

# University of Regina

## Supplement to 2019-20 Operations Forecast

### Funding for a Child Trauma Research Centre

#### **Summary**

In response to a pressing societal need and the opportunity to work with the Sheldon Kennedy Child Advocacy Centre (the SK-CAC) located in Calgary, the University of Regina is proposing funding of \$10 million over five years, beginning in the 2019-20 provincial budget, to enable the creation and operation of a centre for child trauma research at the University of Regina.

#### **The need and opportunity**

Child abuse in Canada has enormous personal and societal costs. According to the Sheldon Kennedy Child Advocacy Centre, one in every three Canadians reports experiencing some form of child abuse. Children who have been abused are:

- 30% less likely to graduate from high school
- 4 times more likely to be arrested as a juvenile
- 26 times more likely to experience homelessness

Victims of child abuse are 4 times more likely to report self-harm or suicidal ideas and have 4 times as many contacts with mental health services. 72% of individuals in a detox program report histories of abuse. 65% of youth assessed at the SK-CAC struggle with mental health, suicide ideation, self-harm, and sexualized behaviours.

Child abuse is estimated to cost \$2.4 billion annually in Alberta alone. That is almost \$560 per person. For Saskatchewan that figure would translate to more than \$650 million annually and for Canada more than \$20 billion every year.

The SK-CAC, working with partner agencies in Alberta and particularly Calgary and employing a multi-disciplinary approach, assesses, investigates, intervenes, and provides therapy and support for child victims of sexual abuse and the most severe and complex cases of physical abuse and neglect. It has amassed a substantial database of information on child abuse and has potential access to much more data from more than 20 other child advocacy centres across Canada. (There are also over 900 such centres in the United States.) The SK-CAC lacks, however, the capacity to perform research using these data. It is particularly interested in the evidenced-based evaluation and evolution of its integrated practice model of assessment, support and therapy for victims of child abuse.

Abuse is not the only cause of childhood trauma. Trauma can also result from health conditions of major disease or injury, from bereavements such as a death in the family, from challenging living conditions, and from family separation.

Adding trauma from other causes substantially increases the estimate of the financial impact of child trauma and, accordingly, the benefits from successful intervention and treatment. A less than 0.3% reduction in the annual societal costs resulting child trauma in Saskatchewan would more than pay for the costs of the proposed University of Regina Child Trauma Research Centre. These savings would arise from outcomes such as:

- More effective and timely delivery of care to child trauma sufferers
- More appropriate referrals within the mental health treatment services
- Higher quality planning for prediction, prevention and intervention, including effective public education programs and high quality safety plans for children at risk
- Reduced repeat instances of traumatic events for individual children
- Reduced costs in the child safety programs, the justice system, social services and other public programs
- Improved ability for caregivers to support child trauma sufferers

### **The Saskatchewan Context**

Efforts are underway in Saskatchewan to create a horizontal cross-sector and coordinated approach that offers locally-relevant and targeted human service interventions. These interventions will focus on improving outcomes to address early childhood trauma, transform the lives of its individuals and families with the highest needs, while delivering value-for-money to ensure budget sustainability.

Integrated practice and multi-sectorial approaches are crucial to addressing the complex human services challenges and must be grounded in:

- **Evidence-Based Decision-Making:** Integrate broad data sets across government and organizations to build a holistic view of clients, identify key challenges and needs, and enable quantitative measurement of outcomes and value for money.
- **Local, Community-Based Solutions:** Solutions are developed and delivered by local organizations, ensuring solutions and programs are tailored to address each local community's needs and have local buy-in and ownership and include the voice of community members. This is particularly important for our Indigenous communities, whether remote or part of a larger urban setting.
- **Strategic Partnerships:** Identify, coordinate, and integrate people and resources across different sectors, organizations, and government to deliver a holistic solution, including local, regional, Indigenous, provincial, national and international partners.

- **Outcomes Based:** Focus on collective outcomes and value for resources to ensure long-term and sustainable impact.

