



NATIONAL
CHILDREN'S
ALLIANCE®

Healing, Justice, & Trust

A National Report on Outcomes for Children's Advocacy Centers

2015

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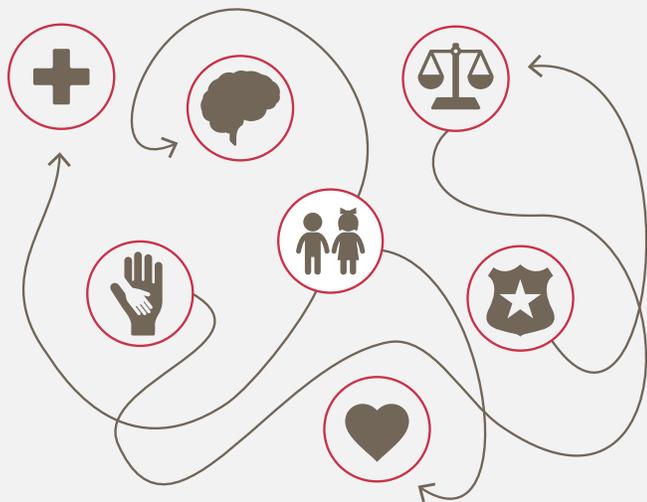
What is the National Children’s Alliance?

NCA is the national association and accrediting body for a network of more than 800 Children’s Advocacy Centers—CACs. We provide support, advocacy, quality assurance, and national leadership for CACs, all to help support the important work that CACs do in communities across the country. CACs provide a coordinated, evidence-based response to children who have been abused in all 50 states.

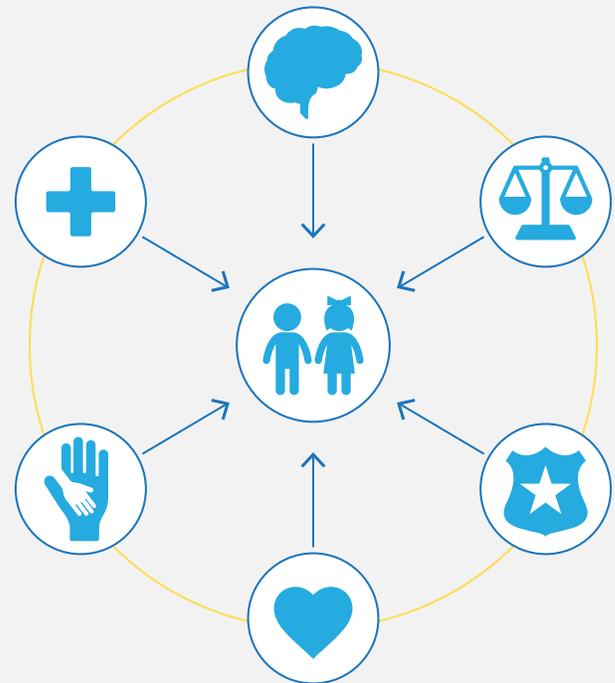
What are CACs and how do they help kids?

To understand what a CAC is, you must understand what children face without one. Without a CAC, the child may end up having to tell the worst story of his or her life over and over again, to doctors, police, lawyers, therapists, investigators, judges, and others. They may not get the help they need to heal once the investigation is over, either.

Without CACs



With CACs



When police or child protective services believe a child is being abused, the child is brought to the CAC—a safe, child-focused environment—by a caregiver or other “safe” adult. At the CAC, the child tells their story once to a trained interviewer who knows the right questions to ask. Then, based on the interview, a multidisciplinary team (MDT) that includes medical professionals, law enforcement, mental health, prosecution, child protective services, victim advocacy, and other professionals make decisions together about how to help the child. Finally, they offer a wide range of services like therapy, medical exams, courtroom preparation, victim advocacy, case management, and more.

What is OMS and what does it tell us?

The National Children's Alliance offers OMS to help CACs evaluate their programs to increase the quality of services provided to children and families and improve the collaborative efforts of MDT members.

