



NATIONAL  
CHILDREN'S  
ALLIANCE®

# Healing, Justice, & Trust

**A National Report on Outcomes for Children's Advocacy Centers**

2016

# Healing, Justice, & Trust

## A National Report on Outcomes for Children’s Advocacy Centers 2016

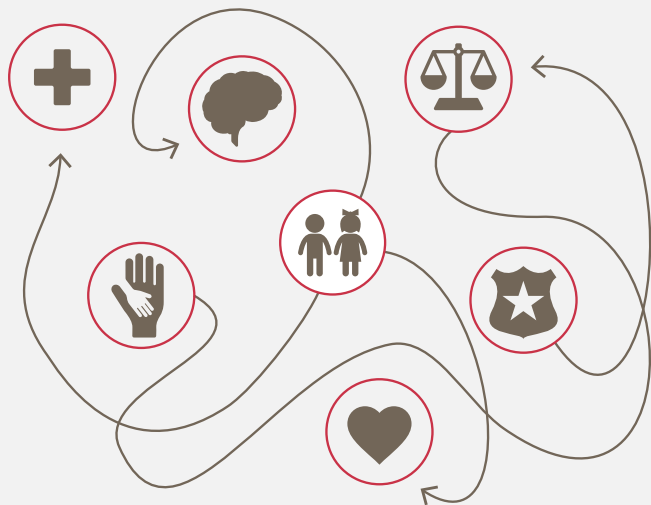
### What is the National Children’s Alliance?

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.

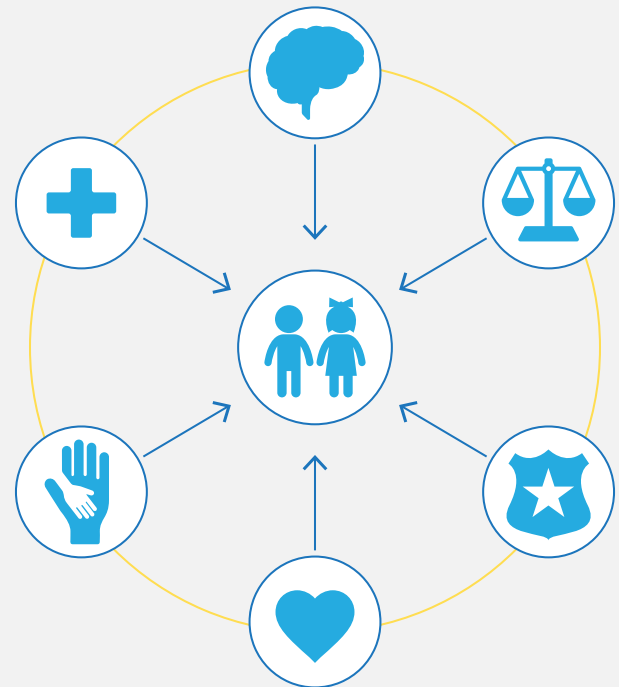
### What are CACs and how do they help kids?

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 the Outcome Measurement System (OMS) to help CACs evaluate their programs to increase the quality of services provided to children and families and improve the collaborative efforts of multidisciplinary team (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.**

Two caregiver surveys are utilized to measure the first outcome and one MDT survey is utilized to measure the second outcome. Caregivers are asked to complete an initial survey at the end of their first visit to the CAC and then caregivers are asked to complete a follow-up survey two months later to provide feedback on their experiences with the CAC over that two month period. MDT Surveys are given to all team members twice a year, approximately 6-months apart, to give feedback on the current functioning of the team across all cases.

In 2016, **681**  
Children's  
Advocacy  
Centers  
submitted a total of



**48,521**  
Caregiver Surveys



**12,685**  
Multidisciplinary Team  
(MDT) surveys

## Highlights from 2016 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.



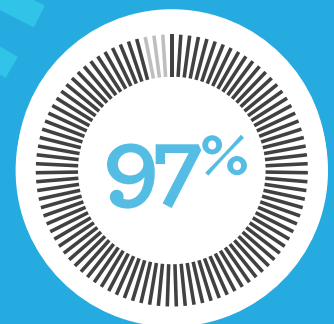
### Justice

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, 97% would tell that person about the center.





