

The top half of the cover features a bright yellow background with several large, white, abstract, rounded shapes that resemble stylized letters or organic forms. These shapes are scattered across the upper portion of the page.

# One critical issue One integrated response

Five-year look-back highlighting the  
impact on practice and outcomes for children

**August 2017**



sheldon kennedy child advocacy centre

# Evolution of the Sheldon Kennedy Child Advocacy Centre

The impact of child abuse is profound, impairing the ability of children and youth to move forward to lead healthy and productive lives. The process of repeatedly disclosing what for many children and youth was a shameful and frightening experience to professionals (mostly strangers) was a traumatic experience. Unfortunately, the investigation process often resulted in a re-traumatization of young child sexual abuse victims. In response to these disturbing investigation processes the concept of a Child Advocacy Centre (CAC) emerged in the United States. The CAC model was established to support professionals to provide an integrated response to reports of sexual abuse and to reduce system induced trauma to child sexual abuse victims. The model has been operational in the United States for about 30 years. The CAC model has evolved to include the investigation and treatment of other forms of child maltreatment such as severe physical abuse and neglect.

The need for a Child Advocacy Centre in Calgary was recognized in the early 2000s, however the development of the Centre in Calgary did not gain traction until 2010. The successful development of the Sheldon Kennedy Child Advocacy Centre (SKCAC) can be attributed to a combination of factors: the championing of the vision by Sheldon Kennedy, the aftermath and learnings from a tragic infant case, committed leaders from each of the four sectors (Calgary Police Service, Child & Family Services, the Crown's office and Alberta Health Services), and a group of dynamic "make it happen" leaders from the community and corporate sectors.

## Prior to the SKCAC,

- Families and children frequently experienced multiple entry points and the responses to child abuse were siloed and not integrated, resulting in breakdowns in transitions of care and services. There was limited information sharing and little to no data collection to drive improved outcomes, with children and youth experiencing prolonged traumatization.
- Understanding of the impact of trauma on children, youth, families and communities was limited and inconsistent among front-line service providers across sectors.
- Provincial policies and funding streams were not based on research re: trauma and its impacts.
- There were inequities across the province, resulting in inconsistent service delivery provided to children and youth impacted by abuse.

In the development of the Centre, each of the four partner organizations involved in the SKCAC worked collaboratively to develop innovative solutions to barriers such as information sharing, development of the Practice Framework, security, space and logistics. Foundational to the change was always the intentional removal of boundaries that traditionally kept these organizations from working together in the best interest of the child.

In 2017, less than five years after the launch of the Centre, the services envisioned in the first 2012 business plan -- to serve sexual abuse cases and the most complex physical abuse and neglect cases -- have been implemented, in addition to other needs and services identified within the Strategic Priorities (e.g., Youth Champions, staff wellness, outreach to rural communities and First Nations, Prenatal Outreach Support Team, education, evaluation and research).

- ✓ Victim support and advocacy to address crisis response and intervention, follow-up and referral, assistance with the criminal justice system, assistance with victim impact statements, requests for restitution and financial benefits for victims of crime. This area will also manage the collection and distribution of care items (clothing, linen, toys etc.) which will be provided to families;
- ✓ Multi-disciplinary team with representation from the police, children's services, prosecution, mental health, medical health and victim advocacy to enable coordinated investigations of serious child abuse;
- ✓ Forensic interviews to be conducted in a neutral, fact-finding manner and coordinated to avoid duplicative interviewing;
- ✓ Medical evaluation on-site as required;
- ✓ Therapeutic intervention and services using specialized child abuse clinicians with external referrals as required;
- ✓ Court preparation services and referrals to the Court Preparation Program and Court Accompaniment Program;
- ✓ Prevention education and advocacy targeting professionals and the larger community.

Co-location, combined with support by leadership from the Board and the respective partner organizations, facilitated the development of practice that has matured to an integrated practice model that puts the child first. The SKCAC vision and strategic directions reflect the intent of the Children's First Act which was instrumental to removing barriers for the sharing of information.

