



## Reducing Trauma, Improving Lives

The Social Value of Boost Child & Youth Advocacy Centre  
Final Report

November 2017

# Table of Contents

1. Executive Summary	2
2. Introduction	3
3. Background on Children & Youth Advocacy Centres and Trauma Research	4
4. Boost Child & Youth Advocacy Centre	6
5. Our Approach	7
6. Detailed Findings	14
7. Conclusion	39

# 1. Executive Summary

Each year there are more than 200,000 cases of reported child abuse and neglect in Canada. Boost Child & Youth Advocacy Centre (Boost CYAC) believes that all children and youth have a right to grow up in a safe, healthy and nurturing environment. Boost CYAC is dedicated to the prevention of child abuse and violence through education and awareness, and by collaborating with community partners to provide services to children, youth and their families.

Boost CYAC is an innovative response to child abuse investigations. After successfully establishing its proof of concept through a pilot study conducted in 2012, Boost CYAC became operational in October 2013. Since then, Boost CYAC has been tackling the issue of child abuse investigations by bringing together professionals involved in child abuse cases into an integrated facility, for a coordinated, interdisciplinary response to children and youth who have been abused in Toronto.

The benefits of the Boost CYAC model have been observed by employees from each of the community partners involved; however, the impact on society has not been systematically analyzed. In the summer of 2017, Deloitte worked with Boost CYAC to undertake a qualitative and quantitative assessment of Boost CYAC's impact. The study was conducted through a mixed-methods approach, using both most significant change (MSC) and social return on investment (SROI) evaluations.

## Positive Outcomes Across Several Dimensions

As evidenced by the MSC evaluation, the Boost CYAC model results in several positive outcomes for clients serviced by Boost CYAC, as well as its community partners. Three key outcomes were identified:

1. Reduced emotional, financial, and physical hardship on children and youth who have been abused and their families;
2. Increased access to services for children and youth have been abused and their families; and,
3. Increased capacity of partner agencies in conducting child abuse investigations.

## Increased Short-term Costs for Long-term Gains

Deloitte's assessment of Boost CYAC found that for every dollar spent, a value between \$1.5 and \$2.7 of benefits accrue to society. This represents between \$330 and \$2,012 of net benefits in 2017 dollars per client served by Boost CYAC, amounting to a total social value of \$730 thousand to \$4.6 million in 2017 dollars for the 2,225 clients served by Boost CYAC during the October 1, 2013 to September 30, 2016-time period.

## 2. Introduction

### 2.1 Message from Karyn Kennedy, CEO of Boost CYAC

Boost Child & Youth Advocacy Centre was thrilled to launch our new model in October of 2013 and to introduce an innovative way of responding to children, youth and their families in investigations of child abuse. Over the past four years, our staff and directors have stood in awe of the children, youth and families we serve. The strength and resiliency our clients demonstrate each and every day is inspiring. Children and youth at our centre have endured things that most of us cannot imagine, yet they find it within themselves to not only survive but to thrive. At Boost CYAC, we are honoured to work with these children and their families to provide support from the moment they walk in the door until they no longer need our help.

As a leader in our field, we are committed to continuous learning and improvement through evaluation, which is what led our organization to undertake this timely and important social impact assessment with Deloitte. We hope this study will positively contribute to existing research on the efficacy and social value of Child Advocacy Centres/Child & Youth Advocacy Centres<sup>1</sup> and encourage further research in the field.

### 2.2 Message from Deloitte

There is increasing recognition that traditional approaches and models for addressing intractable societal problems are proving ineffective. Solutions are no longer the responsibility of a single organization or sector. Instead, multi-stakeholder initiatives mobilizing “issue ecosystems” have driven solutions to complex societal challenges. Boost CYAC embodies this ecosystems approach by working to eliminate child abuse through an innovative collaboration between police, child protection workers, advocates, and medical and mental health experts.

Boost CYAC provides a critical solution to a persistent and growing issue in our country. More than a third of Canadians have suffered some form of child abuse in their lives<sup>2</sup>. Not only is the prevalence of child abuse significant in Canada, but the resulting costs to society are substantial. Child abuse places economic burdens on the health, education, justice and social service sectors. In addition, the harm to the physical, emotional and social development of individuals exposed to maltreatment can have both short- and long-term consequences.

With a vision of increasing access to its services by scaling its current model, Boost CYAC asked Deloitte perform a social impact assessment on the long-term social value generated by the centre. To this end, Deloitte is pleased to present the findings from this assessment in the following report.

---

<sup>1</sup> In some jurisdictions, this model of service delivery is referred to as a Child Advocacy Centre (CAC), while in other locations the terminology is a Child & Youth Advocacy Centre (CYAC). For the purpose of this document, CYAC will be used to include both terms.

<sup>2</sup> Afifi, T. O., Boyle, M., Cheung, K., MacMillan, H. L., Sareen, J., & Taillieu, T. (2014). Child abuse and mental disorders in Canada. *Canadian Medical Association Journal*. doi: 10.1503/cmaj.131792

## 3. Child Abuse in Canada

### 3.1 Definition of Child Abuse

Child abuse refers to the violence, maltreatment, and/or neglect that a child or young person may experience while in the care of someone they trust or on whom they depend. These people include parents, siblings, relatives, community caregivers, and guardians. Child abuse can take on many forms, and may occur on a single or repeated basis. The primary forms of child abuse are described below.

**Emotional abuse** is a pattern of overt rejecting, isolating, degrading, terrorizing, corrupting, exploiting, and denying emotional responsiveness. The caregiver may use any of these tactics in relating to and disciplining a child. Emotional harm often accompanies other forms of abuse, including physical and sexual abuse, neglect and exposure to family violence.

**Neglect** is the chronic inattention or omission on the part of the parent/caregiver to provide for the basic emotional and/or physical needs of the child, including food, clothing, nutrition, adequate supervision, health, hygiene, safety, medical and psychological care, and education. The consequences of neglect can be very serious, particularly for young children. Developmental lags as result of neglect may be irreversible.

**Physical abuse** includes all acts by a caregiver that result in physical harm to a child. Physical abuse may result from inappropriate or excessive discipline and in fact, the caregiver may not have intended to hurt the child. This may involve no injury, minor injury (e.g., a bruise), to more serious injury causing permanent impairment or death (e.g., abusive head trauma). Physical harm may also result from neglect (e.g., a child who is unsupervised and is struck by a car).

**Sexual abuse** occurs when a person uses his/her power over a child, and involves the child in any sexual act. Child sexual abuse is motivated purely by the needs of the offender and involves a child who by virtue of age and position in life is unable to give consent. Sexual abuse includes but is not limited to: fondling; oral, anal or vaginal penetration; inappropriate sexual language; sexual harassment; exposing oneself; voyeurism; the exposing of a child to, or involving a child in, pornography,<sup>3</sup> sex trafficking, and sexual exploitation over the Internet.

**Sexual human trafficking** occurs when a person recruits, transports, transfers, holds, conceals or harbours a person, or exercises control, direction or influence over the movements of a person, for the purpose of sexually exploiting them or facilitating their sexual exploitation.

### 3.2 Cost and Scale of Child Abuse in Ontario and in Canada

The true scale and cost of child abuse in Ontario and in Canada are difficult to quantify. Often, children and youth who have been abused and non-offending caregivers<sup>4</sup>, never get a chance to report what they have experienced. On other occasions, bystanders who witness or suspect child abuse do not report their observations to authorities for a variety of reasons, including not fully understanding their legal responsibility to report abuse. However, available data from various sources do reveal some indication of the scale of child abuse in Canada. For example, the *Ontario Incidence Study on Reported Child Abuse and Neglect* found children's aid societies opened 82,758 cases in 2013<sup>5</sup>. A health report issued by

---

<sup>3</sup> Although the *Criminal Code* of Canada refers to "child pornography," the terms "child sexual abuse images" and "child abuse images" as opposed to "child pornography" more accurately reflect the abuse of children/youth in these circumstances. Child abuse media includes sexual material that is visual, audio or text.

<sup>4</sup> The term non-offending caregiver refers to a parent or caregiver who has not been involved in the abuse of the child. All subsequent references to caregivers in this report refer to non-offending caregivers unless otherwise stated.

<sup>5</sup> Fallon, B., Van Wert, M., Trocme, N., MacLaurin, B., Sinha, V., Lefebvre, R., Allan, K., Black, T., Lee, B., Rha, W., Smith, C., & Goel, S. (2015). *Ontario Incidence Study of Reported Child Abuse and Neglect – 2013*. Retrieved October 23, 2017, from [http://cwrp.ca/sites/default/files/publications/en/ois-2013\\_final.pdf](http://cwrp.ca/sites/default/files/publications/en/ois-2013_final.pdf)

Statistics Canada suggests that 32% of Canadians have experienced physical, sexual, and/or exposure to intimate partner violence during childhood<sup>6</sup>.

Statistics that reveal the scale of child abuse in Canada have led researchers to quantify the issue in economic terms. Authors of the *Economic Costs and Consequences of Child Abuse in Canada* report describe child abuse as “a generally hidden act in our society” that all members of society pay for in one way or another. The costs incurred by the social services, healthcare, and justice systems and the significant income loss of children and youth who have been abused in their adult years<sup>7</sup> lead to over \$15 billion in economic costs for Canadian society.

### 3.3 Child & Youth Advocacy Centres

Child and youth advocacy centres (CYACs) first originated from the United States with the initial primary goal of producing more successful criminal prosecutions of child sexual abuse. In parallel, CYACs also had the goal of providing more child-friendly investigations by offering child-friendly interview and medical settings, and collaborative approaches to interviews – all to reduce trauma for children and youth moving through the system. The uptake of the CYAC model began in the 1990s and has since brought these services to children, youth and families around the world. In Canada, there are 39<sup>8</sup> CYACs that are open or in development<sup>9</sup>, with a heavy concentration in Ontario, British Columbia, and Alberta.

---

<sup>6</sup> Afifi, T., MacMillan, H., Boyle, M., Cheung, K., Taillieu, T., Turner, S., & Sareen, J. (2016). Child Abuse and Physical Health in Adulthood. *Statistics Canada Health Reports*, 27(3). Retrieved on October 23, 2017, from <http://www.statcan.gc.ca/pub/82-003-x/2016003/article/14339-eng.htm>

<sup>7</sup> Bowlus, A., McKenna, K., Day, T., & Wright, D. (2003). *Economic Costs and Consequences of Child Abuse in Canada*. Retrieved on October 23, 2017, from [http://cwrp.ca/sites/default/files/publications/en/Report-Economic\\_Cost\\_Child\\_AbuseEN.pdf](http://cwrp.ca/sites/default/files/publications/en/Report-Economic_Cost_Child_AbuseEN.pdf)

<sup>8</sup> As at the time of publication of this document.

<sup>9</sup> *Child and Youth Advocacy Centres Canada*. (n.d.). Retrieved on October 23, 2017, from <http://cac-cae.ca/organizations/>.

## 4. Boost Child & Youth Advocacy Centre

### 4.1 Organization History

In October 2013, Boost launched Toronto's first Child & Youth Advocacy Centre (CYAC). The goal of a CYAC is to ensure that children and youth who have been abused, along with their families, receive the very best child-focused investigation, treatment, support services, and advocacy<sup>10</sup> in one integrated facility.

The following 11 partner agencies have worked together to make Boost CYAC possible:

- Boost Child & Youth Advocacy Centre (Boost CYAC)
- Toronto Police Service (TPS)
- Hospital for Sick Children's Suspected Child Abuse and Neglect (SCAN) Program
- Catholic Children's Aid Society of Toronto (CCAS)
- Children's Aid Society of Toronto (CAST)
- Native Child and Family Services of Toronto (NC&FS)
- Jewish Family and Child (JF & C)
- Child Development Institute
- Radius Child & Youth Services, Sexual Abuse Family Education & Treatment (SAFE-T) Program
- Victim Witness Assistance Program (VWAP)
- Office of the Attorney General

The objective of Boost CYAC is to have a collaborative team focused on the investigation, treatment and prosecution of child abuse cases. The result is a seamless response to children and youth who have been abused in a "child-friendly" environment. The Centre has brought together dedicated and specially trained police, child protection workers, advocates, and medical and mental health experts. Children, youth and families can access crisis support, specialized assessment, treatment and court preparation in one integrated facility. This helps minimize the number of interviews the child or youth is subjected to and eliminates the need to attend multiple locations.

Toronto's CYAC is one of only a few in Canada with the police, child protection workers, advocates, mental health clinicians, and a Nurse Practitioner co-located. In addition, the Centre has a medical examination room onsite. The co-location model promotes informal meetings and consultation between CYAC partners on a daily basis. Formal meetings, including multidisciplinary team case reviews, are conducted on select CYAC cases for the purposes of case planning. Boost CYAC also regularly conducts peer reviews of forensic interviews. The reviews enhance the investigative process, increase the potential for successful outcomes and improve forensic interviewing skills.