# Healing

CACs help to restore lives after abuse

## CACs help caregivers and kids feel safe

“Everyone at the child safe center made me feel welcomed and made my children feel safe. I feel that my anxiety, as well as my daughters, has reduced due to the fact that we have more knowledge as to what’s to come.” <sup>1</sup>



“My child felt safe at the center.” **97% 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**



“I appreciate that the staff seems truly interested in the healing process of my child.” <sup>1</sup>

## 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.**

“They were so nice and sweet to my baby girl. They were patient and kind to myself and my child. They also made sure I knew all the information I needed. I am very grateful for this center.” <sup>1</sup>

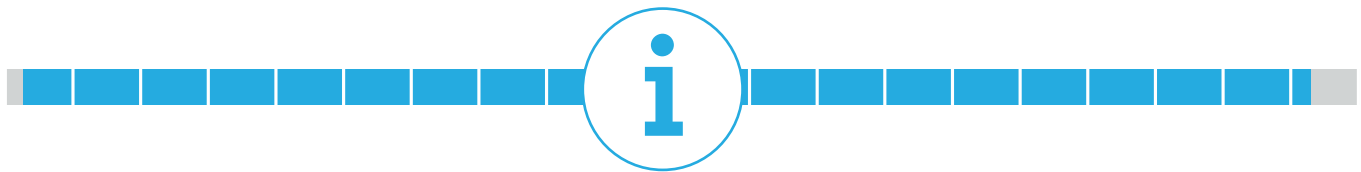


### 97% Agree

“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.”

### 93% Agree

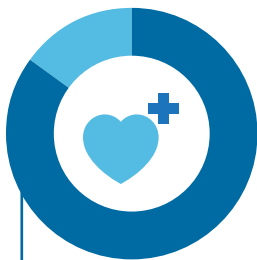
“I was given information about the various services and programs provided by the center.”



## Caregivers are satisfied with medical and mental health services

### 88% of caregivers are satisfied

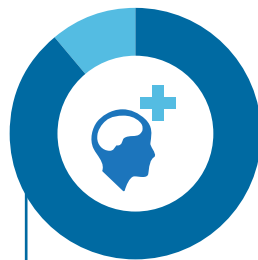
with the child’s medical exam



• Satisfied

### 90% of caregivers are satisfied

with the child’s mental health/therapy services



• Satisfied

### 87% of caregivers are satisfied

with mental health/therapy services for themselves/caregivers



• Satisfied

Since last year, caregiver satisfaction with CAC medical and mental health services for themselves and their children has improved significantly. Satisfaction with medical exams for their children went **up 2.7%—about 70,000 more children** with happy parents! Caregivers reporting they were “very satisfied” with medical exams rose by 3.4%. Caregivers were also significantly happier with mental health services for themselves—3.4% more parents were “very satisfied” with their own services! **CACs are helping caregivers better understand what to expect.** Keep it up!





# 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.

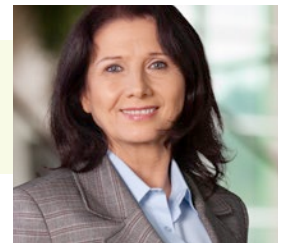
## How do MDTs help provide justice and protection?

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 help partners work together to get justice for children

A prosecutor and MDT member:

“This is the best system for investigating and prosecuting cases. It really helps to have everyone involved from the beginning.”



A mental health provider and MDT member:



“I believe the MDT provides the patients with comprehensive and compassionate care and am proud to be part of the team.”

A law enforcement officer who serves on an MDT:

“Our local CAC is amazing to work with and they make my job so much easier. I am grateful for a strong, intelligent, hardworking interviewer and advocate who always get the job done and strive to make it even better for all of us, especially the children we serve.”



## 98% Agree

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



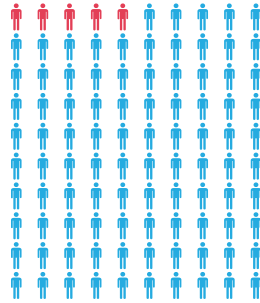
## 98% Agree

"The Children's Advocacy Center Model fosters collaboration."



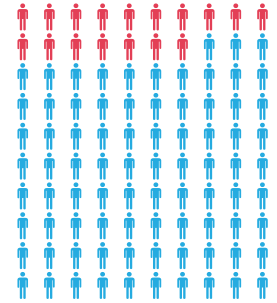
## 95% Agree

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



## 83% of caregivers are satisfied

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



## Caregivers agree CACs are determined to see cases resolved

"I appreciate that the staff were all on same page. They were quick to provide safety and reassurance to both myself and my granddaughter."<sup>1</sup>



## MDT members agree the CAC model helps them work cases better

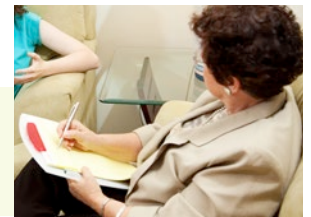


A CPS worker and MDT member:

"This team is a vital component for ensuring child safety and providing all-inclusive services to meet the needs of the family."