One of the significant catalysts to moving from concept to reality has been the involvement of our community/corporate partners and the advocacy of Sheldon Kennedy. Child abuse is now increasingly recognized as a community responsibility in keeping our children and youth safe and protected. The Centre has exemplified that everyone has a role in this mission.

## The SKCAC Model

This innovative model, which started development in 2011, became fully operational with all partners on site in April of 2013. The SKCAC is a not for profit organization, governed by a board of directors that works in a collaborative partnership with Calgary Police Service (CPS), Calgary Region Children's Services, Alberta Health Services (AHS), Alberta Justice - Calgary Crown Prosecutor's Office, and the RCMP (joined partnership in 2014) to better serve children and families. The SKCAC also works with Alberta Education and is currently engaged in developing working partnerships with the five First Nations' Bands comprising Treaty 7.

The Centre is a physical site which co-locates more than 115 professionals from these organizations dealing with the criminal

investigation, child protection, medical and psychosocial needs of children, youth and families impacted by child abuse. Partners have reallocated their staff and appropriate management to the Centre, so their services can be delivered in a more effective and efficient manner. Salaries (approximately \$12 million) are paid by the organizations. The not for profit entity of the SKCAC has grown from a few individuals to a staff of 17 including secondments from Children's Services, Calgary Police, and Education. Funding to provide for the space, other operational costs, training and staffing of the non-profit entity (approximately \$2.4 million) has come from a combination of funding commitments from the corporate sector, private donors, and government including the Public Health Agency of Canada, Federal Department of Justice, Provincial Ministries of Justice & Solicitor General, Children's Services, Community and Social Services, Health, and the City of Calgary.

The SKCAC is a separate legal entity, maintaining a separate governance structure – making possible the achievement of goals no single partner could accomplish on their own.

## Role of the SKCAC: Providing backbone support to the work of its partners



### COLLABORATIVE LEADERSHIP

The SKCAC provides collaborative leadership with its partners to achieve a common vision.



### SUPPORTS INTEGRATED PRACTICE

The SKCAC supports integrated practice by leading the establishment of protocols, standards and guidelines, and by delivering a range of frontline services, including: Victim support services; Child Life Specialist; Forensic Interviewer; Volunteer services; Tracking and analysis of data / outcomes.



### DELIVER PROFESSIONAL TRAINING

The SKCAC provides training opportunities to improve and build on the expertise of staff working in the Centre; this training is also provided to other jurisdictions.



### ADVOCACY, COMMUNITY AWARENESS & EDUCATION

The SKCAC is a leader in the promotion of community awareness, advocacy and education of the public in the importance of addressing child abuse and early childhood trauma, and informing the policy agenda of government.