Each partner is responsible for specific services in relation to child abuse and protection investigations. The responsibilities of Boost CYAC's core partner agencies are as follows:

**Boost CYAC** is responsible for providing the facility, operational support, a manager and advocates to facilitate support for the child and/or youth and family throughout the entire process of investigation and treatment. All of the programs at Boost CYAC provide a continuum of service throughout the process to the child and family.

**TPS** is responsible for conducting criminal investigations, interviewing victims, witnesses and suspected perpetrators, carrying out arrests, collecting evidence and working with the Crown Attorney's Office (Ministry of the Attorney General) in preparation for court and the prosecution phase.

---

<sup>10</sup> Boost's Child & Youth Advocates provide immediate and ongoing support, advocacy, and referral services to children/youth and their family members.

**CAST and CCAS** are responsible for all child protection activities that fall within their respective jurisdictions. CAST and CCAS work in partnership with TPS in investigations, and with other professionals providing services to their cases.

**SCAN** is responsible for providing comprehensive health services for children and youth. The Nurse Practitioner – Paediatrics from the SCAN Program provides medical consultation and medical evaluations. The Nurse Practitioner works directly with members of the SCAN Program to ensure children and youth receive appropriate and timely medical care.

**Boost CYAC, the SCAN Program, Radius SAFE-T Program and the Child Development Institute** are responsible for providing mental health services, including consultation. SAFE-T and Child Development Institute participate in case reviews/conferences, conduct trauma screening to determine if further mental health intervention is warranted, and if so, may provide therapeutic interventions or work with the advocates to make referrals.

## 4.2 Range of Services

To further its mission of eliminating abuse and violence in the lives of children, youth and their families, Boost CYAC offers a number of wrap-around services, including primary prevention, public education, advocacy, trauma assessment and therapy, and court preparation for child witnesses.

**Prevention & Public Education Program (PEP):** PEP offers innovative and evidenced-based programs aimed at assisting children to develop and strengthen healthy relationships, and acquire skills that lessen their vulnerability to abuse and bullying. *Making A Difference: The Community Responds to Child Abuse* is comprehensive training for professionals, para-professionals, and post-secondary students designed to promote early identification and effective intervention with children who have abused, or are at risk for abuse, as well as information to help keep children safe from harm.

**Internet Child Exploitation (ICE) Counselling Program:** The ICE Counselling Program provides counselling referrals for child and youth who have been exploited online and their impacted family members across Ontario. Following a referral to the program, families are matched with licensed trauma-informed therapists in their community. The program is funded by the Ministry of the Attorney General and provides financial support to pay for the counselling services.

**Assessment Directed Therapy (ADT) Program:** The ADT program believes that with support, children, youth and their families can build on strengths to recover from traumatic events. No two children are alike; that is why a comprehensive assessment can provide insight into how a child has been impacted, as well as the type of help that will be most beneficial.

**The Child Victim Witness Support Program (CVWSP):** The CVWSP believes that every child and youth has the right to be thoroughly prepared for his/her role as a witness in court. By teaching children and youth their job as witnesses and educating them about the criminal justice system, their anxiety about attending court can be lessened.

**Child & Youth Advocacy Program (CYAP):** The Child & Youth Advocacy Program is a voluntary service offered to all families involved with Boost CYAC for a child abuse, child death or human trafficking investigation. Child & Youth Advocates provide immediate and ongoing support, crisis intervention, advocacy and referral services to children, youth and their families.

## 4.3 Theory of Change

A Theory of Change describes how a program affects its program recipients. It defines the program's long-term goals and then maps backwards to identify the necessary preconditions for each change. Developing a Theory of Change is an important first step in any program evaluation or impact assessment as it provides a clear and testable hypothesis about how change will occur. To this end, it provides a framework for evaluation.

Deloitte and Boost CYAC collaboratively developed a theory of change to describe the societal impacts of Boost CYAC's work. The theory of change for Boost CYAC is based on existing evidence supporting CYAC outcomes, as well as interviews with Boost CYAC's partner agencies.

### Literature on the Effectiveness of CYAC Models in Responding to Child Abuse

There have been several systemic analyses of peer-reviewed research on multidisciplinary approaches to child abuse investigations to understand the effectiveness of these models in responding to allegations of child abuse. James Herbert and Leah Bromfield conducted two of the most frequently cited literature reviews in the field. The first focused specifically on evidence for Child Advocacy Centres<sup>11</sup> (CACs) and the second on evidence for multidisciplinary team (MDT) responses in general<sup>12</sup>. Overall, the Herbert and Bromfield reviews found that there is reasonable evidence to support that CACs and MDTs are **effective in improving criminal justice and mental health responses when compared to standard agency practices**.

#### Criminal Justice Outcomes

The current literature is inconclusive in terms of finding that MDTs resulted in more arrests and prosecutions in comparison to standard agency practices. Earlier studies were more likely to find significant differences than more recent studies. This finding could indicate that to some extent MDT and CAC practices have been adopted as standard practice in some jurisdictions. Further, outcomes earlier in the criminal justice process (i.e., police substantiations) were more likely to be significantly different between MDTs and their comparison groups than not. However, the results for outcomes later in the process (i.e., charges filed, prosecutions, convictions) were more mixed, with some studies finding no difference between MDTs and their comparisons. Again, this may speak to the fact that MDT and CAC practices have contributed to the overall field with respect to criminal justice outcomes.

#### Therapeutic/support Service Referral and Improvement in Trauma Symptoms

Studies examining the effect of MDTs in increasing therapeutic/support service referral and uptake found a significant difference in comparison to individual agency responses. However, one study found that having a single agency responsible for care increased the likelihood that clients would receive a service<sup>13</sup>. An explanation for this finding may be that there is a diffusion of responsibility in organizations where multiple agencies are responsible for the care of children and youth who have been abused and their families. The Boost CYAC model addresses the risk of a diffusion of responsibility when multiple agencies are involved through its formal documentation of each partner's role and responsibilities, as well as its Child & Youth Advocacy Program.

---

<sup>11</sup> Herbert, J. and Bromfield, L. (2017a). Better Together? A Review of Evidence for Multi-Disciplinary Teams Responding to Physical and Sexual Child Abuse. *Trauma, Violence, & Abuse*. doi: 10.1177/1524838017697268

<sup>12</sup> Herbert, J. L., & Bromfield, L. (2016b). Evidence for the efficacy of the Child Advocacy Center model: A systematic review. *Trauma, Violence, & Abuse*, 17(3), 341-357. doi: 10.1177/1524838015585319

<sup>13</sup> Chuang, E., & Wells, R. (2010). The role of inter-agency collaboration in facilitating receipt of behavioral health services for youth involved with child welfare and juvenile justice. *Children and Youth Services Review*, 32(12), 1814-1822. doi: <http://dx.doi.org/10.1016/j.childyouth.2010.08.002>

### Child Protection Outcomes

Most of the studies examining differences between MDTs and comparison groups found that the use of MDTs was associated with increased child protection related responses. However, the number of studies conducted with comparison data was very limited and therefore these outcomes should be further investigated.

### Process Characteristics

Earlier studies found that MDTs were able to reduce the number of interviews and interviewers children were subjected to, but differences were not found in more recent studies. All studies found that MDTs increased police involvement and joint investigations.

### Satisfaction with the Response

One study found that caregivers were significantly more satisfied with an investigation undertaken at a CAC as opposed to the standard investigative response, but found that satisfaction did not differ between conditions for children. The researchers attributed the lack of difference in child satisfaction to improvements in child friendliness in non-CAC investigations, along with difficulties in obtaining valid quantitative measures of satisfaction in children. Another study found that both groups of caregivers were highly satisfied with medical examinations. Multiple studies found that workers who consulted with MDTs and team members themselves were more satisfied with MDT responses than individual agency responses.

### Medical Referral and Improvement in Medical Symptoms

All studies found that MDTs were significantly more likely to result in the accessing of medical services. However, the number of studies conducted with comparison data was very limited and therefore these outcomes should be further investigated.

## Overview of Boost CYAC's Theory of Change

The theory of change seeks to document the key differences between the Boost CYAC model and 'Practice as Usual.' Currently, Boost CYAC operates in central Toronto and Practice as Usual models operate in eastern, northern and western Toronto. It is important to note that the Practice as Usual models operating in Toronto involve elements of inter-agency practice. While not physically co-located and with less formalized operating policies and procedures, the police, child protection workers, and medical and mental health professionals outside Boost CYAC are expected to work together on the investigation, treatment and prosecution of child abuse cases. Therefore, it is possible that the central Toronto region baseline (i.e., Practice as Usual in the eastern, western, and northern Toronto) is higher in terms of inter-agency collaboration than some of the comparison groups evaluated in the literature review documented above. A higher baseline is likely to result in less significant differences in outcomes.

The theory of change depicted in **Figure 1** below shows the relationship between the Boost CYAC model's goal, long-term outcomes, intermediate outcomes, outputs, activities, and enablers. The definitions of key terms used in the diagram are:

**Goal:** The broader social change the Boost CYAC model is trying to achieve.

**Outcomes:** The long-term and short-term (intermediate) changes, benefits, learning and other effects that result from the Boost CYAC model. These may include changes in clients' or CYAC partner agencies' knowledge, abilities, skills, attitudes and behaviour. Changes in CYAC partner agency's capacity and efficiency were identified as intermediate outcomes.

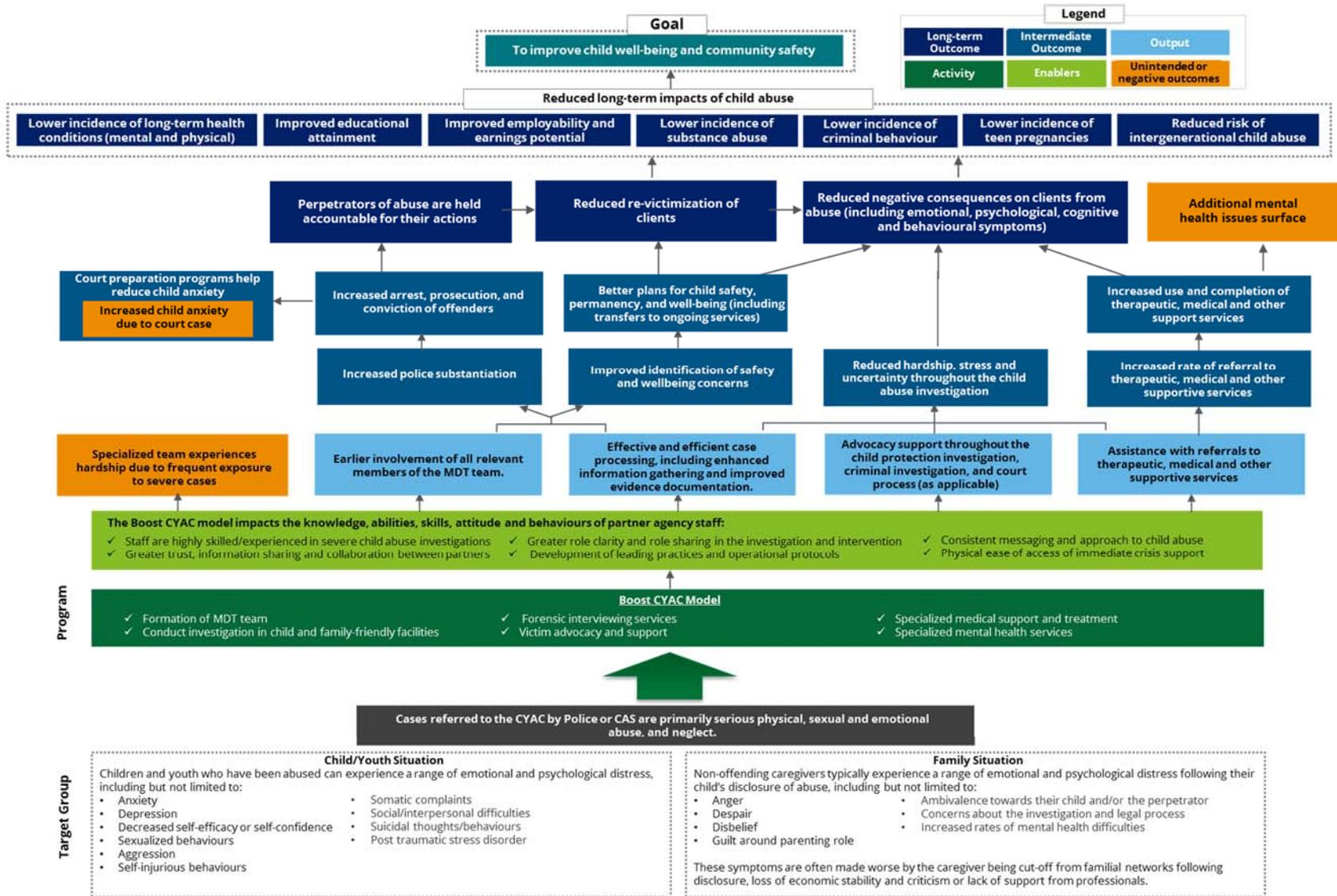
**Outputs:** Products, services, and access to facilities that result from the Boost CYAC model.

