's exception clauses exist where the victim's identifying information can be withheld at the Zone Manager's discretion, but the perpetrator is reported.

As this is a newly developed policy, it remains to be seen if any practice issues may arise.

Use of Prohibit Contact Orders and the Offenses Against Children Section

Review of correspondence showed that meetings occurred at the executive level regarding the concerns impacting children in level 4 placements. Next steps were identified including that CSSD (at the time) would engage in legal discussions with the RNC related to the potential use of sections of the **CYFA**. There was no correspondence confirming if this engagement occurred or not.

Section 18 of the legislation is “Order to prohibit contact”. Under this section of the **CYFA**, an application can be made to the court to attempt to restrict the contact of individuals who pose risk to children who are in the care of the Department, as outlined in subsection (1).

18. (1) Where there are reasonable grounds to believe that contact between a child and another person would cause the child to be in need of protective intervention, a manager or social worker may file an application with the court for an order to prohibit contact between the child and that person.

This section has been used by the Department in the past when there are situations where a child or youth is frequenting a home where they are at risk of sexual exploitation, drug use, and threats of harm. Subsection (6) outlines that if the court is satisfied that contact between a child and a person named in an application would cause the child to be in need of protective intervention, they may prohibit the person against whom the order is sought from any or all of the following: contacting or trying to contact the child, interfering with or trying to interfere with the child, or entering a place where the child is located or premises where the child resides for up to 6 months. Subsection (9) advises that a peace officer can assist in enforcing an order made under this section.

Orders to prohibit contact are the subject of Policy 2.7 in the most recent **Protection and In Care Policy and Procedure Manual**. The policy outlines the steps the social worker must take before filing an application, including an assessment of safety and risk factors in relation to the child and the alleged offending person. Consultations between the social worker and their supervisor, as well as consultation between the supervisor and the manager must occur. The policy also provides procedures related to the completion and filing of the application, and information regarding order enforcement, expiration, and bridging provisions. There is no limit on the numbers of Prohibit Contact Orders that can be made in a relation to a child.

Another departmental query was regarding the use of sections 98-101 of the **CYFA** which make up “Part XI: Offences Against Children”. These sections could be used to impose fines or imprisonment. Section 98 “General offence” is written below:

98. A person who by commission or omission willfully contributes to a child being a child in need of protective intervention is guilty of an offence and liable on summary conviction to a fine not exceeding \$10,000 or to imprisonment for a term not exceeding 6 months, or to both a fine and imprisonment.

In addition to this section, section 99 discusses offences and liability related to selling, giving, or causing a child to come into possession of a drug, or obscene material object(s). Section 100 discusses removing or enticing a child or youth to leave the care or custody of a manager. Section 101 outlines liability for these offences when persons fail to comply with or contravene provisions identified in the **Act**.

Offences Against Children are addressed in the most recent **Protection and In Care Policy and Procedure Manual** under Policy 2.25. This policy states that a social worker (in consultation with their supervisor) shall make a referral to the police for an investigation where it is believed that an offence has been committed under the **CYFA**. The procedures outline that social workers shall familiarize themselves with Part XI of the **Act** to determine when an offence against a child has occurred or is likely to be occurring, and once identified, to notify the police in writing to request an investigation.

It is not known when the sections within Part XI of the **Act** will be invoked, or if they have been already. According to the documentation reviewed for this report, the Offences Against Children part of the **Act** is not a piece of the legislation that has been frequently utilized “and there is uncertainty as to its application.” In any case, the inherent vulnerability of adolescents, coupled with the ongoing development of the adolescent brain, demands thoughtful and tailored approaches to prioritize their safety and well-being.

Areas for Consideration

Based on the findings outlined in this report, the following areas are recommended for further consideration and potential action.