The Outcome Measurement System was originally developed by CACs of Texas in collaboration with the RGK Center at the University of Texas at Austin. The rigorous, evidence-based process of developing OMS began in 2006 and launched to CACs of Texas members in 2010. The National Children's Alliance began a national pilot of the OMS program in 2012 and, with collaborative help to streamline and improve the process from the Crimes Against Children Research Center at the University of New Hampshire, expanded the program for nationwide use in 2014.

Hundreds of CACs participate in the Outcome Measurement System (OMS) to make sure that the services they provide to kids and families—and the MDT model—are working. Through OMS, these centers ask caregivers of children served by CACs and their MDT members standard survey questions to measure how well they are providing three things to children and families:

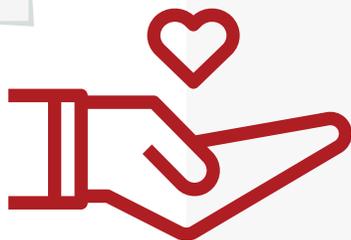
- **Healing:** Restoring the lives of children and families after abuse
- **Justice:** Striving toward just outcomes for victims of abuse and protecting all kids from abusers
- **Trust:** Ensuring children, families, and MDT members can trust their center and the CAC model

OMS helps centers evaluate their efforts to increase the quality of services they provide and to improve the collaborative efforts of MDT members by measuring two main outcomes:

The items on each survey were designed to measure two overarching outcomes:

1. **How well the CAC facilitates healing for children and caregivers.**
2. **Whether MDT approach results in more collaborative and efficient case investigations.**

In 2015, **580** Children's Advocacy Centers
submitted a total of



41,593
Caregiver Surveys



11,472
Multidisciplinary Team
(MDT) surveys

Highlights from 2015 Annual National Data

CACs strive to provide children and families with healing and justice in a child-focused, safe setting they can trust. In this report, we will break down data that demonstrates CACs are achieving each of these three goals. Here are a few highlights.



Healing

95% of caregivers agree that CACs provide them with resources to support their children.



Justice

98% of team members believe clients benefit from the collaborative approach of the MDT.



Trust

If caregivers knew anyone else who was dealing with a situation like the one their family faced, 96% would tell that person about the center.





Healing

CACs help to restore lives after abuse

CACs help caregivers and kids feel safe

“It was not as scary as I thought it would be. You all took the fear out of coming in there and talking. You also did a great job at explaining everything that was happening.” ¹



“My child felt safe at the center.” **96.8% Agree**

CACs help families support their kids

“The services I have received have helped me to support my child and meet his or her needs.”

96% Agree



“Everyone seemed to have the whole family’s best interest in the whole situation. They want to be here for us, and help us heal.” ¹

Caregivers are satisfied with information and services CACs offer to them and their children

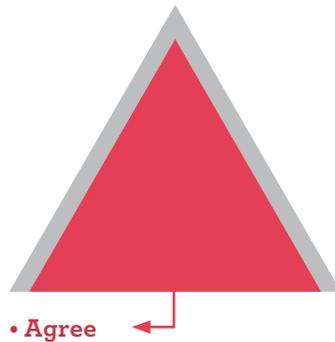
Caregivers are overwhelmingly satisfied with the types of services available from CACs: 93% said the services provided by their CAC met all their child’s needs, and **94% said they didn’t need additional services for themselves or other caregivers.**

“It seems like we can begin the healing process & start to put this behind us.”¹



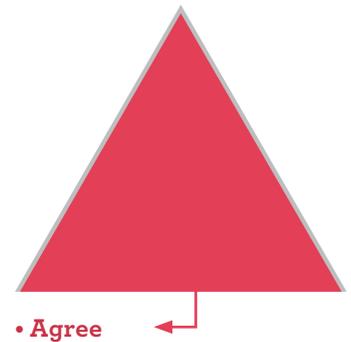
88% Agree

“I was given information about possible behaviors to expect from my child after we leave the center today and in the days and weeks ahead.”



97% Agree

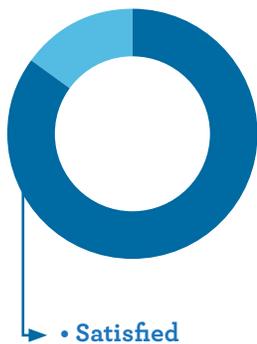
“I was given information about the various services and programs provided by the center.”



