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**Developing a Children's Advocacy Center  
A Four-Step Methodology**

**2000**

# **DEVELOPING A CHILDREN'S ADVOCACY CENTER**

## **A FOUR-STEP METHODOLOGY**

Produced by the Northeast Regional Children's Advocacy Center  
in collaboration with  
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# DEVELOPING A CHILDREN'S ADVOCACY CENTER

## FOUR-STEP METHODOLOGY

Set forth in the attached document are the initial procedures that we recommend communities follow when considering the possibility of developing a Children's Advocacy Center (CAC). The process is designed to be used with the "Best Practices" manual published by the National Children's Advocacy Center and uses resources in a time and cost-effective manner. Therefore, the steps in the process are progressive-- each step requires an increased commitment of time by the emerging CAC and requires a positive outcome from the previous step to warrant the continuation of the process.

The first two steps, the **Needs Assessment** and the **Feasibility Study** are often confused. They have two distinct, yet complimentary, purposes:

- The **Needs Assessment** is used to determine if the incidence of a particular problem justifies intervention to redress the problem;
- The **Feasibility Study** is used to decide whether -- beyond a clear and compelling need-- a community has the interest and resources to develop a specific program successfully -- in this case a CAC.

The two final steps, the **Work Plan** and **Evaluation**, can assist communities who have committed to the undertaking of establishing a CAC:

- Community professionals and leaders decided upon establishing a CAC will typically meet and form a Working Committee to develop the program for coordinated intervention, investigation, and prosecution of child abuse. The **Work Plan** outlines the key steps we recommend the Working Committee take as it begins the process of establishing a CAC.
- Early evaluation of agency procedures can aid in the formation of a CAC and its later effectiveness. A balance of qualitative and quantitative methods creatively applied can address many questions CACs want to answer. This **Evaluation** curriculum describes the evaluation aspects unique to CACs and offers a guide for developing an agency-specific evaluation design.

# NEEDS ASSESSMENT

Undertaking a needs assessment is the first step necessary in establishing a Children's Advocacy Center (CAC). The goal of the needs assessment is to learn whether the need is sufficient to justify further investigation (through the feasibility study), not to undertake an exhaustive analysis.

The needs assessment will be administered as a self-assessment containing two components:

➤ **Quantitative**

*To begin the needs assessment process, it is important to document the number of child abuse cases handled in the current system:*

Systemic problems are identified by reviewing statistics such as the number of child abuse incidents reported to child protective services and law enforcement, the number of substantiated cases, the number of arrests, the number of prosecutions and the outcomes of these cases including the number of out-of-home placements. These figures should include statistics from previous years. If possible, figures can also be compared with neighboring counties.

➤ **Qualitative**

*The needs assessment process also reviews the strengths and weaknesses of the current system:*

Through a narrative, the assessment covers a series of questions addressing the ability of the current system to respond to allegations of abuse. Answers to these questions will *illustrate the typical child's experience in the current system from disclosure through final case disposition.*

## **Analysis of the Needs Assessment Data**

*The Regional Children's Advocacy Centers will offer assistance in analyzing results:*

Given that sufficient statistics are not always available, it makes sense to assume that a certain level of need exists beyond the information yielded by the assessment. This presumed level of need will be an important factor when deciding whether to go on to the feasibility study.

## CHILD ADVOCACY CENTER NEEDS ASSESSMENT INVENTORY

### BACKGROUND INFORMATION

Name:

\_\_\_\_\_

Phone/fax:

\_\_\_\_\_

Agency:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Target communities to be served:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of communities to be served:

urban

\_\_\_

town

\_\_\_

suburban

\_\_\_

rural

\_\_\_

other

\_\_\_

please describe:

\_\_\_\_\_

Estimated population of communities to be served:

\_\_\_\_\_

Racial/Ethnic make-up of communities to be served:

Black

\_\_\_

Hispanic

\_\_\_

Native American

\_\_\_

White

\_\_\_

Asian

\_\_\_

Other (describe)

\_\_\_

## **STATISTICS**

*Data should include statistics from previous years dating back in ten, five or single year intervals. If possible, figures can also be compared with neighboring counties using a separate sheet for each county. In addition, distinguish between physical and sexual abuse in your statistics, if possible.*