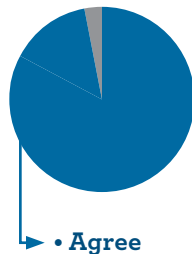
A victim advocate on an MDT:

"Overall, the team works very well together and works hard to ensure every case is handled appropriately."



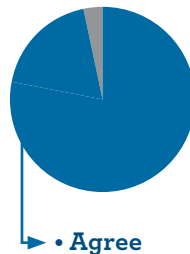
## 97% Agree

"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."



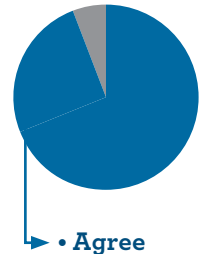
## 96% Agree

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



## 98% Agree

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







# Trust

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

## Caregivers trust CACs are on their side

“The attention to detail and accommodations to make sure my child felt safe and free to talk or even not talk.” <sup>1</sup>



“Staff was very caring. I felt my child was in good hands during the first visit, and I could trust the people at the center.” <sup>1</sup>

**99.6% Agree**

“Staff members at the center were friendly and pleasant.”

→ • Agree

**99.3% Agree**

“When I came to the center, my child and I were greeted and received attention in a timely manner.”

→ • Agree

**96.7% Agree**

“If I knew anyone else who was dealing with a situation like the one my family faced, I would tell that person about the center.”

→ • Agree



All three of these key, basic measures of caregiver trust in the CAC model were slightly up since last year, despite already being nearly perfect. Keep up the great work!

## Caregivers trust CACs to tell them what to expect

“Everyone there gave us information that we needed to be able to understand what our daughter was dealing with so we could make good decisions for her. I felt we received a lot of support there. Thank you.” <sup>1</sup>





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

“The center staff made sure I understood the reason for my visit to the center today.”

**99% Agree**



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

**98% Agree**



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

**98% Agree**



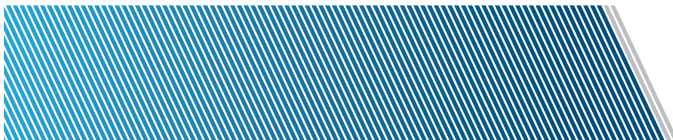
“My questions were answered to my satisfaction.”

**94% Agree**



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

**98% Agree**



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

**99% Agree**



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

**96% Agree**



“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

“Results from caregiver surveys enhance discussions around service provision at our statewide CAC Provider Council meetings and we also provide outcomes to our funders and the public through outreach materials. Our centers also use MDT survey results annually to guide conversations”

— Meg Hatch, Maine Network of Children’s Advocacy Centers



“We often include an “Outcome Measurement News” section in our monthly newsletter to highlight statistics, internal and external uses of OMS. We routinely incorporate OMS into our statewide Membership Meetings, sharing data and sparking conversations about CAC outcomes. We have also created informational flyers for several of our member centers that utilize OMS to effectively reflect the impact of the CAC on the child, the caregiver, the MDT, and the community.”

— Heather Phelps, South Carolina Network of Children’s Advocacy Centers (SNCAC)



A CAC professional:

“OMS data was used for a legislative day at our capital. The data was used in a brochure for the day and our new DCFS director incorporated the data into his address.”



A CAC professional:

“The OMS project helped us to receive Children’s Justice Act Funding from [our state]. The results have also helped developing communities and individual MDT professionals to see the benefits of the model.”



A CAC professional:

“I have used [OMS results] to educate legislators to show that professionals value the MDT/advocacy center model”



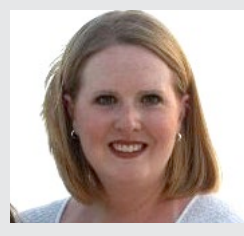
“Our CAC works within a larger health care system with multiple layers. OMS helps our program stand out to funders and administrators. It provides concrete information about the work we do with victims, families, and team members, increasing the visibility and long-term sustainability of the CAC.”


—Jane Holzrichter - Horizons Child Advocacy Center (Hutchinson, KS)



“We use OMS Reports wherever we can, to improve the quality of services our agency provides, and that our Team provides to our clients. The surveys help us identify problems that we wouldn’t otherwise be aware of, as well as celebrate successes when outstanding positive results are captured.”

—Charlsi Legendre - Nashville Children’s Alliance



The background is a solid blue color with a pattern of diagonal lines and arrows. The lines are white and dashed, and the arrows are white and solid. The lines and arrows are arranged in a way that creates a sense of movement and direction, pointing towards the top right of the page.

<sup>1</sup>. Actual quote from a caregiver whose child was served by a CAC in 2016. Survey responses are collected anonymously and the photo is for illustration only.

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