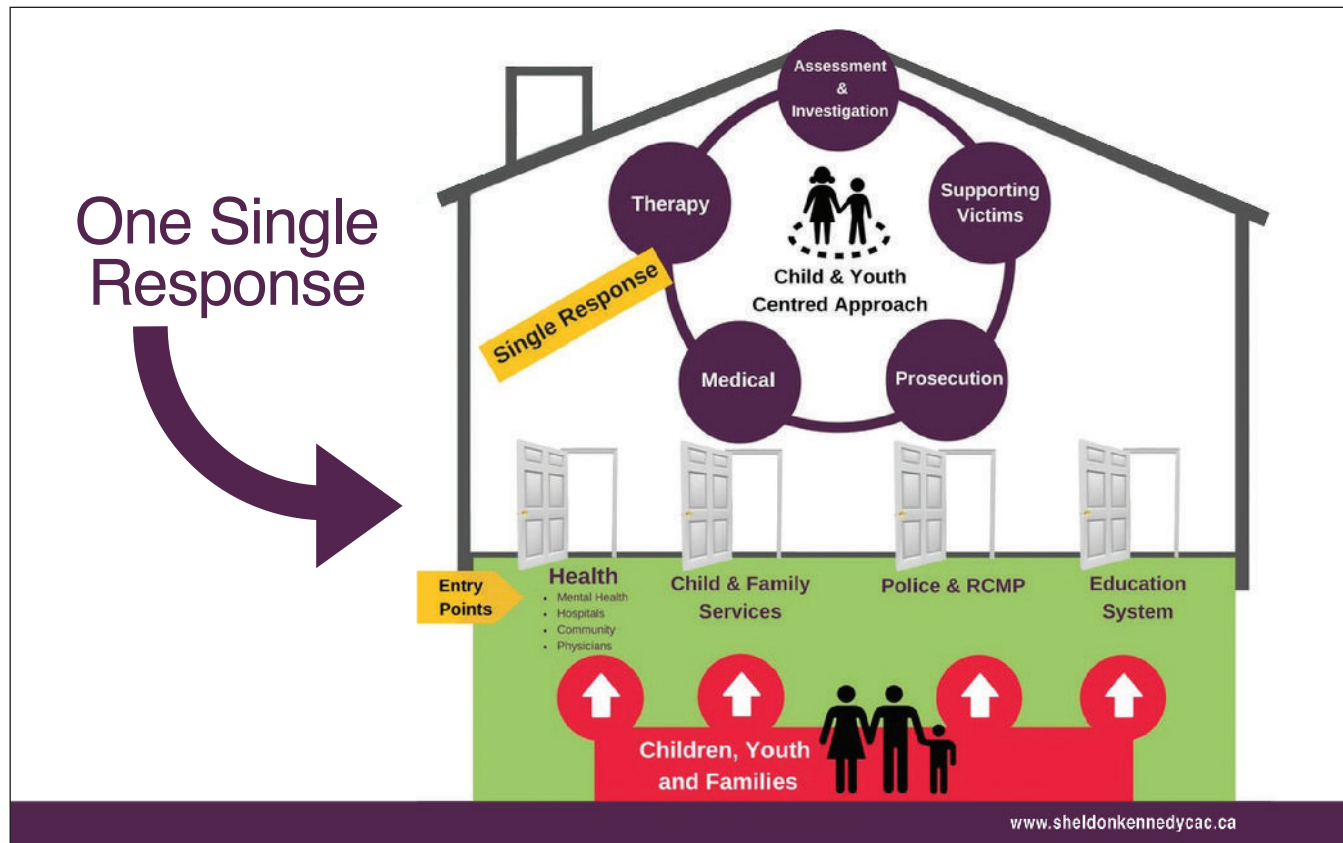


### RESEARCH & EVALUATION

The SKCAC takes a leadership role in implementing research and evaluation initiatives to understand and inform the impacts of trauma and what interventions are most effective.

The Centre's focus is on child abuse reports concerning allegations of sexual abuse, physical abuse and neglect for children and youth under eighteen years of age. These cases represent the 15% within child protection that are considered the most severe and complex, requiring a high level of collaboration, joint planning, integrated practice and communication amongst the partner organizations.

In its first 52 months of operations (April 1<sup>st</sup>, 2013 to July 31<sup>st</sup>, 2017), **6,419 infants, children and youth have been assessed** through the SKCAC. On average, **123 children and youth are assessed per month** at the Centre. The Centre serves and acknowledges the geographic boundaries of the partner organizations which extend throughout southern Alberta and works at provincial and national levels on system and policy change.



| Vision  | Mission  | Goals  | Strategic Directions   |
|---|--|--|--|
| <p>Empowering those who are impacted by child abuse to lead healthy and productive lives by creating a community that responds collectively to child abuse.</p> | <p>Our multi-disciplinary approach treats abused children, youth and their families; supports their recovery; seeks to stop the cycle of abuse and is dedicated to bringing perpetrators to justice.</p> | <ul style="list-style-type: none"> <li>Improved timeliness in the integrated assessment and investigation of child abuse cases.</li> <li>Increased access to support and therapeutic resources for the child and their family.</li> <li>Enhanced collaboration among partners.</li> <li>More efficient and effective use of resources.</li> <li>Increased community knowledge and awareness of child abuse.</li> </ul> | <ul style="list-style-type: none"> <li>Prevent Abuse</li> <li>Champion Leading Practices</li> <li>Support Victims &amp; Enhance Outreach</li> <li>Respect Diversity</li> <li>Establish a Centre of Excellence</li> </ul> |