**Activities:** The actions that the Boost CYAC performs as part of child abuse investigations and the way Boost CYAC chooses to deliver its services.

**Enablers:** Conditions or factors that need to be present or absent to allow the Boost CYAC model to succeed. Enablers can be internal to the organization or external.

The diagram also identifies unintended or negative outcomes produced by the model.

Figure 1: Boost CYAC Theory of Change



The theory of change for Boost CYAC is particularly complex because the model results in changes, benefits and learning for partner agency staff in addition to Boost CYAC clients. The intermediate outcomes achieved for partner agency staff enables a higher level of service and care provided to children, youth and families, ultimately achieving improved long-term outcomes through reduced re-victimization, as well as reduced negative consequences on the child and/or youth and family from the abuse. The model's impacts on the knowledge, abilities, skills, attitudes and behaviours of partner agency staff are identified in the light green box in Figure 1.

The key assumptions of the theory of change are:

- The co-location of the police, child protection workers, and medical and mental health service providers will result in greater collaboration, coordination and role clarity between the partner agencies, which will lead to the earlier involvement of all relevant members of the MDT.
- The earlier involvement of the police and the greater sharing of information between partner agencies will result in increased police substantiation of child abuse cases. Higher police substantiations is expected to result in increased arrests, prosecutions, and convictions of child abuse offenders<sup>14</sup>, which will help protect the child and/or youth from being re-victimized by the child abuse offender.
- The earlier involvement of child protection services and the greater sharing of information between the agencies will result in the improved identification of child safety and well-being concerns enabling child protection workers to develop better plans for child safety, permanency and well-being. Better child safety plans will help protect the child and/or youth from being re-victimized by the child abuse offender.
- Effective and efficient case processing, provision of ongoing advocacy support throughout the process and assistance with referrals to therapeutic, medical and other supportive services will result in reduced hardship, stress, and uncertainty experienced by children, youth and families during the investigation.
- The involvement of the advocate to provide support and assistance to clients will result in increased referrals to therapeutic, medical and other supportive services. The increased rate of referrals and timely access to referrals due to the inclusion of the advocate on the MDT and access to onsite medical and mental health professionals will result in a greater use and completion of needed services by children, youth and families.
- The increased use and completion of needed services, along with better plans for child safety, permanency and well-being, and the reduced hardship, stress, and uncertainty experienced by clients throughout the process will result in reduced negative consequences on children, youth and families. Negative consequences may include the prolonged physical and emotional distress and social dysfunction.
- A reduction in intermediate consequences associated with child abuse and reduced re-victimization rates are expected to decrease the long-term costs of child abuse. The costs of child abuse are significant; according to the Kaiser Permanente-CDC Adverse Childhood Experience Study (ACE), "many of the most common adult life-threatening health conditions, including obesity, heart disease, alcoholism, and drug use, are directly related to childhood adversity. A child who has experienced ACEs is more likely to have learning and behavioural issues and is at higher risk for early initiation of sexual activity and adolescent pregnancy." Further, a National Institute of Justice study indicated that child abuse significantly increased the likelihood of arrest as a juvenile and as an adult<sup>15</sup>. This assumption is dependent on the appropriateness and efficacy of the support services clients are referred to as well as environmental and situational factors that may be outside Boost CYAC's sphere of influence.

---

<sup>14</sup> Current literature suggests that the MDT model does result in higher rates of police substantiation of child abuse. However, existing peer-reviewed studies present mixed views on whether MDTs result in higher arrests, prosecutions and convictions. Further research is required to gain clarity on this relationship.

<sup>15</sup> Widom C S, Maxfield MG. (2001). *An update on the "cycle of violence."* Washington (DC): National Institute of Justice.

The relationship between these assumptions are presented in Figure 1. While the evaluation of all assumptions in the theory of change was beyond the scope of this evaluation, the MSC and SROI approaches do provide evidence of the intermediate outcomes of Boost CYAC. Specifically, the following sections of the report provide support for the **reduced hardship, stress and uncertainty experienced by children and youth who have been abused and their families; the increased rate of referrals to support services; and, the enhanced effectiveness and efficiency of the service delivery model.**

An additional societal impact that is not clearly expressed by the theory of change is Boost CYAC's influence on public discourse on the issue of child abuse and more specifically, the organization's work to destigmatize children and youth who have been abused and their family members, especially in cases of intrafamilial sexual abuse. This broader advocacy work complements the direct services offered at Boost CYAC. In the long-term, efforts to destigmatize children and youth who have been abused and their families will reduce the hardship experienced by both in the aftermath of child abuse.

## 5. Our Approach

The focus of this study was to develop a performance measurement framework that would meet three organizational objectives for Boost CYAC: stronger stakeholder engagement, improved program performance, and sustainable and scalable access to funding.

With these goals in mind, Deloitte developed an approach that used both the social return on investment (SROI) and most significant change (MSC) methodologies.

**SROI:** This methodology produced a quantitative measure that has several benefits for Boost CYAC's evaluation activities. There are several benefits to a quantitative measurement approach. First, a single number can help Boost CYAC capture the impact of a targeted program area and have clear points of reference to measure improvement or change in effectiveness over time. In monitoring performance over time through SROI, Boost CYAC will also be able to communicate returns on investment to its stakeholders, including partner agencies and funders. The process of collecting data for SROI would also be a beneficial process for Boost CYAC to further define and test its theory of change.

**MSC:** This storytelling technique produced a qualitative impression of Boost CYAC's social impact. Program participants were included in the data collection process through surveys to better identify the unique outcomes of Boost CYAC's services to its clients. By monitoring and evaluating CYAC clients from a qualitative perspective, Boost CYAC also captured the nuances of what works well, what areas need more attention, and any unintended outcomes (positive and negative) of their program interventions. Qualitative accounts of the program experience can also balance any risk of misinterpreting strictly quantitative feedback (e.g., SROI).

The study was conducted over a four-month period and consisted of three phases: build understanding; framework design and validation; and, framework refinement.

- **Phase 1** focused on understanding the Boost CYAC model, paying particular attention to key differences in services, processes, and results between a CYAC versus a traditional investigative process. The outcome of a series of initial stakeholder interviews and literature reviews provided Deloitte with the foundation to develop and test an initial logic model and theory of change.
- **Phase 2** included the development of a data collection process for both the SROI and MSC methodologies. Qualitative and quantitative information was used to validate the logic model and to produce initial indicators of performance and outcomes.
- **Phase 3** focused on validating initial performance measurements with the Boost CYAC team. Emerging feedback was imported to help refine the final performance measurement framework.

## 6. Detailed Findings

The two proven methodologies used to evaluate Boost CYAC’s social impact were most significant change (MSC) and social return on investment (SROI). This section outlines how, through a series of interviews with CYAC and non-CYAC stakeholders, clients that use services provided by Boost CYAC experience less emotional, financial, and physical hardship while gaining increased access to services. Boost CYAC staff and partner organizations are also better equipped to carry out their responsibilities in this collaborative model.

The SROI study uncovered the quantitative benefits that Boost CYAC’s activities have for society. While costs of providing the service through the Boost CYAC model may be higher in the short-term (e.g., through increased referrals for much needed services that the child and family may or may not access otherwise), the savings to the health care system and potential for increased income of clients in their adult years contribute to a positive return, making Boost CYAC a socially profitable undertaking.

More than just a qualitative and quantitative pairing, the MSC and SROI methodologies provide for a complementary analysis of Boost CYAC’s impact. While MSC ‘stories’ start from the individual experience and capture the impact to one individual or one family, a collection of these stories paint a powerful picture of the trends and patterns of experiences that clients share compared to a non-CYAC experience. The SROI focuses on returns to society, but the breakdown of returns per case offers a telling tale that each individual case handled by Boost CYAC is good for society.

### 6.1 Most Significant Change

#### Overview

The MSC method of evaluation involves analyzing personal accounts of change delivered by an organization. The significant change (SC) stories are then systematically reviewed by a panel of stakeholders to determine which of the accounts is more significant and why. The MSC evaluation method is particularly useful in understanding *how change occurs* (causal factors) and *when* (situational factors, context).

The MSC methodology is an evaluation method well suited to Boost CYAC for several reasons. First, MSC is particularly useful in evaluating the impact of complex interventions where predefined indicators of success are difficult to identify. As each case that Boost CYAC receives is materially different, a successful outcome for one client will be different for another. Second, using MSC to evaluate the tailored nature of Boost CYAC’s intervention can be an insightful and exploratory method of monitoring and evaluation, especially due to the scarcity of peer reviewed research on individual and family outcomes promoted by CYACs. Finally, the MSC approach is appropriate, as this is Boost CYAC’s inaugural impact evaluation. Having a qualitative component to understanding impact may capture stories and outcomes that a quantitative approach might miss, while also serving to validate the theory of change.

#### Impact Assessment Approach

The MSC evaluation for Boost CYAC was conducted with participation from participating partner agencies. For a number of circumstantial reasons, SCAN Program staff were unable to share cases with the Deloitte evaluation team; however, the SCAN Program did participate in all other steps of the evaluation. This evaluation was conducted through the following four steps:

1. **‘Story’ collection:** Participating partner agencies were each asked to engage their staff in identifying cases that in their perspective demonstrated the MSC observed in clients as a result of Boost CYAC’s intervention. Participating partner agencies were encouraged to think about the key differences between the Boost CYAC model and traditional approaches to child abuse to help identify impacts on clients. In addition, partner agencies were encouraged to report why they considered a particular

change to be the most significant (or, most emblematic of the impact their agency creates through Boost CYAC). At a minimum, each partner agency was asked to collect three cases demonstrating significant changes due to the Boost CYAC model.

2. **Analysis and filtering:** The stories identified were analyzed and filtered at two different levels. First, the project lead for each partner agency reviewed the cases identified by their agency and selected the single most significant account of change. Project leads consulted with their service level staff as required to understand the rationale behind the selection of certain cases. Project leads were encouraged to document the selection criteria used to determine the single most significant account of change. Next, the project leads of each agency met to discuss the selected cases and filter the final list of cases to the three most significant accounts of change.
3. **Internal and external validation:** To confirm the stories of significant change and to collect additional detail about the domains of change, the evaluation team interviewed 11 service level personnel MDT members. In addition, Deloitte validated that the accounts of change are unique to the Boost CYAC model by testing our observations against the experience of child protection workers and police officers not affiliated with Boost CYAC. Three child protection workers from the Catholic Children’s Aid Society and three officers from the Toronto Police Service were interviewed to perform this secondary validation activity.
4. **Synthesis and adaption:** Given the sensitivity of the information contained in the three most significant accounts of change, Deloitte and Boost CYAC agreed that the results of the MSC evaluation would be most appropriately communicated through fictional adaptations. **While the resulting three vignettes seek to describe the causal mechanisms and situational factors that allow the changes in individual and family outcomes to occur, the specific details and context of the vignettes have been fully adapted from the original cases identified to protect the anonymity and privacy of the clients involved.**

## Summary of results

Based on the findings of the MSC evaluation, Boost CYAC results in the following three key outcomes:



1. **Reduced emotional, financial, and physical hardship on children and youth who have been abused and their families through:**
  - **Trauma-informed approach to investigations.** The open dialogue between justice, child protection, advocates, and medical and mental health professionals throughout the investigation<sup>16</sup> enables the team to provide timely, seamless services that minimize the emotional, financial, and physical hardship experienced by clients.
  - **Efficient and effective communication within the MDT.** The speed and effectiveness at which information is disseminated within the MDT decreases the risk of subjecting the client to repetitive and unnecessary questioning about intrusive details of their case. As a result, children and youth only have to recount what happened to them once, which reflects a trauma-informed approach.
  - **Timely access to therapeutic services.** Many children and youth who have been abused and their families experience behavioural, emotional, and psychological consequences as a result of their abuse or the disclosure of abuse<sup>17</sup>. The timely access to brief-based therapeutic

<sup>16</sup> The sharing of any information occurs when consent is obtained or the exchange is permitted: in law; established protocols; or specific organization standards, policies and procedures.

<sup>17</sup> *Child Abuse and Neglect: Consequences*. (2016). National Center for Injury Prevention and Control, Division of Violence Prevention. Retrieved from: <https://www.cdc.gov/violenceprevention/childmaltreatment/consequences.html>

services at Boost CYAC, following the disclosure of abuse, is critical in helping clients emotionally adjust to and cope with their abuse.

- **Increased information, support and guidance following disclosure.** At Boost CYAC, the Advocacy Program helps clients process and productively react to the information provided to them in a child abuse investigation, as well as increases their access to support and guidance throughout the process.
- **Increased interventions aimed at the family unit level.** There is evidence<sup>18</sup> to support that interventions provided to caregivers result in better outcomes for children and youth who have experienced abuse. The Boost CYAC model responds to this finding by providing interventions to caregivers in a significant proportion of its cases.