Over the past five years, Saskatchewan has built several integrated delivery mechanisms to expedite delivery of services to citizens. The Hub, a model of integrated practice originating in Saskatchewan, identifies individuals or families with acutely elevated risk factors that cannot be addressed by a single agency alone, and mobilizes human service agencies (public and voluntary sector) toward a targeted and timely response specific to individual/family need. The Hub has broken down long-standing institutional silos, moving towards a shared philosophy of Collective Impact. Partnering with others, Saskatchewan is also aggressively developing integrated data sharing and analysis platforms to link this work and make evidence-based decision-making easier.

As well, philanthropic interests are looking for ways to improve outcomes through social innovation and social finance in partnership with the public, private and nonprofit sectors.

### **The University of Regina**

The University of Regina is the home of world-leading experts in disciplines that are essential to meeting these needs:

- **Psychology:** the assessment and treatment of deep trauma, depression, and related conditions, and the use of cognitive behavioural therapy, the primary treatment approach at the SK-CAC
- **Computer Science:** the analysis and interpretation of big data
- A wide variety of health professions including social work, nursing, therapeutic recreation and health studies, and education, with potential in areas such as music therapy and art therapy.

Other expert resources exist within areas such as Justice Studies, the Graduate School of Public Policy's health policy and administration faculty, and First Nations University of Canada, as examples.

In addition, Dr. Laurentiu Givelichian, Provincial Head of the Department of Pediatrics at the University of Saskatchewan and the Saskatchewan Health Authority has expressed his interest in and support for this initiative. Other selected experts in the Faculty of Medicine and in other health programs at the University of Saskatchewan, and practicing health professionals in the province and region would augment this base of knowledge and interest.

## **A Child Trauma Research Centre**

A Child Trauma Research Centre located at the University of Regina would address a major void in the Canadian landscape. While there are numerous centres in Canada that advocate, train and facilitate treatment with respect to child trauma, especially related to child abuse, and several centres in eastern Canada that do research on children and families (McGill) or on trauma across the age spectrum (a multi-institutional centre based in Montreal), we have been unable to identify any organization in this country that focuses predominantly on research on child trauma issues.

As an example in the United States, the Child Trauma Research Program in the Department of Psychiatry at the University of California, San Francisco, is “nationally recognized for its leadership in developing effective, family-centered interventions for children aged zero through five who experience traumatic events such as violence in the home or community; death of a loved one; or life-threatening accidents, illnesses, or disasters.” Its mission is “to develop, evaluate, implement, and disseminate effective treatment and service interventions....” But even this leading agency limits its scope to early childhood and is not multi-disciplinary. Other such programs are similarly restricted.

We have the opportunity to create at the University of Regina a centre that is exemplary in the North American context. Its work would encompass the following areas of need:

- Research to evaluate and advance best practices in therapy, intervention, victim and family support, volunteer programs, advocacy and public education (integrated practice)
- Research to establish the foundation and standard of evidence for Evidence-Based Decision-Making and Integrated Practice (EBDM/IP). Research evaluating and quantifying impacts for practitioners and end-users
- Data analytics to inform policy and practice, including analysis of provincial data via the Regional Data Centres and other data partners
- Measuring the social return on investment of various programs. Documenting the social and economic benefits of EBDM/IP
- Investigation of the relationship between child trauma and other social issues
- Development of exemplar training programs for health professionals, those in the justice system, and others working on various aspects of child trauma. Development of EBDM/IP curriculum across all faculties providing human service delivery – teaching practitioners how to share and examine issues differently using multiple lenses with an early intervention/prevention focus
- Examination of provincial and federal legislation and mapping out where legislative changes would help to accomplish EBDM/IP
- Building of the business case in support of an outcomes fund and social investment.
- Publication of the research and development results

Funding of \$10 million over the initial 5-year period is required for the following anticipated costs:

- Funding of initial research projects; support for preparation of grant applications; student research assistants
- Knowledge transfer through conferences and publications (staffing, events, website development, social media development and materials, document preparation and distribution)
- Non-salary costs (phone, computers, analytics, printing, office supplies, travel, memberships, professional development, etc.)
- Space rental
- Full-time academic director (to be recruited) (salary and benefits)
- Administrative assistant (salary and benefits)
- Development officer (salary and benefits)
- Recruitment and relocation costs (one-time)

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