

Social Return on Investment Analysis of the Child and Youth Advocacy Centre Model in British Columbia



FINAL REPORT
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MNP



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Glossary of Terms

Term	Definition
Child Abuse and Violence	Any form of physical, emotional and/or sexual violence, exploitation or neglect that causes actual or potential harm to a child (an individual under 19 years of age) or youth (an individual between 16 and 19 years of age). ¹
Advocate or Child and Youth (Family) Advocate	A position unique to CYACs, which typically supports the family, child, youth, and/or caregivers from time of referral, coordinates the information sharing between the multi-disciplinary team, and assists the family with service navigation. May be referred to as a “coordinator”, “navigator” or another term at the local level.
Caregiver	A person, other than the child’s parent, who has primary responsibility for providing the day-to-day care of a child. With respect to an Indigenous child, the term caregiver includes a person other than the child’s parent, who is responsible for providing day-to-day care in accordance with the customs or traditions of the Indigenous group, community, or people to which the child belongs.
Child and Youth Advocacy Centre (CYAC)	CYAC refers to the coordinated and formalized service model of partnership agencies that respond to children who have experienced abuse or violence. ²
Client	Children, youth, and their non-offending family members/caregivers who are served by the CYAC multi-disciplinary team response.
CYAC or Centre File	Files where clients receive a multi-disciplinary team response, the case is coordinated by the CYAC, and clients have consented to a case management process.
Delegated Aboriginal Agency (DAA)	A DAA has an agreement with the Ministry of Children and Family Development to provide child welfare services for a specific Indigenous community.
Health Services	Services provided by medical professionals in the care of clients of a CYAC and which are part of the multi-disciplinary response to child abuse and violence.
Ministry of Children and Family Development (MCFD)	The provincial government ministry in charge of child welfare.

1. In this report, the term child includes youth who have experienced abuse and violence.

2. In this report, the term CYAC includes models which call themselves Child Advocacy Centres (CACs).

Term	Definition
Multi-Disciplinary Team (MDT)	A team of cross-sector professionals that work on CYAC case files, usually comprised of professionals from CYACs, law enforcement, health services, victim services, child protection, and Indigenous organizations.
Memorandum of Understanding (MOU)	A bilateral or multilateral agreement between two or more parties, which outlines the parameters under which the parties will deliver services as part of a collaborative response to child abuse. The MOU expresses a convergence of will and indicates a common line of action. An MOU is not a legally enforceable agreement.
Network	The BC Network of Child and Youth Advocacy Centres.
Partnership	The formalized group of multi-disciplinary agencies and organizations that form the CYAC response, and which is usually recognized through the signing of a partnership agreement or Memorandum of Understanding.
Stakeholder	The individuals or agencies which work with, or are impacted by, the CYAC model. ³
Victim Services	A program funded by the Ministry of Public Safety and Solicitor General that supports victims of crime. Communities may have community-based, police-based, or court victim service programs, or any combination of the above. In the context of a CYAC, Victim Service workers typically support centre clients with navigating the criminal justice system. This includes providing updates on proceedings, court preparation, orientation, and accompaniment.

3. Please note that the CYACs define stakeholder as follows: "An agency or organization that is not a formalized partner to the CYAC but that contributes to the MDT response on specific CYAC files. A stakeholder signs an affirmation of confidentiality agreement and participates with consent of the CYAC client."



Contents

Executive Summary	1
1. Introduction and Background	1
2. Objectives, Scope and Approach to the SROI Study	3
3. Overview of the CYAC Model in BC	6
4. The Impact of the CYAC Model in BC	11
BC Network of Child and Youth Advocacy Centres Impact Map	12
Changes in the wellbeing and quality of people’s lives	15
Changes in accessibility and provision of support	24
Changes in the systems of care	30
SROI Calculation and Implications.	33
5. Conclusions and Takeaways	39
6. Appendices	43

Executive Summary

Background

According to Statistics Canada, at least one-third of Canadians aged 15 and older have experienced some form of child maltreatment before the age of 15,⁴ with the number of child victims of family violence rising nationally.⁵ Responding to abuse and violence against children requires services from multiple agencies, including police, medical services, victim services, and child protection. While each agency has a specific role to play in responding to child abuse and violence, the coordination of services has been identified by researchers as one of the most important features of intervention.

The Child and Youth Advocacy Centre (CYAC) model seeks to address this need by providing organized access to services, and ongoing support for children and their family members/caregivers. It acts as a comprehensive service provider to provide trauma informed, child-focused services in a friendly setting, collect and share information, and coordinate with service providers in their investigative and support efforts. This collaborative, multi-disciplinary approach is intended to:

- Reduce system-induced trauma.
- Eliminate duplication of services.
- Maximize efficient information sharing.
- Enhance seamless service delivery.

During MNP's consultations with stakeholders from BC's Network of CYACs, participants described the distinct value that the CYAC model provides, compared to traditional approaches to service delivery. However, when asked what challenges they face in implementing their unique service model, the majority cited limited resources, and in particular, a lack of reliable long-term funding. While the CYAC model has been steadily growing in Canada, securing sustainable funding has been highlighted as one of the key challenges for sustaining and expanding CYACs nationally.

Benefits of the CYAC Model

The benefits of the CYAC model are broad and can be represented as positive changes in the wellbeing along with quality of people's lives, in the accessibility as much as provision of support, and across the various systems of care in British Columbia. The internationally standardized SROI methodology was employed in this report to articulate the financial value of such benefits as realized and for every dollar invested in the BC CYAC model. This analysis revealed a **SROI RATIO OF 1:5.54**, which indicates that for every dollar invested in CYACs, approximately \$5.54 in social and economic value is created. The key areas where this significant value is created include the wellbeing and quality of life changes for children and their families; improved quality of work for CYAC management and staff, Multi-Disciplinary Team (MDT) members, and partner agencies; and realized efficiencies with BC's systems of care which span healthcare, education, justice, child protection, and policing. The following table shows the value created by stakeholder group.

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4. Government of Canada, Statistics Canada. "Section 1: Profile of Canadian Adults Who Experienced Childhood," February 21, 2017. <https://www150.statcan.gc.ca/n1/pub/85-002-x/2017001/article/14698/01-eng.htm#a1>.
 5. Government of Canada, Statistics Canada. "Section 2: Police-Reported Family Violence against Children and Youth in Canada, 2019," March 2, 2021. <https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00001/02-eng.htm>.
 6. Arkansas Bureau of Legislative Research. "Best Practices in Child Maltreatment Prevention and Intervention," December 19, 2006. <https://www.arkleg.state.ar.us/Bureau/Document?type=pdf&source=bl%2FResearch%2FPublications%2FFamilies&filename=Child+Maltreatment+Report+-+Dec+19%2C+2006>
 7. BC Network of Child and Youth Advocacy Centres. Practice Principles Master Document Draft. June 13, 2022.

Value* Created by Stakeholder Group

Stakeholder Group	Value* Created
Children and their family members/caregivers	\$18,296,000
CYAC management and staff, MDT members, and partner agencies	\$513,000
Government (healthcare, education, justice, and child protection)	\$762,000
Government (policing)	\$80,000
Total value created	\$19,651,000

*Value is the net present value over a 10-year period calculated using a 3.5 percent discount rate.

It is important to note that given how relatively new the CYAC model is in Canada, data on some of the quantitative impacts is limited. For example, information related to the number of siblings of children supported are not recorded at some centres. Further, time savings as a result of improved efficiency are difficult to quantify and rely on estimates provided by stakeholder groups. As a result, not all outcomes are able to be valued and, where a range of estimates were provided, the lower bound average was used to avoid over-claiming. Lastly, the SROI analysis considers a 10-year period for outcome duration. Since many of the changes continue to have an impact well beyond this timeframe, the SROI ratio should be considered conservative.

Further to this, there are outcomes that have not been included in the SROI analysis, and while not quantifiable, they do represent significant impacts for the various stakeholder groups. Throughout our consultations with stakeholders, we heard many stories about the CYACs' wraparound model:

- **Streamlining communication and coordinating services** in a way that eases the process for those that seek supports through CYACs.
- **Enabling families to develop a relationship with the services providers**, providing for feelings of safety in the environment, and in knowing what to expect next.
- **Accounting for all aspects of the family's life**; even in situations that are outside of the MDT members' realm, families are supported through outsourced additional supports and services so that needs are being addressed appropriately.
- **Contributing to substantial changes in the way that service providers interact with each other** to ensure that the needs of the family are met. The collaboration fostered through the CYAC model means that only one investigation is happening at a time, and that all organizations involved were able to monitor and receive the information they need on a timely basis.

Overall, the CYAC model provides coordinated services to children who have experienced abuse and violence and, in so doing, supports the recovery of children who have been impacted by trauma while also providing social and financial benefits to their family members/caregivers, CYAC service providers, and government and society as a whole. Achieving these aims, however, requires ongoing and enhanced funding and support for the centres.

1. Introduction and Background

Understanding the Scope of Child Abuse and Violence

According to Statistics Canada, at least one-third of Canadians aged 15 and older have experienced some form of child maltreatment before the age of 15.⁸ In 2019, 69,691 children were victims of police-reported violence in Canada, and the number of child victims of family violence is on the rise.⁹ But underreporting, especially during the COVID-19 pandemic,¹⁰ means that the scale of the issue is much larger than these numbers show.

There is a growing body of research on the short- and long-term physical, emotional, and social impacts of child abuse and violence on child victims. For example, in Canada:

- One in ten adults who were abused as children report having a mental health limitation,
- One in seven adults abused before the age of 15 report having been homeless, and
- Illegal drug use is twice as common in adults who experienced abuse as children.¹¹

In addition, for each additional negative experience in childhood, an adult's odds increase for multiple (and oftentimes life-threatening) health problems, poor self-rated health, pain, and disability.¹² And while the impact of child abuse and violence is felt most acutely by victims themselves, it also has far-reaching economic consequences for governments and society as a whole. A study in the United States on the economic impact of childhood exposure to crime and violence estimated that the cost to American citizens was about \$3,300 USD per person per year.¹³ In Canada, the total cost of child abuse on Canadian society was estimated to be \$23 billion in 2018.¹⁴ This cost spans multiple categories, including judicial, social services, education, health, employment, and personal (i.e., individual costs to victims of abuse).¹⁵

8. Government of Canada, Statistics Canada. "Section 1: Profile of Canadian Adults Who Experienced Childhood," February 21, 2017. <https://www150.statcan.gc.ca/n1/pub/85-002-x/2017001/article/14698/01-eng.htm#a1>.

9. Government of Canada, Statistics Canada. "Section 2: Police-Reported Family Violence against Children and Youth in Canada, 2019," March 2, 2021. <https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00001/02-eng.htm>.

10. Hernandez, Jon. "Child Abuse Likely Under-Reported since Start of Pandemic, Doctor Warns | CBC News." CBC news, May 10, 2020. <https://www.cbc.ca/news/canada/british-columbia/child-abuse-likely-under-reported-since-start-of-pandemic-doctor-warns-1.5563397>.

11. Government of Canada, Statistics Canada. "Section 1: Profile of Canadian Adults Who Experienced Childhood."

12. Chartier, Mariette J., John R. Walker, and Barbara Naimark. "Separate and Cumulative Effects of Adverse Childhood Experiences in Predicting Adult Health and Health Care Utilization." *Child Abuse and Neglect* 34, no. 6 (2010): 454–64. <https://doi.org/10.1016/j.chiabu.2009.09.020>.

13. Gilad, Michal, and Abraham Gutman. "The Tragedy of Wasted Funds and Broken Dreams: An Economic Analysis of Childhood Exposure to Crime and Violence." *SSRN Electronic Journal*, September 2019. <https://doi.org/10.2139/ssrn.3458626>.

14. Hollis, Aidan. "Economic Commentary on Raising Canada: A Case for Investing in Children." University of Calgary O'Brien Institute for Public Health, October 2018. <https://childrenfirstcanada.org/wp-content/uploads/2021/03/RaisingCanadaEcoReport-AHPRF.pdf>.

15. Bowlus, Audra, Katherine McKenna, Tanis Day, and David Wright. "The Economic Costs and Consequences of Child Abuse in Canada," March 2003. https://cwrc.ca/sites/default/files/publications/en/Report-Economic_Cost_Child_AbuseEN.pdf.

Responding to the Issue of Child Abuse and Violence

Responding to abuse and violence against children requires services from multiple agencies, including police, medical services, victim services, and child protection. Social, community, and governmental support networks have been identified as critical for the recovery of children who experience trauma,¹⁶ and researchers agree on the need for increased communication between relevant agencies.¹⁷ While each agency has a specific role to play in responding to child abuse and violence, the coordination of services has been identified by researchers as one of the most important features of intervention.¹⁸ But too often, these agencies work separately from each other, leading to “inadequate, inefficient, and duplicative services”¹⁹ which place additional strain on children, families, and service providers.²⁰

The CYAC model seeks to address this need by providing organized access to services, and ongoing support for children and their family members/caregivers. By acting as a comprehensive service provider to collect and share information and provide services, and by limiting the number of times a child is asked to repeat the story of their experience, the CYAC model may minimize additional trauma and revictimization.²¹ And the benefits of the model extend beyond the recovery of child victims: it has also been shown to reduce costs for governments, enhance the quality of service delivery, and empower communities to better understand and respond to child abuse. Research shows that CYACs provide better access to forensic medical exams and mental health services, more collaborative investigations, faster decision-making in criminal charges, reduced delays and travel time for families, and improved process efficiency and productivity.²²

While the CYAC model has been steadily growing in Canada (see Section 3), securing sustainable funding has been highlighted as one of the key challenges for the establishment and expansion of CYACs in Canada. Between 2011 and 2018, the federal government invested \$10.3 million into expanding the CYAC model. In comparison, the US government provided \$8.1 billion in funding in 2018 alone.²³ During our consultations with BC CYACs, we asked what challenges they face in implementing their unique service model to children who have experienced abuse and violence. The majority cited limited resources, and in particular, a lack of reliable long-term funding (Section 5 further describes the challenges faced by CYACs).

16. 2008 Presidential Task Force on Posttraumatic Stress Disorder and Trauma in Children and Adolescents. “Children and Trauma: Update for Mental Health Professionals.” American Psychological Association. Accessed January 14, 2022. <https://www.apa.org/pi/families/resources/children-trauma-update>.

17. Felitti, Vincent J, Robert F Anda, Dale Nordenberg, David F Williamson, Alison M Spitz, Valerie Edwards, Mary P Koss, and James S Marks. “Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults.” *American Journal of Preventive Medicine* 14, no. 4 (May 1, 1998): 245–58. [https://doi.org/10.1016/s0749-3797\(98\)00017-8](https://doi.org/10.1016/s0749-3797(98)00017-8).

18. Arkansas Bureau of Legislative Research. “Best Practices in Child Maltreatment Prevention and Intervention,” December 19, 2006. <https://www.arkleg.state.ar.us/Bureau/Document?type=pdf&source=bl%2FResearch%2FPublications%2FFamilies&filename=Child+Maltreatment+Report+-+Dec+19%2C+2006>

19. Ibid.

20. Shaffer, Christina L, Tanya D Smith, and Amy E Ornstein. “Child and Youth Advocacy Centres: A Change in Practice That Can Change a Lifetime.” *Paediatrics and Child Health* 23, no. 2 (2018): 116–18. <https://doi.org/10.1093/pch/pxy008>.