## 2. Increased access to services through:

- **Increased number of and timely referrals.** Based on the Boost CYAC Evaluation Report, clients served by Boost CYAC receive an increased number of referrals to community support services than non-CYAC cases. In addition, the investigative team’s and advocate’s ability to consult with medical and mental health care professionals results in more timely referrals for clients, especially as it relates to therapeutic services.
- **Expedited delivery of care to those with the most urgent needs.** Consultations with medical and mental health professionals result in improved triaging of clients served by Boost CYAC, resulting in an expedited delivery of care for those with the most urgent needs.
- **Longer engagement with clients to identify additional service needs as they develop.** Advocates maintain contact with their assigned clients for as long as they require ongoing support, resulting in a longer relationship with the client. As a result, Boost CYAC is able to provide additional support and resources to clients as new circumstances unfold.



## 3. Increased capacity of partner agencies through:

- **Improved access to consultations with medical and mental health professionals.** In a co-located and multidisciplinary environment, medical and mental health professionals are able to provide consultations on a more immediate basis. For example, Boost CYAC advocacy staff regularly consult with mental health professionals from partner organizations and medical professionals from the SCAN Program. Investigative partners consult with medical practitioners to enhance medical services for clients.
- **Time savings in collecting and disseminating information during the investigation.** During the investigative process, Boost CYAC police and child protection workers in consultation with other agency partners develop an agreed-upon approach prior to meeting the client. This type of collaboration and strong working relationships increases the efficiency of information collection. The collaboration throughout the investigation also contributes to better information sharing. Compared to a non-CYAC model where staff might have to “chase” each other for important information, Boost CYAC staff who are co-located can meet with one another more easily and share information on an ad-hoc basis.
- **Time savings in travelling between agencies/other interview locations or to accompany the child and family.** The co-location model of Boost CYAC results in time savings for investigation and treatment staff because the client can usually receive services in one central location. In cases where the investigation is conducted through a non-CYAC process, caseworkers may be responsible for transporting clients or additional time is spent by one party waiting for other persons to arrive to where the client is located.
- **Increased access to professional development and practice leadership.** The Boost CYAC model involves the most severe cases of child abuse. Exposure to consistently challenging cases allows for more effective professional development and leadership opportunities for

<sup>18</sup> Van Toledo, A. & Seymour, F. (2013). Interventions for caregivers of children who disclose sexual abuse: A review. *Clinical Psychology Review*. Vol. 33. Page 772-781.

staff<sup>19</sup>. The MDT attends training together to further develop specialized skills. They share their experiences and knowledge with each other and build capacity to provide evidence-based and trauma-informed practice.

---

<sup>19</sup> Severity is based on the *Eligibility Spectrum*, a tool designed to assist Children’s Aid Societies in making consistent and accurate decisions about eligibility for service at the time of referral. The *Spectrum* contains 11 sections: (1) Physical/Sexual Harm by Commission, (2) Harm by Omission, (3) Emotional Harm, (4) Abandonment / Separation, (5) Caregiver Capacity, (6) Request for Counselling, (7) Request for Adoption Services, (8) Family Based Care, (9) Volunteer Services, (10) Request for Assistance, (11) Request for Youth Services. Additional information can be found [here](http://www.oacas.org/wp-content/uploads/2017/03/Eligibility-Spectrum-updated2017-6.75-x-8.5-EN.pdf) (www.oacas.org/wp-content/uploads/2017/03/Eligibility-Spectrum-updated2017-6.75-x-8.5-EN.pdf)

### Three significant change vignettes

In the following section, three significant change vignettes developed are presented using the MSC impact assessment approach as introduced in the section above. **While the resulting three vignettes seek to describe the causal mechanisms and situational factors that allow the changes in client outcomes to occur, the specific details and context of the vignettes have been fully adapted from the original cases identified to protect the anonymity and privacy of the clients involved.**

#### Reduced Hardship on Clients: Vignette #1

##### Situation:

The family consists of Ali (15) and her father (47). Ali and her father are asked to attend Boost CYAC for an interview after a classmate reports to the police that she was sexually assaulted by Ali's school tutor. Ali has been seeing the tutor every other Tuesday for a full school year. It is now the summer and Ali's sessions with the tutor have ended for the year. One year prior and just a few months before beginning her sessions with the tutor, Ali lost her mother to cancer.

----

When Ali's father is informed by the police and Children's Aid of the allegations made against Ali's tutor, he experiences feelings of disbelief, anger, and guilt over what may have happened to his daughter. Thinking back over the past year, he had noticed his daughter acting more withdrawn than her usual outgoing self, but he had attributed this change in behaviour to the loss of her mother. Although Ali was spending more time than normal alone in her room, she was performing very well in school and had recently made the school's tier one soccer team.

Ali's father has been struggling with depression ever since his wife's death. Several times over the past year, he left Ali in the care of her aunt and uncle while he received treatment. Now he cannot push aside the feeling that he has failed as a father.

----

Ali knows something is wrong when she finishes school that day. Her father is already waiting in his car when she walks out of the school doors and he appears tense and emotional in the car ride home. When they arrive home, he explains that he has to have a serious conversation with her. Ali's father proceeds to tell her about the call he received from the police that day and lets Ali know that it is okay to tell him if something happened to her. In this moment, Ali feels ashamed and self-conscious, immediately denying to her father that anything happened to her. Ali is ashamed of what her father will think of her if he finds out about the abuse and is determined to keep it a secret. Over the past year, she has learned to detach herself from the abuse and instead focus her thoughts and energy with school work and soccer. When Ali's father takes her to Boost CYAC the next day for her investigative interview, she enters into an extreme state of emotional distress.

##### CYAC Response:

The following reflections were presented to the evaluation team by Boost CYAC's partner agencies. These observations serve to emphasize the unique benefits and impacts created for the child(ren) and their families in the vignette above as a result of Boost CYAC's model.

**Advocate:** *"The divergence between the Boost CYAC model and the traditional approach to child abuse begins before the investigative team meets the client. It starts with the pre-investigation planning phase. This divergence is driven by the manner in which Boost CYAC structures our MDT – where*

*advocates, health and mental health professionals, police officers, and child protection workers come together to develop an approach tailored to the circumstances of the case.*

*In Ali’s case, several factors were identified that impacted the service received by Ali and her father from Boost CYAC. During a discussion with Ali’s teacher, it was raised that Ali had recently lost her mother and her father had been suffering from depression since the event. This discovery resulted in the investigative team having a discussion with a mental health clinician to understand how the team could be sensitive to this loss during our interactions with Ali and her father. We were also able to arrange for a mental health professional to be available to meet with Ali and her father subsequent to their interviews to learn more about therapeutic services available to them if they so desired. The first anniversary of Ali’s mother’s death was very close and therefore the family was given some space during this difficult period. This approach was advisable from both a clinical and criminal justice perspective given the additional hardship and lower likelihood of receiving a complete disclosure during this heightened period of grief.”*

### **Minimizing investigative interviews**

The CYAC model was initially developed in response to significant concerns over the number of interviews a child was subjected to following disclosure. To the extent that interviews cause children and youth to re-live or re-experience their abuse, an investigative interview can itself cause enough distress resulting in an additional traumatic experience.

Today, it is common practice to try to minimize the number of interviews with children and youth who have been abused. The CYAC model goes a step further by also reducing the burden on the client to communicate their situation to all service providers they interact with in the aftermath of disclosure.

**CYAC impact on pre-investigation planning:** Pre-investigation planning discussions occur in 85% of all Boost CYAC cases<sup>14</sup>. Outside the CYAC, the child protection worker and officer assigned to the case may have a pre-investigation discussion, but these do not include consultations with medical and mental health professionals.

### **Police officer:**

*"When I met Ali, she was surprised that I was a police officer. I was not wearing a police uniform, I was not carrying a weapon, and I was working at Boost CYAC alongside a team of child protection and health professionals. To make her comfortable, Ali’s advocate and I explained to her together what my role at Boost CYAC is and asked if it was okay with her if I interviewed her for the police investigation. Ali asked whether she would have to go to the police station for this interview and we told her that the interview would be conducted here at Boost CYAC in a private room. Later Ali told her advocate that initially she was scared that she would have to see her perpetrator at the centre. When we told her that Boost CYAC was a safe place for children and youth who have been abused and their families only, she was visibly relieved and less nervous about the investigation.*

*In child abuse investigations, we are interacting with clients at a very challenging time in their lives. Having investigations conducted in a safe, neutral, and child-friendly environment by a police officer who has received specialized training in interviewing children and youth who have been abused is a minimum service standard that should always be provided to children, youth and families. Unfortunately outside Boost CYAC, staffing constraints and travel distances to child-friendly facilities negatively impact the police service’s ability to ensure these minimum conditions are always met.”*

**CYAC impact on interview location:** In only three percent of Boost CYAC cases were clients interviewed at the police station, with 48% of interviews occurring at the school and 36% occurring at the CYAC (data is for the first client interviews). The site of client interviews varies depending on the referral source, the investigative need, and the child’s comfort and safety. Analysis of 941 CYAC cases with data on this item revealed that the most frequent location of first client interviews was the school, but the most frequent location of second client interviews was the CYAC<sup>15</sup>.

<sup>20</sup> Dubov, V., & Goodman, D. (2017). *Boost Child & Youth Advocacy Centre Evaluation Report: October 2013 – June 2015*.

**Nurse practitioner:** *"The speed and effectiveness at which information is disseminated at Boost CYAC is especially powerful in improving interactions between clients and their service providers. This results in a seamless experience for clients, through which they are not required to disclose the private details of their situation to each service provider they meet.*

*For Ali, I believe this attribute of Boost CYAC was particularly helpful in reducing the overall hardship she experienced through the process. For a client it is challenging when they have to repeat information about the events. The Boost CYAC investigative process allows for the information about the event to be shared without re-questioning the child. This results in less hardship for the child.*

*In non-CYAC cases, there are instances where I am not provided with the information I need to effectively conduct my exam without asking the client intrusive and potentially harmful questions about their abuse. The formal processes and communication lines established through Boost CYAC prevent these types of situations from happening for CYAC clients."*

**CYAC impact on perceived communication and effective relationships as reported by SCAN professionals:** In the Boost CYAC Evaluation Report, professionals from the SCAN Program reported superior communication and more effective relationships with both CASs and police on CYAC cases as opposed to a comparison group's cases<sup>22</sup>.

**Mental health clinician:** *"Ali's case is an example of where immediate therapeutic services were needed and critical to her long-term healing process. During the interview, it became clear that Ali was suffering significantly from recalling and talking about the events that had happened to her and required immediate crisis support. I was debriefed on both the content and perceived impact of the interview on Ali's ability to cope and stepped in to provide immediate therapeutic services to Ali. From that point forward, I continued to work with Ali over a number of sessions.*

*In non-CYAC cases, clients may have to wait six to ten months before they receive their first therapy session, which can make the healing process more difficult and decreases the likelihood that a client will follow through with a referral and receive the emotional treatment that they need. In addition to providing therapy to Ali, I*

**The impact of a safe, neutral, and child-friendly environment**

A central attribute of the child advocacy centre model is conducting client interviews in a safe, neutral child-friendly environment. This helps minimize the potential for secondary psychological traumatization.

As evidenced by the Adverse Childhood Experience (ACE) Study, the greater the number of adverse childhood experiences a child is subject to (including unsafe environments), the greater the negative physical and mental health effects on the child. In addition, individuals who experience ACEs while they are young have a higher risk of developing negative health outcomes as they age<sup>21</sup>. Interviewing clients in potentially traumatizing locations such as police stations or places where the perpetrator may be present puts clients at risk of experiencing an avoidable additional trauma.

**The importance of immediate access to therapeutic services**

Adverse childhood experiences like abuse, neglect, and exposure to violence increase the risk of incurring mental health conditions, such as post-traumatic stress, anxiety, and depression. Timely access to therapeutic services has been shown to be critical to the successful treatment of children with mental health conditions. At the individual level, long wait times may prolong physical and emotional distress and social dysfunction<sup>23</sup> and may increase the risk of decompensation and suicide<sup>24</sup>. At the systems level, extended wait times result in increased rates of non-attendance<sup>25</sup>.

<sup>21</sup> Adverse Childhood Experiences and the Lifelong Consequences of Trauma. *American Academy of Pediatrics*. (2014). Retrieved on October 23, 2017, from [https://www.aap.org/en-us/Documents/ttb\\_aces\\_consequences.pdf](https://www.aap.org/en-us/Documents/ttb_aces_consequences.pdf)

<sup>22</sup> Dubov, V., & Goodman, D. (2017). *Boost Child & Youth Advocacy Centre Evaluation Report: October 2013 – June 2015*.

<sup>23</sup> Brown, S. A., Parker, J. D., & Godding, P. R., (2002). Administrative, clinical, and ethical issues surrounding the use of waiting lists in the delivery of mental health services. *Journal of Behavioral and Health Services Research*. 29(2):217–228.