While there exists a wide variety of provincial and national resources available to professionals, victims, and families affected by CSA in Newfoundland and Labrador, the province currently lacks an operational Child and Youth Advocacy Centre. Regardless of the funding source, the reestablishment of the centre would further support best practice, including trauma informed collaboration at a central location. It would also provide children with one stop service in keeping with many jurisdictions across the country and internationally. This would not only benefit the professionals involved, but most importantly, child victims and their families.

Through the review of years of departmental correspondence, available resources were a reoccurring concern. This is important to consider in the context of Policy 1.5: Police Involvement which maintains that all allegations of sexual maltreatment shall be forwarded by the social worker to the police. Adherence to this policy does not always appear to be the case and may be due to an informal agreement or mutual understanding between CYS and the police about what should and should not be reported. In any event, a review of the policy is warranted. Consideration should be given to the resources available to both parties as well as to defining specific criteria around what should and should not be referred. An examination of the language used in the policy is also needed, as currently it refers only to reporting information when a “child” or “children” have been maltreated. This is to the exclusion of youth. It is this Office’s understanding that while the current practice is to include youth under this policy, it is not explicitly stated in the policy manual. Further, this review identified that the Memorandums of Understanding on information sharing between the Department and both the RNC and RCMP are not current. These MOUs ensure current roles, responsibilities, and procedures are documented and formalized, and are critical to the responsiveness of each partner agency. Ensuring Memorandums of Understanding are current should be a priority.

This review was completed through the careful review of CPRs and accompanying documentation. Complete and accurate documentation is an essential part of the social worker’s duties. Record keeping is crucial not only while working with a maltreated child and their family, but for years beyond. From an auditing perspective, if paperwork is not completed correctly, it is difficult, and often impossible, to identify in retrospect when, or even if, the work occurred. The introduction of the SDM model and ISM system appears to have improved many gaps in documentation, but there are still instances where forms are not being completed in the time outlined in policy. For the CPRs under the Protective Intervention Program, the concerns include the timely completion of safety and risk assessments. For out-of-home placement investigations, concerns included the delayed completion of the investigation summary. A thoughtful evaluation of the policies may be warranted to determine if the timeframes outlined are reasonable based on the substantial amount of work required.

In addition to incomplete records, it was found that documentation was sometimes unclear, such as in the case of detailing police involvement. Revision of the police section of the CPR form to clearly reflect the nature of the involvement, including if it was past or present, would provide clarity. The police involvement section of the CPR should also provide an explanation around whether consultations occurred in the event a referral was not sent. Ideally, this section should be completed with sufficient detail and clarity to provide a full understanding of the steps taken. It should also continue to include the date of referral and method used to send it.

While comprehensive, this report was unable to examine CSA perpetrated by third parties as the Department does not intervene in these cases since they fall outside its legislative mandate. They do however continue to receive referrals from concerned persons who have information related to alleged maltreatment perpetrated by a third party. Moving forward, Policy 7.4 provides standardization across program areas regarding the processes taken when this concerning information is received. Both police agencies were included in consultations regarding the development of this new policy and a new form was created for police reporting. This Office acknowledges the gaps that this policy has begun to address, ensuring that information of a criminal nature such as sexual abuse or the risk of sexual abuse is relayed to the police. Despite this, it remains unknown which reports the police prioritize or choose to action. Consideration should be given to an examination of the processes undergone by the police when investigating these third parties. As the policy remains in its infancy, any future review should include the consultation of subject matter experts, specifically around youth's participation rights and the process of achieving consent.

Additionally, the Department has highlighted that children and youth in care residing in level 4 residential placements are at particular risk of sexual exploitation. Discussions appear to be occurring around the available legislative mechanisms that could be used to protect them. It would be expected that these conversations and consultations continue, and this office looks forward to future updates regarding the protection of this vulnerable group of young people.

Finally, it would be remiss to draw conclusions about how child sexual assault allegations are addressed after examining child protection services alone. This review has highlighted the multiagency collaborative process that occurs when CSA occurs, and child protection is only one piece of that extensive process. It would be beneficial for future reviews to examine other parties involved in these investigations, such as the police, victim services, and medical teams to ensure adherence to policy and procedure, as well as outcomes related to criminal charges.