21. Ibid.

22. KMPG. “The Sheldon Kennedy Child Advocacy Centre: Social Return on Investment Study.” Calgary: Sheldon Kennedy Child Advocacy Centre; 2015. <https://calio.org/wp-content/uploads/2014/03/social-return-on-investment-study.pdf>.

23. Shaffer, “Child and Youth Advocacy Centres: A Change in Practice That Can Change a Lifetime.”

2. Objectives, Scope and Approach to the SROI Study

The value of the CYAC model goes beyond what can be captured in financial terms. To tell a more holistic story of the full impacts generated by CYACs in BC, MNP used a mixed-methods approach which provides for multiple lines of evidence. This study was conducted using both the internationally standardized Social Return on Investment (SROI)²⁴ and Most Significant Change (MSC)²⁵ methodologies.

Excerpts from MSC stories have been included throughout the report. Please note that all names and identifying information (including location) have been anonymized to preserve the privacy of all participants and quotes have been edited for grammar and clarity.

Objectives

The purpose of this SROI study is to demonstrate the social and economic value of the work being done by the CYACs in BC. The study assessed the value of the CYAC model in dealing with child abuse and violence, against the costs associated with those activities, to help partner organizations as well as potential funders better understand:

- The unique value created by the CYAC model.
- How the CYAC model drives value for key stakeholders.
- How the CYAC model is different from other, more traditional service delivery models.

Scope

The focus of this SROI analysis is on the value of the CYAC model in handling child abuse and violence in a unique, coordinated manner that brings the systems to the child and ensures that the child is always at the centre. The study includes eight centres that are members of the BC Network of CYACs. However, it is important to note that although every centre strives to achieve full integration of the CYAC model, and the goals and general principles of every centre are the same, there are differences across the centres in BC in terms of:

- Their structure and stages of operationalization (described in Section 3).
- The ways in which they treat cases of child and youth abuse and violence.

Given that CYACs in BC are continuing to develop and have not been in existence for long enough to create the longitudinal data that is required to evaluate some of the identified outcomes, this study is a **forecast evaluation** of the benefits created by the CYAC model in British Columbia. It should be noted that many of the outcomes identified in the study are not currently being tracked by the CYACs and partner agencies, making it challenging to establish the degree of impacts achieved. The nature of the valuation should thus be considered a forecast, rather than an evaluative analysis.

24. As outlined in A Guide to Social Return on Investment, the guidance document of The Social Value Network International.

25. Drawing from "The 'Most Significant Change' (MSC) Technique. A Guide to Its Use" by Rick Davies and Jess Dart, April 2005.

The six steps outlined below are the standard process for conducting an SROI analysis and have been used in this study. A more detailed description of MNP's approach is included in Appendix I. This study was also conducted in a manner consistent with the following principles established by the SROI Network:

- Involving stakeholders throughout the engagement
- Taking an evidence-based approach to evaluate impact
- Valuing the things that matter
- Only including what is material
- Not over-claiming value
- Being transparent
- Verifying results with stakeholders

SROI Step 1: Establish Scope and Identify Stakeholders

This step included determining the activities to be included in the study, the relationships that support the delivery of the CYAC model, and the people and organizations that are impacted by the CYAC model. It also involved determining which investments and timeframes to consider for the SROI analysis.

SROI Step 2: Map Outcomes

This step involved developing an Impact Map for the BC Network of CYACs, which visually depicts how certain resources (inputs) are used to deliver activities (measured as outputs) which result in outcomes for stakeholders. The Impact Map for the BC Network of CYACs is presented in Section 4.

SROI Step 3: Evidence Outcomes and Give Them a Value

This step involved determining which and how many stakeholders experience each mapped outcome, and then establishing the financial value of each outcome.

SROI Step 4: Establish Impact

In this step, several methods were used to reduce the risk of over-claiming impacts. This step also involved sensitivity testing to ensure the estimates are reasonable. Additional details about the methodology used to establish impact can be found in Section 4.

SROI Step 5: Calculate the SROI Ratio

This step included calculating the SROI ratio, which is presented in Section 4.

SROI Step 6: Report

The results of this study were validated and socialized with the Steering Committee for the BC Network of CYACs.

Study Limitations and Assumptions

This report relied on the completeness, accuracy, and fair presentation of all information and data obtained from the CYACs, survey respondents, and public sources. The accuracy and reliability of the findings and opinions expressed in this report are conditional upon the quality of this same information. Thus, MNP cautions readers regarding their reliance on the findings and disclaims any associated liability.

Many of the outcomes experienced by the various stakeholder groups are qualitative in nature and are often not quantifiable. For example, time savings as a result of improved efficiency are difficult to quantify and rely on estimates provided by stakeholder groups. In addition, due to lack of available data, some stakeholder groups (offenders, supporting community organizations, and local communities) were not included in the valuation. Further, information related to the number of siblings of children supported are not recorded at some centres. As a result, of the 73 outcomes identified during stakeholder consultations, only 25 outcomes were included in the SROI analysis. Outcomes not included in the SROI analysis, while not quantifiable, have created significant impacts for the various stakeholder groups. A detailed description of these outcomes as well as the impacts created is provided in Section 4.

The valuation of outcomes as presented in this report relied on the availability of comparative financial proxies and data from the CYACs. To understand the degree to which and how these same outcomes were experienced among the different stakeholder groups, a series of facilitated sessions were held. The CYACs were consulted to understand the degree to which these same outcomes were experienced among the different stakeholder groups.

However, it became challenging for CYACs to provide accurate estimates. To address this, a survey was prepared and administered over a short period of time. Within the tight timeline for participation, and among CYAC management and staff, the rate of response to the survey was about 34 percent, which compares favorably to what can be anticipated for online surveys (for example, a recent study found the average online survey response rate in education related fields was 44%). With MDT members, the survey response rate was 23%, and for other partner agency staff, it was the lowest at 4%. Considering the gap in survey responses, in addition to utilizing the lower bound estimates (where an estimated range was given in place of detailed records), the SROI analysis completed for this report is conservative and carries low risk of over-claiming. Additionally, the SROI analysis considers a 10-year period for outcome duration. Since many of the changes continue to have an impact well beyond this timeframe, the SROI ratio should be considered conservative. A summary of the outcomes used to estimate the SROI ratio, and the corresponding financial proxies, is provided in Appendix III.



26. Based on research completed in 2022, an average online survey response rate in education related fields is 44 percent. Source: Wu, Meng-Jia, Kelly Zhao, Francisca Fills-Aime. "Response Rates of Online Surveys in Published Research: A Meta-Analysis". Computers in Human Behaviour Reports. August 2022.

3. Overview of the CYAC Model in BC

Evolution of CYACs

CYACs arose from the need to reduce the trauma that children who have experienced abuse and violence are subject to during investigations. The first CYAC in BC opened in 2012, followed closely by additional centres.

In 2016, the Community Safety and Crime Prevention Branch (the Branch) of the BC Ministry of Public Safety and Solicitor General received funding from the Department of Justice Canada to develop a provincial network to support emerging CYACs in British Columbia. The funding enabled the Branch to bring together leaders from each CYAC to create a Steering Committee to share knowledge and resources, and to work towards creating a common voice for this unique response model. In 2017, the BC Network of Child and Youth Advocacy Centres was established.

The Branch and Steering Committee hosted a two-day Provincial Roundtable in 2018, bringing together leadership, policy makers, and representatives from each developing and operational CYAC in British Columbia. Roundtable participants were able to learn more about the model, understand the barriers centres faced in the current systems of practice, and outline a roadmap for further developing this model in the province. The collective information from this Roundtable was pivotal to paving the path toward a consistent response model in British Columbia.

Guidelines for CYACs

Work commenced to explore the development of Canadian guidelines for CYACs after the Government of Canada announced funding for the creation and enhancement of these centres across the country in 2010.²⁷ After continued work by CYACs and their MDT partners across Canada, the National Guidelines for Canadian Child Advocacy Centres/Child & Youth Advocacy Centres (the “Guidelines”) were developed. The Guidelines aim to promote consistency, assist new organizations establishing a CYAC, and ensure that the integrity of the CYAC model is retained.²⁸

In British Columbia, practice principles are currently being finalized.²⁹ These principles build off the Guidelines and are intended to assist CYACs in BC to develop practices in a consistent way. They concentrate on four priority areas (i.e., case management, interviewing children, health services, and mental health services) and were created collaboratively by cross-sector practitioners who regularly work within or close to the CYAC model. The aim of the practice principles is to ensure that CYAC services are provided consistently across the province and to support evidence-based practice. Principles may be adapted differently in practice, depending on factors such as the size and geographic region of the served community and the resources and partnerships within that CYAC.³⁰

27. Funding was made available under the Department of Justice Canada’s Federal Victims Strategy, through the Victims Fund. Source: National Guidelines for Canadian Child Advocacy Centres/Child & Youth Advocacy Centres, October 2021

28. National Guidelines for Canadian Child Advocacy Centres/Child & Youth Advocacy Centres, October 2021

29. BC’s practice principles relied on documents such as the National Children’s Alliance’s National Standards of Accreditation for Children’s Advocacy Centers and the National Guidelines for Canadian Child Advocacy Centres/Child & Youth Advocacy Centres to inform the work on practice principles in BC.

30. BC Network of Child and Youth Advocacy Centres. Practice Principles Master Document Draft. June 13, 2022.

The CYAC Model in BC

The CYAC model provides trauma informed, child-focused services in a friendly setting and coordinates with service providers in their investigative and support efforts. This collaborative, multi-disciplinary approach is intended to:³¹

- Reduce system-induced trauma.
- Maximize efficient information sharing.
- Eliminate duplication of services.
- Enhance seamless service delivery.

During MNP's consultations with stakeholders from each CYAC in British Columbia, participants were asked to describe the distinct value that the CYAC model provides, compared to traditional approaches to service delivery. Many stakeholders have previously worked within the traditional approach, and shared examples of how differently cases are handled through CYACs. These experiences were articulated through stakeholder consultations and are included in Section 4.

CYAC Service Models

Although the goals and general principles of each CYAC in British Columbia are the same, it is important to note that there are key differences across the centres in terms of their service models. There are currently three main CYAC service models, described in Figure 1, which differ in terms of:

- **The nature of relationships between CYACs and their partners/community organizations** (e.g., some centres have a more arms-length relationship with different host agencies).
- **Geography** (e.g., in rural regions, it may not make sense to have a single physical centre because children and their family members/caregivers would need to travel long distances).
- **Different legislative environments** (e.g., some communities have municipal police forces while others have the RCMP).

At the time of this study, participating centres used the following service models:

- One centre uses the rural model.
- One centre is co-located and works with municipal police forces.
- Two centres are co-located and work with the RCMP.
- Four are not co-located (i.e., not all partners work on site at the centre).

The strength of this approach is that it can be adapted to suit the community each centre is serving. In addition, each model may include a mobile response option to better serve outlying areas or provide safe spaces for interviews. This responsiveness and adaptability are hallmark traits of the CYAC model.

31. BC Network of Child and Youth Advocacy Centres. Practice Principles Master Document Draft. June 13, 2022.

Figure 1 : CYAC Service Models

1. Co-located Service Model



In this model, the CYAC has a purpose-built space that is the main work site of the MDT. With co-location we see all partners embedded at the site where services are provided in a collaborative manner. Administrative support staff, communal spaces such as lunchrooms and meeting areas are generally included in a co-located model.

2. Coordinated Location Service Model



In this model, the CYAC has a purpose-built space however it is not the MDT members' main work site. The CYAC staff work from the location that houses specialized interview, monitoring, meeting, and waiting rooms. The MDT maintain offices within their home agency, attending the centre location as needed to provide collaborative and coordinated service.

3. Rural or Remote Service Model



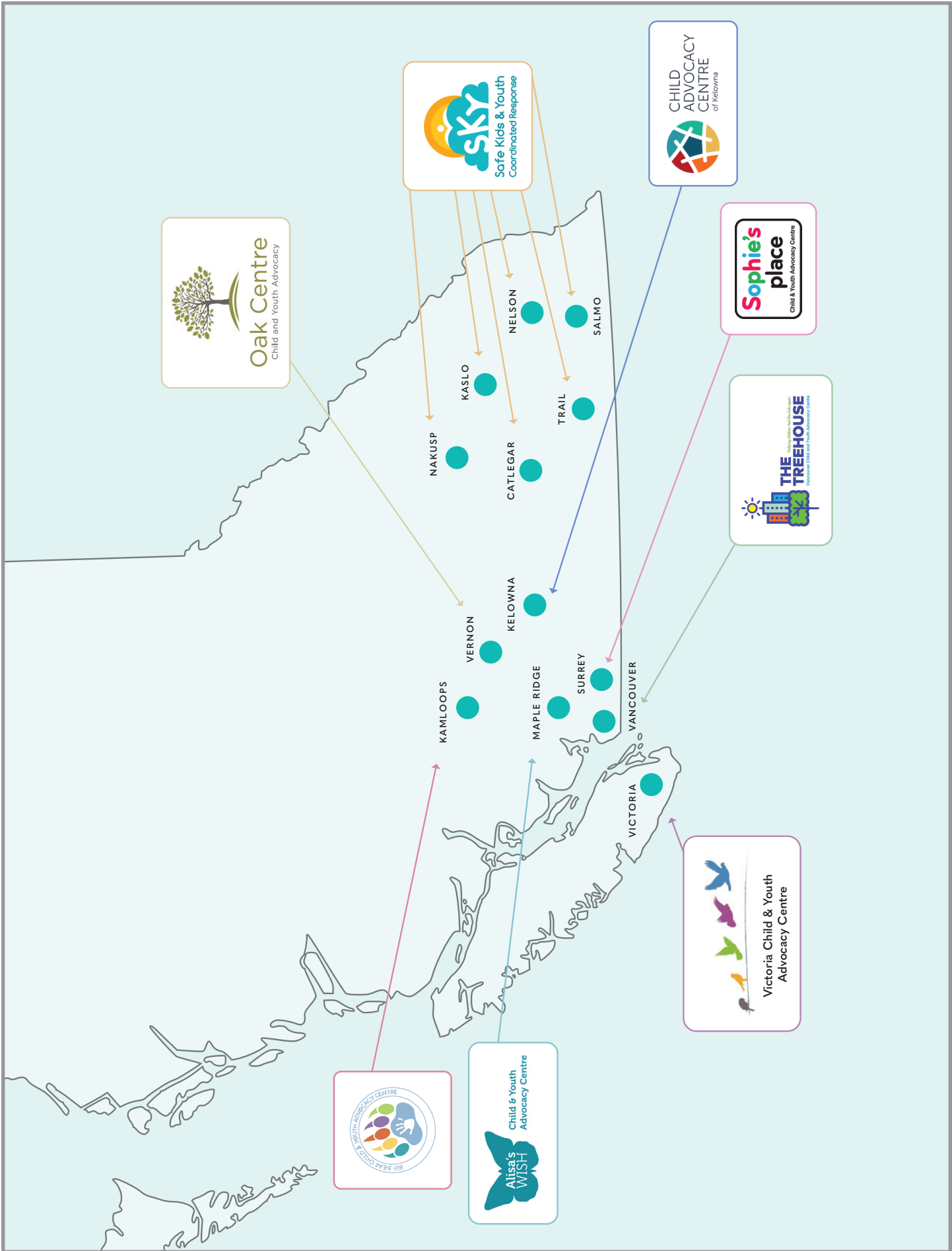
In a rural model, the CYAC does not have a dedicated "centre" space. Usually there is a soft interview room with monitoring capability created in a local service agency's existing space. The MDT coordinates service from their own home agencies and come together for child interviews and case conferences. This model is a creative solution to the geographic and resource realities of rural and remote areas of the province

Regardless of the service model, every CYAC in British Columbia needs to complete seven steps toward becoming fully operational and as set out below. It should be noted that the centres informing this study have completed all of these steps and are fully functioning.