<sup>24</sup> Williams, M. E., Latta, J., & Conversano, P. (2008). Eliminating the wait for mental health services. *Journal of Behavioural and Health Services Research*. 29(2):217–228.

<sup>25</sup> Gallucci, G., Swartz, W., & Hackerman F. (2005). Impact of the wait for an initial appointment on the rate of kept appointments at a mental health center. *Psychiatric Services*. 56(3):344–346.

also consulted with the MDT throughout Ali’s case on the impact certain investigative decisions would have on her capacity to cope and heal.

**CYAC impact on timeliness of mental health services:** Out of all clients referred to Boost CYAC mental health professionals, 96% received individual counselling services within less than two weeks<sup>26</sup>.

**Child protection worker:** *"At Boost CYAC, we take an approach that helps clients process their situation. When Ali and her father arrived at Boost CYAC, they were distressed and overwhelmed. Their assigned advocate slowed down the process for the two by giving them time to settle into their surroundings and ask questions before being introduced to the investigative team.*

*Ali’s disclosure of sexual abuse was very difficult for her father to process. Before Ali and her father left Boost CYAC, the advocate made a plan to call the father the next day to reconfirm next steps in the investigation, as well as the date of Ali’s next appointment. The additional support provided to Ali’s father helped keep him from feeling overwhelmed during this time. In non-CYAC cases, regular intake caseworkers and police officers do not have the time to provide this level of service to clients.*

*Throughout the investigation period, it was apparent that the consistent messaging provided by all members of the MDT helped reinforce productive reactions in both Ali and her father. For example, it was identified through Ali’s therapy sessions that she felt a lot of self-blame for what happened to her. This point was discussed during our MDT meeting so that each member of the MDT could provide reinforcing messaging during interactions with Ali that what had happened to her was not her fault. I believe this consistent messaging helped validate the messaging her therapist was providing to Ali and ultimately helped Ali move past the self-blame she was experiencing."*

**Advocate:** *"For most clients, caregiver support is a critical variable in predicting long-term outcomes. As the advocate assigned to Ali’s case, I was especially concerned about the ability of her father to process his own reactions to her sexual abuse disclosure in order to then be able to care for and manage Ali’s reactions. Ali’s father was already seeing a mental health professional for his depression and with his permission, I was able to contact that professional to provide him regular updates on any new developments in Ali’s case. Because of this information flow, the mental health professional was able to provide trauma-focused support to Ali’s father to help him cope with his own emotional distress. One specific example where this information flow was particularly helpful was when Ali’s father disclosed to me that he was having a particularly difficult time understanding why Ali had not disclosed her abuse to him and this had become a barrier to their relationship. After hearing this, not only was I able to provide comfort to him in the moment, but I also passed this information on to his mental health professional so he could also provide support on this issue."*

**Interventions for caregivers**

The importance of interventions for caregivers following the disclosure of abuse is strongly supported by research.

There are several findings in literature that are especially relevant to the CYAC model. First, caregivers are a critical determinant on the outcomes for children and youth who have been abused. Further, caregivers experience emotional and social impacts following child sexual abuse disclosure and need information, support and parenting advice following their child’s disclosure. Finally, overall caregiver interventions result in better outcomes for children and youth who have been sexually abused and their families<sup>27</sup>.

**CYAC impact on referrals to counselling services:** In 76% of the cases where services were applicable, advocates referred caregivers to individual counselling services<sup>28</sup>.

<sup>26</sup> Dubov, V., & Goodman, D. (2017). *Boost Child & Youth Advocacy Centre Evaluation Report: October 2013 – June 2015*.

<sup>27</sup> Van Toledo, A. & Seymour, F. (2013). Interventions for caregivers of children who disclose sexual abuse: A review. *Clinical Psychology Review*. Vol. 33. Page 772-781.

Summary:

This vignette was considered significant by Boost CYAC partner agencies as it demonstrates how Boost CYAC **decreases hardship experienced** by clients through:



**Trauma-informed approach to investigations.** The Boost CYAC staff's specialized training in the area of trauma and their enhanced knowledge of trauma in combination with the process in place at Boost CYAC leads to decreased likelihood that clients will be further traumatized by their involvement with the systems.



**Efficient and effective communication within the multidisciplinary team.** The speed and effectiveness at which information is disseminated within the multidisciplinary team decreases the risk of subjecting the client to repetitive and unnecessary questioning about intrusive details of their case.



**Timely access to therapeutic services.** Clients may experience emotional impacts due to the abuse and the disclosure of the abuse. The timely access to brief-based therapeutic services at Boost CYAC is critical in helping those who do experience significant impacts to normalize their reactions and acquire adequate coping and self-management skills. These therapeutic sessions do not eliminate the need for longer-term therapeutic services in all cases, but do help clients bridge current waiting times for these types of services.



**Increased information, support and guidance following disclosure.** At Boost CYAC, the advocacy program helps clients process and productively react to the information provided to them in a child abuse investigation, as well as increases their access to support and guidance throughout the process.



**Increased interventions aimed at the family unit level.** There is strong evidence to support the finding that interventions provided to caregivers result in better outcomes for children and youth who have been abused. The Boost CYAC model addresses this finding by providing interventions to caregivers in a significant proportion of its cases.

---

<sup>28</sup> Dubov, V., & Goodman, D. (2017). *Boost Child & Youth Advocacy Centre Evaluation Report: October 2013 – June 2015*.

## Increased Access to Services: MSC Vignette #2

### Situation:

The family in this situation consists of Simon (6), Amelia (3), and their mother (33). The mother contacts Children's Aid after witnessing Simon exhibiting sexual behaviours in front of his sister Amelia. Simon's behaviours appear to be more than harmless curiosity and the mother quickly becomes concerned that her children may have been exposed to sexual abuse or sexual activity. Recently the mother had left her two children alone for the evening with a new boyfriend. She now worries that this new boyfriend may have assaulted her children and is concerned for their well-being. She is beginning to blame herself and is feeling a lot of guilt.

----

The potential discovery that her children may have been sexually abused results in the mother experiencing significant emotional distress. The mother herself was sexually abused as a teenager and the situation triggers painful memories of her own abuse and the resulting criminal justice process. She feels ill prepared to deal with the effects of a confirmation that either of her children have been sexually abused.

----

Over the following months, the mother continues to struggle with her own victimization and finds it difficult to connect with and support her children through this time. The lack of acknowledgement and support from his mother impacts Simon's ability to function at school and he soon begins to frequently act out and behave poorly at school.

### CYAC Response:

**Police:** *"The resources available to clients who come through Boost CYAC has a direct impact on the quality of referrals they receive. In this case, the mother and her two children all required extra support services to deal with the impacts of their abuse. The mother was suffering extreme emotional distress, Simon was suffering from behavioural difficulties, and Amelia was experiencing developmental delays. Without the expertise of the health professionals on the case team and our partnerships with their agencies, we would not have been able to secure services for all three members as quickly as we did.*

*If this case had not come through Boost CYAC, the CAS worker and police officer assigned to the case would have been primarily responsible for making referrals. Typically, police officers refer clients to Victim Services as we do not have the knowledge or time required to make medical and social support referrals. This process prolongs the time before the family actually receives the services they need and also puts the onus on the client to follow-up on the services they need. In a case like this one – a single mother, overwhelmed by the impacts of her own abuse, with two young children – there is a risk that not having sufficient support through the service linkage process may result in the family not accessing the services they deserve and need."*

**CYAC impact on referrals and family contacts:** At Boost CYAC, advocates are primarily responsible for making referrals to support services. The advocates consult with the MDT to make these referrals. During the period of October 1, 2013 to October 1, 2016, advocates made 2,296 contacts with the MDT, 1,497 contacts with community agencies, and 538 referrals for the 435 families they served.

**Mental health clinician:** *"Trauma is received differently by each individual and is influenced by a number of factors. In this case, Simon and Amelia had been exposed to one incident of abuse. However, through my initial sessions with the mother, I uncovered that she had a long history of emotional and sexual abuse. This resulted in the mother needing more intensive immediate crisis support than her children in order to support them through their own healing processes. Because of my engagement early on in*

*the case, I was able to detect the differences in services needed by each family member and direct significant immediate support to the mother. In a non-CYAC case, I would not have met all three until six to eight months later when they reached the top of the waiting list for therapeutic services. Unless the mother visited an emergency room or walk-in clinic, she would not have received the urgent care she needed. This would only have made the recovery for both herself and her children more difficult.”*

**CYAC impact on mental health referrals:** Although making referrals is primarily the responsibility of the advocate, Boost CYAC mental health professionals routinely make external mental health referrals for the children and their families that come through Boost CYAC who have mental health needs that extend beyond the mandate of the CYAC. During the period of October 1, 2013 to October 1, 2016, Boost CYAC mental health clinicians provided counselling services to 187 families. Of the 143 cases where a survey was complete, the mental health clinicians also made 64 referrals to additional therapeutic services for clients, including individual counselling, family counselling, group counselling, and crisis intervention.

**Advocate:** *"At Boost CYAC, we provide a means for the clients to continue to be connected with services they may need over an extended time period. Typically the police officer and child protection worker roles in a case are quite short – as soon as the criminal or child protection investigation is complete, contact with these parties ends. However, just because the criminal and child protection investigation is over does not mean that the family no longer needs support. The Boost CYAC Advocacy Program continues to help clients navigate their recovery after their cases may have been closed.*

*In this case, the mother continued to reach out to me for support even after the criminal and child protection cases had been closed. At one point, the mother was experiencing difficulties with Simon’s school. Although his behaviour at school had greatly improved, there had been a recent incident and the school was considering removing him from an after-school program. The mother knew that removing her son from an after-school program he enjoyed would be detrimental to his recovery, but did not know how to convince the school of this. I offered to attend a school meeting with the mother to help advocate for her son. During the meeting, I supported the mother in educating the school administration on the impacts of trauma and helped explain that taking away something that has been helping the client is not productive. As an outcome of this meeting, we were able to make a plan with the school on how the school could continue to support Simon in his recovery. Clients that go through the non-CYAC model do not have access to the same level of continuing support as those that come through Boost CYAC.”*

**Timing of trauma symptoms**

Trauma symptoms do not always present themselves immediately after abuse. It is common for trauma symptoms to only emerge once children and youth who have been abused feel safe.

As a result, it is important to have ongoing touchpoints with clients over an extended period to help identify signs that they may need additional support services<sup>23</sup>

**CYAC impact on contacts with families:** During the period of October 1, 2013 to October 1, 2016, advocates made 3,541 contacts with the 435 families they served. This results in an average of eight contacts per family.

<sup>29</sup> Dubov, V., & Goodman, D. (2017). Boost Child & Youth Advocacy Centre Evaluation Report: October 2013 – June 2015.

<sup>30</sup> Dubov, V., & Goodman, D. (2017). *Boost Child & Youth Advocacy Centre Evaluation Report: October 2013 – June 2015.*

Summary:

This vignette was considered significant by Boost CYAC partner agencies because it demonstrates how Boost CYAC **increases the access** to services through:



**Increased number of and timely referrals.** A primary responsibility of the advocates at Boost CYAC is making referrals on behalf of the clients who they service. Because of this program, clients serviced by Boost CYAC receive an increased number of referrals compared to non-CYAC cases (based on the Boost CYAC Evaluation Report). In addition, the investigative team’s and advocate’s ability to consult with medical and mental health care professionals results in more timely referrals for clients, especially as it relates to therapeutic services.



**Expedited delivery of care to those with the most urgent needs.** The ability to consult with medical and mental health professionals results in an improved ability to triage clients serviced by Boost CYAC. This enables Boost CYAC to expedite the delivery of care for those with the most urgent needs.



**Longer engagement with clients to identify additional service needs as they develop.** Advocates maintain contact with their assigned clients for as long as they require. Due to this program, Boost CYAC has a longer relationship with the clients they service in comparison to traditional responses to child abuse. The longer engagement with clients enables Boost CYAC to provide additional resources as new circumstances unfold for the client. This is particularly valuable for clients as it is common for the symptoms to begin to present only after the client regains a sense of safety. Therefore, a client who appears to not require therapeutic services during the investigation, may in fact require these services several months after the investigation. As a result of these services being offered through Boost CYAC, child protection workers, in some cases, do not need to transfer these cases to ongoing child protection services as the family is receiving services and being supported to ensure that the child’s needs are met.

### Increased Capacity of Partner Agencies: MSC Vignette #3

#### Situation:

Sam, a grade three student, was enjoying recess in the playground when his teacher noticed bruises on the back of his legs. When the teacher asked Sam about these marks, he was slow to respond and had difficulty making eye contact. The teacher reported her concerns to the Children’s Aid Society. Over the next few weeks, Sam’s teacher noticed the bruises persisted and in some cases appeared to be more severe than before; she reported to the Children’s Aid Society each time she had additional concerns about Sam.