# Key Milestones

## 2011

- Sheldon Kennedy meets with Calgary Chief of Police regarding development of a CAC in Calgary
- Chief of Police brings together the 4 organizations with legislative mandate for child abuse and leaders from the community/corporate sectors
- \$1.4 million obtained from Safe Communities Innovation Fund to assist with startup costs
- ARC Resources donates first \$1 million to the building campaign

## 2012

- Practice Framework developed
- Physical space secured
- Planning and development of Centre commences
- MOU signed between the SKCAC partner organizations: March 16
- Construction Launch: July 25
- Inaugural CEO hired

## 2013

- Relocation to the CAC by partner organizations: February 22
- First child interviewed at the CAC by police: February 23
- CAC renamed Sheldon Kennedy Child Advocacy Centre by Prime Minister Stephen Harper: April 11
- Official opening of the Sheldon Kennedy Child Advocacy Centre: May 23
- Children's First Act passed

## 2014

- RCMP joins the SKCAC partnership: May 2014
- SKCAC launches the Victim Support Program
- Social Pediatric Residency program made mandatory by the U of C
- SKCAC initiates discussion with Ministry of Human Services to create provincial Model of Integrated Practice
- National meeting co-hosted at Centre by Sheldon Kennedy and Hon. Rona Ambrose placing issue of child abuse on public health agenda

## 2015

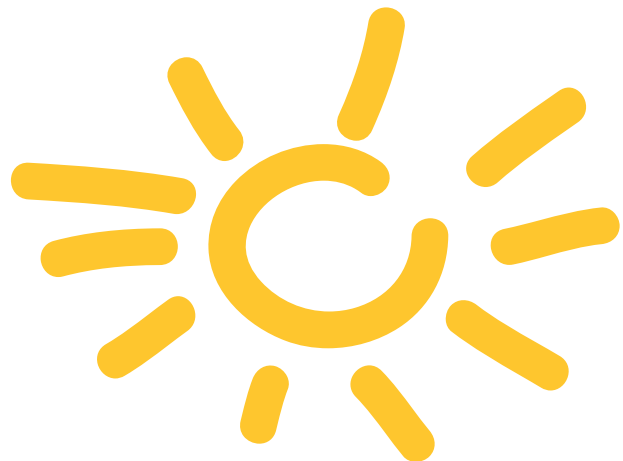
- Meeting with Premier of Alberta to advance provincial model
- MOU re-signed for 5 years with addition of RCMP and SKCAC: March 2015
- Elder blesses SKCAC, children and Treaty 7 partnership
- Sheldon Kennedy receives Order of Canada
- Process initiated nationally to develop the national standards and guidelines for CACs in Canada.

## 2016

- Minister of Human Services announces \$1.5 million grant over 3 years to advance CAC model in Alberta
- Swift Current documentary premiere in Calgary: June 15
- MOU signed with Tsuut'ina First Nation: June 28
- Partnership with the U of C Mathison Centre for Mental Health Research and Education announced: November 10

## 2017

- Child Space marked its 10,000th visit
- SKCAC Forensic Interview Model fully developed
- MOU signed with Calgary Catholic School Board: May 2017
- Database launched
- Webster and Axel (our service dogs) join the team