1. Demonstrated connection to the Network.
2. Information session, bringing together of stakeholders, identification of a lead agency.
3. Application for needs/feasibility study funding (Department of Justice Canada).
4. Needs/feasibility studies (report to Department of Justice Canada).
5. Application for development and operational funding (Department of Justice Canada).
6. Operational development, including:
 - Securing a site and completing renovations as needed.
 - Creating and executing a MOU or Partnership Agreement that outlines roles and responsibilities.
 - Hiring of staff.
7. Commencing response service, evaluation, and continued development.

Many centres face capacity and resource constraints. For example, some centres are:

- Needing more space to house additional services (e.g., medical services) and partners on site.
- Working on meeting municipal requirements to have RCMP on site.
- Finalizing renovations which will enable them to house partners under one roof.
- Undergoing a model restructure.



Even those centres which are fully operationalized need additional resources to enable them to expand and sustain their services (e.g., providing accredited facility dogs or onsite mental health services), and add more staff. Additional barriers to the centres being able to implement the unique CYAC model fully and effectively are discussed in Section 5.

The CYAC Case Flow

The general steps in a CYAC case, acknowledging that the case flow for every child is tailored to their unique needs and may not always follow the order, are outlined below.³²

1. **An initial report is made to police or child protection.**³³
2. **Disclosure statements and guardian statements are conducted** prior to the child's interview.
3. Once it is determined that a child interview is needed, investigative agencies will work together to create a purposeful plan to share any relevant information and coordinate the required interview. **By conducting joint interviews with the police and child protection agencies, this type of trauma informed practice reduces multiple points of communication and possible duplication of interviews.**
4. Upon arrival at the CYAC, **the child or youth and non-offending family members/caregivers are greeted and oriented to the CYAC, by a designated CYAC** Coordinator, Victim Service Worker, Social Worker, or other member of the MDT ("the Advocate"), who will ensure the child's physical and emotional readiness for the interview.
5. **Immediate family needs are assessed with family members/caregivers during the child's interview, resources are provided** by the Advocate, and the case management process is outlined.
6. **The MDT (or a subset of relevant MDT members) debriefs following the child's interview to share relevant information** that will help determine immediate next steps (e.g., safety planning).
7. **The Advocate, with input from the MDT, connects the child and family members/caregivers with services, supports, and referrals** to medical and/or mental health assessment or treatment, if necessary.
8. **Child protection and police continue to work on their respective investigations** and share information with one another.
9. **Case reviews are conducted on a regular basis.** This is an opportunity for the MDT to share information and report on action items.³⁴
10. **The Advocate maintains the child's records for the CYAC** and participates in a statistical reporting and evaluation process.
11. **A member of the MDT serves as the liaison to provide case-related updates to the family** throughout the lifetime of the file.
12. **The case management process ends when the MDT no longer has a role, the case is closed, or the client has revoked consent.** Individual agencies may continue to serve the client based on mandates or the level of client need.

32. BC Network of Child and Youth Advocacy Centres. Practice Principles: Master Document Draft, June 13, 2022.

33. A referral for an acute or forensic medical exam may be necessary at this time and take precedence. "Self-referrals" can be made directly by a youth or caregiver.

34. These case management meetings are attended by a mix of frontline and supervisory personnel for each MDT discipline/agency.

4. The Impact of the CYAC Model in BC

Impact Map for the BC Network of CYACs

An Impact Map visually depicts how certain resources (measured as inputs) are used to deliver activities (measured as outputs) which result in outcomes for stakeholders. The relationship between the inputs, outputs, and outcomes is commonly referred to as a ‘theory of change.’ The Impact Map is central to the SROI analysis because it visually tells the story of how and for whom an organization makes a difference.

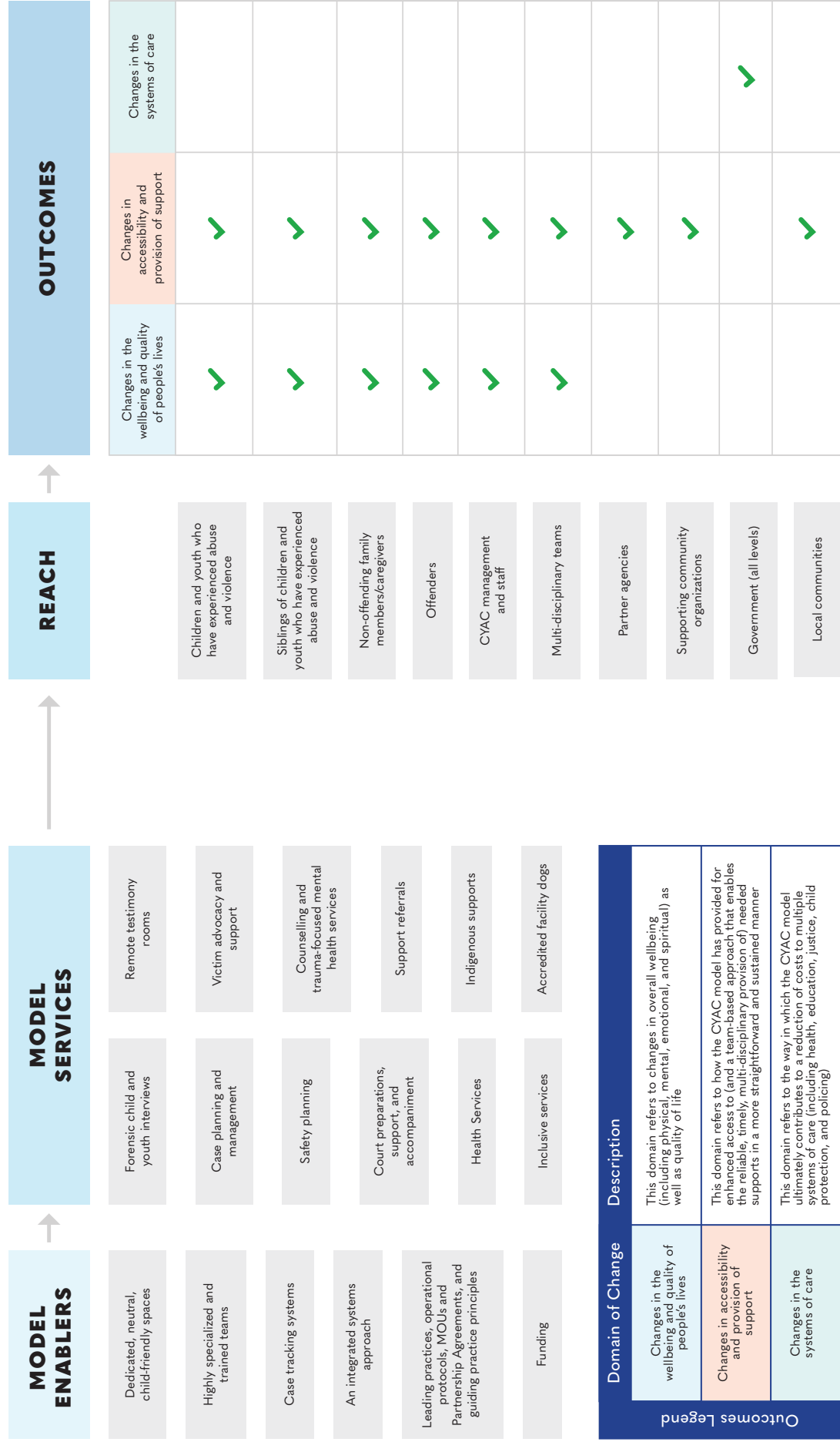
The Impact Map for the BC Network of CYACs was developed based on the following:

- A review of literature on child abuse and violence.
- Information received from the Network.
- Sessions with stakeholders from each CYAC.
- Stories that captured first-hand perspectives of MDT members and caregivers involved in select cases handled by the CYACs.

Based on our research and consultations, we have mapped outcomes for each stakeholder group in Appendix II. Engaging each CYAC in the construction of the Impact Map for the BC Network of CYACs ensured that we have identified the outcomes that matter by those affected by the model, and that those outcomes will be considered in the study. Shown in Figure 2 below, the Impact Map for the BC Network of CYACs provides a visual outline of the Enablers, Services, Reach, and Outcomes of the CYAC model in BC. For details on each of these components, see Section 4.



BC Network of Child and Youth Advocacy Centres Impact Map



Domain of Change	Description
Changes in the wellbeing and quality of people's lives	This domain refers to changes in overall wellbeing (including physical, mental, emotional, and spiritual) as well as quality of life
Changes in accessibility and provision of support	This domain refers to how the CYAC model has provided for enhanced access to (and a team-based approach that enables the reliable, timely, multi-disciplinary provision of) needed supports in a more straightforward and sustained manner
Changes in the systems of care	This domain refers to the way in which the CYAC model ultimately contributes to a reduction of costs to multiple systems of care (including health, education, justice, child protection, and policing)

Outcomes Legend

Components of the Impact Map

The main components of the Impact Map for the BC Network of CYACs include Model Enablers, Model Services, Reach, and Outcomes.

Model Enablers

Often referred to as “inputs,” these are the financial and non-financial resources and conditions that enable the CYAC model to succeed. For the BC Network of CYACs, enabling resources include:

1. **Dedicated, neutral, child-friendly spaces.**
2. **Highly specialized and trained teams,** including centre staff and MDTs.
3. **Case tracking systems** which collect information on demographics, cases, and outcomes, and can be used for program evaluation and feedback.
4. **An integrated systems approach to child abuse and violence** that ensures coordinated and comprehensive services are accessible to those who need them (e.g., through partnerships, multi-agency trust and collaboration, and information sharing between agencies).
5. **Leading practices, operational protocols, MOUs and Partnership Agreements, and guiding practice principles** (e.g., information sharing and CYAC National Guidelines that help promote consistency and protect the integrity of the model).
6. **Funding,** through the Department of Justice Canada and other donors.

Model Services

This component of the Impact Map represents the “activities,” or the effort and type of work carried out by the CYACs. The centres offer a range of collaborative services that are designed to provide a coordinated response to child abuse and violence, although the exact services offered by each centre may differ. Services may include:

1. **Forensic child and youth interviews** by those trained in forensic interviewing of children and conducted jointly with MCFD social workers.
2. **Remote testimony rooms** to provide trauma informed opportunities for children to testify or provide impact statements in a child friendly environment without risk of encountering the accused.
3. **Case planning and management** to provide for coordinated and timely services along with support tailored to each individual client with consideration for the physical, mental, emotional, and spiritual wellbeing as well as quality of life.
4. **Victim advocacy and support** including, but not limited to, providing continuous support and follow-up; orienting children and their family members/caregivers; providing education to children and caregivers about the purpose of the CYAC and MDT response, and available services; and assisting with access to information, including updates on case status, court dates, dispositions, and sentencing.

5. **Safety planning** as part of the case review process.
6. **Counselling and trauma-focused mental health services** involving the provision of evidence-informed, trauma-focused treatment, counselling and other mental health services for children, youth, and their family members/caregivers.
7. **Court preparations, support, and accompaniment** for victims for court hearings and procedures.
8. **Support referrals** to other service providers and resources in the community, as needed and appropriate to the situation.
9. **Health services** such as medical exams for children who disclose abuse.
10. **Indigenous supports** that incorporate Indigenous customs, traditions, practices, and sensitivity to the history and impact of colonization.
11. **Inclusive services** which are responsive to a child or youth's age/generation, national origin, culture, ethnicity, spirituality, socioeconomic status, ability, gender identity and/or expression, sexual orientation, learning/communication skills and style, or family structure.³⁵
12. Support of **accredited facility dogs**.

Reach

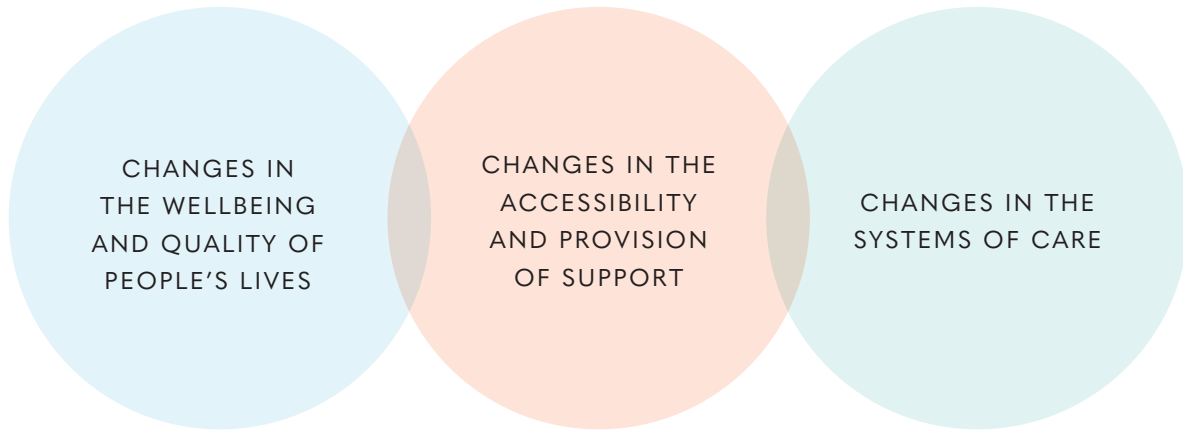
Reach refers to the people, groups, or organizations that the CYAC model is impacting directly or indirectly, including:

1. **Children who have experienced abuse and violence.**
2. **Siblings of children who have experienced abuse and violence.**
3. **Non-offending family members and/or caregivers.**
4. **Offenders**, either alleged or actual, and which may include peer-on-peer or sibling-on-sibling abuse and violence.
5. **CYAC management and staff** who are employed by the Administrative Agency and who work primarily and directly at the centre.
6. **Multi-disciplinary teams** of front-line representatives from each of the parties named in the Partnership Agreements or MOUs who provide a collaborative response but are employed by and report to their home agency. This includes policing, child protection, and victim services.
7. **Partner agencies** that are formally named in the Partnership Agreements or MOUs (i.e., non-MDT members that participate in and/or are engaged in the CYAC model).
8. **Supporting community organizations** that provide a range of victim support services to children, youth, and their non-offending family members/caregivers upon referral.
9. **Government** including agencies with healthcare, education, judicial, policing, and child protection mandates.
10. **Local communities** in which the centres operate.

35. From the CYAC National Guidelines.

Outcomes

Outcomes reflect the impacts of the BC Network of CYACs. This section outlines the impact of the BC Network of CYACs by summarizing the outcomes experienced by stakeholders. As a framework to organize the outcomes, we have grouped them by stakeholder, and into the following three domains of change:



The sections that follow define each of the above domains and provide a summary of the outcomes by stakeholder group. Please see Appendix II for the complete list of outcomes by stakeholder group.