	<b>Year(s)</b>	<b>Number</b>
<b>Child abuse reports to CPS</b>	_____	_____
	_____	_____
	_____	_____
<b>Cases validated by CPS</b>	_____	_____
	_____	_____
	_____	_____
<b>Out-of-home placements</b> (due to abuse allegations)	_____	_____
	_____	_____
	_____	_____
<b>Child abuse reports to law enforcement</b>	_____	_____
	_____	_____
	_____	_____
<b>Arrests</b> (On child abuse related charges)	_____	_____
	_____	_____
	_____	_____
	<b>Year(s)</b>	<b>Number</b>
<b>Prosecutions</b>	_____	_____
	_____	_____
	_____	_____

**Number of cases involving civil courts**

\_\_\_\_\_

\_\_\_\_\_

Dependency proceedings

\_\_\_\_\_

\_\_\_\_\_

Custody actions

\_\_\_\_\_

\_\_\_\_\_

Protection from Abuse (restraining  
orders)

\_\_\_\_\_

\_\_\_\_\_

**Number of trials**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Number of pleas**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Number of convictions**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Number of Domestic Violence Complaints  
to Law Enforcement**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Number of DV complaints involving harm  
or threat of harm to children**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Additional statistics that may be relevant (i.e. number of children and families referred to therapy, case loads of agencies offering services to child victims, their families or offenders):** \_\_\_\_\_

---

**NARRATIVE**

**What organizations are involved in child abuse reporting, investigation, prosecution and treatment?**

District Attorney	_____	CAC	_____	Domestic Violence	_____
CPS	_____	Hospital	_____	Victim/Witness	_____
Police	_____	Mental Health	_____	Other	_____

**How many different interviews is one child likely to experience?** \_\_\_\_\_

**Where do these interviews occur? Please describe the settings:** \_\_\_\_\_

**Is there a mechanism in place for children and caretakers to be screened for domestic violence concerns? e.g. Safety Assessment or Risk Factor Matrix.**

**Is there any agency currently responsible for coordinating all aspects (i.e. human services, law enforcement, medical, CPS, domestic violence) of the case? If so, please describe:**

**Do the involved agencies share information? Formally? Informally? If so, please**



**Describe the information sharing process:**\_\_\_\_\_

---

**Do they undertake joint case planning and review? If so, please describe:**

---

**Do they conduct joint interviews? If so, where do the interviews take place? Please describe the process:**

---

**Do any interagency agreements or protocols exist at present?**

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**Are there medical and mental health resources to which abused and neglected children and their families are referred? Describe the services available and referral process:**

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**Describe a child's typical experience from disclosure through final case disposition:**

**Describe efforts that have been made in the community to provide services/interventions that are culturally relevant with respect to the population served:**

9

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# FEASIBILITY STUDY

Establishing a CAC requires the cooperation of several separate agencies and key professionals within a community. A spectrum of disciplines must be represented and significant consensus building is necessary. In spite of the clear benefits of the CAC approach, there are likely to be issues of organizational inertia, territoriality and culture that must be overcome.

*A feasibility study will:*

- Validate the needs assessment and build on the issues raised by the needs assessment to develop additional information
- Enlist the buy-in and active participation of key players prior to initiation of any formal processes and before any public declarations that might inhibit the development process
- Use the feedback gained during the interviews to develop a strategy to address community-specific issues
- Ensure that time and resources are used efficiently and devoted to the real, rather than assumed, issues facing the community seeking to develop a CAC
- Develop information on the administrative structures and procedures of the participating agencies

## **Feasibility Study Methodology**

*A series of one-on-one interviews is held with key stakeholders.*

1. The feasibility study meetings are conducted on a one-to-one basis. This methodology enables the person interviewed to generate candid assessments and has the following benefits:

- allowing people to speak off the record facilitates the detection of potential problems
- providing the interviewee an uninterrupted period of time to express their views eliminates certain constraints of group discussions
- the one-on-one scheduling reaches people whose views are important but who do not have the time to attend meetings
- the one-on-one format can begin a critical cultivation process

- the one-on-one format permits staff to express views freely

2. A list of those to be interviewed is compiled by the emerging CAC steering committee. This is best done by first listing the various professions and service areas of people to be interviewed. It is important to include the highest ranking professionals in each agency as well as supervisors and front-line staff. A broad spectrum of community leaders who may be able to help with political support and fundraising should also be included. Interview categories include the following:

- child protective services
- law enforcement personnel
- prosecution
- medical
- mental health
- legal professionals
- victim services, domestic violence advocacy and community education programs
- juvenile and adult courts
- political leadership at all levels
- clergy
- school administrators
- able abused children and youth and their families \*
- influential and affluent members of the community (*these parties may be needed to help influence legislation or raise funds*)
- community leaders in under represented or under served locations or groups

\* This may be a difficult group from which to identify individuals. CPS workers, prosecutors and/or victims' service coordinators can help identify potential interviewees. These interviews are an especially important category.