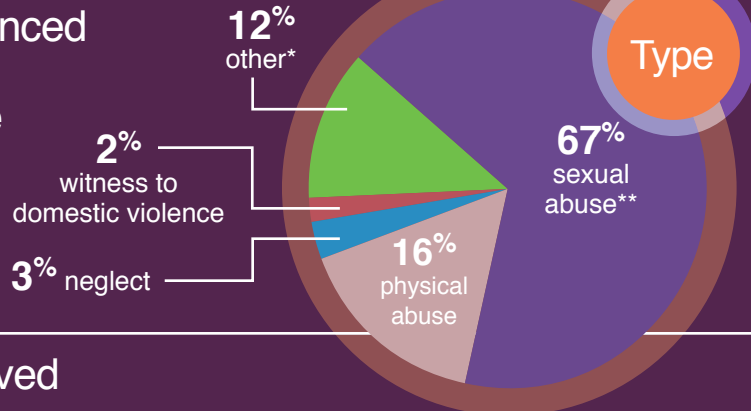


# Who we serve

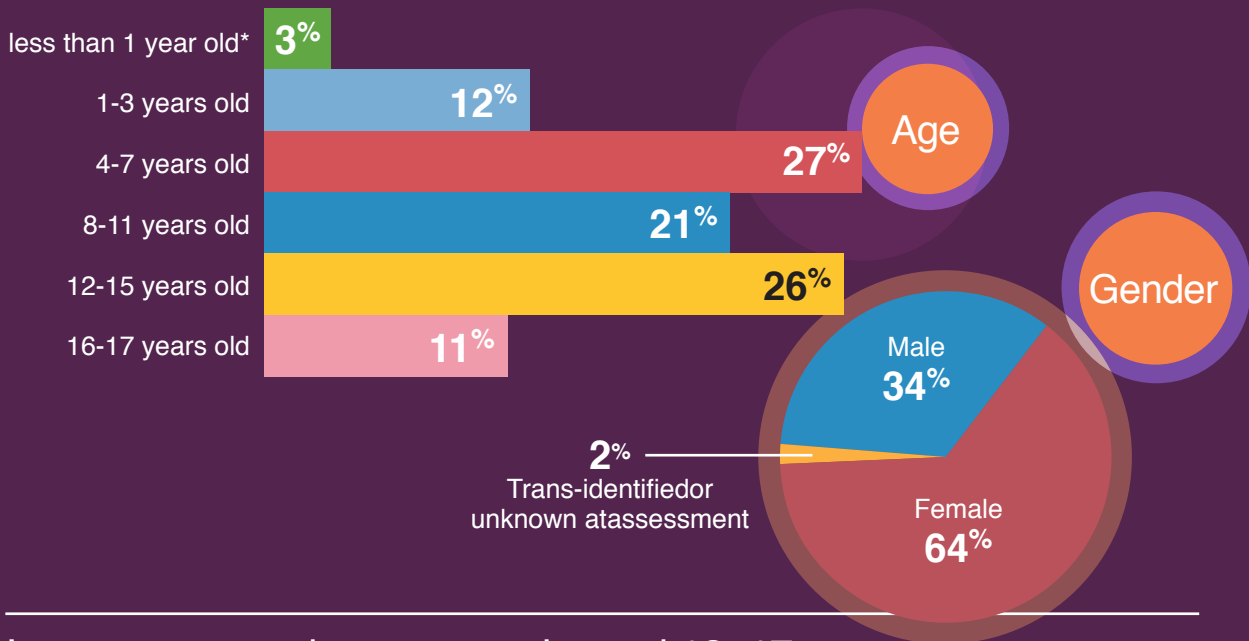
## 6,419 infants, children and youth

(123 cases per month) assessed over the past five years

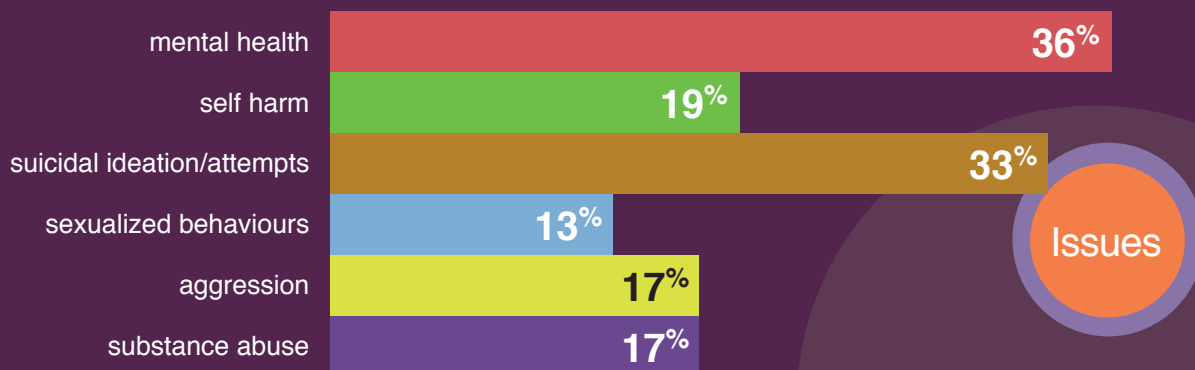
### Kinds of abuse experienced by children and youth assessed at the Centre



