



SOUTH CAROLINA NETWORK OF CHILDREN'S ADVOCACY CENTERS

Healing, Justice, & Trust

*A Statewide Outcomes Measurement System Report for
Children's Advocacy Centers in South Carolina*

2016



Healing, Justice, & Trust

A Statewide Report on Outcomes for Children’s Advocacy Centers 2016

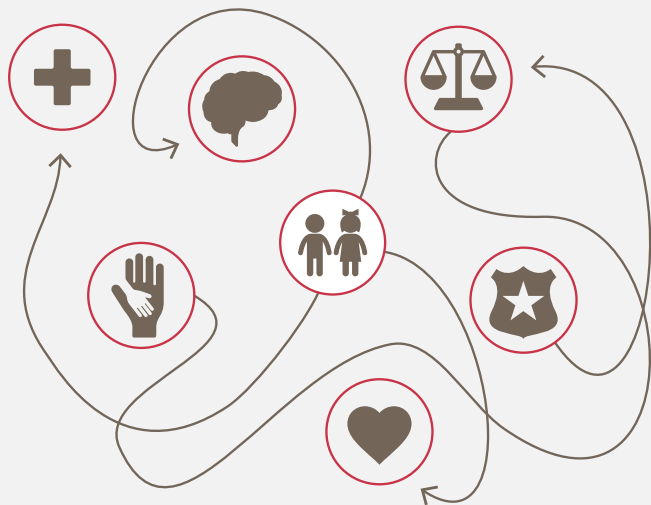
About the South Carolina Network of Children’s Advocacy Centers (SCNCAC)

SCNCAC is the state association and coordinating body for a network of 17 Children’s Advocacy Centers (CACs) in South Carolina. We provide support, advocacy, quality assurance, and statewide leadership for CACs, all to help support the important work that CACs do in communities across South Carolina. CACs provide a coordinated, evidence-based response to children who have been abused in South Carolina.

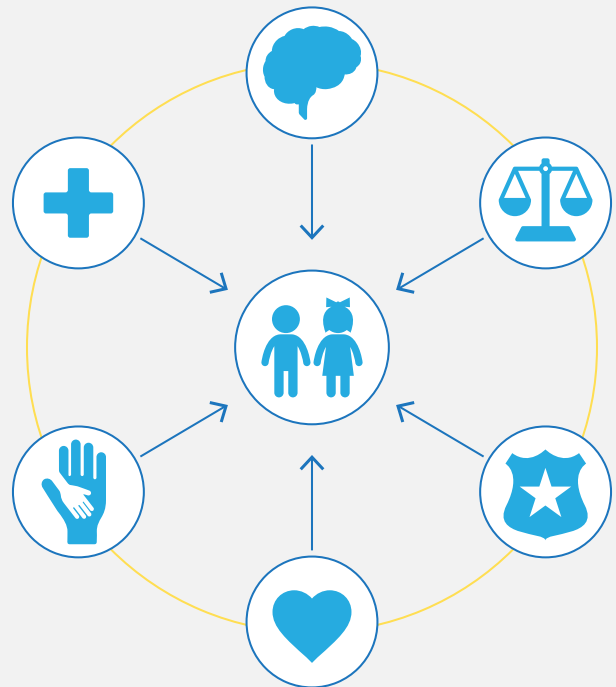
What are CACs and how do they help kids in South Carolina?

To understand what a CAC is, you must understand what children face without one. Without a CAC, a 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 also not get the help they need to heal once the investigation is over.

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 for the child and non-offending caregivers.

What is OMS and what does it tell us?

All South Carolina CACs participate in the Outcome Measurement System (OMS) to help them to 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. Children's Advocacy Centers participated in a National Children's Alliance (NCA) pilot project of the OMS program in 2012. NCA, 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. South Carolina CACs began participating in the Outcome Measurement System (OMS) in 2014 to make sure that the services they provide to kids and families, and the MDT model, are working. Through OMS, our 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 in South Carolina:

- **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 South Carolina CACs 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 the MDT approach results in more collaborative and efficient case investigations.**

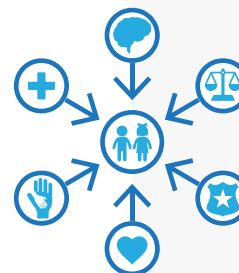
Two caregiver surveys are utilized to measure the first outcome and one MDT survey is utilized to measure the second outcome. Caregivers, on a random basis, are asked to complete an initial survey at the end of their first visit to the CAC and then caregivers are asked to complete a follow-up survey 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,
South Carolina
Children's
Advocacy
Centers served
8,160 children
and submitted a total of



993

Caregiver Surveys



371

**Multidisciplinary Team
(MDT) surveys**

Highlights from 2016 Annual Statewide Data

South Carolina 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

93% of caregivers agree that CACs provide them with resources to support their children.