Concluding Remarks

This report was completed in response to a request by Lieutenant Governor in Council pursuant to section 16 of the **Child and Youth Advocate Act**. The review involved extensive examination of policy and procedure where a report is received by child protection services regarding CSA or exploitation.

A review of the Department of Families and Affordability's structural and legislative changes over multiple decades was provided as well as an examination of the collaborative relationships the Department maintains. Both provincial and national initiatives and organizations were discussed including a commitment to the inclusion of body awareness programs in the school system by the end of this year. An examination of training offerings was also completed. The findings demonstrate the Department's commitment to providing a diverse range of training options, including the Collaborative Child Abuse Investigations Training which continues to be offered multiple times each year.

Next, a randomly selected sample of CPRs from the past 17 years was reviewed. The review process considered several factors including, but not limited to, adherence to the relevant decision-making model, the level of detail, the completeness of assessments and documentation, the recording of police involvement, and the length of involvement. The findings did not critique clinical judgment, only adherence to applicable legislation, policies, and decision-making models in use at a given time.

Through careful review of the randomly selected CPRs and departmental correspondence, it is evident that collaboration between CYS and both provincial policing services has been happening for decades. The partnership has encountered its share of challenges as the years progressed related to training delivery, changes in interviewing models, and practice issues. Despite these challenges, both parties have maintained continued communication and have demonstrated an ability to work together to create collaborative solutions. The Collaborative Child Abuse Investigations Training Steering Committee has been a constant in navigating these challenges and is essential in providing an avenue for professionals to connect. Ensuring the MOUs with both policing agencies are current would affirm the Department's ongoing commitment to the partnership.

After a careful examination of the randomly selected data, it was determined that when there is an allegation of sexual abuse or maltreatment, children are being seen and/or interviewed quickly to determine their immediate safety. This was especially true for investigations involving out-of-home placement resources. In these cases, communication with the licensee, the removal of the alleged offender, and the completion of the police referral is occurring immediately.

This review acknowledges the many improvements to the assessment and documentation of child protection concerns since the introduction of SDM and ISM. This includes new screening tools, clearer forms, better defined categories, and earlier risk assessment. In addition to this, documentation of supervisor approval improved greatly. However, there still exists

opportunities for improvement, particularly around documentation. For the PIP documentation reviewed, safety assessment and risk assessment paperwork were highlighted as not always completed within policy timeframes. Additionally, police involvement was not always clearly documented and there is no area on the form to indicate consultations. For the out-of-home placement investigations, the documentation indicating the end of the investigation was rarely dated within the required timeframe outlined in policy. While the investigations are thorough, they are taking a considerable amount of time to complete.

At the commencement of this review, there were no mechanisms or policies around the reporting of third-party maltreatment of a criminal nature to the police. This was a large gap that has since been remedied through the creation of a new policy which ensures reports of sexual maltreatment by third-party perpetrators are reported to police. These standardized reports are added to the ISM system and to the relevant program files (PIP, kinship, in care).

Youth ages 16 and up are a unique group requiring special consideration because they are at highest risk of experiencing sexual violence but must be voluntary participants when engaging in CYS programming. Children and youth in care are especially vulnerable, and the Department, in keeping with research findings, identified that those in level 4 residential placements are at particular risk of exploitation by third parties. The new policy for reporting third-party alleged offenders to the police is an important first step. There appears to be further discussions occurring around available legislative mechanisms to protect them. This office looks forward to future updates regarding the protection of this vulnerable group of young people.

Children and youth have the right to be protected from sexual abuse and exploitation, and it is troubling that such abuse still occurs. Appropriate systems must respond effectively and provide intervention. Although challenges have existed over the years, the current child protection policies, procedures, and decision-making models represent considerable progress. Regular revision of the policies regarding police involvement, reporting third-party maltreatment of a criminal nature, and documentation time limits may be required.