3. The number of interviews needed is determined by identifying critical stakeholders involved in the development of a CAC and the multiple purposes for the study. Generally, between 10 and 30 interviews will be required. The Regional Children's Advocacy Centers

can assist with this process if needed.

4. Interviews are usually requested by letter and then followed up by a phone call confirming the visit. Those agreeing to be interviewed should be sent a packet of materials including a summary of the findings of the needs assessment, a description of the criteria defining a Children's Advocacy Center (CAC), and an overview of different CAC models. When requesting interviews, obtaining the assistance of the most influential person involved with the CAC development process may be helpful. This is particularly important when scheduling interviews with key individuals in the community.

5. There are a number of options for conducting the interviews. These options could include:

- member of ad hoc group (steering committee) seeking to establish the CAC
- staff of the Regional Children's Advocacy Center (RCAC)
- local consultant
- other interested community organizations (e.g. United Way, Junior League)

The decision regarding who should conduct the interview will be determined by the following factors:

- whether the emerging CAC has the resources to pay an outside consultant to do the study
- whether the emerging CAC has a suitable person to conduct the study

6. If the emerging CAC plans to conduct the study, RCAC may be able to provide training upon request. The **"Children's Advocacy Center Feasibility Study Inventory"** (attached) will be used to structure the interview and record information.

### **Issues Raised During the Feasibility Study Interview**

The feasibility study interview will cover a wide range of topics and will serve several purposes. The issues that will be examined are both generic (concerning any CAC) and specific (relating to the emerging CAC and its community). These issues can be elicited through the following questions on the Feasibility Study Inventory:

#### **Generic issues concerning any CAC**

- What is the interviewee's perception of the need to establish a CAC?
- What is their understanding of the issues that have led to the planning of the CAC?

- What is their perception of barriers in the community that may hinder the development of a CAC?
- What is the likely support, financial and political, they anticipate for the CAC?
- What do they see as the most appropriate model for the CAC and why? (Government, non-profit, medical, prosecutorial or other?)
- Who are other community leaders regarding both CAC development and subsequent fundraising?
- What community leaders in under-represented/under-served communities are not included in the process that should be consulted?
- What is their opinion on where to locate the CAC (considering availability, accessibility, construction v. renovation v. rental)
- How can victims and their families contribute to the development, implementation and maintenance of a CAC?

### **Specific issues raised within each unique community**

Many of these issues will be determined by the responses from the Needs Assessment. In addition, whether or not the CAC will be in a rural, urban or suburban community will bear upon the development of a CAC. Issues such as transportation, resources and location need to be given greater weight in certain circumstances.

- Are there any unique demographic concerns for the community?
- Will the local economy facilitate or inhibit the development of a CAC?
- How will the setting, rural vs. urban vs. suburban locations, influence the planning of a CAC?
- Are there any cultural, organizational or local issues that should be addressed?

The "**Advocacy Center Feasibility Study Inventory**" is designed to accommodate as wide a variety of situations as possible. However, forms may need to be modified to meet the needs of the emerging CAC community. As noted earlier, community-specific attributes should be uncovered during preliminary discussions with the emerging CAC and through the needs assessment.

### **Analysis of the Feasibility Study Results**

The feasibility study is viewed in the context of the entire development process. It should be undertaken following an initial expression of interest in the development of a CAC and after a needs assessment has been completed.

The analysis must recognize that the data cannot be aggregated and tabulated as if each interview was of equal import. The interviews must be analyzed considering their relative importance to establishing and successfully operating the CAC. A question on the **"Advocacy Center Feasibility Study Inventory"** asks the interviewer to determine and indicate the interviewee's relative influence on the CAC development and operation process.

The CAC steering committee will analyze Feasibility Study results with possible assistance from the RCAC. The RCAC may also be consulted as the committee develops a plan of action and reports study results to the larger community.

Again, the operational assumption is that a community should proceed with plans to establish a CAC unless there is overwhelming evidence to the contrary. If difficulties are encountered, the RCAC can work with communities to develop strategies to overcome barriers.