### Children and youth served



### Issues presented among youth aged 12–17



# Impact of the Integrated Model of Practice

## 1. Improved timeliness in the integrated assessment and investigation of child abuse cases

### ■ **Relevant and critical case information is now shared across partner agencies within minutes or hours instead of weeks.**

- Triage process is the “cornerstone” for facilitating shared information and case planning on a daily basis.
- Access to team members onsite, identified as a significant factor in the sharing of information.
- Staff identified that previously, approximately 80% of their time was spent ‘navigating the systems’, and 20% was spend in direct service delivery. Now, **80% of their time is focused on the child**, while less than 20% is spent gathering relevant information.

### ■ **Approximately 90% of children and youth are interviewed once instead of multiple times due to joint assessment and investigation processes, resulting in more efficient investigations and reduced stress for children, youth and families.**

- Conducting only one interview ensures accurate capturing of the child’s story. This reduces the likelihood of discrepancies across interviews and facilitates a stronger case in court.

### ■ **Direct access for Police and Children’s Services to medical assessments and consultations with medical specialists take minutes to hours instead of days, increasing the ability to make timely, informed decisions, keeping children and youth safer.**

- Crown indicated significant efficiencies with direct and fast access to medical reports.
- Previous to the SKCAC, medical specialists worked in isolation from the other agencies with no ability to easily communicate and discuss cases. Now, if identified at Triage, or in an interview, the medical specialists can see children and youth the same day or within the week.
- Prior to the SKCAC, medical specialists would have to wait days or even up to a week for vital information from police and Children’s Services. Now, connections can be made the same day the patient is seen. One Pediatrician commented, “This would have never happened before.”
- Children and youth previously waited in the emergency department or were referred to family physicians when child abuse was suspected, only to be redirected to the Child Abuse Medical Team. Direct referrals to the Child Abuse Medical Team now save the family time, decreases stress and increases capacity for the Emergency Department to serve other patients.
- With Physicians onsite, providing education, and attendance at Triage, Police and Children’s Services now have a better understanding of when a medical exam referral is beneficial for a child.
- Dedicated, onsite space for medical examinations within the SKCAC environment has provided a designated physical location that has attracted more physicians, increasing capacity of the pediatric medical team.

### ■ **RCMP working in rural detachments are directly connected to child abuse expertise at the SKCAC, providing children and youth with wraparound, specialized child abuse interventions and investigations in a timely manner.**

- Prior to the SKCAC, RCMP members in rural detachments lacked expertise specific to child abuse as well as knowledge of appropriate resources to access. They can now participate in Triage via phone and work with the RCMP officers on-site to share important case information faster, more accurately, and connect directly to a ‘Wrap Around’ team.
- The RCMP indicated the presence of the SKCAC is regarded as a one-stop Centre of expertise that improves access to services for victims of child abuse in rural areas.
- RCMP Members throughout Southern Alberta are provided with specialized training in child abuse interviews. This training is building capacity to conduct high quality forensic interviews which ultimately is improving the quality of investigations.



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## 2. Increased access to support and therapeutic resources for the child and their family

### ■ **The waitlist for therapy services has decreased by 60%, from 8 months to approximately 3 months.**

- Previously, for every one hour of direct client therapy, therapists would spend up to two hours collecting collateral information from partner agencies. Now, this information is collected in **approximately 30 minutes — 75% less time than before.**
- Through the integrated practice, therapists receive more timely, informed, and appropriate referrals to the program. This results in better understanding of children and youth's needs and addressing safety and risk factors. Ultimately, treatment is more appropriately targeted and can start faster.
- The Mental Health Position, created by the SKCAC, focuses on cases where there are acute and complex mental health challenges. As a result, the AHS Child Abuse Services team is able to see children and youth faster and focus on trauma treatment rather than stabilization. This has also decreased the number of children and youth who would go to the Emergency Department and then be "filtered" out to other programs.