--

A child protection worker at Boost CYAC, alongside a police officer, visits the school to begin an initial assessment of Sam’s situation. He meets both the child protection worker and police officer and quickly builds a relationship with them. The child protection worker and police work collaboratively to ask Sam about his bruises. Once unresponsive and shy, Sam now feels comfortable admitting that his mother has been hitting him on multiple occasions over the past few weeks. Sam also shares that he lives with his father and only visits his mother on weekends.

#### CYAC Response:

**Toronto Police Service:** *“After receiving a call from Sam’s school, I had the chance to have a pre-investigative meeting with the child protection worker assigned to respond to the case. Our conversation revealed that the child protection worker had previously responded to similar reports and I agreed that he was in the best position to make initial contact with Sam. It turns out that the child protection worker was able to quickly establish a relationship with Sam and create an environment where he was comfortable sharing the details of his being hit by mother. On the way back from the school, the child protection worker and I contacted Sam’s father and asked him to meet us at Boost CYAC. Once we returned onsite, we were informed that an advocate had briefed Sam’s father about the situation. This allowed me to immediately start writing the criminal report and laying the case to press charges. Additionally, our conversation with Sam revealed sufficient information that we decided to forgo any additional interviews, saving time for CYAC staff and reducing stress or potential trauma for Sam. In some non-CYAC cases, my colleagues would have had to spend additional time interviewing the client if they do not arrive to the investigation alongside child protection workers. I would have also been responsible for victim management duties, such as briefing the father on the investigative process and providing immediate resources to help him manage the situation, instead of having the capacity to focus on laying the groundwork for any charges. From a personal standpoint, my focusing and specializing on the criminal nature of the investigative process has allowed me to develop the leadership and technical skills to advance within the police community.”*

**CYAC impact on process efficiency:** Child protection, justice, and health professionals save between two to four hours per case because of Boost CYAC advocates. The time saved primarily relates to victim management and time spent making referrals.

In addition to the time saved through Boost CYAC’s Advocacy Program, further time savings are realized through the efficient flow of information between the partner agencies, time saved in building multidisciplinary teams (e.g., assigning personnel from each agency, building rapport and trust between team members, developing an understanding of the role and mandate of each agency), and decreased travel time between agencies or ancillary locations to assess the client. Because of these time savings, child protection, justice, and health professionals can dedicate more time to tasks that directly improve the effectiveness of their service delivery.

**Child Protection Worker:** *“Since the child protection worker immediately convened a preliminary case review with police and myself, we were able to develop an approach to respond to the school’s concerns*

*together. When the police officer and I first arrived at the school, we decided that I would be in the best position to make initial contact with Sam. I saw that he was visibly upset so my priority was to help him adjust and understand the situation he was in. After several minutes, he became more responsive to my questions and at times elaborated on his home situation. We later found out that Sam’s mother had hit him on multiple times throughout the past few weeks. I understood the criminal implications and included the police officer in the conversation so she could gather the information she needed for a criminal case. As I was not sure what information Sam would have revealed to me, having a police officer present proved to be helpful. In a non-CYAC case, I would have likely been required to ask Sam to withhold his statement until the police officer came. Depending on the officer’s caseload at that time, Sam and I might have needed to wait several hours, all of which I could use to focus on other cases. Instead, we received the information needed and provided the immediate support Sam and his father needed.”*

**Mental Health Counsellor:** *“I met with Sam and his father the same afternoon that they were invited to Boost CYAC. During the discussion, Sam’s father mentioned that he was receptive to speaking to me because the advocate clearly shared the benefits of receiving a preliminary contact with a mental health professional. As I was able to speak with both Sam and his father early on in the investigation, I was able to provide a plan for Sam to continue interacting with his friends at school. This way, he increases his chances of performing well at school. When I spoke with the father, I provided some tips for him to make sense of the situation and some ways to cope. In a non-CYAC case, parents and their children would be less likely to see me or it would take a much longer time. A prolonged period before a mental health assessment can risk an increase in adverse behaviour and impacts for both child and caregiver. The early intervention in this case, through Boost CYAC’s co-location and strong communication between teams, encouraged Sam to better re-integrate at his school and decreased potential of additional mental health care costs.”*

**Advocate:** *“After the child protection worker and police officer concluded their visit to Sam’s school, they called me to inform me that the father was going to meet his son at Boost CYAC. I was able to prepare an information package for the father to ensure he understood the investigative process ahead. In addition, being briefed on Sam’s case by the child protection worker and police officer helped me better connect with his father as I had the relevant information to put Sam’s situation into context. In non-CYAC cases, the information would usually be disjointed and not come immediately. Now, I feel proactive instead of reactive in assisting the clients during this stressful time.”*

**Summary:**

Boost staff and its partner agencies considered this a significant vignette because the domains demonstrate how Boost CYAC **increases the capacity of the partner agencies** through:



**Improved access to consultations with medical and mental health professionals.** In a co-located and multidisciplinary environment, medical and mental health professionals are able to provide consultations on a more immediate basis. Boost CYAC provides this improved access by including a team of mental health professionals from partner organizations, who dedicate a certain number of hours to Boost CYAC on a weekly basis. MDT members proactively communicate with nurse practitioners and physicians to help them better understand the circumstances and clients’ medical history before receiving them at the hospital or clinic.



**Increased trust and dependability between partner organizations.** The co-location of partner agencies during the investigative period encourages frequent and repeat interactions among the multi-disciplinary team. This type of collaboration builds a consistently dependable working relationship, which contributes to better information sharing and understanding of each organization’s mandate. Compared to a non-CYAC model where staff might have to “chase” each other down for important information, the co-location model at Boost CYAC encourages and facilitates collaboration between all partners and staff thereby improving the CYAC’s ability to deliver intended outcomes for clients.



**Time savings in travelling between agencies/other interview locations or to accompany the child and family.** The co-location model of Boost CYAC results in time savings for investigation and treatment staff because the client can usually receive services in one central location. In cases where the investigation is conducted through a non-CYAC process, case workers may be responsible for transporting clients or additional time is spent by one party waiting for other persons (e.g., police, health professionals) to arrive to where the client is located.



**Increased opportunity to gain experience in handling complex and extreme cases.** The Boost CYAC model involves the most severe cases of child abuse. Exposure to consistently challenging cases provides staff to undergo unique professional development opportunities. Through peer review, training, and exposure to the other partner systems, staff are able to learn from each other's areas of expertise and develop ways to work together in order to provide enhanced outcomes to children, youth and families. The collaboration involved in Boost CYAC cases has also led to improved "practice leadership" whereby leading practices have been identified and embedded into operating policies and procedures. These policies and procedures may result in improved evidence collection and documentation, which could have an impact on the credibility of child abuse cases moving through the criminal justice system.

## 6.2 Social Return on Investment

### Overview

SROI is a method for measuring and communicating a broader concept of value by incorporating social, environmental and economic impacts.

SROI was developed from social accounting and cost benefit analysis. However, SROI is distinct from other impact measurement approaches in that it places a monetary value on outcomes, allowing outcomes to be added and compared with the investment made. This results in a ratio of total benefits (a sum of all the outcomes) to total investments.

### Impact Assessment Approach

To quantify the impact generated by Boost CYAC for the clients it serves, Deloitte drew on several resources, including:

- Deloitte’s prior experience with similar studies in the nonprofit and public sector;
- peer-reviewed research on the impacts and economic costs associated with trauma; and
- data obtained by Boost CYAC.

To strengthen existing Boost CYAC data, Deloitte developed a questionnaire to capture various indicators of well-being, focusing on domains of well-being typically impacted by traumatic experiences. The client’s main non-offending caregiver was asked to complete the questionnaire, which assessed the client’s overall physical, emotional, and social well-being, school performance, education attainment, and use of community services. In addition, the questions also assessed impacts on the caregiver’s employment.

The clients served by Boost CYAC (CYAC clients) and the clients served outside Boost CYAC (control clients) were asked a parallel set of questions in the same order and with the same answer choices. The sample population for the control clients group was obtained from Boost’s Assessment Directed Therapy (ADT) Program. The ADT Program helps clients recover from traumatic events. A referral to the ADT Program can be made by a child protection agency, police service, other organization in the community or by self-referral, and therefore the program is available to both CYAC and non-CYAC clients. The following criteria need to be met for a referral to the ADT Program to be accepted:

- the child or youth is between the age of 4 and 17 years old;
- assessment and treatment intervention services are offered to children and youth after a traumatic event has been reported, investigated and verified by a child protection agency and/or police;
- referrals to evaluate traumatic events that do not necessitate child protection or police involvement (i.e., exposure to community violence or war related trauma) can also be made to the program; and
- in congruence with *Best Practice Guidelines for Working with Children, Youth and Families Who Have Experienced Abuse* (Toronto, November 2004, page 17<sup>31</sup>), in the best interest of the child, there should be no contact (direct or indirect) with the offender during the assessment process.

Based on the above criteria, Deloitte and Boost CYAC management agreed that non-CYAC ADT clients who attended the ADT Program between 2014 and 2017 would be an appropriate comparison group for this study. The total population for control clients was 132.

As the co-location model only became operational in October 2013, the total population of CYAC clients referred to the ADT Program was limited to 53. Therefore, Deloitte and Boost CYAC management agreed

---

<sup>31</sup> Best Practice Guidelines for Working with Children, Youth and Families Who Have Experienced Abuse, 17. (2014).

that CYAC clients referred to therapeutic programs other than ADT would be included in the CYAC client population. According to Boost CYAC management, there is no reason to believe that CYAC clients referred to other therapeutic service providers presented different severity levels of traumatic symptoms or received different levels of therapeutic treatment. The total population for CYAC clients was 187.

Boost CYAC affiliates made phone calls to 187 CYAC clients and 132 non-CYAC ADT clients. In total, 16 Boost CYAC interviews were conducted and 19 control client interviews were conducted, resulting in a response rate of 8.6% for Boost CYAC clients and 14.4% for non-CYAC clients. Boost CYAC received no response (i.e., no call back) from 162 CYAC clients (86.6%) and 113 (85.6%) non-CYAC clients. Nine CYAC clients declined to participate in the interview. None of the non-CYAC ADT clients contacted declined to participate in the interview. Boost CYAC clients and control clients were interviewed over the phone by Boost CYAC affiliates. Interviewers used an online tool to read questions and capture the responses.

**Note on comparison group:** *The comparison group (n = 19) is a non-random, unequal sample in size to the CYAC group (n = 16), therefore results, while suggestive, should be interpreted with caution and cannot be generalized.*

**Note on response rates:** *Low response rates is a major problem experienced by CYACs across the globe<sup>32</sup>. Regardless of the quality of services provided by a CYAC, the occurrence that brought the client to the centre is typically one that caused extreme distress and hardship for the client. Therefore, they may be less willing to re-engage with the centre for the purposes of an evaluation. One solution to this problem is to have families complete the survey before leaving the centre. Boost CYAC is currently exploring the possibility of embedding a survey component into existing operations.*

## Survey Results

A major part of determining the SROI of Boost CYAC involved surveying the caregiver of past CYAC and non-CYAC clients. The survey consisted of 33 questions that sought to better understand the health and well-being of the client, the client's uptake of community and social services, the client's school life after treatment, and any effects around employment experienced by the caregiver.

Across all of these change domains, there are both early indications that the CYAC model of care stands out in some areas, while other evidence points to less contrast between CYACs and non-CYACs.

For example, survey results suggest that CYACs may lead to medical and health benefits for clients, as only 1 in 20 of the children who used CYAC services needed prescribed medicine for non-chronic conditions. By the same measure, one in five non-CYAC children required prescribed medicine for non-chronic conditions. Similarly, no respondents under the CYAC reported that their children required prescriptions for psychological or psychiatric needs whereas 16% of non-CYAC respondents admit their children used such medication.

There are signs of promise of the CYAC model on school performance as well. For example, one in four caregivers admit that their child experiences learning difficulties at school. When it comes to non-CYAC respondents, survey results show that two in five children have learning difficulties.

Other responses suggest little difference between the effects of a CYAC versus non-CYAC model. One example of this is the clients' emotional well-being. For instance, when respondents were asked to report on any noticeable changes in across 10 emotional symptoms or behaviours, 7 out of 10 had a response variance of less than 20%. This suggests that for many symptoms and behaviours such as sadness, aggression, nightmares, low-self-esteem, guilt, and the like were exhibited evenly across clients of both CYAC and non-CYAC models.

We find a similar pattern when it comes to understand the effects of the CYAC on caregivers and parents.

---

<sup>32</sup> *A Resource for Evaluating Child Advocacy Centres*. (2004). U.S. Department of Justice – National Institute of Justice. Pages 5-6. Retrieved on October 23, 2017, from <https://www.ncjrs.gov/pdffiles1/nij/192825.pdf>

Survey responses also suggest that the CYAC model may perform better than a non-CYAC model in terms of affecting caregiver employment. For example, 46% of respondents whose children went through the non-CYAC system missed over 15 days of work, while only 36% of caregivers of CYAC children reported missing as many days. Other data reveal that most caregivers feel they have a good to excellent ability to still fulfill household and work responsibilities, regardless of whether they interacted with the CYAC or non-CYAC model (78% versus. 68%)<sup>33</sup>.