Changes in the wellbeing and quality of people's lives

The first domain refers to changes in overall wellbeing (including physical, mental, emotional, and spiritual) as well as quality of life. The outcomes listed under this domain are relevant to children who have experienced abuse and violence, their siblings, non-offending family members/caregivers, offenders, CYAC management and staff, and multi-disciplinary teams.

Children

For children, one of the key impacts experienced through the CYAC model is related to relationships. This includes supportive relationships with their family members/caregivers, who themselves are provided with the necessary support and tools to be able to understand what their children are going through, and how best to support them. In cases where the family member/caregiver has been abused themselves, receiving supports from the CYAC can help them with their own healing process, which in turn enables them to be a better support to their child.

Now that mom was able to seek support, the child and mom have a healthier relationship. The child opened up about previous sexual assaults that had occurred to her.

~ MDT member

For both children and their family members/caregivers, the CYAC model also helps address cases where there has been a rupture in the relationship between service providers and clients. According to one MSC story, a parent experienced a delay in the receipt of important information from the Victim Safety Unit about the alleged offender being released, which put the family at risk. The MDT member helped to repair the relationship and restore trust between the parent and the Victim Safety Unit.

Children also experience improved wellbeing due to receiving trauma-informed services and care. This includes only needing to share their story one time, which lowers the probability of retraumatization. In addition, at the CYACs, all children receive care by professionals who are specially trained to support children who have experienced abuse and violence. Also, because children receive services in one location, their risk of experiencing system-induced trauma decreases. The CYAC model makes navigating and receiving services much more seamless than in the traditional service model.³⁶

Stakeholders highlighted that the physical space of each centre is designed specifically with the comfort and safety of children in mind, and that all centres are welcoming and child-centred. Several centre staff shared that they provide drinks and snacks to children and their family members/caregivers. At one centre, the office is set up like the living room of a home, and the waiting area has low lighting and artwork on the walls. Another centre has a chalkboard wall where children can write down how they felt after completing their interviews, as a way of encouraging other children before they go in for their interviews. Children at the centres feel heard, believed, and empowered to share their stories.

“Since getting to know both mom and the client, I’ve noticed a significant change in both of them; they came in anxious, scared, uncertain, just really not knowing what next steps are and what to do. Over time, I’ve seen both of them, understanding the process, understanding next steps.”

~ MDT member



“We both felt like a big weight was lifted. Our experiences from what we thought we’d have to go through was vastly different—it was very relieving! She’s less afraid now because she knows what is going to happen... Now we know, regardless of what goes forward, we’ll get the support.”

~ Caregiver



Throughout our consultations with stakeholders, we heard many stories about how anxious children can be before they arrive at the centre, but how happy and calm they begin to feel once they arrive and as they receive services. Added to this were several stories about children who did not want to leave the centres after their interviews, because they felt so comfortable being there.



36. Newlin, Chris, Linda Cordisco Steele, Andra Chamberlin, Jennifer Anderson, Julie Kenniston, Amy Russell, Heather Stewart, and Viola Vaughan-Eden. “Child Forensic Interviewing: Best Practices.” Office of Juvenile Justice and Delinquency Prevention Bulletin, September 2015. <https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/pubs/248749.pdf>

The [CYAC] has a very comforting interior...[It] is a warm and welcoming place. The interviewing room is a nice room. I was picturing a cop shop and something very cold and not welcoming when I first came, but this is different and nice.

~ Child/Youth

[The child was] nervous, scared and anxious when they came walking into [the CYAC] for their first interview... Then, after being there a couple of hours, their shoulders relaxed and, you could see a huge change in them.

~ MDT Member



In this case, the child came to the [CYAC] with her parents; it's a welcoming environment, child-friendly, very different than walking a child through a police station to an interview room. The child was calm and relaxed, and this helped her tell her story during the forensic interview. It might not have gone as smoothly at the police station.

~ MDT member

The child really benefited from the environment of the interview and the police interaction being in such a bright welcoming space. The interview room really made a difference. The victims feel more comfortable being in a space like the [CYAC] and tend to feel safer.

~ MDT member



As the kids were interviewed, they were validated and felt like their experiences mattered.

~ Caregiver

Honestly, going to a detachment at 13 years [of age] is very scary, and coming here is a very different environment. Instead of a tiny room with desk and a couple chairs, they get a warm reception and welcoming space.

~ MDT member

It is important to note that the benefits of the CYAC model are not limited only to those children and families who are interviewed at the centres. Even if a child chooses not to disclose abuse or violence right away, making the connection with a CYAC may open the door to future disclosures.

Other benefits to children include improved quality of life, due to factors such as being better prepared to testify in court when they receive consistent support from the same Victim Services worker, as well as follow-up supports. The story below, shared by a MDT member, showcases how valuable the work of the Victim Services worker was for one family:

The Victim Service Worker spoke with the mom while they were in the interview and discussed resource options for her. The Victim Services worker listened reflectively and helped with safety planning. The mom reported the kids were having difficulties in school and at home due to the ongoing issues with their father (the alleged perpetrator). They [the children] were referred to a Ministry of Children and Family Development social worker who referred the kids to the PEACE (child and youth counselling) program, which mom reported helped them immensely... Victim Services kept working with them on an ongoing basis, and the file is now before the court. The Victim Services worker helped them get funding through the Crime Victim Assistance program for ongoing 1-1 counselling for mom and the 2 children, which mom has said is helping them.

~ MDT member

In addition, the CYACs can ensure that children have a more stable, safe, and supportive environment, both at home and at school. According to one MSC story, the Advocate worked with the school to have cameras installed at the child's school, in order to address safety concerns since the offender knew which school they attended.

She was really scared that this person would show up at school... When there's that collaborative approach [with school involvement], it adds strength to this young person's message. I think it just enabled her to have a voice. She was able to say, "I need this at school to stay safe". With our team we were able to back her up.

~ MDT member

We also heard that children may begin receiving better grades at school and gain confidence academically and socially. According to one example, a youth who went through the centre saw their grades go up, and due to feeling more confident, became a leader for other youth to come forward with their own stories.

And then our Family Advocates are following up and we've had our Mental Health wellness where we brought in the school district, our Mental Health clinician, follow up at what are some great- referral options, and just making sure this girl is doing well in her schooling.

~ MDT member

Through telling [their] story, [they] became a leader for others to come forward. [Their] grades have come up. [They are] more confident and able to talk to people more freely now. [Their] sisters even say they see the leaps and bounds [their sibling] has made.

~ Non-offending family member

[They] learned to believe in [themselves]. [Their] confidence and ability to communicate changed for the better. In this situation, there were more disclosures regarding the same alleged offender that came after [them]; this really added to [their] confidence because [they] saw that [their] reporting allowed others to report. [They] became a leader among [their] peers.

~ MDT member

Without the [CYAC], I think I would have kept it to myself and dealt with having that person in my life. I have now realized that I don't need those kinds of people in my life. I realized I am happy having been able to talk about it. So, without the CYAC, I would have been at home sad, and I would not have reported it...The [CYAC] has been one of the constants in my life...Here at [the CYAC], I learned that it was not my fault. It's the best place to go if anything happens to you.

~ Child/Youth

It was very stressful to prepare for court but, after going through all the steps and how to act at court, it calmed me down...I met with [the advocate] at the courthouse. [The accredited facility dog] was there and she calmed me down; that made a BIG difference...After court was done, we all met and did a little celebration [to] celebrate me going past this...I feel stronger after going through all this. When this happened, it put a lot of stress on me. But after going through it, I feel more powerful.

~ Child/Youth

Siblings

The siblings of children who have experienced abuse and neglect are also impacted. Through the CYACs, siblings can access help that they may not have received otherwise, including support provided at some CYACs for dealing with the absence of an offending family member/caregiver. As with the children who have experienced abuse and violence, the CYAC model can help provide a more stable, safe, and supportive environment for siblings, both at home and at school. Siblings are also given opportunities to share their story and work through their own trauma if they have been abused themselves, have been exposed to abuse, or knew about abuse against their sibling(s). The CYAC model provides holistic, wraparound supports to not only children, but their families as well, thereby ensuring that no child falls through the cracks.

This case was a domestic violence case where the mother had been abused on many circumstances, and this most recent time her 16-year-old daughter was caught in the cross hairs and was hit in the face, the mom's two other daughters have been witness to the abuse as well.

~ MDT member

Non-offending family members/caregivers

The CYAC model does not only benefit children who have experienced or been exposed to abuse and violence, but provides comprehensive, wraparound services to their non-offending family members/caregivers as well. When a case of alleged abuse or violence comes forward, non-offending family members/caregivers may have their own feelings to work through. The CYACs provide a safe, non-judgmental space for them to discuss their emotions with experienced service providers who encourage them to spend time on their own healing. Access to other support services (such as parent support groups) gives them further opportunities to process and heal.

The MDT process resulted in the development of an effective safety plan (the family feeling safe) and created an environment whereby they were open to accessing support services.

~ MDT member

With the decrease in stress/anxiety and the positive relationship with the Victim Support worker, the family felt strong enough to engage in the court process. If this had not been the case, the family would likely not have cooperated in engaging with the judicial system.

~ MDT member

Without the CYAC and the support of my Victim Services workers, I would be pulling my hair out. The sheer amount of support and advocacy they have provided is something that I would not have been able to take on myself. It has alleviated so much unnecessary stress from me. Knowing the support is there and it's available and it's not something that I have to fight for makes the difference. I don't know where I'd be without it.

~ Caregiver

Family members/caregivers may also have their own experiences of abuse and trauma, and we heard of instances where parents came forward with their own stories after seeing their children go through the case process at the CYACs. Many centres also shared stories of family members/caregivers becoming more aware of supports to them as adults, such as counselling. According to one story, a mom reached out to the Advocate a year after her child left the centre, when she was dealing with a panic attack in a public place. She used the tools that she had learned through the services received at the centre to help herself and advocate for her own wellbeing.

We heard from some centres that family members/caregivers may not understand that the reason their child is acting a certain way is due to the trauma they experienced. By explaining to them what the child is going through, it helps increase the parents' understanding and empathy along with the ability to support the child in the needed way. This also helps them maintain or build strong relationships with their children. As with the children who arrive at the CYACs, family members/caregivers also feel more at ease at the centre and can receive immediate support alongside their child. This includes being provided information on the case process, and what to expect. Receiving guidance throughout the case process reportedly has an enormous effect on the mental wellbeing of family members/caregivers, by reducing the stress that comes with needing to navigate multiple services alone.

Many family members/caregivers also experience financial benefits through the support offered by the CYACs. In one case, the family was given a grocery card so that they could buy food, and they were connected with the Salvation Army and Food Bank. The CYAC also looked into alternative funding for summer camps for the child and connected the caregiver with a financial advisor who helped her manage her finances since she had to pay for childcare now that the alleged offender could no longer provide that.



The story below, shared by a caregiver, gives a good indication of just how far-reaching the value of the CYAC model is for both children and their family members/caregivers.

“Everything was at the comfort level of the child, who at the time was uncertain of everything. The environment was inviting, friendly, and felt safe. The way we had to buzz in the doors, and knowing we weren’t going to run into other people was important. We always had kind interactions with all of the staff members. We were completely lost in the situation, everyone stepped in and directed us as to what was going to happen, explained how they could help, and were transparent about the whole situation. Because my daughter’s interview led to police involvement, it opened up a lot of avenues for counselling, avenues I would have never known of or had access to without it.... Coming to the CYAC made us both feel so much safer in the situation we were in. It wasn’t just the no-contact order or the safety plan, but it was a safe plan to come. Once the connection to the CYAC was made, there was a sigh of relief that there are people trying to help... [The experience has been] life-changing for us. Having all the help in one place was absolutely amazing.”

Offenders

The current CYAC model in BC does not include any formal offender programming; however, services may be offered in specific circumstances such as when the alleged offender is the sole caregiver of the child. Although excluded from our SROI calculation, during our consultations some centres noted that offenders (alleged and actual) may also experience improved wellbeing due to receiving referrals to supports and services to prevent future offending behaviour. This, in turn, has far-reaching implications because it protects others from future abuse by the perpetrator.

CYAC management and staff

Through our consultations, CYAC management and staff shared how beneficial working within the CYAC model is to their own wellbeing. Because responsibilities for coordinating cases and providing services is shared between management and staff, MDT members, and partner agencies, management and staff feel more supported and less burnt out than they would in the traditional model, where individuals and agencies are more isolated from one another. Management and staff also shared that their emotional wellbeing is increased because they know that their work is contributing to positive outcomes for children and family members/caregivers that may not otherwise have occurred.

We’re lucky we’ve been part of that process and that’s the shift we got to see: from a victim to a very empowered young person! ... How is that not the best job in the world?! ... Honestly, this is what you get excited for! ... It reinforces the magic CYAC models get to do. Change the trajectory of some of these kids’ lives. Help be a part of that process.

~ CYAC management and staff

I mean it’s very gratifying work; it’s always so gratifying to see changes, positive changes in our clients. And I think we learn from every case; they are all different and there’s always something to learn.

~ CYAC management and staff

MDTs

The successful coordination of services in the CYAC model is in large part due to the strong working relationships that are formed between service providers (including centre staff, MDT members, and partner agencies). Working collaboratively on cases of child and youth abuse and violence helps build trust and a sense of shared responsibility both between and within stakeholder teams.

As with CYAC management and staff, the collaboration with, and support received within, MDTs leads to members feeling more supported and less overworked. We heard from several people that they appreciate being able to discuss cases with fellow MDT members, and to come up with solutions and action plans together. MDT members also shared that they gain a lot of benefit from being able to debrief on more difficult cases, as well as to be able to follow a case through from start to finish and to know what the outcome was for the child. Although not provided at all centres, some MDT members experience physical and mental benefits due to having access to wellness supports such as an on-site gym, or mental health professionals, who are integrated into the CYAC model at these centres.

Also, police know the toll on the child and their family, and families might lean on the police for support. Police carry the stories with them. But when we can't easily connect them to resources, we feel unable to effectively help, or limited in the extent that we can help.

~ MDT member

For me the biggest impact is seeing her amazing growth, my faith in the resilience of the families we serve grows when I see this. It feels good I get to take part in this amazing transformation in families when they have gone through their toughest times.

~ MDT member

As a result of the developed trust and formal information sharing agreements, MDT members in particular feel more comfortable sharing case information with their colleagues. This, in turn, means that children and caregivers receive information and support more quickly than they would in the traditional model. As one Victim Services worker stated, "it's about collaboration and working together. I like that I can call RCMP and MCFD at any time." This leads to faster information sharing and service provision for children and caregivers. In the traditional model, service providers work in silos, which increases the risk for gaps in service provision as well as increases the likelihood of duplicate services, such as interviewing. This causes additional stress for service providers because they are limited in their ability to provide the full wraparound services that a child may need.

Working with an MDT built confidence for myself that I can connect families to needed resources and knowing that others on the MDT have my back as I have theirs. I've never been comfortable with the way we used to do things. It was too much and too overwhelming when we did not have direct access to an MDT. Now I have confidence that I can point the family in the right direction for help.