Caregivers are satisfied with medical and mental health services

85% of caregivers are satisfied

with the child’s medical exam



89% of caregivers are satisfied

with the child’s mental health/therapy services



84% of caregivers are satisfied

with mental health/therapy services for themselves/caregivers





Justice

CACs strive to ensure just outcomes for kids and protect all children from abusers

What is a Multidisciplinary Team (MDT)?

The work of a CAC is built around its MDT, a team that includes medical professionals, law enforcement, mental health providers, prosecution, child protective services, victim advocates, and other professionals. The team reviews the forensic interview and other case information, and then makes decisions together about how to help the child. This team collaboratively shares case information that each team member needs to perform their function to ensure the best outcome for the child.

How do MDTs help provide justice and protection?

By coordinating the investigation and combining the available evidence on the child's case, the MDT helps build a complete picture of the abuse. This helps prosecutors build stronger cases against abusers, helps courts to determine just outcomes to protect all children from the abuser, and helps child protective services (CPS) determine the best interests of the child.

CACs foster collaboration among partners in justice

An MDT member from law enforcement:

“The strong multidisciplinary team that we have in our county... makes my job as a detective so much easier in bringing justice for these children. Everyone is a key component in giving these children hope for the future.”



A mental health provider and MDT member:

“Everyone works hard to help these families and children. They are dedicated to the best interest of the child. It is a respectful and collaborative environment.”



A child protective services worker who serves on an MDT:

“All team members work together collaboratively and communicate with each other effectively to help create shared awareness and shared ideas.”



98% Agree

“I believe the clients served through the center benefit from the collaborative approach of our MDT.”



98% Agree

“The Children’s Advocacy Center Model fosters collaboration.”



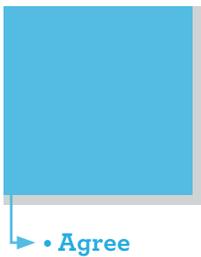
Caregivers agree CACs are determined to see cases resolved

“This center has done everything possible to make myself and my child feel safe.”¹



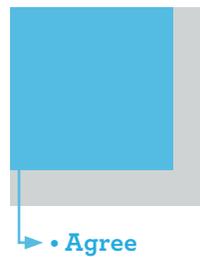
95% Agree

“I feel the center has done everything it can to assist my child and me.”

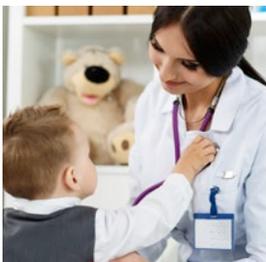


82% of caregivers are satisfied

with the information/updates they receive about the status of the child’s case



MDT members agree the CAC model helps them work cases better



A medical provider/MDT member:

“The MDT meetings are conducted in such a way that fosters communication among members of the team... Respect is given to the concerns and opinions of other members of the team. The CAC also does a great job at looking for ways to improve and stay on top of the newest research...”

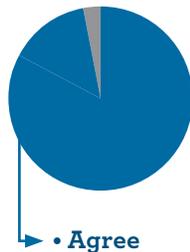
A forensic interviewer on an MDT:

“Everyone is allowed to share freely without judgment.”



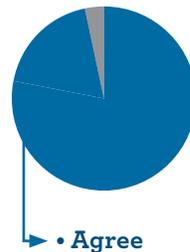
97.1% Agree

“I have the opportunity to provide input into the forensic interview process, thereby securing the level of information needed to fulfill my area of responsibility.”



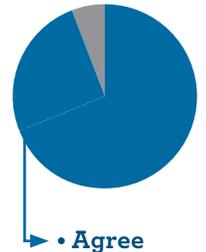
96.8% Agree

“The center provides resources that help me work on these cases better.”



94.3% Agree

“Case review team meetings are useful in the development of cases.”