### ■ **Previously, issues of child abuse and acute mental health were not acknowledged as connected and therefore not treated at the same time. These issues are now addressed together, using a trauma informed approach.**

### ■ **Children and youth experience decreased system induced trauma with access to a child friendly, comforting environment.**

- Prior to the SKCAC, children and youth were interviewed in community sites and police stations. Now, the SKCAC minimizes system induced traumatization for children and youth with access to a child friendly, comforting environment, including reception area/child space, interview areas and facility dogs.
- Children and youth feel safer, with staff indicating children and youth are more likely to engage and participate in the process with RCMP, Calgary Police Service (CPS) Detectives, Children's Services Assessors, Physicians and Therapists within the SKCAC.

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## 3. Enhanced collaboration among partners

### ■ **Shared accountability is now embedded in the culture of integrated practice, working in the best interests of the child, rather than being limited by scope, territory and mandate of each organization.**

- Professionals across sectors know, and trust each other, accommodating one another's requests to quickly and comprehensively respond to suspected child abuse. This teamwork facilitates more efficient assessments by professionals who work together to accommodate each others request.

### ■ **Expertise provided by Public Health is providing Children's Services more comprehensive information, leading to better decisions in the assessment of safety for high risk infants.**

### ■ **Partners now understand each others' "language", broadening each organization's capacity to share information and quickly understand the safety risks and concerns in each case.**

- Cross training between Alberta Health Services, Children's Services, Calgary Police and RCMP have resulted in more comprehensive assessments completed by each partner, ensuring families receive tailored support and interventions. Family strengths and protective factors identified are more clearly articulated, leading to a more consistent approach to case decisions.
- There has been a history of mistrust between Medical, Police and Children's Services in understanding each others role and mandate. With the integrated practice model, there is a better understanding of each others' roles with professionals working together in the best interest of the child.



- **SKCAC is now regarded as a Centre of expertise for access to information and specialized consultation by staff with Calgary Police, RCMP, Children’s Services, and Alberta Health Services who work outside of the Centre.**
- **Ongoing, open communication among professionals throughout the case, ensures children and youth receive the right supports, at the right time, by the right professionals.**
  - RCMP have indicated that previously, there was no one there to ‘catch the child’ after interviews were completed. Now, children and youth are provided with a wraparound team before, during and after the investigation to provide support during this time of crisis.
  - Police and Children’s Services have timely, immediate access to the therapy team for consultation when there are indicators of mental health challenges among the children and youth they are working with.
  - Treatment decisions are informed by ‘real time’ information from the Police and Children’s Services, ensuring that support is available and responsive to periods of high stress (e.g., testifying in court).
  - Previously, Police were often only involved in the interview process. Now, through integrated practice and co-location, police have the opportunity to develop ongoing relationships with the children and youth who attend and receive services at the Centre.
  - **100% of cases** have representatives from Police, Child Protection and Health (therapy and medical) participating in daily case assessment and planning.
- **Previously, the Education sector was not considered a partner and was not included in case conferences at the Centre. Now, Education is being invited to attend case conferences as appropriate.**

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## 4. More efficient and effective use of resources

- **The SKCAC focuses on specialized services that focus on the most complex 15% of urgent, forensic cases. This allows Children’s Services to more effectively support the other 85% of child intervention cases in the community.**
- **Medical exams are 50% shorter due to child centred, trauma informed preparation by the Child Life Specialist, decreasing child and parent anxiety.**
  - Physicians have identified a reduction in the amount of time they spend preparing children and youth for their exam from **30 minutes to approximately 5 minutes.**
- **Child abuse expertise developed at the SKCAC creates capacity within the partner organizations as Police, Children’s Services and Health professionals move into different roles outside of the Centre.**
- **Prior to the SKCAC, Physicians had varied levels of knowledge working with cases of possible child abuse. The mandatory pediatric residency program with the University of Calgary, introduced by the Lead Pediatrician at the SKCAC, is increasing capacity to address child abuse among new pediatricians.**
- **Higher quality forensic interviews are minimizing the need for the Crown to re-interview children and youth, reducing re-traumatization.**
  - Prior to the SKCAC, there was not a peer-review process in place to review forensic interviews. Now, with the Forensic Interviewer role, Police take part in peer review sessions monthly to receive feedback and improve forensic interview practices.