~ MDT member

Changes in accessibility and provision of support

This domain refers to how the CYAC model provides for enhanced access to a team-based approach that enables the reliable and timely provision of needed supports in a more straightforward and sustained manner. The outcomes listed under this domain are relevant to children who have experienced abuse and violence, their siblings, non-offending family members/ caregivers, offenders, CYAC management and staff, MDTs, partner agencies, supporting community organizations, and local community.

Children

For children who have experienced abuse and violence, one of the key benefits of the CYAC model is the timeliness of services. The moment children arrive at the centres, they begin receiving support. And due to the efficient and effective processes already in place for assessing the situation, they receive immediate attention for issues that require it. The coordination between CYAC staff, MDT members, and partner agencies ensures that children receive all of the services they need, when they need them. This is a crucial piece of the CYAC approach, because as research has shown, children waiting to receive services after experiences of abuse or neglect are at risk of deteriorating mental wellness.³⁷ In addition to receiving immediate support when needed, children may spend less time (or no time) travelling to access services. In one story shared with us, RCMP and MCFD travelled to a family's home, and used mobile recording equipment to interview all those present. According to the MDT members involved in the case, not offering this level of accessibility would have been a barrier for the family, as they would have had to travel into town to participate in the interviews.

Having the CYAC as an option allows for better accessibility for supports for the families...the family got access to services a lot quicker. [In this case, the] mom and child both got connected to services a lot quicker than if RCMP or MCFD provided the services on their own. [Also], the family would have been put on a waitlist for counselling, that would have likely been at cost to the family.

~ MDT member

Another key benefit is the personalized approach provided through CYACs. Due to their expertise in handling cases of child abuse and violence, CYACs are able to provide support that is appropriate to each child's specific case. Interviews in particular are tailored to the needs of children. In the traditional model, interviews are usually conducted at a police detachment, by officers in uniform, which can be intimidating for children. At the CYACs, interviews are conducted in spaces that have been designed with comfort and safety in mind, and by interviewers who are specially trained in engaging children who have been abused or neglected.

[The team] prepared for a very tailored interview specifically for this girl's needs...we had our MDT planning meeting with Health; Child Protection; RCMP; forensic interviewing expertise; trauma expertise; Mental Health and the Advocates.

~ MDT member

37. Janine Edwards. "A Light in the Dark: Impact evaluation and Social Return on Investment of The Green House therapeutic service for children and young people who have experienced sexual abuse." March 2018. <https://the-green-house.org.uk/wp/wp-content/uploads/2018/10/SROI-Analysis-and-Impact-Evaluation-The-Green-House-CYP-Counselling-Assured-Final-Published.pdf>

Because there is such strong coordination between MDT members, CYACs can provide children with more comprehensive services, ensuring that a child does not miss out on any key supports. Through the CYAC model, children also receive services for as long as they require them. One centre shared with us that case files always remain open, and at all centres, if a child needs support in the future, they know they can reach out to the CYAC again.

In addition to aiding in-house, CYACs can offer more tailored referrals to external supports. CYACs have a strong understanding of what supports are available, how to navigate accessing them, and have strong connections with partner agencies and supporting community organizations. Although children who have experienced abuse or violence may access similar services through the traditional model, CYACs are unique in that their primary goal is to provide timely and appropriate supports to children and their family members/caregivers.

Siblings

The siblings of children who have experienced abuse and violence may also require supports, whether due to hearing about or witnessing the abuse and violence or experiencing it themselves. Being connected to the CYACs allows them to receive access to the services that they may need, including child-friendly interviews and mental health support. The story below showcases the value of the CYAC approach to all of the family members who may have been impacted by a case of child abuse or violence:

In this particular case, one of the most significant changes with having the interview take place at the CYAC is that there was the full wrap around support for dad and the other kids who were waiting to be interviewed, as there were multiple children, and we could only interview one at a time. At the detachment, we aren't equipped to have it done in the same way, especially with multiple children who are at a young age. Even if victim services had attended the interview at our facility, we aren't equipped with the space (e.g., child friendly soft room, waiting room).

~ MDT member

Non-offending family members and caregivers

Traditionally, family members/caregivers are required to travel to different places to access services, and because files are not always shared among service providers, the result may be repetitive information requests. In the CYAC model, instead of needing to reach out to multiple stakeholders themselves, family members/caregivers have a comprehensive service centre that coordinates the services for them and provides them with all of the information and updates they need. For example, in the traditional model, a family member/caregiver would need to coordinate an interview with police at the detachment, meetings with a child protection social worker, meetings with a victim support worker, counselling, medical exams, and meetings with Crown to prepare for court on their own. Through the CYAC model, services are not only provided through one central place, but the time-consuming and stressful work of coordinating different services is done by those who have experience and expertise in the field. Additionally, regular contact reportedly increases the likelihood that family members/caregivers will follow through on the support needs of their children.

The family was provided with regular case updates and as they had an identified “go to person”, they felt that they could ask any questions and/or raise concerns.

~ MDT member

And the family knows that they have access to the RCMP constable through email or phone, that they can contact that person at any time if they have any questions. In addition, of course, they can also contact us—we follow up with them from time to time, but they can also contact us if something occurs to them that they are wondering about, they can always call us as well.

~ MDT member

Moving forward, the caregiver and daughter will receive counselling at the same time, by two different counsellors, which means they only have to come to the centre once for both of their appointments.

~ MDT member

In addition to receiving services in a comfortable and safe environment, family members/caregivers receive more tailored supports than they would outside of the CYAC model. Several stakeholders shared that within the CYAC model, they provide information and other supports (e.g., parent support groups) to family members/caregivers who may be waiting for court or are on a waitlist to access counselling. Importantly, the information and support offered by the CYACs is provided throughout the entire process of dealing with a case of child and youth abuse and violence. One police officer shared that previously, they would only notify the family of court information, but now within the CYAC model, the family receives updates about the court process along the way.

After the interview, the father asked for counselling and support for himself and his daughter. They met with the victim support worker while the child was being interviewed, and referrals were made right away [for the father to receive counselling from the Treehouse counsellor and for the child to have a medical exam at BC Children’s Hospital CPSU].

~ MDT member

Offenders

Although excluded from our SROI calculation, during our consultations some centres noted that offenders (alleged and actual) receive referrals to supports and services, such as programs for Youth with Sexual Behaviour Problems (YSBP 12+).

CYAC management and staff

CYAC management and staff shared several ways in which working within the CYAC model enhances the quality and efficiency of their work. This is made possible in part because the primary aim of CYACs is to support children who have been abused and neglected. For management and staff, this means that they can dedicate their time and focus their efforts on supporting the children and family members/caregivers who come to the centres. In addition, the collaborative relationships between management and staff and MDTs, and within MDTs, helps with information sharing. The collaborative work environment at CYACs, and the tools in place to support management and staff, also helps minimize burnout and reduce turnover of staff, which in turn improves the consistency of service provision.³⁸

The team (internally on police side and externally within the MDT) really pulled together to support this family and make these interviews happen and the CYAC staff bent over backwards to help us and accommodate.

~ MDT member

MDTs

In the CYAC model, because work is distributed among MDT members according to their area of expertise, the efficiency of service provision is increased. The collaborative and supportive nature of the working relationships between MDT members leads to greater trust, which in turn means that information is shared much more quickly between them. This quick and easy access to information is crucial to ensuring that children who have experienced abuse or violence receive the right services at the right time. In the traditional service model, there may not be the same level of mutual trust between service providers, which limits the speed and ease with which important case information is shared and used to provide the best possible service to children and their family members/caregivers. Compared to working in the traditional service model, MDT members also spend less time trying to reach other service providers, because they may already be working together on site and/or participating in regular team meetings where they receive updates on cases.

Everyone being able to collaborate in one space together makes things a lot easier, for RCMP to get what they need, but having [agencies] all together and willing, share the same space and work together to figure out how to best support the family. The more that we partner, the more efficient we could be.

~ MDT member

Having one person (e.g., the Advocate) or team coordinating support also increases the efficiency of service provision. In the traditional model, when service providers are not communicating with one another, a lot of work is duplicated. But in the CYAC model, service providers know where to go with questions regarding their role in a case, and jointly decide on priority cases. Work is also delegated according to the services that are required at different points in the case management process, which may lead to fewer delays in prevention or intervention planning.

38. While the CYACs have seen many staffing changes over the course of the pandemic, reduced turnover was an impact of the model prior to COVID-19.



With this model, there is a holistic approach, and this is a necessity, otherwise things fall through the cracks. We could be losing evidence, we could lose the child or family’s willingness to cooperate, they might not want to remain involved as the case eventually reaches the court.

~ MDT member



Being part of an MDT not only enhances the efficiency of service provision, but during our consultations, MDT members shared that the quality of their work is improved when working collaboratively with one another. By increasing their level of specialized experience obtained through working exclusively on child abuse cases in addition to collaborating with service providers with different expertise, MDTs are able to develop more creative solutions, and use comprehensive, holistic information to make better decisions. Working closely together also provides opportunities within MDTs for mentorship. This can further increase the quality of decisions as service providers learn from the experience and expertise of other team members. For newer team members, this helps build their confidence in making decisions on cases. By working closely with other service providers, MDT members can gain a better understanding of the entire case process and are able to better prepare children for different services. This is especially important for interviews. The more comfortable and at ease children feel, the more they will be willing to share during an interview, which helps with better understanding the abuse and violence, leads to stronger investigations, and helps build a stronger court case, if necessary.



The importance of the MDT process cannot be overstated with all the members utilizing a trauma informed approach. Expedited information sharing results in solid case planning – “wraparound approach” – and the regular monthly MDT meetings assist to keep the family plan on track.

~ MDT member



During our consultations, stakeholders with experience working within the traditional service model highlighted that outside of the CYAC model, service providers are doing the best they can, and try to coordinate with others as much as possible.



But the structure of the traditional model can lead to professionals working in silos, each applying only their specific lens to a case, without coordinating with other service providers. This then leads to a lack of understanding of what other service providers are doing. So, although service providers do their best to understand the circumstances of a case, it can be difficult to determine who is involved, what support has been provided, and what the next steps should be. In the CYAC model, the collaborative nature of MDTs increases efficiency by ensuring that service providers know what their roles and responsibilities are. This means that they can focus on providing services within their area of expertise, while trusting that other service providers will fulfill their responsibilities.

Having the support present from the point of the police interview allows me to not have to worry about witness management. With the ongoing support from victim services being able to answer questions about the court process and accessing other resources, I am able to focus on dealing with the other part of my job. Victim management and maintenance often gets lost when it is just left to police, as we are too busy to prioritize that part of the investigation.

~ MDT member

Partner agencies

Partner agencies also experience improvements related to accessibility and the provision of supports. In our consultations we heard that, by coordinating services, CYACs save time and money for partner agencies that would traditionally need to take on this role while still acting as service providers. In addition, some CYACs provide specialized training to partner agency staff, which may not only help save costs for the agency, but also enhances their skill level and quality of their services. As with MDT members gaining a better understanding of the roles and responsibilities of their fellow team members, partner agencies also gain more knowledge of the work of other agencies and are able to work collaboratively with them when service provision is coordinated by the CYACs.

Supporting community organizations

Although they do not work directly within the CYAC model, supporting community organizations which receive referrals from CYACs also experience outcomes related to accessibility and the provision of support. By working with CYACs, community organizations develop a better understanding of the various services provided for children who have experienced abuse and violence by other agencies, which may help enhance cross-agency cohesion and collaboration. This increased knowledge of child protection issues, and the importance of reporting, helps create a wider net in the community for children to seek assistance. Working with CYACs may also save them time when communication is more streamlined, and there is a mutual understanding of the roles of various agencies. During our consultations, we heard that CYACs are often called upon by community organizations when a case of child abuse and violence comes to them. Because these organizations may not have expertise in child abuse and violence, being able to get advice and guidance from the CYACs helps increase the specialized skills for those service providers and greatly enhances the services and referrals they provide children. In addition, we heard of instances where CYACs share information and resources and provide joint training with the community organizations, which in turn may lead to cost savings for the organizations, because they do not need to find and create these resources on their own.

Local communities

For local communities, the presence of CYACs helps increase their awareness of the issue of child abuse and violence, its signs, and how to prevent it. We heard stories about community members feeling less uncertain and fearful about accessing services on behalf of children, because they know and trust that the CYACs will provide safe and effective services. This may lead to more timely reporting of abuse and provision of support for children because individuals understand that they can reach out to the centres or provide referrals as soon as they become aware of an instance of child abuse and violence in their communities.

Changes in the systems of care

This domain refers to the way in which the CYAC model ultimately contributes to a reduction of costs to multiple systems of care. The outcomes for this domain are relevant to several levels of government, including those with healthcare, education, judicial, policing, and child protection mandates.

While the impact of child abuse and violence is felt most acutely by victims themselves, there are also economic consequences for governments and society as a whole. The below sections draw on existing literature on the projected costs of child abuse and violence to society. It should be noted that, due to a lack of available data, some areas of cost are underestimated. Thus, some of the estimates cited below may be conservative in terms of the costs of child abuse and violence to systems of care.

Healthcare System

Child abuse and violence has far-reaching economic consequences for the healthcare system, and many studies have sought to quantify this. A 2003 study on the economic costs and consequences of child abuse in Canada in one year (i.e., 1998),³⁹ for instance, measured healthcare costs by looking at the immediate effects of abuse, persistent medical costs, and long-term medical costs experienced by adult survivors of child abuse. According to the study, the healthcare costs of child abuse for Canadian society were \$222,570,517, representing only a partial picture of the true range of costs resulting from child abuse.⁴⁰

Another study⁴¹ reported on a cost-benefit analysis conducted in two US counties that used different models of child abuse investigation (i.e., a Child Advocacy Center (CAC) model employing an MDT approach and a traditional child protection and law enforcement services model). The study indicates that while CAC-style investigations have somewhat higher operational costs, they result in higher benefits. The CAC approach achieves a \$3.33 to \$1 benefit-cost ratio, according to the study.

Those consulted through this study suggested that the CYAC approach contributes to a reduction of costs to the healthcare system through time savings as well as the use of specially trained medical professionals with expertise in child abuse and violence for conducting medical exams. The model also reportedly contributes to a reduction in short and long-term health service utilization. For example, in the short term, there may be a reduction in unnecessary emergency room visits and hospital stays which, in BC, amount to \$8,430, on average, per stay.⁴²

Studies conducted through the Center for Disease Control and Prevention (CDC) have looked at the long-term impacts on health issues when trauma is not addressed in a child. According to the CDC, Adverse Childhood Experiences (ACEs) are linked to chronic health problems, mental illness, and substance misuse in adulthood. Preventing ACEs can help children and adults potentially lower their risk for conditions like depression, asthma, cancer, and diabetes in adulthood.⁴³ This means that, although the healthcare system makes an upfront, short-term investment through the CYAC model on the prevention side (i.e., due to increased referrals and care being provided to children through centres), it reduces long-term health costs.

39. The study includes physical, sexual, and emotional abuse, neglect and witnessing violent behavior in its definition of abuse.