## CHILDREN'S ADVOCACY CENTER FEASIBILITY STUDY INVENTORY

**Name:**

**Business:**

**Address:**

**Phone/fax:**

**(Attach business card)**

**Interviewee:**

☐ law enforcement

☐ child protective services

☐ prosecution

☐ mental health

☐ health care

☐ community leader

☐ school official

☐ court personnel

☐ victim advocate

☐ victim

☐ family member

☐ domestic violence

☐ other \_\_\_\_\_

The interviewer should bring an extra copy of the packet previously sent to the interviewee by mail. (Materials include: a summary of the findings of the needs assessment, a description of the criteria defining a Children's Advocacy Center (CAC) and an overview of the different CAC models.)

### PROJECT NEED

**What is the interviewee's understanding of the need to establish a CAC? Summarize the interviewee's response below:**

understands ( )      does not understand ( )      accepts as stated ( )      other ( )

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**Describe and rank the interviewee's understanding of the issues that have led to establishing a CAC?**

understands ( )      does not understand ( )      accepts as stated ( )

other ( )

---

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**What is the interviewee's opinion of the plan to establish a CAC in the community? Describe opinion in additional space provided:**

right plan ( )

wrong plan ( )

no opinion ( )

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---

---

**How does the interviewee rate the priority of the proposed project? Include any comments in additional space:**

highest  
10   9   8   7   6   5   4   3   lowest  
2   1

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---

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**How receptive is interviewee to CAC concept? Include comments in additional space:**

highest  
10   9   8   7   6   5   4   3   lowest  
2   1

---

---

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**Does interviewee prefer an organizational model for the CAC (*independent non-profit vs. agency affiliated*)? If so, which model is preferred and why?**

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**What is the interviewee's opinion on the appropriate facility for the CAC (*availability, location, construction v. renovation v. rental*) ?**

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**Degree of the interviewee's understanding of the role and the mission of a CAC:**

highest  
10   9   8   7   6   5   4   3   lowest  
2   1

**Summarize interviewee's understanding of CAC's purpose:**\_\_\_\_\_

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**Describe interviewee's perspective on potential obstacles to establishing a CAC:**

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**Does the interviewee have any ideas about ways victims and their families might become involved in the development process? Please describe:**

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**Does the interviewee feel that there are unique demographic concerns that should be considered during the CAC development and operating process (*transportation, rural v. urban, cultural concerns*)? Please describe:**\_\_\_\_\_

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**Does the interviewee feel that there are any cultural issues that should be addressed during the CAC development and operating process? Please describe:**

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**Does the interviewee feel that the local economy will facilitate or inhibit the development of a CAC? Please describe:**

---

---

**Does the interviewee feel that there are organizational issues that should be addressed during the CAC development and operating process? (*Will the structure of the current systems facilitate collaboration?*) Please describe:**

---

**Does the interviewee represent an agency that should be a participating member of the CAC?**

yes ( )

no ( )

**What is the degree of likelihood that their agency will participate in the potential CAC:**

highest									lowest
10	9	8	7	6	5	4	3	2	1

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**Discuss the level of participation and leadership his/her agency could assume:**

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**Describe any issues raised by interviewee concerning her/his agency participation:**

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**Please identify any agency and/or community leaders who should be interviewed by the potential CAC:**

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## **ROLE OF INTERVIEWEE**

**Will work to help establish CAC?**

yes ( )      perhaps ( )      no ( )

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**Degree to which the interviewee is willing to work to overcome potential obstacles:**

highest  
10   9   8   7   6   5   4   3   lowest  
2   1

**Summarize what s/he is willing to do:** \_\_\_\_\_

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**Will s/he accept leadership?**

yes ( )          perhaps ( )          no ( )

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## **FUNDRAISING**

*(If the interviewee appears supportive, the following fundraising questions should be asked:)*

**Are there foundations within the community/state likely to support the emerging CAC? If so, please list suggestions:**

yes ( )          no ( )

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*(If interviewee represents one of the agencies to be involved)*

**Could your agency be financially supportive of the CAC?**

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**Are there additional donors you suggest; if so, please list:**

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---

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**Are you willing to participate in fundraising activities that would support the CAC?**  
*(What type of activities and to what degree?)*

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---

**Do you have suggestions about people who could lead fundraising efforts? If so, please list:**

Chairperson

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Others

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### **INTERVIEWER'S OBSERVATIONS**

**Importance of the interviewee to the development of the CAC?**

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**Pertinent direct quotations from the interviewee:**

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**General Observations:** \_\_\_\_\_

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## **WORK PLAN DEVELOPMENT AND IMPLEMENTATION**



The following work plan outlines the key steps we recommend the Working Committee take as it begins the process of establishing a CAC.

coordinated program for the investigation, prosecution, prevention and treatment of child abuse.