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## 5. Increased community knowledge and awareness of child abuse

- **Previously, very few media stories profiled issues and awareness of child abuse. Since the opening of the SKCAC, over 300 media stories have been shared with the community.**
- **The Swift Current Documentary has had significant impact on audiences regionally, provincially, and nationally. The documentary has reached audiences of all ages across the country through television, live screenings, and iTunes.**
- **Significant public awareness of the issue of child abuse has been raised through events such as Bull Bustin' and the chuckwagon races at the Calgary Stampede, demonstrating the power of partnership with our community and corporate sponsors.**
- **SKCAC provides a significant amount of educational presentations in the community and to professional organizations regarding the issue of child abuse and the impact of trauma.**
  - Sheldon Kennedy works tirelessly at the regional, provincial, and national levels, to share his story and educate audiences on the issues of trauma, abuse, and working together.
  - Presentations are provided for post secondary institutions and across the Education system.
  - Forensic Interviewer provides education to Police, Judges, Crown prosecutors, and others in the criminal justice system to enhance knowledge of memory, trauma, and forensic interview practices.
- **In response to a SKCAC online survey, 47% of teachers who suspected abuse, indicated that they did not report the abuse. In response to these findings, SKCAC has created an educational video in partnership with key stakeholders to bring awareness to the issues and responsibilities associated with child abuse.**
- **Youth Champions in 18 schools from 8 School Divisions engage in meaningful, sustained activities to learn about the impact of child abuse and trauma on brain development, build resiliency and promote a positive, safe climate in their school-community.**

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## Impact at the Provincial and National Levels

In addition to the impacts that have been realized at the regional level, the SKCAC has had significant influence in changing the conversation on child abuse and practice at the provincial and national levels. This has included:

- Initiating the conversation and taking a leadership role at the provincial level that has led to advancing the expansion of CACs in the province and development of a consistent integrated model of practice.
- SKCAC was one of the leads in bringing together CACs in Canada to develop national standards.
- RCMP is engaging the expertise of RCMP members at SKCAC to inform development of their integrated practice policy at the national level.
- SKCAC's Integrated Practice Framework has been integrated into the Provincial Nursing Practice Manual for public health nurses.
- Data collected at the Centre and evaluations/analysis focusing on SROI and the impact of integrated practice has been shared extensively and is influencing models of practice at the provincial and national levels.

# Moving Forward

Over the last five years, the SKCAC in collaboration with the partner organizations, community and government have demonstrated how commitment to a shared vision can transform how child abuse is understood and addressed by entire systems. This perseverance and dedication is knocking down barriers, resulting in ground breaking practice, research and evaluation; fearless innovation and new ways of working together. The significant impact made by the SKCAC in its first five years has set the foundation for continually advancing integrated practice based on strong evaluation and research. Understanding the impacts on practice across sectors, policies, and most importantly, on the children and youth impacted by child abuse and trauma advance our ability to “do better” every day for the most vulnerable in our communities.

Further evaluation will ensure the SKCAC continues to:

- Strengthen the integrated model of practice and policies implemented at the SKCAC continually advancing practice and improving outcomes for children, youth and their families (i.e., response times, effective interventions, child and family centred practice);
- Build capacity with Indigenous and rural communities as the SKCAC works in partnership to provide support and ensure all children have access to specialized services;
- Paint the picture of the “invisible trauma” that is presented across all sectors including the criminal justice system, mental health, medical health, and within child protection;
- Understand the impact of early and complex childhood trauma on issues of mental health, substance abuse, self-harm, sexualized behaviour and suicide over time;
- Influence all levels of government to position child abuse as a priority public health issue that is strongly linked to issues such as substance abuse, mental health, physical health and chronic disease later in life.