The survey results provided valuable information to assess the various dimensions of CYAC and non-CYAC services. However, it should be noted that the reported differences in caregiver observations of CYAC and non-CYAC clients were not found to be significant per chi-square test. Due to small sample size, it was unlikely significant differences would be found between the two groups. The CYAC should consider collecting data on the difference between CYAC and non-CYAC clients. Collecting trauma scores before and after treatment would provide useful data for further assessment.

Given the data limitations outlined above, it is advised that Boost CYAC staff continue to collect and evaluate data to increase the sample size so that the statistical significance of these reported findings can be determined.

## Literature Review

### The Significant Costs of Child Abuse

There were several key pieces of Canadian and international literature that helped form the basis for Deloitte's evaluation. Of the documents reviewed, there was consensus that child abuse is likely to lead to long-term health conditions (both physical and mental health related conditions) for clients, as well as economic costs for society. The reports used to validate the assumptions of Boost CYAC's SROI are described in further detail below.

### Adverse Childhood Experiences (ACE) Study<sup>34</sup>

It is generally agreed that individuals who go through adverse childhood experiences while they are young are at risk of developing negative health outcomes as they age. The American Association of Pediatrics completed a study of 17,000 American adults and confirmed that adverse childhood experiences have led to 60% of adults experiencing some negative physical and mental health outcome. While an adverse childhood experience covers traumatic experiences beyond child abuse<sup>35</sup>, increased and prolonged stress cause by any adverse experience puts the client at risk of disease and cognitive impairment in their adult years.

### Statistics Canada Report on Child Abuse and Physical Health in Adulthood

While there is an extensive literature base on the relationships between child abuse and mental health outcomes, less is known about the connections between child abuse and physical health. Based on the *Child Abuse and Physical Health in Adulthood* report published by Statistics Canada in 2016<sup>36</sup>, it was found that all types of child abuse were associated with an increased likelihood of a physical condition. For example, experiencing any type of child abuse increased the odds of arthritis, back problems, high blood pressure, migraine headaches, chronic bronchitis, cancer, stroke, bowel disease, and chronic fatigue syndrome. These findings were adjusted for sociodemographic characteristics, smoking, and obesity. The treatment of these conditions as clients age contributes to the costs of child abuse.

---

<sup>33</sup> Detailed results are available upon request.

<sup>34</sup> Adverse Childhood Experiences and the Lifelong Consequences of Trauma. *American Academy of Pediatrics*. (2014). Retrieved on October 23, 2017, from [https://www.aap.org/en-us/Documents/ttb\\_aces\\_consequences.pdf](https://www.aap.org/en-us/Documents/ttb_aces_consequences.pdf)

<sup>35</sup> Adverse childhood experiences include emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, mother treated violently, household substance abuse, household mental illness, parental separation or divorce, incarcerated household member.

<sup>36</sup> Afifi, T., MacMillan, H., Boyle, M., Cheung, K., Taillieu, T., Turner, S., & Sareen, J. (2016). Child Abuse and Physical Health in Adulthood. *Statistics Canada Health Report*, 27(3). Retrieved on October 23, 2017, from <http://www.statcan.gc.ca/pub/82-003-x/2016003/article/14339-eng.htm>

## Report on the Economic Costs and Consequences of Child Abuse in Canada

Researchers at the University of Western Ontario published a report issued by the Law Commission of Canada<sup>37</sup> on the economic costs and consequences of child abuse in Canada. Based on their calculations, the minimum cost to Canadian society due to all forms of child abuse amount to \$15 billion annually (in 1998 dollars), with the majority of total consequence stemming from lost productivity. Estimates demonstrate that child abuse results in lost income of roughly \$11 billion annually. Adjusted for inflation<sup>38</sup>, the annual economic costs of child abuse in 2017 would total \$22.5 billion, including \$16 billion of lost income. Other economic costs stem from services provided by the health, social service, and justice systems. Since Boost CYAC affects clients post-abuse, these service costs are expected to continue and child abuse services would not necessarily decrease the incidence of child abuse itself.

*Table 1 – Annual economic costs of child abuse to Canadian society (in 1998 dollars)*

Type of Cost	Cost (1998 dollars)	Cost (2017 dollars <sup>39</sup> )
Judicial	\$616,685,247	\$884,456,473
Social Services	\$1,178,062,222	\$1,689,589,239
Education	\$23,882,994	\$34,254,676
Health	\$222,570,517	\$319,212,978
Employment	\$11,299,601,383	\$16,206,007,247
Personal <sup>40</sup>	\$2,365,107,683	\$3,392,062,341
<b>Total</b>	<b>\$15,705,910,047</b>	<b>\$22,526,582,954</b>

## The Value of Boost CYAC to Society

In this study, the benefit to society was quantified by estimating the decrease in long-term government spending on health care services for CYAC clients and the increase in tax revenue from CYAC clients. The estimate was computed by assessing the difference between the trajectory of CYAC clients and the control clients over their lifetime.

### Difference between CYAC and Control Clients

Due to the limitations of the data obtained from the questionnaire administered as part of this study, Deloitte estimated the difference in trajectories between CYAC and non-CYAC clients using observed differences in rates of referrals to needed services and documented effectiveness of therapeutic treatments provided by Boost CYAC.

Based on information available, including data collected as part of Boost CYAC's 2013 to 2015 Evaluation, management determined that an appropriate differential in referral rates to needed services between occurrences investigated at Boost CYAC and those investigated outside the CYAC is 25%.

To estimate the effectiveness of the therapeutic services provided to CYAC clients, Deloitte reviewed literature on the efficacy of the primary therapeutic modalities used by Boost CYAC. Boost CYAC's Assessment Directed Therapy (ADT) Program uses Trauma-Focused Cognitive Behavioural Therapy (TFCBT) as a therapeutic framework; however, based on the client's clinical concerns, as well as their strengths and interests, other evidence-based and evidence-informed treatment approaches are frequently incorporated. Evidence-based treatments such as Attachment, Self-Regulation and Competency (ARC), Acceptance and Commitment Therapy (ACT), Eye Movement Desensitization and

<sup>37</sup> Bowlus, A., McKenna, K., Day, T., & Wright, D. (2003). *Economic Costs and Consequences of Child Abuse in Canada*. Retrieved on October 23, 2017, from [http://cwrrp.ca/sites/default/files/publications/en/Report-Economic\\_Cost\\_Child\\_AbuseEN.pdf](http://cwrrp.ca/sites/default/files/publications/en/Report-Economic_Cost_Child_AbuseEN.pdf)

<sup>38</sup> Inflation is defined as a sustained increase in the general level of prices for goods and services in a county, and is measured as an annual percentage change. Under conditions of inflation, the prices of things rise over time.

<sup>39</sup> Calculated using the Bank of Canada Inflation Calculator.

<sup>40</sup> Personal costs include transportation, relocation, costs associated with legal proceedings, drugs, therapies, alcohol, self-defense systems and goods and services purchased as a result of the abuse.

Reprocessing (EMDR), Mindfulness and evidence-informed treatments such as Sensorimotor Psychotherapy and Psychodynamic Psychotherapy are regularly used. In addition, CYAC clients seen by the SCAN Program may receive Child and Family Traumatic Stress Intervention (CFTSI).

The efficacy of TFCBT has been demonstrated in several randomized controlled trials. In a randomized controlled experiment conducted in 2013, researchers evaluated the effectiveness of TFCBT in regular community settings to therapy as usual for youth. The study found that youth receiving TFCBT reported significantly lower levels of posttraumatic stress symptoms, depression and general mental health symptoms. In addition, youth assigned to TFCBT showed significantly greater improvements in functional impairment and significantly fewer were diagnosed with posttraumatic stress disorder. Specifically, it was found that 77.8% of youth who received TFCBT lost their PTSD diagnosis, while 54.8% of the control group lost the diagnoses<sup>41</sup>, representing a 41.9% increase in the number of youth who lost their PTSD diagnosis.

For the purposes of this study, the researchers are seeking to compare youth who received TFCBT and those who did not receive any form of treatment. However, in the 2013 study cited above the researchers compare youth who received TFCBT to those who received treatment as usual. If PTSD symptoms diminish over time even without treatment, then the difference between youth who receive TFCBT and no treatment may be less than the 77.8% of youth who lost their PTSD diagnosis with TFCBT. Therefore, to be conservative, Deloitte used 77.8% as the upper boundary of the difference between youth who received treatment and those who did not and 41.9% as the lower boundary (i.e., the difference between youth who received TFCBT and those who received treatment as usual).

As a result, Deloitte applied a range of 11-19% to forecast the difference in long-term outcomes experienced by CYAC clients and non-CYAC clients.

Given the timeframe of projections in the model (> 60 years), Deloitte further adjusted future cash flows<sup>42</sup> by a factor to account for drop-off over time. Drop-off refers to the deterioration of an outcome over time and was used in this model to risk-adjust future cash flows, thereby accounting for the greater uncertainty associated with achieving outcomes in the later years of the model projections. The drop-off factor applied to future cash flows in the model ranged from 5% to 20%, increasing in five percent intervals over time.

## Financial Proxies

### ***Government spending on health care services***

Existing literature presents mixed findings on the health care costs associated with child abuse.

According to the Law Commission of Canada's paper titled *Economic Costs and Consequences of Child Abuse in Canada*, although children and youth who have been abused report greater health issues, it was found that children and youth who have been abused do not access the health care system at a substantially higher rate than non-abused individuals do. Examining only visits to provincially-funded general practitioners, specialists, and nurses, the researchers found that "survivors of severe abuse made 6.33 (.40) visits in the past year, while those who did not suffer from severe abuse made only 5.24 (.17) visits<sup>43</sup>."

The Law Commission of Canada's finding contradicts recent research from Statistics Canada linking child abuse with increased odds of arthritis, back problems, high blood pressure, migraine headaches, chronic bronchitis, cancer, stroke, bowel disease, and chronic fatigue syndrome. Several of these physical

<sup>41</sup> Jensen TK, Holt T, Ormhaug SM, Egeland K, Granly L, Hoaas LC, Wentzel-Larsen T. A randomized effectiveness study comparing trauma-focused cognitive behavioral therapy with therapy as usual for youth. *Journal of Clinical Child & Adolescent Psychology*. 2014; 43(3):356–369.

<sup>42</sup> Cash flows are the total amount of money being transferred into and out of an organization.

<sup>43</sup> Bowlus, A., McKenna, K., Day, T., & Wright, D. (2003). *Economic Costs and Consequences of Child Abuse in Canada*. Retrieved on October 23, 2017, from [http://cwrp.ca/sites/default/files/publications/en/Report-Economic\\_Cost\\_Child\\_AbuseEN.pdf](http://cwrp.ca/sites/default/files/publications/en/Report-Economic_Cost_Child_AbuseEN.pdf)

conditions would result in significant costs to the health care system. Further, the Kaiser Permanente-CDC Adverse Childhood Experience Study (ACE) found that ACEs affect short and long-term health, including leading to autoimmune diseases, such as arthritis, as well as heart disease, breast cancer, lung cancer, diabetes, suicide, and alcoholism. Over 1,500 peer-reviewed studies have replicated these findings since the original CDC ACE study was published in 1996.

To be conservative in our estimate, Deloitte applied the Law Commission of Canada’s finding that on average, CYAC clients who received a successful intervention would visit a health care practitioner 1.09x less than the control group. Over a period of 66 years<sup>44</sup>, clients served by Boost CYAC during the period of October 1, 2013 and September 31, 2016 creates a net present value (NPV) of approximately \$0.6M to \$1.1M for society. Per occurrence investigated, the average benefit to society is between \$400 and \$478.

To determine the net present value of future societal benefits, a discount rate of 0.84% was applied, which is equivalent to the real return on a 30-year Bank of Canada bond<sup>45</sup>. A discount rate should account for both the time value of money and the risk inherent in future cash flows. As the cash flows were previously adjusted for inherent risks (factors were applied to adjust the returns for (1) displacement: the return that would have been achieved without Boost CYAC; and (2) drop-off: the decrease in the return over time), a risk-free rate was applied. Finally, the real return rate was used as it is adjusted for changes in prices due to inflation and other external effects.

### ***Increased government tax revenue***

According to the paper titled *Economic Costs and Consequences of Child Abuse in Canada*<sup>46</sup>, children and youth who have been physically abused experience a decrease in annual earnings of \$3,098<sup>47</sup>. No differences in annual earnings were observed for children and youth who have been sexually abused.

Society benefits from three types of incremental tax revenue from children and youth who have been physically abused and are served by Boost CYAC:

- federal income tax;
- provincial income tax; and
- sales tax.