## **WORKING COMMITTEE**

The first step is to ensure that the Working Committee is diverse in representation, consisting of membership from the appropriate community stakeholders. Regardless of which agencies or individuals organized the initial, pre-Needs Assessment/ Feasibility Study meetings, certain community systems should be included in the Working Committee:

- √ child protective services
- √ law enforcement
- √ prosecution
- √ medical services
- √ mental health services
- √ victim advocacy

While committees vary in size and membership, enlisting representation from the following is also helpful:

- √ capable victims and/or family members
- √ civic groups
- √ domestic violence advocacy
- √ family courts
- √ school system
- √ churches and religious institutions
- √ political leadership

- √ affluent and influential members of the community experienced in fundraising
- √ other needed disciplines including architecture, marketing, finance, corporate or non-profit law, insurance

Working Committees will vary according to the needs and unique characteristics of each community, and membership should be extended to local stakeholders as appropriate.

Often, a core group of committee members will carry out the initial organizational tasks. This group will draw upon the assistance of the Working Committee membership for specific tasks according to members' expertise and specific task requirements. These core members may or may not serve as the nucleus of the board of the formal organization. The Board plan should account for the transfer of authority to a formal board and a plan to supplement the membership, particularly for purposes of fundraising.

## **ANALYSIS OF FEASIBILITY STUDY RESULTS**

Once the Feasibility Study is conducted and the Working Committee is formed, members will need to determine whether the results of the study warrant the establishment of a CAC. Working Committee members, with possible assistance from the Regional Children's Advocacy Center (RCAC), will conduct an analysis of Feasibility Study results. A number of scenarios can emerge from the study and lead to various action alternatives. The RCAC can assist as the Working Committee defines options and determines an appropriate course of action.

Possible Outcomes:

- 1) The Feasibility Study does not support the formation at this time and action should be deferred for an indefinite period. In this case, the recommendation will be to not start the CAC.
- 2) The Feasibility Study suggests that certain problems would forestall the development of a CAC at the present time. However, these problems can be remedied. Therefore, the recommended course of action should be to undertake efforts to address and remedy the situation.
- 3) The results of the study are somewhat inconclusive; however, there is sufficient indication that the process to establish the CAC should continue. In this case, the provisional recommendation should be to proceed with the establishment of the CAC. An additional recommendation should be to design a strategy for acknowledging and addressing problematic issues.
- 4) The results of the Feasibility Study warrant the establishment of the CAC. In this

case, the recommendation should be to proceed with the establishment of the CAC.

## **POTENTIAL BARRIERS IDENTIFIED BY THE FEASIBILITY STUDY**

It is highly unlikely that the local circumstances illustrated by the study will be entirely positive and problem-free. The Working Committee should expect to discover some problem areas and potential barriers to collaboration. Problem areas might include the following:

- √ poor understanding among some stakeholders of the role/objectives of a CAC
- √ lack of support among agency leaders
- √ lack of agreement among leadership regarding the appropriate CAC model
- √ no clear source of start-up funds

The work plan should accommodate these and other issues that need to be resolved.

## **THE ORGANIZATIONAL FRAMEWORK--PRODUCTS FROM THE FEASIBILITY STUDY**

In cases where the development of a CAC will proceed, the Feasibility Study should lead to a consensus regarding developmental steps. This consensus is confirmed by detailing very specific areas of agreement. The areas of agreement form the planning framework for the organization to be established.

The key areas to be addressed at the beginning of the planning process are:

- 1) Mission statement
- 2) Goals and Objectives
- 3) Proposed organizational model for the CAC
- 4) Commitment among agency leaders to draft a formal interagency agreement
- 5) Process for sharing of information between the participating agencies

The following program components are required in order to meet the definition of a CAC. These areas should also be addressed at the beginning of the planning process:

- 1) Child-Appropriate/Child Friendly Facility
- 2) Multidisciplinary Team (MDT)
- 3) Organizational Capacity
- 4) Cultural Competency and Diversity
- 5) Forensic Interviews
- 6) Specialized Medical Evaluation and Treatment (*this service can be provided by the CAC or through referrals as appropriate*)
- 7) Mental health treatment (*this service can be provided by the CAC or through referrals as appropriate*)
- 8) Victim Support/ Advocacy
- 9) Case Review
- 10) Case tracking

## **TASKS TO BE ACCOMPLISHED IN THE WORK PLAN**

The tasks set forth below are generic. The specific application will depend upon the precise model selected for the CAC (*prosecutorial, social service, medical, other*) and the nature of the organization (*public or private non-profit*). Furthermore, different tasks will be undertaken during different phases of CAC development. For example, during the first phase, basic organization will be emphasized. In the latter phase, more specialized areas, such as training in joint investigations, will be addressed.