This review was limited in that it only examined one aspect of the broader effort to address child sexual abuse and exploitation in Newfoundland and Labrador. Investigations and forensic interviews with children and youth are completed as a collaborative process. While the Department of FAMA appears to be responding adequately to cases of sexual maltreatment perpetrated by parents and approved care providers, it is not mandated to investigate concerns involving third-party offenders unless the parent fails to demonstrate protectiveness. To fully assess the overall response, a separate examination of the agencies responsible for investigating third-party abuse, particularly the police, including their policies and procedures is necessary. Without this larger analysis, it is not possible to draw conclusions about the safety and well-being of children and youth in this province when a report of sexual violence is received.

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Appendix A: Abbreviation Index

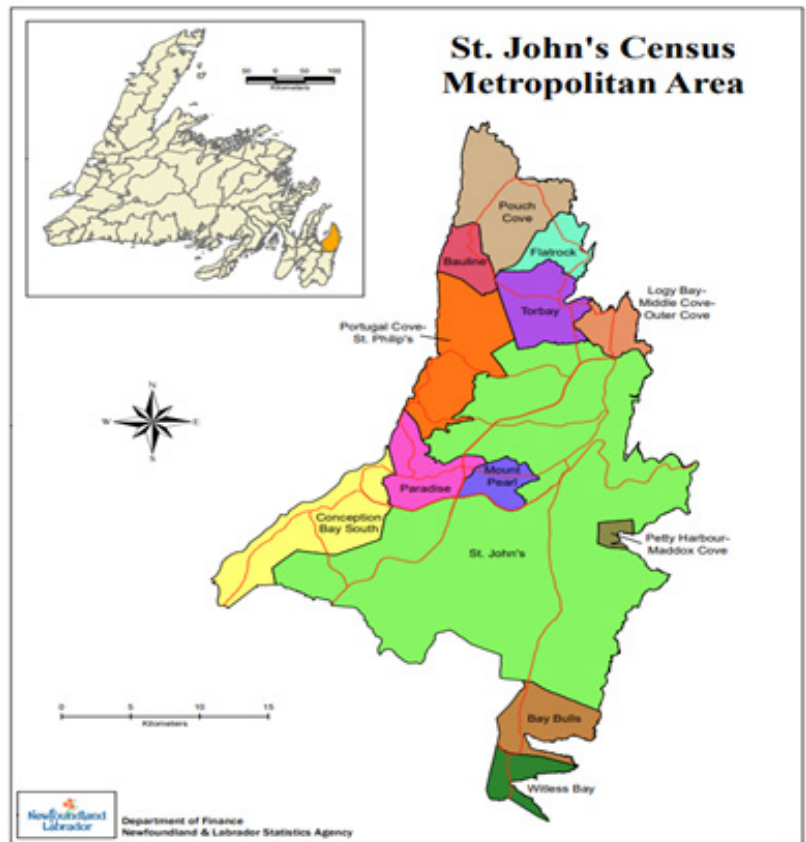
Alternate Care Provider Safety Assessment	ACPSA
Assessment Investigative Summary	AIS
Canadian Centre for Child Protection	C3P
Child Abuse Investigative Training	CAIT
Child Abuse and Sexual Assault (Unit)	CASA
Child Protection Referral	CPR
Client and Referral Management System	CRMS
Child Sexual Abuse	CSA
Child and Youth Advocacy Centre	CYAC or CAC
Children and Youth Care and Protection Act	CYCP
Children, Youth and Families Act	CYFA
Child, Youth and Family Services	CYFS
Child and Youth Services	CYS
(Department of) Children, Seniors, and Social Development	CSSD
Emergency Placement Home	EPH
End Sexual Violence Newfoundland and Labrador	ESVNL
(Department of) Families and Affordability	FAMA
Family Risk Assessment	FRA or RA
Initial Intake Report	IIR
Individualized Living Arrangement	ILA
Integrated Service Management	ISM
The Journey Project	JP
Memorial University of Newfoundland	MUN
Memorandum of Understanding	MOU
National Institute of Child Health and Human Development Protocol	NICHD
Office of the Child and Youth Advocate	OCYA
Planning, Engage and Explain, Account, Clarify, Challenge, Closure and Evaluation	PEACE
Protective Intervention Program	PIP
Protection Investigation Summary	PIS
Risk Assessment Instrument	RAI
Royal Canadian Mounted Police	RCMP
Risking Management Decision Making	RMDM
Risk Management System	RMS
Royal Newfoundland Constabulary	RNC
Safety Assessment	SA
Sexual Assault Nurse Examiner	SANE
Structured Decision Making	SDM
United Nations Convention on the Rights of the Child	UNCRC
Youth Services Agreement	YSA
Youth Screening and Assessment Tool	YSAT