Trust

Children and families served know they can trust their center and the CAC model

CACs foster collaboration among partners in justice

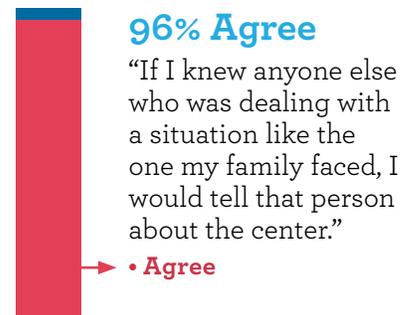
A caregiver of a child served by a CAC:

“Everyone seemed to have the whole family’s best interest in the whole situation. They want to be here for us, and help us heal.” ¹



A caregiver of a child served by a CAC

“We felt like someone was finally on our side and willing to listen.” ¹



Caregivers trust CACs to tell them what to expect

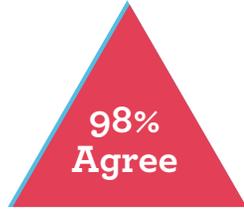
“The tour alongside with us (parents) made them feel comfortable and know [we] were here to be helped.” ¹



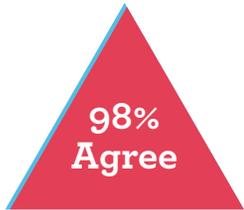
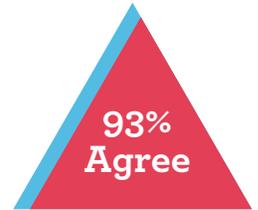


“They were very good at explaining what was going to happen and what to expect.” ¹

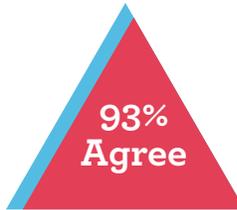
“The process for the interview of my child at the center was clearly explained to me.”



“I feel I have received information that has helped me understand how I can best keep my child safe in the future.”



“My questions were answered to my satisfaction.”



“After our visit at the center, I feel I know what to expect with the situation facing me and my child.”

MDT members and their agencies trust the CAC model and each other



“Team members willingly share information relevant to our cases.”



“My supervisor/agency is supportive of the CAC concept and the work of the MDT.”

“All members of the MDT, as defined by the needs of specific cases, are actively involved.”



“Members of the MDT demonstrate respect for the perspectives and informational needs of other team members.”



“Other team members demonstrate a clear understanding of my specific agency-related role and turn to me for information, expertise, and direction as appropriate.”



“The center provides an environment where I feel safe expressing my concerns or making suggestions about the MDT.”

CACs and Chapters trust the information in OMS to improve their work

“As [an] advocate, the open-ended questions provide the most viable information for me. Was I friendly, helpful, [did I] answer questions? When one category is low, we work to build it back up.”



“OMS has helped us give feedback to different program areas, for example: staff members on creating a safe space, on the resources shared/needed, and on other needs of the family.”

“As we combed through the data we realized that the measures that were the low-scorers had to do with functions that could be handled by advocates. Using the OMS data as the basis of a grant-funded initiative, we focused on supporting their unique role as a family’s ‘rock’ through the process.”



—Caitlin Smith, West Virginia Children’s Advocacy Network



“This data allows us to describe to funders the impact and quality of our work that goes beyond the number of kids we serve. We use this data to drive decision-making for immediate training needs and trends, and it even spurs team dialogue about why the full array of CAC services and follow-up is so important.”

—Aurora Myers, Children’s Advocacy Centers of Kansas

“Most funders are requesting client feedback, so this is becoming much more important.”



“Using the OMS results greatly strengthened our relationship with the Governor’s Task Force on Children at Risk, which has a very similar mission as our Chapter. They could see the value of what our CACs were doing and the vital role the Chapter can play. It has improved our working relationship.”

—Kathy Downes, Idaho Network of Children’s Advocacy Centers

“OMS data was used for a legislative day at our capital. The data was used in a brochure for the day and our new [state child protective services] director incorporated the data into his address.”



¹ Actual quote from a caregiver whose child was served by a CAC in 2015. Survey responses are collected anonymously and the photo is for illustration only.

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