40. Bowlus, Andrea, Katherine McKenna, Tanis Day, and David Wright. *The Economic Costs and Consequences of Child Abuse in Canada*. March 2003. https://cwrp.ca/sites/default/files/publications/en/Report-Economic_Cost_Child_AbuseEN.pdf

41. Shadoin, Amy L., Suzanne N. Magnuson, Lynn B. Overman, John P. Formby, and Ling Shao. *Cost-Benefit Analysis of Community Responses to Child Maltreatment: A Comparison of Communities with and without Child Advocacy Centers*. 2005. <https://calio.org/wp-content/uploads/2014/04/cost-benefit-analysis-of-community-responses-to-child-maltreatment-final-report.pdf>

42. Canadian Institute for Health Information. "Cost of a Standard Hospital Stay". 2021. [https://yourhealthsystem.cihi.ca/hsp/inbrief?lang=en#!/indicators/015/cost-of-a-standard-hospital-stay;/mapC1;mapLevel2;overview;provinceC9001;trend\(C1,C9001\);/](https://yourhealthsystem.cihi.ca/hsp/inbrief?lang=en#!/indicators/015/cost-of-a-standard-hospital-stay;/mapC1;mapLevel2;overview;provinceC9001;trend(C1,C9001);/)

43. Centers for Disease Control and Prevention. "Adverse Childhood Experiences (ACEs): Preventing Early Trauma to Improve Adult Health." Accessed June 2022. <https://www.cdc.gov/vitalsigns/aces/index.html>

The cost of prevention can be much less expensive than the cost of treating long-term health effects if left unaddressed. For example, CYACs estimated that approximately 195 children and youth received services from medical professionals at the centres annually,⁴⁴ resulting in a reduction of approximately \$181 dollars per emergency room visit avoided.⁴⁵ Additionally, nearly 700 hours are saved for BC's healthcare system annually as a result of the CYAC model when healthcare providers do not have to look for and coordinate services for children and family members/caregivers.⁴⁶

Education System

Some of the CYACs in BC have partnerships with local school districts, and at some centres, school representatives are included on the MDTs. There are several benefits of school district personnel being part of the MDT, especially given their close connection to children through the school system. The CYAC model also increases referral pathways from schools to the CYACs and provide opportunities for extending support to the child in the school environment.

Studies show that, when unaddressed, child abuse and violence can contribute to behavioural issues and poor school performance.⁴⁷ Through our consultations, we heard that school staff save time looking for and coordinating services for children and family members/caregivers when a disclosure arises at the school. They also reportedly spend less time addressing learning and behavioural problems attributed to abuse and violence, or redoing work with children due to absenteeism from school. Survey responses suggest that time savings related to these activities amount to approximately 2,300 hours annually for school staff.⁴⁸

Judicial System

While the impacts of the Child Advocacy Center (CAC) model⁴⁹ on criminal justice outcomes have been researched extensively, there are methodological limitations (e.g., lack of references to comparison groups) that should be considered when interpreting study findings. More research is needed to further examine the influence of the CAC and CYAC models on prosecution and conviction outcomes for the judicial system.

One study used a systematic search strategy to identify and review all studies that have evaluated the effectiveness of the CAC approach as a whole.⁵⁰ The study found that there is evidence suggesting:

44. Based on information provided by CYACs and MNP survey findings. This includes information from all centres that provided estimates for children that received medical services.

45. Canadian Institute for Health Information. "Hospital Spending 2019 – 2020." Accessed June 2022. <https://www.cihi.ca/sites/default/files/document/hospital-spending-highlights-2020-en.pdf>

46. Based on information provided by CYACs and MNP survey findings.

47. Marta Burczycka, and Shana Conroy. (2017). Family violence in Canada: A statistical profile, 2015. Statistics Canada Catalogue no. 85-002-X. Retrieved from <http://www.statcan.gc.ca/pub/85-002-x/2017001/article/14698-eng.htm>.

48. MNP survey findings.

49. Similar to the CYAC model, the CAC model employs a combination of MDTs, joint investigations, and services in one child friendly environment.

50. Herbert, James Leslie, and Leah Bromfield. "Evidence for the Efficacy of the Child Advocacy Center Model: A Systematic Review." *Trauma, Violence & Abuse* 17, no. 3 (2016): 341–57. <https://www.jstor.org/stable/26638130>.

- A relationship between the increased number of cases seen by CACs and an increase in prosecution rates.^{51/52}
- Offenders are more likely to plead guilty in cases handled by a CAC in comparison to a traditional child protection-led response.⁵³

Through our consultations and literature review on the CYAC model's impact on the judicial system, cost savings may amount to a minimum of \$19,075 per criminal incident due to reduced revictimization and lessened rates of abuse in communities;⁵⁴ and \$2,059 in court fee savings (per person experiencing the outcome) due to clearer and more complete disclosures (because of better quality interviews) along with the resulting decisions of whether to prosecute.

Interviewees also noted that the support provided through the CYACs helps prepare children for their testimonies and provides non-offending family members with information that, in some cases, helps them make informed decisions about the charges in question. One interviewee noted, "the mom was given appropriate information that helped her make the decision not to drop charges. If the CYAC didn't exist, she would not have had as easy of access to the relevant information regarding the charges." Another interviewee noted that the CYAC model enhances the quality of investigations and potentially leads to more complete disclosures, which may lead to more charges being approved.

Policing

According to those consulted through the study, savings from a policing perspective arise through:

- **Time saved coordinating services** for children and family members/caregivers. As mentioned previously, the CYAC model ensures that MDT members know their respective roles and responsibilities, which allows police to focus on providing services within their area of expertise, while trusting that other service providers will fulfill their responsibilities.
- **Money saved for police detachments when spaces are freed up** as police officers can work onsite at some centres.
- **Resources (time and money) saved when police officers spend less time in and travelling to court.**

Cumulatively, officers that responded to the survey estimated that nearly 1,000 police hours are saved annually.⁵⁵

Some MSC story anecdotes, from police, are included below.

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50. Herbert, James Leslie, and Leah Bromfield. "Evidence for the Efficacy of the Child Advocacy Center Model: A Systematic Review." *Trauma, Violence & Abuse* 17, no. 3 (2016): 341–57. <https://www.jstor.org/stable/26638130>.
 51. In this study, Miller and Rubin (2009) compared two urban districts over 10 years. One increased its use of CACs, while the other district's use of CACs remained the same. The study found that felony prosecutions significantly increased in the CAC community; the rate of prosecutions was 69% greater in the CAC community.
 52. Miller, Aaron and David Rubin. The contribution of children's advocacy centers to felony prosecutions of child sexual abuse. *Child Abuse & Neglect*, 33(1), 12–18. 2009. <https://doi.org/10.1016/j.chiabu.2008.07.002>
 53. Joa, Debbie, and Meredyth G. Edelson. "Legal Outcomes for Children Who Have Been Sexually Abused: The Impact of Child Abuse Assessment Center Evaluations." *Child Maltreatment*, 9 (3), 263–276. 2004. <https://doi.org/10.1177/1077559504267004>
 54. Gabor, Thomas. "Costs of Crime and Criminal Responses", Public Safety Canada. 2015. <https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/2015-r022/2015-r022-en.pdf>
 55. MNP survey findings.

It was beneficial for me as a service provider to do the interview at the CYAC as it allowed me to know that the family (dad and the kids) were well taken care of and resourced as soon as possible. It is also helpful, as I know that the family and victims are supported after I am done with the investigation.

~ MDT member

In this case, the child would have been brought to the police station and the file would have been assigned to a sex crimes investigator, and it would be just one of their many files. There would be little follow-up or connection with the child and their family after the interview, especially if charges are not recommended. This does not serve the family well, as no resources are provided immediately following the interview.

~ MDT member

Child Protection

In a CYAC model, the MDT partnership consists of (at a minimum) policing, child protection, and victim service programs. Child protection social workers, through the MCFD or DAA, are responsible for the safety and wellbeing of children. They assess and respond to concerns of child abuse and violence by interviewing caregivers as well as children, developing safety plans, and determining if children need protection. Information sharing between police and child protection agencies occurs as soon as the case is brought forward by one of those agencies.

According to those consulted through the study, savings from a child protection perspective arise through time saved coordinating services for children and family members/caregivers. The Network reaches approximately 150 social workers throughout BC, the majority of whom are estimated to benefit from time savings as a result of the CYAC model.⁵⁶

SROI Calculation and Implications

The internationally standardized SROI methodology was employed in this report to articulate the financial value of outcomes and to quantify the social and economic value that is created for every dollar invested in the CYAC model in BC. This valuation is based on a thorough analysis of available data from the CYACs, information gathered through interviews and group sessions with each Centre's Steering Committee members, management, staff, and MDT members, as well as an online survey of CYAC management and staff, MDT members, and other partner agency staff.

56. Based on information provided by CYACs.

The SROI methodology focuses on the value of outcomes described in Section Components of the Impact Map. To do this, we estimated the number of stakeholders experiencing an outcome, considered the value of that outcome (financial proxy), and then applied a discount for impact. The value of all outcomes combined is then divided by the total investment to yield the SROI ratio.

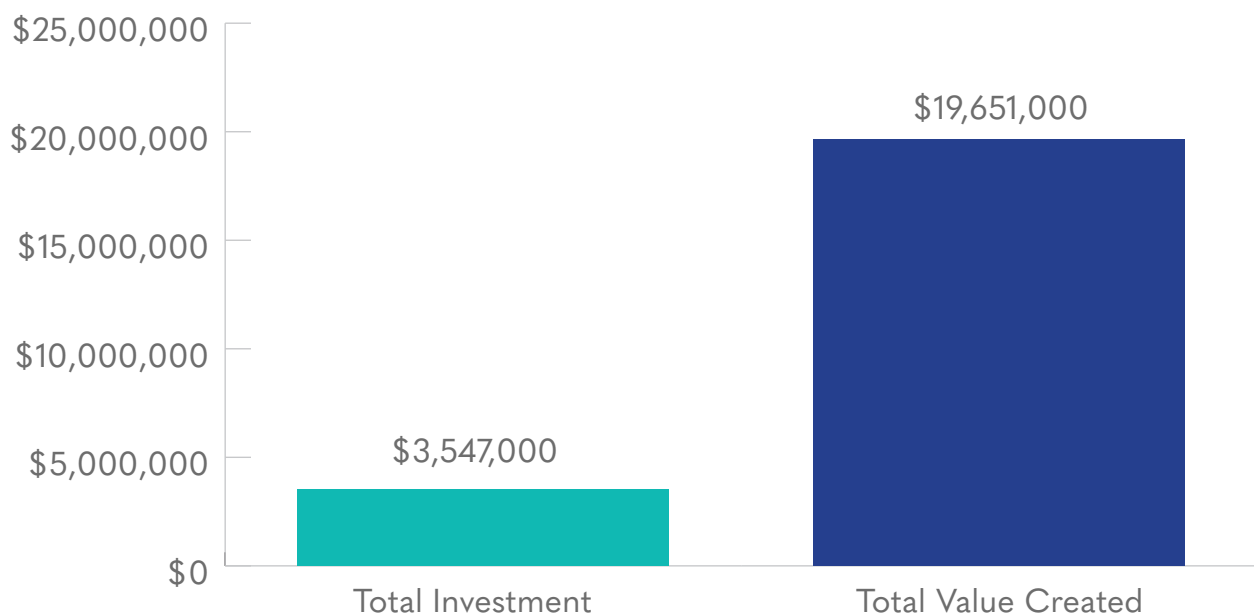
It is important to note that, given how relatively new the CYAC model is in BC, data on some of the quantitative impacts is limited. For example, time savings as a result of improved efficiency are difficult to quantify and rely on estimates provided by stakeholder groups. In addition, due to lack of available data, some stakeholder groups (offenders, supporting community organizations, and local communities) were not included in the valuation. Further, information related to the number of siblings of children supported are not recorded at some centres. As a result, not all outcomes are able to be valued and, where a range of estimates were provided, the lower bound average was used to avoid over-claiming. The SROI analysis considers a 10-year period for outcome duration. Since many of the changes continue to have an impact well beyond this timeframe, the SROI ratio should be considered conservative. A summary of the outcomes used to estimate the SROI ratio, and the corresponding financial proxies, is provided in Appendix III:

When establishing the impact of the SROI, it is important to consider other elements that may contribute to the outcomes experienced by stakeholders including:

- **Deadweight** – how much of the outcome would have happened anyway.
- **Displacement** – how much of the outcome has displaced other positive outcomes.
- **Attribution** – how much of the outcome is attributable to others.
- **Drop off** – how much the outcome is anticipated to drop off in future years.

The above elements are applied as discounts to the values in the SROI analysis to prevent over-claiming and to provide a richer context to the values of each outcome. The analysis of the CYAC model in BC revealed an **SROI RATIO OF 1:5.54** which, as illustrated in Figure 3 and Table 1 on the next page, indicates that for every dollar invested in CYACs, approximately \$5.54 in social and economic value is created.

Figure 3: Comparison of CYAC Investment and Value* Created



*Value is the net present value over a 10-year period calculated using a 3.5 percent discount rate.

Key areas where significant value is created include the wellbeing and quality of life changes for children and their families, improved quality of work for CYAC management and staff, MDT members, and partner agencies, and increased efficiencies for BC’s systems including healthcare, education, justice, child protection, and policing. Table 1 shows the value created by stakeholder group.

Table 1: Value* Created by Stakeholder Group

Stakeholder Group	Value* Created
Children and their family members/caregivers	\$18,296,000
CYAC management and staff, MDT members, and partner agencies	\$513,000
Government (healthcare, education, justice, and child protection)	\$513,000
Government (policing)	\$80,000
Total value created	\$19,651,000

*Value is the net present value over a 10-year period calculated using a 3.5 percent discount rate.

To ensure the validity of the estimates and assumptions made, sensitivity tests were conducted as part of the valuation process to ensure that the ratio is not over-claimed. The sensitivity tests completed for this report looked at the impact of estimations or assumptions related to:

- Number of stakeholders experiencing outcomes.
- Extent of outcomes experienced such as hours saved.
- Financial proxies used to represent the value of outcomes.
- Discounts applied.



MSC STORY

The following is a MSC story from the perspective of the child/youth, the non-offending family member, the policing representative, and Advocate.

Interviewee: Child/Youth

I was 7 when I came to the [CYAC] for the first time. It was a stressful time then. This is when I first met [the Advocate]. When I saw the stuffies at the front door, I calmed down. Also there were video games to play and that helped me calm down. I liked the snacks; the goldfish were my favorite. And I liked the hot chocolate. I liked that there were plants. I have my own collection of plants at home I think the plant helped me feel more at home...

I remember the big stairs of the courthouse and that [the Advocate] was at the courthouse. There were police at the courthouse doing their job and this made me feel safer...

I feel happier now. I feel like I can find the right emotion now. Everything felt like it was too much before coming to the [CYAC] and I was stressed out and I didn't know how I was feeling. I would get really frustrated and angry, and it was hard for me to express emotions in a good way. The [CYAC] helped me a lot. At the last meeting we did a courage celebration and I left with a big, huge smile. It was so special to get a gift. I got Pokémon cards and a big pillow, those were great presents!

Interviewee: Non-offending Family Member

Before I came to the [CYAC], I was at a loss for what I was supposed to do, and [the Advocate] helped us a lot. My [child] was in a lot of pain and shutting down; [they were] a shell of who [they were before]. It was a slow build up before [they were] able to tell me what happened. When [they] did, I went to police and then we went to [the CYAC] right after...

Firstly, what I loved about [CYAC] was it was only a day; there was no wait time. Both my [children] were hurting. My [child] felt so much shame and fear...I was [initially] so nervous, but then I felt safe, and I felt like I did something good for my kids...