Appendix B: Visual Timeline: History of Child Welfare (Relevant Dates)

1989	<ul style="list-style-type: none"> • Hughes Inquiry • Collaborative Approach to the Investigation of Child Sexual Abuse
1993	<ul style="list-style-type: none"> • New York Risk Assessment Tool is in use for high-risk cases of child sexual abuse
1998	<ul style="list-style-type: none"> • Child Welfare Services are devolved to Regional Health Care Boards
1999	<ul style="list-style-type: none"> • The Child, Youth and Family Services Act was proclaimed
2000	<ul style="list-style-type: none"> • The Client and Referral Management System (CRMS) system is introduced
2002	<ul style="list-style-type: none"> • Office of the Child and Youth Advocate established
2003	<ul style="list-style-type: none"> • Formalized Risk Management System (RMS)
2005	<ul style="list-style-type: none"> • 14 Health Care Boards move to 4 Regional Health Authorities
2006	<ul style="list-style-type: none"> • The Turner Report is released
2008	<ul style="list-style-type: none"> • Clinical Services Review completed
2009	<ul style="list-style-type: none"> • Creation of the Department of Children, Youth and Family Services announced
2011	<ul style="list-style-type: none"> • Children and Youth Care and Protection (CYCP) Act is proclaimed
2013	<ul style="list-style-type: none"> • Risk Management Decision-Making (RMDM) Model came into effect
2016	<ul style="list-style-type: none"> • Department of Children, Seniors and Social Development (CSSD) is formed
2018	<ul style="list-style-type: none"> • The Structured Decision Making (SDM) Model is introduced • Integrated Service Management (ISM) System is introduced
2019	<ul style="list-style-type: none"> • Children, Youth and Families Act (CYFA) is proclaimed
2025	<p>The Department is renamed the Department of Families and Affordability (FAMA)</p>

Appendix C: Map and Regions Used for Statistical Analysis

The **St. John's Metropolitan area** was defined using the Census Map from the Newfoundland and Labrador Statistic Agency retrieved from <https://www.stats.gov.nl.ca/Maps/pdfs/StJohnsCMA.pdf>. It includes the city of St. John's and 12 other communities: Conception Bay South, Paradise, Mount Pearl, Portugal Cove-St. Phillips, Torbay, Logy Bay-Middle Cove-Outer Cove, Pouch Cove, Flatrock, Witless Bay, Bay Bulls, Bauline, and Petty Harbour-Maddox Cove.



Eastern Newfoundland was defined as the remaining Avalon Peninsula as well as Clarenville and the Burin and Bonavista Bays.

Central Newfoundland was defined not only as the centre of the island but also Notre Dame Bay above, and the South Coast below. Some cities would include Gander, Grand Falls-Windsor, Twillingate, Springdale, and Harbour Breton.

Western Newfoundland included Deer Lake and anything further West. Including Corner Brook, Stephenville, and Channel-Port-aux-Basques.

GNP and Labrador included anything situated after Bonne Bay (Rocky Harbour, Port Saunders, St. Anthony, Roddickton) was considered the Great Northern Peninsula (GNP). There were very few referrals for this area, so it was included with Labrador.

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