Justice

99% 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, 98% would tell that person about the CAC.





Healing

CACs help to restore lives after abuse

CACs help caregivers and kids feel safe

“I strongly feel that the staff here truly care for the emotional wellbeing of the entire family” ¹



“My child felt safe at the center.” **94% 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.”

92% Agree



“We absolutely appreciate everyone and everything you all did for our daughter and for the family” ¹

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

Caregivers are overwhelmingly satisfied with the types of services available from CACs: **90%** said the services provided by their CAC met all their child’s needs, and **93%** said they didn’t need additional services for themselves or other caregivers.

“Everyone at the center was very helpful. They made my daughter and I feel very comfortable and like we mattered.”¹



90% of Caregivers Agree

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

95% of Caregivers Agree

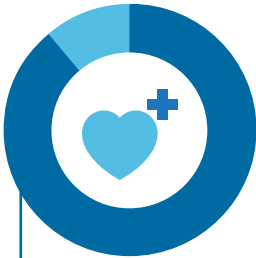
“I was given information about the various services and programs provided by the center.”



Caregivers are satisfied with medical and mental health services

93% of caregivers are satisfied

with the child’s medical exam



• Satisfied

97% of caregivers are satisfied

with the child’s mental health/therapy services



• Satisfied

88% of caregivers are satisfied

with mental health/therapy services for themselves/caregivers



• Satisfied

South Carolina statistics for caregiver satisfaction with CAC medical and mental health services for themselves and their children are above national averages. Caregivers reporting satisfaction with medical exams for their children were **5% higher in South Carolina!**

Caregivers reporting they were satisfied with child mental health services were **7% higher in South Carolina.** Caregivers were also happier with mental health services for themselves

with **1% more** being satisfied with their own services! **South Carolina 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 South Carolina 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 solicitors build stronger cases against abusers, helps courts to determine just outcomes to protect all children from the abuser, and helps Department of Social Services (DSS) child protective services (CPS) determine the best interests of the child.

CACs help partners work together to get justice for children

A MDT members comment on informational needs of MDT members:

"I often learn valuable information regarding my cases that I would not know otherwise." ²



A MDT members comment on the CAC model & collaboration:



"Provides the best forum for collaboration on child abuse investigations." ²

A MDT members opinion about the MDTs impact on the community:

"We could not survive without the services of the CAC. Our victims would not receive the counseling or treatment to help them cope with their situation. The CAC is such a vital program for our county" ²



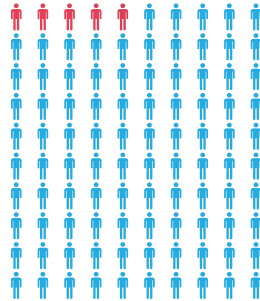
98% of MDT Members Agree

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



95% of caregivers Agree

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



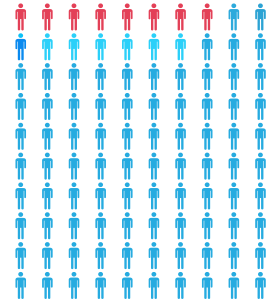
97% of MDT Members Agree

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



92% of caregivers are satisfied

with the CAC response and availability to answer any questions they had since their first visit to the CAC.



Caregivers agree CACs are determined to see cases resolved

"Everyone was very friendly and their best interest was my child's recovery."¹



MDT members agree the CAC model helps them work cases better



A MDT member survey comment:

"The CAC is extremely professional and helpful! I enjoy working alongside them to protect our children in our county."²

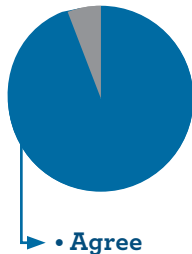
Another MDT member survey comment:

"The CAC is vital for investigations and prosecution of crimes in this area"²



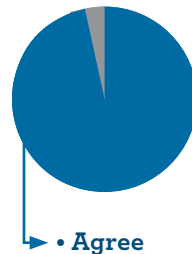
95% Agree

"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."