Over a period of 34 years<sup>48</sup>, clients who have suffered physical abuse served by Boost CYAC during the period of October 1, 2013 and September 31, 2016 creates a NPV of approximately \$4.5 million to \$7.8 million for society. Per occurrence investigated, the average benefit to society is between \$2,040 and \$3,523.

To determine the net present value of future societal benefits, a discount rate of 0.84% was applied, which is equivalent to the real return on a 30-year Bank of Canada bond<sup>49</sup>. A discount rate should account for both the time value of money and the risk inherent in future cash flows. As the cash flows were previously adjusted for inherent risks (factors were applied to adjust the returns for (1) displacement: the return that would have been achieved without Boost CYAC; (2) and drop-off: the

---

<sup>44</sup> Health care savings were estimated using a 66 year time period. This time period was established using the following assumptions: (1) The average age of a child/youth serviced by the CYAC is nine years; (2) Long-term health benefits will begin five years after the child/youth is serviced by the CYAC; and (3) The life expectancy of a CYAC client is 80 years (Canada’s life expectancy is currently 82 years).

<sup>45</sup> From the Bank of Canada website as of October 5, 2017.

<sup>46</sup> Bowlus, A., McKenna, K., Day, T., & Wright, D. (2003). *Economic Costs and Consequences of Child Abuse in Canada*. Retrieved on October 23, 2017, from [http://cwrp.ca/sites/default/files/publications/en/Report-Economic\\_Cost\\_Child\\_AbuseEN.pdf](http://cwrp.ca/sites/default/files/publications/en/Report-Economic_Cost_Child_AbuseEN.pdf).

<sup>47</sup> The figure of \$3,098 is in 1990 dollars. It was inflated to 2013 to 2016 dollars in Deloitte’s NPV cost estimate.

<sup>48</sup> Increased government tax revenues were estimated using a 34 year time period. This time period was established using the assumption that clients serviced by the CYAC would enter the labour market at 26 and retire at 60.

<sup>49</sup> From the Bank of Canada website as of October 5, 2017.

decrease in the return over time), a risk-free rate was applied. Finally, the real return rate was used as it is adjusted for changes in prices due to inflation and other external effects.

### The Cost of Boost CYAC

The cost to provide services to clients at Boost CYAC is determined by three factors:

- initial capital investments made by Boost and the partner agencies to co-locate staff in one central facility, including required equipment and IT infrastructure to conduct police investigations;
- Boost CYAC’s annual operating expenditures; and
- the increase in medical and therapeutic treatment costs due to increased service linkages through Boost CYAC’s model.

The cost estimate for Boost CYAC’s model excludes salary costs of dedicated CYAC staff from the Children’s Aid Society of Toronto, Catholic Children’s Aid Society of Toronto, Toronto Police Service, the SAFE-T Program (Radius Child & Youth Services), Child Development Institute, and the Suspected Child Abuse and Neglect (SCAN) Program (Hospital for Sick Children). The exclusion of salary costs for these staff was determined to be appropriate as no additional staff were hired because of the creation of Boost CYAC and all salary costs would have been incurred regardless of Boost CYAC.

According to Boost CYAC’s partner agencies, capital investments made to co-locate staff and appropriately equip the facility for child abuse investigations amounted to \$588,022 spread over January 1, 2013 to December 31, 2016. These capital investments primarily related to leasehold improvements made to the building space occupied by the Centre. Based on the nature of these costs, the expected useful life<sup>50</sup> of the capital investments is five years. To determine the capital investment attributable to the child abuse occurrences seen by the CYAC over the January 1, 2013 to December 31, 2016 period, Deloitte recognized a fifth of the capital investments in each applicable year. After dividing by the total occurrences for the January 1, 2013 to December 31, 2016 period, this resulted in an average cost of \$200 per occurrence investigated.

Annual operating expenditures were taken from Boost’s audited financial statements. From January 1, 2013 to December 31, 2016, total operating expenditures for the Boost CYAC were \$2.8 million, resulting in an average cost of \$1,320 per occurrence investigated.

Due to the co-location model and Advocacy Program at Boost CYAC, evidence obtained through interviews and existing data suggests that the Boost CYAC model results in a greater number of community referrals in comparison to the occurrences investigated outside Boost CYAC. Although these additional service linkages increase costs in the short-term, the provision of a greater net of support services is essential to the organization’s ability to achieve improved outcomes for children, youth and families in the long-term. Based on information available, including data collected as part of Boost CYAC’s 2013 to 2015 Evaluation, management determined that an appropriate differential in referrals between Boost CYAC and occurrences investigated outside Boost CYAC is 25%. In addition, management also determined that only referrals for therapeutic and medical services increase under the Boost CYAC model. Therapeutic services includes individual, family, or group counselling, and crisis intervention. Based on management’s experience, other common referrals, such as for social housing, public assistance, the Child Victim Support Program, and the Victim Witness Assistance Program, do not change under the Boost CYAC model. In total, the estimated increase in referrals resulted in an additional cost of \$1 million for the January 1, 2013 to December 31, 2016 period. The average cost per occurrence investigated is \$450.

The net average cost per occurrence investigated over the January 1, 2013 to December 31, 2016 period has been \$1,970.

---

<sup>50</sup> Useful life is the estimated lifespan of a depreciable fixed asset, during which it can be expected to contribute to an organization’s operations.

## Net Benefit to Society

Deloitte’s assessment of Boost CYAC found that for every dollar spent, a value between \$1.5 and \$2.7 of benefits accrue to society. This represents \$330 to \$2,012 of net benefits in 2017 dollars per client served by Boost CYAC, amounting to a total social value of \$730,000 to \$4.6 million in 2017 dollars for the 2,225 clients served by Boost CYAC during the October 1, 2013 to September 30, 2016-time period.

## Areas for Further Research

Due to data constraints, several quantifiable benefits were not calculated as part of this study, but could be quantified at a future point. Including these additional benefits would potentially further increase the social value, and the SROI, generated by Boost CYAC. In addition, there are several unquantifiable benefits that need to be considered when assessing the total social impact of the Boost CYAC model.

Additional quantifiable benefits include the following:

- Avoided criminal justice costs (court and federal incarceration costs) for abused children and youth who later engage in criminal activity:** Abuse in childhood is positively correlated to both delinquency in adolescence and a greater likelihood of engaging in criminal activity later in life. In a longitudinal study of 908 individuals sponsored by the US National Institute of Justice, it was found that childhood abuse and neglect increased the likelihood of arrest as a juvenile by 59%, as an adult by 28%, and for a violent crime by 30%<sup>51</sup>. Canadian studies have found comparable results<sup>52</sup>. The relationship between abuse in childhood and adolescent delinquency and/or adult criminality directly costs society through police investigation, court, and incarceration costs. In this study, sufficient longitudinal data on the difference in judicial costs for CYAC clients and non-CYAC clients was not available. Given the potential significance of this societal benefit, Deloitte recommends that Boost CYAC conduct further research in this area.
- Avoided costs due to the lower incidence of child abuse:** As a leader in the areas of child abuse prevention and public education, the existence of Boost CYAC has helped increase public discourse on the issue of child abuse and violence in the community and in government. In the long-term, Boost CYAC’s dedication to public awareness and education may decrease the incidence of child abuse.
- Decreased long-term health costs for family members:** During this study, personnel interviewed from Boost CYAC and partner agencies recognized that child abuse and violence has significant consequences for both the abused child and/or youth and non-offending family members. Boost CYAC addresses the consequences of child abuse on non-offending family members through its Child & Youth Advocacy Program, which provides immediate and ongoing support, advocacy and referral services to children/youth and their family members. Due to services provided by Boost CYAC to family members, it is likely that the Boost CYAC model decreases the trauma experienced by family members and therefore decreases long-term health costs for family members. The impact of abuse on non-offending family members has not been studied extensively, and therefore there was insufficient data available to forecast future cash flows associated with improved family health outcomes at this time.
- The increases in federal, provincial and sales tax revenue from increased economic productivity of family members:** Similar to decreased long-term health costs for family members; it is likely that the Boost CYAC model also has an impact on government tax revenue from increased economic productivity of family members. However, since the impact of abuse on non-offending family members is limited at this time, the future cash flows could not be projected.

<sup>51</sup> Cathy S. Widom and Michael G. Maxfield, *An Update on the 'Cycle of Violence' Research in Brief*. Washington, D.C.: National Institute of Justice (February 2001).

<sup>52</sup> Alksnis, C., & Taylor, J. The Impact of Experiencing and Witnessing Family Violence During Childhood: Child and Adult Behavioural Outcomes. Retrieved on October 23, 2017, from <http://capacitybuilding.net/CEV%20Research/The%20Impact%20of%20Experiencing%20and%20Witnessing%20Family%20Violence.pdf>

Unquantifiable benefits include the following:

- reduced emotional distress (or improved quality of life and well-being) experienced by clients;
- increased public discourse on the issue of child abuse contributing to efforts toward the destigmatization of children and youth who have been abused and their families, especially in cases of intrafamilial sexual abuse; and
- consistent quality of child abuse investigations going through the justice system.

## 7. Conclusion

### 7.1 Limitations

While this engagement produced insightful performance measurements based on quantitative and qualitative data, there are several limitations that should be accounted for when referencing these findings.

First, the relative infancy of Boost CYAC meant there is a lack of sufficient longitudinal data to capture and evaluate the full impacts of its interventions. Estimates of benefits and cost-savings have been completed on a best efforts basis that could be further validated by long-term measures for well-being of Boost's clients.

In relation to the survey, this not only resulted in a small population size for CYAC clients referred to the ADT Program as mentioned above, but also meant that the long-term impacts of trauma may not yet be evident for the clients interviewed. The low response rate experienced and short life-span of Boost CYAC increased the risk of a biased perspective from the survey results alone. As a result, Deloitte supplemented the survey results with available research on the documented costs of child abuse and improved outcomes under the CYAC model.

Finally, there was a limited amount of pre-intervention data that would have supported a more robust benchmarking process. As Boost CYAC develops the capabilities and resources to become analytically mature, a more complete set of pre- and post-intervention metrics will help develop robust performance results.

### 7.2 Conclusion

Boost CYAC's interventions aim to reduce trauma for children, youth, and families who have been involved in the most serious child abuse cases. Through a multi-disciplinary team and co-location approach, Boost CYAC is able to improve outcomes for its clients.

Through the MSC methodology, a number of qualitative outcomes were identified as helping clients reduce trauma and Boost CYAC workers working more collaboratively. For example, Boost CYAC reduces emotional, financial, and physical hardship on clients, increases access to services for clients, and increases the capacity of partner agencies to carry out their roles and responsibilities.

The SROI study revealed that there are positive returns generated by Boost CYAC's interventions.

The findings outlined in this report point favourably to the impact Boost CYAC has on its clients. Given the limitations and considerations outlined earlier, the organization is in a position to continue its performance measurement activities to capture the ongoing social impact generated from the services it provides. There is little doubt that reducing trauma for children and youth who have been abused has positive benefits to society. With additional data collection and robust monitoring and evaluation activities, Boost CYAC can continue to communicate its measurable impact on the communities in which it works.



## Acknowledgments

This research was undertaken by Deloitte Canada. The research study team and authors of this report included Joe Solly, Edward Thomas, Robyn Troop and Deng Pan. The authors of this report thank Deloitte colleagues Mette Lindgaard, Tracy Orr, and Michael Morris for their technical assistance and support.

We also acknowledge Karyn Kennedy, President & CEO of Boost CYAC, the Boost CYAC evaluation project steering committee, including Nicole Biros-Bolton, Lana DePatie, Maria Ferrara, Gregory Payne, Pearl Rimer, Pat Sisson, and Tanya Smith, and for their participation in the planning, discussion and participation in this report. We also gratefully acknowledge the time provided by Boost CYAC's Board of Directors and partner organizations.

## For Further Contact

If you would like to discuss the report, please contact Karyn Kennedy ([kennedy@boostforkids.org](mailto:kennedy@boostforkids.org)).

## About Deloitte's Social Impact Consulting Practice

Deloitte's Social Impact practice helps clients in the public, private, and social sectors become a catalytic force to meet our greatest societal challenges. Our multidisciplinary teams can co-create new solutions with clients and help evolve those critical solutions beyond the concept and pilot phases. We focus on strengthening linkages between sectors, quantifying and communicating impact, and mobilizing the fast-evolving ecosystem of players—to ultimately move both the organization and society from aspiration to tangible impact.



Deloitte, one of Canada's leading professional services firms, provides audit, tax, consulting, and Risk Leader for the required language. Legal Language document, ability partnership, is the Canadian member firm of Deloitte Touche Tohmatsu Limited.

Deloitte refers to one or more of Deloitte Touche Tohmatsu Limited, a UK private company limited byRisk Leader for the required language. Legal Language document, ability separate and independent entity. Please see [www.deloitte.com/about](http://www.deloitte.com/about) for a detailed description of the legal structure of Deloitte Touche Tohmatsu Limited and its member firms.

The information contained herein is not intended to substitute for competent professional advice.

©he information contained herein is not