It was night and day from before and after working with the [CYAC]. [My child] was back to who [they were] before. It was a huge difference for us to meet with [the family therapist] ...With the tools that [they provided] made me feel a hundred times better...I learned to regulate my emotions... This was not an easy step because I had rage in trusting the wrong person. I had a lot of anger towards myself, and [the family therapist] helped me learn that it was not my fault. I was able to see the bigger picture. It was huge what we could accomplish together...

My biggest fear was to react in anger at the courthouse, but the court prep helped me manage that situation. With [the advocate's] help, I wasn't blindsided by things...I was able to work through my emotions because of what I had learned. I wanted to protect my kids from seeing and feeling these emotions with me.

If the [CYAC] had not been there for us I don't know what we would have done. We would have kept struggling with lots of anger and hurt. Without the [CYAC], it would have been hard to keep as a family unit...I don't even want to picture a world without [the CYAC].

I want to add, being an Indigenous person, it's hard to share my truth. But from the moment I was connected to [the CYAC], I never felt judged; I never felt that I could not be me.

Interviewee: Policing Representative

In my opinion, [the child] seemed a lot happier after the trial. [They] started off very fearful but, in the end, [they were] proud of [themselves] for being brave and able to do what [they] did...

Some of the changes I saw were that [the child] was more open and [there was] a deeper connection in their family. I observed a strengthened relationship between the [siblings]. I also noticed changes with [the non-offending family member] she seemed to be better able to advocate for [themselves] being a single mom. The celebration of Bravery was very beneficial for the [the non-offending family member] and the [the child].

Working with this family in the CYAC model meant they were better connected to services and that they had the safe and natural space of the [CYAC] away from the Detachment. The centre environment helped the [child] open up. With the CYAC model working well in this case, it meant we could focus more with the criminal side and know that the family was in good hands with the [centre] staff. We could rely on the centre staff to make the connections...The most valuable part of the [CYAC] experience was having the centre in order to do the interview and then knowing that the family was given the resources to heal.

Interviewee: Advocate

When this family and kiddo came to the [CYAC]...I could tell mom was very anxious, there was a lot of trauma surrounding this family. [Policing] and the MCFD were at the interview, and there was a disclosure, and the offender was arrested.

It took a team effort to keep the kiddo and [non-offending family member] safe...After everything was completed, we had a courage celebration for the kiddo where they lead the way on what it would look like. It was a lot of fun and [was] really focused on the courage it took to do what they did...

There were so many big changes in [the non-offending family member]. [Their] ability to parent well was a lot better, [they] could recognize the different needs in [their] children and try to be present not allowing [their] own trauma to be in the situation...It was amazing to see the change in [them]...

The most impactful thing for me was seeing the human spirit revive from a broken place...I regained hope in human mind and spirit to regrow and rise above. With good intervention and positive support, when a person is ready to do the work, they can heal and be stronger. Seeing this is why I do this job to help people.

The celebration of courage was the most valuable strength of this family. The success made us all feel more filled up and it makes hard work a little easier when we see change. It makes it worthwhile. To celebrate healing was important.

MSC STORY

The following is a MSC story from a policing perspective.

“RCMP received a report of a ten-year old victim being sexually abused by her mom’s boyfriend. The victim was very nervous and anxious about providing a statement, and the mother was devastated at the scenario. The mother had experienced her own personal trauma which had her feeling tremendous guilt for bringing the boyfriend into her daughter’s life. The fact the family was able to come to a CYAC for the victim’s statement was extremely beneficial. The family is Indigenous and therefore we requested our Indigenous Victim Service member attend to support the family. The Victim Service worker met with the family prior to the RCMP statement to engage in smudging, which was very appreciated by the family.

The trauma-informed approach by everyone within the CYAC helped the family have a positive experience in what was a devastating and stressful time. The victim provided a full detailed disclosure during her interview and stopped to tell the investigator how much better she felt after telling her what she had experienced

During the victim’s statement, she disclosed other potential victims that had also been in the accused’s care. Investigators were able to reach out to the family of the other potential victims and arranged child statements. The other family resided in another city and, due to health problems, it was difficult for the family to travel the centre. Investigators reached out to the other CYAC and were able to utilize their facility to conduct the child’s statement. Having the ability to have the other potential victim’s attend the other centre ensured a proper trauma-informed approach was utilized resulting in a positive experience for the family.

The original victim’s family had very unfortunate circumstances and the victim’s mother passed away from COVID, leaving an unknown future for the victim. Victim Services followed up with the family as they had already built a relationship and ensured they had all resources an assistance they needed.”



5. Conclusions and Takeaways

The impact of the BC Network of CYACs is far-reaching and experienced directly along with indirectly across multiple stakeholder groups. Most importantly, the model provides truly valued services and support to children who have experienced abuse and neglect.

As described in Section 4, the model streamlines communication and coordinates services in a way that simplifies the process for those who receive and provide support through and with the CYACs. The CYACs' wraparound model of care has positive impacts on not only the wellbeing of stakeholders' lives, but also on the accessibility of service and systems of care. The CYAC model has made the response to child abuse and violence safer, more supportive, culturally safer, clearer, and more streamlined for children, their siblings, family members/caregivers, and service providers. And as indicated in this report, the impact of the CYAC model is extensive, with both social and economic benefits.

During MNP's consultations with the CYACs in BC, stakeholders commented on factors that contribute to their ability to implement the CYAC model as well as the constraints that prevent them from being able to adopt it fully and effectively. The key takeaways from these discussions are summarized below.

Success Factors

The top success factors that contribute to stakeholders' ability to implement the CYAC model in their respective centres were the participation of partner agencies, the MDT approach, and the inclusion of Victim Services.

- **Partner agencies** that have bought into the CYAC model and understand its importance and benefits, and especially those who provide MDT members, are a key success factor for implementation. The model requires the efficient and timely sharing of information, which requires strong relationships and trust, qualities forged through connections with MDT members and partner agencies. Having formal information sharing agreements in place enables information to be shared quickly between MDT members who have personal connections with one another and a keen understanding of their individual expertise and roles in the case process. This enhances the quality-of-service delivery and the experience of the children and family members/caregivers.
- **The MDT approach** is the catalyst for strong relationships and communication between centres and partner agencies. Dedicated MDT members support a consistent case management process, share accountability for cases, and are easily accessible to one another. In addition, regular MDT meetings help to efficiently address items (including CYAC operations, service delivery challenges and opportunities) and build team cohesiveness.
- **The inclusion of Victim Services** in the CYAC model helps provide wraparound service to children and family members/caregivers because it establishes a direct connection to the criminal justice system. Multiple stakeholders shared that the inclusion of Victim Services was key to the CYAC model and its success.
- **The inclusion of Advocate or Child and Youth (Family) Advocates** in the CYAC model ensures that the family, child, youth, and/or caregivers are supported from time of referral, all the way through to case closing.

Additional success factors identified by stakeholders included access to technology and flexible working conditions, as these reduce barriers to access. Technology, for example, enables staff to connect with children and families who may live far away and cannot easily visit the centres in person.

Constraints

According to stakeholders, the top factors that hinder the complete and effective implementation of the CYAC model relate to human resources and funding.

- **Human resource** constraints exist both within the CYACs and externally. CYAC partners' staffing shortages affect their ability to be embedded in the centres, lead to unattainable training and orientation needs, and contribute to a lack of awareness of the centre and its resources. For example, in many detachments, schedule rotations and/or turnover rates can result in new investigating officers who lack familiarity of the CYAC model and its benefits. This, in turn, places a large burden on the centres to educate and train partners. Centres are finding it particularly difficult to find and train police officers to interview victims under 6 years of age.

The centres themselves are also affected by staffing shortages and reported that recruitment and retention are especially difficult in their field of work. Reasons for high turnover include the fact that many positions are part-time, rural positions are difficult to fill, experienced workers are burnt out, and new hire orientation and training are not prioritized due to high workloads and insufficient resources. This is compounded by the fact that demand on CYAC services is higher than ever, pushed to new heights by the increase in domestic violence cases catalyzed by the COVID-19 pandemic. Another constraint is the requirement for child protection workers to do at least two years of field work before they are considered adequately trained.

- **Funding-related issues** were another key constraint factor identified by stakeholders. The process of fundraising and applying for grants requires significant time and energy from centre staff and has been complicated by the pandemic. Inadequate funding has meant that some staff cannot be retained on-site, to the detriment of centre programs and offerings. Furthermore, funding has not kept pace with the increase in commercial property rental rates, making centre locations difficult to secure. The most common issue, however, was the fact that operational funding is not guaranteed. If centres had a predictable baseline funding model, whereby operational funding was guaranteed year after year, they could take a more structured approach to program development and staffing. Stakeholders reported that it is difficult to keep a firm staffing structure in place without guaranteed funding.

Overall, the CYAC model provides coordinated services to children who have experienced abuse and violence and, in so doing, supports the recovery of children who have been impacted by trauma while also providing social and financial benefits to their family members/caregivers, CYAC service providers, and government and society as a whole. Achieving these aims, however, requires ongoing and enhanced funding and support for the centres.

Those that have accessed supports from CYACs or are involved in delivering their services were asked to describe what would have happened to them or their cases if CYACs did not exist. Some comments obtained through the MSC interviews are outlined on the following page.

I hate to even think about it! [Families] would probably be stuck...I don't think that they would know that there's hope in the future. That the future's going to be okay. That things are going to be okay. I think that they would probably carry on with the anxiety and the worrisome thoughts.

~ MDT member

“What we anticipated originally would be what would have happened – Stress, not knowing who to call; feeling nobody there to reach out to other than each other. We’re fortunate we have a really good support network, but a lot of families don’t. So [I] can’t imagine what it would be like for families without [the centre].

~ **Non-offending family member**”

“They would have had to go to multiple different places and see multiple different faces. [The non-offending family member] might not have had as much confidence and had it been at the detachment, she might not have spoken as freely about the partner violence that she has experienced.

~ **MDT member**”

“The [non-offending family member] wouldn’t have engaged in counselling; she would have been struggling to navigate support her [child], which would have exacerbated [their] wellbeing and have put [them] in a more detrimental mental health state. The [non-offending family member] would have continued going into debt and wouldn’t have engaged in food support services until she was more reliant on it. If the CYAC didn’t exist, [they] would not have had as easy of access to the relevant information regarding the charges. [The offender] would have continued breaching his conditions, [and] the daughter wouldn’t have gotten a mental health assessment.

~ **MDT member**”

In this case if there had not been a CYAC I think that the outcome would not have been the same, the whole court outcome, the charges and the supports they got would not have been the same. The charges may have gone forward, but not to court. The level of service that the family and [child] got would have been much lower. Without the [CYAC] it is possible there would not have been a disclosure or if we did get a disclosure, it would not have been as clear because [the child] was quite fearful at first. If it had proceeded, [the child] would not have gotten the court support. There would not have been a celebration of bravery.

~ MDT member

Without CYACs, a lot more victims and survivors of crime would fall through the cracks and would not get help. CYACs are very important for getting youth supported even when they don't want police involvement.

~ MDT member

If the CYAC had not existed for this family, who knows, maybe social services would have removed the kiddos from the home. [The non-offending family member] was not in a functioning place at the beginning. [They] had so much dysregulation, and it would have been difficult...Without the centre, the end result of healing with the [children] would not have been the same. In addition, there may have been more hurt caused as a result the systemic trauma they already had. If it had gone to court (without support), there would have been confusion for [the non-offending family member] and kiddo, and it definitely would not have been trauma informed...I also think the court outcome would have been different...If the CYAC would not have been there, it might not have gone to trial and just ended in protection order; this often happens when the victim is not engaged in their healing journey.

~ MDT member

Without the [CYAC], I probably wouldn't be where I am today. I would not have gone through the court process. If it wasn't for [the advocate], I wouldn't have done it; I wouldn't have been able to do it alone.

~ Child/Youth

I don't think [they would] be here today if it weren't for [the CYAC]. It could really have gone south. [They] could have gotten caught up in the wrong crowd in school. Charges would not have gone forward; I don't think it would have made it to court. I guess we would have tried to deal with it ourselves.

~ Non-offending family member

6. Appendices

Appendix I: Detailed Approach

MNP used both the internationally standardized SROI (outlined in A Guide to Social Return on Investment, the guidance document of The Social Value Network International) as well as Most Significant Change (MSC) methodologies to conduct this study. The six steps outlined below are the standard process for conducting an SROI analysis and have been used in this study. The MSC methodology was conducted in collaboration with the CYACs. After providing them with detailed instructions and templates, each centre was asked to assign interviewers to compile and collect stories from MDT members and caregivers. Stories were then analyzed by interviewers before being sent to MNP for final review and integration in this report. Excerpts from MSC stories have been included throughout the report. Please note that all names and identifying information (including location) have been anonymized to preserve the privacy of all participants and quotes have been edited for grammar and clarity.



SROI Step 1: Establish Scope and Identify Stakeholders

This step involved addressing the following questions:

Which stakeholders will experience outcomes due to the investment made into the CYAC model?

Stakeholders for this SROI analysis were identified and vetted through discussions with the (eight) centres that comprise the BC Network of CYACs. More specifically, MNP engaged with each centre's Steering Committee members, management and staff, and MDT members through a combination of virtual interviews and group sessions. The stakeholders for whom outcomes were mapped, measured, and valued are outlined in the Impact Map in Section 4.

Which aspects of the investment will be considered in the analysis?

The investment included in the SROI analysis was derived from each centre's operational budget and costs for the latest fiscal year (in most cases 2021-2022). This included revenues (e.g., Department of Justice grants and donations), expenses, program and service costs (e.g., advertising/recruitment, communications, office supplies, IT support, wages, benefits) and facility costs (e.g., insurance, equipment, security, utilities, lease). Because the centres that comprise the BC Network of CYACs are established, the scope of this study considered only ongoing operational costs related to CYACs and not startup costs (e.g., building a space to meet the unique needs of a CYAC).

What timeframe will the SROI analysis cover?

The SROI analysis covers the centres' latest fiscal year (in most cases 2021-2022).



SROI Step 2: Map Outcomes

The next step in the SROI process involved developing an Impact Map for the CYAC model, which visually depicts how certain resources (inputs) are used to deliver activities (measured as outputs) which result in outcomes for stakeholders. The relationship between the inputs, outputs, and outcomes is commonly referred to as a 'theory of change.' For the CYAC Model Impact Map, we:

- **Reviewed existing literature and program-related information received from the Network.**
- **Conducted virtual Impact Map sessions with stakeholders representing each CYAC.** The goal of the sessions was to confirm the enabling resources, services, reach, and outcomes of the CYAC model. We completed a total of three (3) sessions, with more than one centre attending each meeting.
- **Drew on findings from the MSC Stories** conducted by the CYACs. The stories aimed to capture the perspectives of MDT members and caregivers involved in select cases handled by the CYACs. This allowed MDT members and caregivers to articulate, in their own words, the value that the CYAC model has created for them.

Stakeholders involved in the development of the Impact Map ensured that we have identified the outcomes that matter by those affected by the model, and that those outcomes would be considered in the study. Based on our research and consultations, we have mapped outcomes for each stakeholder group (see the CYAC Model Impact Map in Section 4).