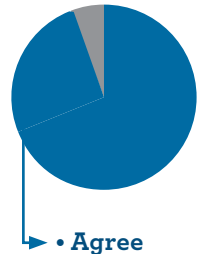
97% Agree

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



95% 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 Children’s Advocacy Center was a very nice, comfortable setting, with great professionals” ¹



“We loved the kind faces and welcoming atmosphere” ¹

94.8% Agree

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

→ • Agree

98.9% Agree

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

→ • Agree

97.7% 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 have remained consistently strong in South Carolina over the past few years. Keep up the great work!

Caregivers trust CACs to tell them what to expect

“They not only helped my child with her questions but also helped me with mine.” ¹





“Thanks for all the information and time you spent with my family and I.” ¹

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

98% Agree



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

97% Agree



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

90% Agree



“My questions were answered to my satisfaction.”

97% 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.”

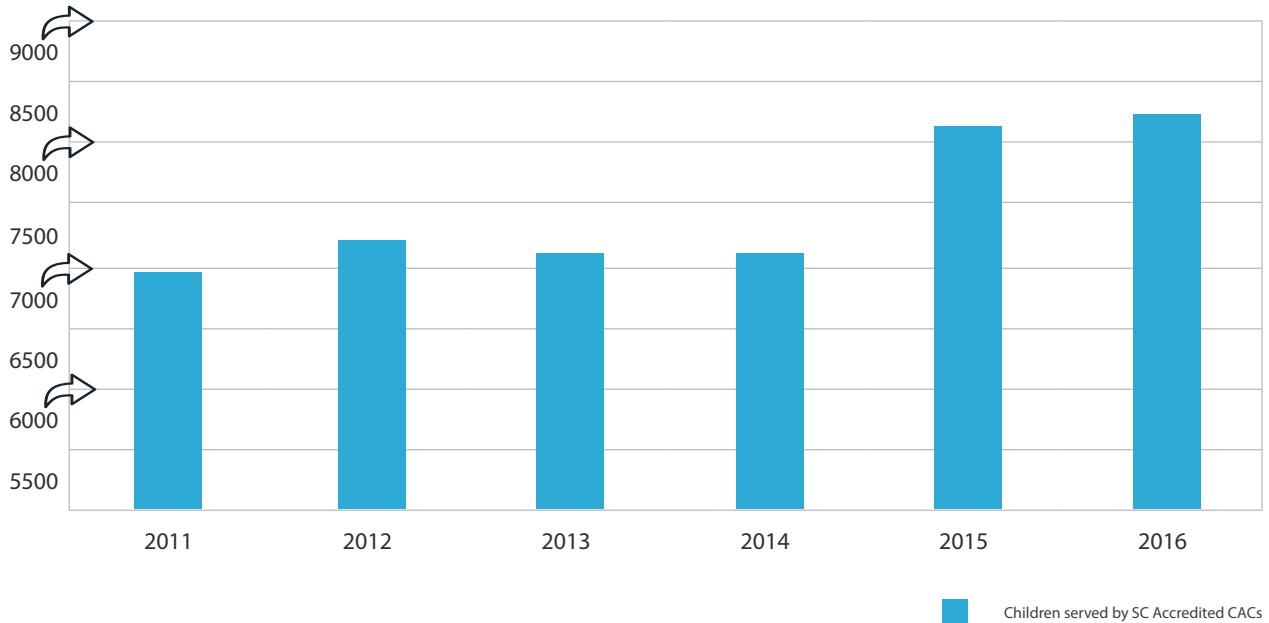
96% Agree



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

Trends and Annual Statistics

The CAC model in South Carolina has seen tremendous growth over the past few years. The below chart shows the number of children served by accredited CACs in South Carolina from 2011 to 2016. Even with increasing service numbers and some reduction in federal funding, South Carolina CACs continue to meet the needs of child victims, families and the CAC/MDT professionals who provide services to children.



The below 2016 service numbers were collected from South Carolina accredited CACs during 2016. They do not reflect any numbers from associate/developing or affiliate CACs.



8,160
Children served by accredited CACs in South Carolina



73,672
Children & Families provided with abuse prevention and other services by CACs



26,616
Case management/coordination services provided by CACs



46 of 46
South Carolina counties served by single county or regional CACs





¹ *Actual quote from a caregiver whose child was served by a South Carolina CAC in 2016. Survey responses are collected anonymously by all South Carolina CACs and the photo is for illustration purposes only.*

² *Actual quote from a South Carolina MDT member in a 2016 MDT survey response. MDT surveys are collected anonymously by all South Carolina CACs and the photo is for illustration purposes only.*

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