SROI Step 3: Evidence Outcomes and Give Them a Value

This step involved determining which and how many stakeholders experience each mapped outcome, and then establishing the financial value of each outcome.

In addition to drawing on existing information provided and publicly available research on outcome achievement amongst those involved in similar programs, centres were engaged to determine the number of stakeholders experiencing each outcome. Representatives from each centre were asked to help estimate, based on available information:

- **Supports provided through the centres** (e.g., number of children supported in the most recent fiscal year, average number of hours spent with each child).
- **Change** (e.g., estimated percentage of children experiencing the identified outcome).
- **The start of the outcome** (e.g., immediately upon arrival at the CYAC or in subsequent years).
- **Benefit period** (i.e., the expected duration of each outcome).

Mapped outcomes were then financially valued based on feedback received from centres as well as financial proxies from literature. Valuation information and methods from other relevant and comparable SROI studies were used, where possible, to enable comparison and ensure results from this study are aligned with other similar work.



SROI Step 4: Establish Impact

In this step, the following methods were used to reduce the risk of overclaiming impacts. They were applied as percentage discounts to the value included in the SROI analysis.

- **Deadweight** (i.e., how much of the outcome would have happened anyway in the absence of the CYACs' activities).
- **Displacement** (i.e., how much the outcome has displaced other outcomes).
- **Attribution** (i.e., how much of the outcome is attributable to others).
- **Drop-off** (i.e., to what extent an outcome will drop off over time).

Values were determined based on literature and reasonable estimations. This step also involved sensitivity testing to ensure the estimates are reasonable. Overall, a 3.5% discount rate was applied to any value claimed into the future.



SROI Step 5: Calculate the SROI Ratio

In SROI methodology, the SROI ratio is calculated by multiplying the number of stakeholders anticipated to achieve an outcome by the value of the outcome, and then discounting for impact. The total value of all outcomes is then divided by the total investment.



SROI Step 6: Report

The results of this study were validated and socialized with the CYAC Steering Committee through a presentation. Feedback was collected and incorporated in the final report.

Appendix II: Outcomes by Stakeholder Group

The table below outlines all of the outcomes experienced by each stakeholder group.

Stakeholder Group	Domain of Change	Outcome
<p>Children who have experienced abuse and violence</p>	<p>Changes in the wellbeing and quality of people's lives</p>	<ol style="list-style-type: none"> 1. Improved emotional wellbeing due to supportive relationships with family members, caregivers, and service providers 2. Improved emotional wellbeing due to repaired relationships with family members, caregivers, and service providers 3. Improved emotional wellbeing due to an increased connection to community which provides a greater sense of belonging 4. Improved quality of life due to a more stable, safe, and supportive environment at home and school 5. Improved emotional wellbeing due to a lower probability of re-traumatization when children only need to share their trauma story one time 6. Improved physical wellbeing due to better access to basic necessities (e.g., food available for hungry children at some centres) 7. Improved mental wellbeing due to feeling happier and calmer when visiting the centres 8. Improved emotional wellbeing due to reduced levels of stress, anxiety and uncertainty with knowledgeable service providers being engaged and available to answer questions 9. Improved mental wellbeing due to feeling heard, believed, and empowered to share their story throughout their entire time at the CYAC as well as after leaving the centre 10. Improved physical wellbeing due to receiving services from medical professionals (e.g., pediatricians) 11. Improved wellbeing due to receiving all necessary services in one location (for those centres where this is the case), thereby reducing system-induced trauma 12. Improved wellbeing from being better prepared to testify in court due to receiving consistent support from the same Victim Services worker, as well as follow-up supports 13. Improved quality of life due to receiving better grades at school and gaining confidence academically and socially 14. Improved mental wellbeing due to receiving trauma-informed care by professionals specifically trained to support child survivors of violence.

Stakeholder Group	Domain of Change	Outcome
Children who have experienced abuse and violence	Changes in accessibility and provision of support	<ol style="list-style-type: none"> 1. Improved accessibility to services due to receiving more timely support and immediate attention for issues that require it 2. Improved accessibility to services due to spending less time (or no time) travelling to different places 3. Better service due to a more personalized and appropriate approach that prioritizes the child's needs 4. Better service due to a more comprehensive and continuous approach that provides all necessary services for as long as a child may require them 5. Better service due to receiving more tailored referrals to supports 6. Improved accessibility to service due to receiving all necessary services in one place, thereby providing continuity, and ensuring that no child falls through the cracks
Siblings of children who have experienced abuse and violence	Changes in the wellbeing and quality of people's lives	<ol style="list-style-type: none"> 1. Improved emotional wellbeing due to receiving family supports (including support to deal with the absence of an offending family member/caregiver in their life) 2. Improved quality of life due to a more stable, safe, and supportive environment at home and school 3. Improved quality of life due to opportunities to share their story and work through the trauma if they have been abused themselves, have been exposed to abuse, or knew about abuse against their sibling(s) 4. Improved emotional wellbeing due to inclusion and understanding by trained support staff
	Changes in accessibility and provision of support	<ol style="list-style-type: none"> 1. Improved accessibility to appropriate CYAC supports* (e.g., mental health support) *All supports provided (including by partner agencies)

Stakeholder Group	Domain of Change	Outcome
Non-offending family members/ caregivers	Changes in the wellbeing and quality of people's lives	<ol style="list-style-type: none"> 1. Improved emotional wellbeing due to having a safe and non-judgmental place to process their own emotions away from the child, and being encouraged to spend time on their own healing 2. Improved emotional wellbeing due to feeling more at ease when arriving at the centre and receiving immediate support for themselves and their child 3. Improved emotional wellbeing due to gaining a greater understanding of what to expect in the process, what a child may be going through (e.g., mental health issues) and how to protect and support their child 4. Improved quality of life due to greater access to supports and services during and after their time at the centre (e.g., dedicated prevention programs and parenting groups), and increased capacity to support the child 5. Improved emotional wellbeing due to supportive relationships with family members, other parents with similar experiences (e.g., parenting groups), and service providers 6. Improved emotional wellbeing due to an increased connection to community which provides a greater sense of belonging 7. Improved emotional wellbeing due to opportunities to work through their own experiences of abuse and trauma 8. Improved financial wellbeing due to receiving referrals to financial supports 9. Improved mental wellbeing due to receiving guidance from MDTs and not needing to navigate services alone
	Changes in accessibility and provision of support	<ol style="list-style-type: none"> 1. Improved accessibility to services due to receiving more timely support for issues requiring immediate attention, spending less time travelling to or accessing separate services, and receiving better and faster access to information 2. Better service due to MDTs collaborating to provide a more personalized and appropriate approach that prioritizes the child's needs 3. Better service due to MDTs collaborating to provide a more comprehensive and continuous approach that provides all necessary services for as long as a child may require them
Offenders	Changes in the wellbeing and quality of people's lives	<ol style="list-style-type: none"> 1. Improved wellbeing due to receiving the needed supports and services to prevent future offending behaviour
	Changes in accessibility and provision of support	<ol style="list-style-type: none"> 1. Improved access to services as a result of referrals from some CYACs and/or MDTs to appropriate agencies 2. Specialized and timely programs for Youth with Sexual Behaviour Problems (YSBP 12+) available at some centres

Stakeholder Group	Domain of Change	Outcome
CYAC management and staff	Changes in the wellbeing and quality of people's lives	<ol style="list-style-type: none"> 1. Improved mental wellbeing due to feeling less burnt out and more supported (i.e., due to shared responsibilities) 2. Improved emotional wellbeing due to knowing that their work contributes to positive outcomes that may not have been seen otherwise
	Changes in accessibility and provision of support	<ol style="list-style-type: none"> 1. Improved work quality and efficiency due to being dedicated and focused on children who have experienced abuse or violence 2. Improved work quality and consistency due to reduced turnover when staff feel supported 3. Improved work quality and efficiency due to strong relationships within MDTs 4. Improved work quality and efficiency due to a rapid and streamlined information sharing process with MDTs
Multi-disciplinary Teams	Changes in the wellbeing and quality of people's lives	<ol style="list-style-type: none"> 1. Improved mental wellbeing due to feeling less overworked and more supported by other MDT members (i.e., being less isolated) 2. Improved mental wellbeing due to strong working relationships within MDTs, including consultations with partners and opportunities to debrief on cases 3. Improved emotional wellbeing due to seeing cases through from start to finish (i.e., knowing the outcome and getting closure on a case) 4. Improved physical and mental wellbeing due to having access to wellness supports (e.g., at some centres, access to an on-site gym and mental health professionals is integrated into the model)
	Changes in accessibility and provision of support	<ol style="list-style-type: none"> 1. Improved work efficiency due to increased trust and faster information sharing among partners 2. Improved work efficiency due to jointly deciding on priority cases, fewer delays in prevention or intervention planning, and less duplication of work 3. Improved work quality due to developing more creative solutions as a team and using more comprehensive, holistic information to make better decisions 4. Improved work quality due to increased collaboration among partners, more opportunities to focus on own area of expertise, better ability to prepare clients for different services, and ability to get better interviews 5. Improved work quality due to continually building competencies based on learning and mentorship between MDT members, and capacity to make decisions confidently 6. Improved work efficiency due to having one person or team coordinating services for children, and their family members/ caregivers

Stakeholder Group	Domain of Change	Outcome
Partner agencies	Changes in accessibility and provision of support	<ol style="list-style-type: none"> 1. Resources (time and money) saved looking for, and coordinating, services for children, and family members/caregivers 2. Cost savings when training is provided by centres instead of by partner agencies 3. Better service provision due to receiving more specialized training at the centres 4. Better service provision due to increased knowledge of the work of other agencies, and working more collaboratively with one another
Supporting community organizations	Changes in accessibility and provision of support	<ol style="list-style-type: none"> 5. Better service provision due to increased knowledge of specialized services provided by other agencies (i.e., more clarity about roles, and cross-agency cohesion and collaboration) and time saved due to more direct communication channels 6. Better service provision due to receiving advice and guidance from CYACs when dealing with cases of child abuse and violence 7. Cost savings due to sharing of knowledge and resources (e.g., pooling information together, providing joint training)

Stakeholder Group	Domain of Change	Outcome
Government (all levels)	Changes in the systems of care	<p>Healthcare System:</p> <ol style="list-style-type: none"> 1. Time saved looking for, and coordinating, services for children and family members/caregivers 2. Time and cost savings associated with a specially trained medical professional with expertise in child abuse and violence conducting medical exams 3. Reduction in short and long-term health service utilization (e.g., in short term, reduction in unnecessary Emergency Room visits) 4. Cost savings for the healthcare system when assessments are done in-house (at some centres) <p>Education System:</p> <ol style="list-style-type: none"> 1. Time saved looking for, and coordinating, services for children and family members/caregivers 2. Less time spent addressing learning and behavioural problems (as a consequence of child abuse and violence) 3. Time saved due to fewer absences and less need to redo work with children <p>Judicial System:</p> <ol style="list-style-type: none"> 1. Reduced revictimization 2. Reduced rates of abuse in communities 3. Time and money saved for courts due to clearer and more complete disclosures (because of better quality interviews) and better decisions of whether to prosecute 4. Greater conviction rates due to clearer and more complete disclosures <p>Policing:</p> <ol style="list-style-type: none"> 1. Time saved coordinating services for children and family members/caregivers 2. Money saved for police detachments when spaces are freed up (when police officers can work onsite at some centres) 3. Resources (time and money) saved when police officers spend less time in and travelling to court because a better case results in a better court outcome <p>Child Protection:</p> <ol style="list-style-type: none"> 1. Time saved coordinating services for children and family members/caregivers

Stakeholder Group	Domain of Change	Outcome
Local communities	Changes in accessibility and provision of support	<ol style="list-style-type: none"> 1. Increased capacity to respond to cases of child abuse and violence due to increased awareness of child abuse and prevention, and less fear about accessing services on behalf of children 2. More timely reporting of abuse due to an increased awareness of the signs to look out for, and who to reach out to for support 3. Increased reliance between, and trust among, communities which leads to improved community responses and more cross-referrals

Appendix III: Summary of Outcomes and Corresponding Financial Proxy

The table below outlines the outcomes used to estimate the SROI ratio and the corresponding financial proxies.

Stakeholder Group	Outcome	Financial Proxy
Children who have experienced abuse and violence	Improved wellbeing as a result of collaborative services received	Relief from anxiety and depression
	Improved physical wellbeing due to receiving services from medical professionals (e.g., pediatricians)	Lifetime childhood health care costs per victim of non-fatal child maltreatment
	Improved accessibility to services due to receiving more timely support and immediate attention for issues that require it	Valued with relief from anxiety and depression
Siblings of children who have experienced abuse and violence	Improved emotional wellbeing due to family supports received (including support to deal with the absence of an offending adult or caregiver in their life)	Relief from anxiety and depression
Non-offending family members / caregivers	Improved mental wellbeing due to receiving guidance from MDTs and not needing to navigate services alone	Revealed preference valuation: Hourly cost of systems navigator
CYAC management and staff	Improved mental wellbeing due to feeling less burnt out and more supported (i.e., due to shared responsibilities)	Cost of burnout
	Improved work quality and efficiency due to a rapid and streamlined information sharing process with MDTs	Value of time saved

Stakeholder Group	Outcome	Financial Proxy
Multidisciplinary Teams	Improved mental wellbeing from feeling less overworked and isolated, and receiving more support from colleagues	Cost of burnout
	Improved physical and mental wellbeing due to having access to wellness supports (e.g., at some centres, access to an on-site gym and mental health professionals is integrated into the model)	Wellbeing valuation
	Improved work efficiency due to jointly deciding on priority cases, fewer delays in prevention or intervention planning, and less duplication of work	Value of time saved
	Improved work quality due to continually building competency based on learning and mentorship between MDT members, and capacity to make decisions confidently	Equivalent cost of membership fee to BC Association of Social Workers for access to support
Partner agencies	Resources (time and money) saved looking for, and coordinating, services for children and family members/ caregivers	Value of time saved
	Cost savings when training is provided by centres instead of by partner agencies	Value of CYAC providing training to other groups
Government (Healthcare System)	Time saved looking for, and coordinating, services for children and family members/ caregivers	Value of registered Clinical Counsellor session fee
	Reduction in short and long-term health service utilization (e.g., in short term, reduction in unnecessary ER visits)	Cost per emergency department visit
Government (Education System)	Time saved looking for, and coordinating, services for children and family members/ caregivers	Value of time saved
	Less time spent addressing learning and behavioural problems (as a consequence of child abuse and violence)	Value of time saved
	Time saved due to fewer absences and less need to redo work with children	Value of time saved

Stakeholder Group	Outcome	Financial Proxy
Government (Judicial System)	Reduced revictimization	Conservative estimated cost per criminal incident
	Reduced rates of abuse in communities	Conservative estimated cost per criminal incident
	Time and money saved for courts due to clearer and more complete disclosures (because of better quality interviews) and better decisions of whether to prosecute	Youth and adult court avoided per change.
Government (Policing) Resources	Time saved coordinating services for children and family members/caregivers	Value of time saved
	Money saved for police detachments when spaces are freed up (when police officers can work onsite at centres)	Value of capital costs saved
	Resources (time and money) saved when police officers spend less time in and travelling to court because a better case results in a better court outcome	Value of time saved
Government (Child Protection)	Time saved coordinating services for children and family members/caregivers	Value of counselling services avoided

MNP