### **Phase One Tasks**

- √ Refinement and acceptance of a mission statement
- √ Incorporation and preparation of bylaws
- √ Obtaining non-profit status, if appropriate to agency model

- √ Development of a board or advisory committee plan
- √ Revenue plan
- √ Fundraising plan
- √ Facilities plan (*build, obtain in-kind, rent, renovate*)
- √ Staffing plan
- √ Training strategy
- √ Evaluation plan
- √ Development of interagency agreement
- √ Information sharing and a data exchange plan including a case tracking system
- √ Plan for the resolution of any problematic areas

### **Phase Two Tasks**

- √ Training of key personnel
- √ Incorporation of other collaborating agencies to complete the mission of the CAC
- √ Development of record system
- √ Development of administrative systems
- √ Development of the Multidisciplinary Case Review Team
- √ Development of written policies and protocols encompassing:
  - \* forensic evaluation of the child
  - \* joint interviews
  - \* maintenance of the “chain of evidence”
  - \* team case review
  - \* case tracking
  - \* medical evaluation
  - \* law enforcement investigation
  - \* child protection evaluation
  - \* prosecutors’ role

- \* court advocacy and preparation
- \* able abuse and neglect victims and their families
- \* interviewing process: *interview specialists/ joint interviews*
- \* referral to other agencies for services
- \* volunteers
- \* mental health services
- \* confidentiality of client information
- \* community education and advocacy
- \* prevention
- \* treatment services
- \* program evaluation
- \* community education and outreach
- \* linkage with community systems not directly participating in CAC

## LEADERSHIP STYLES

Throughout the course of the CAC development, there will be different requirements of the leadership. For example, the chair of the development effort should have development skills that may significantly differ from the skills necessary to operate the CAC. Therefore, the transition from the pre-operational development to the operational phase will be critical. The eventual transfer of authority from voluntary leadership to professional paid staff and other transitional issues will need to be anticipated and addressed.

## EVALUATING A CHILDREN'S ADVOCACY CENTER

The RCACs will assist in the development of new CACs by stimulating interest in an agency evaluation process. Early evaluation can aid in the formation of the CAC and its later effectiveness. While evaluating CACs is not necessarily an easy enterprise, it can be done without spending large amounts of money and without necessarily hiring an outside evaluator. A mixture of qualitative and quantitative methods creatively applied can address many of the questions CACs want to answer.

This curriculum will describe the unique aspects of evaluating CACs, and will offer a guide for developing an appropriate evaluation design.

## INTRODUCTION

Children's Advocacy Centers are a multi-dimensional adventure in collaboration. CAC's are harder to evaluate than many other non-profits, because of the complex human interactions, the difficulties of the task, and the wide range of roles a CAC plays. The common denominator is that professionals from different agencies and different backgrounds are interacting, attempting to do together what they used to do separately. But CACs can be many things at one time. They can be:

- ✓ **an idea** of collaboration
- ✓ **a space**
- ✓ **an organization** that invents its own rules and customs
- ✓ **one or shifting multidisciplinary workgroups**
- ✓ **a mechanism** for system transformation

### The Challenge of Multi-disciplinary Work in a CAC

Multi-disciplinary work is always a challenge. It is indeed rare when no obstacles stand in the way of different professionals working together. Even if you are lucky enough to have two members of the team on board, the third and fourth might still keep themselves separate. Advocacy Centers are a particularly complex example of multi-disciplinary teams both because of the nature of the teamwork and the task.

#### About the teamwork:

- ✓ Each of the professional groups involved, police, prosecutors, etc., has its own special vocabulary and its own way of viewing and valuing the world. Some of these groups have particularly organized agency "cultures".
- ✓ It is easy for one professional to offend another, knowingly or unknowingly, just by operating under her/his own implicit assumptions, or by judging the other from a personal frame of reference.
- ✓ The professionals involved generally do not join the Advocacy Center as employees but as representatives of their own organizations. Bound to their own agency rules and regulations, it is difficult to build that shared allegiance or administrative power necessary to nurture cooperation. Unlike multi-disciplinary advisory groups, the functioning of the CAC depends not just on team building but on actual change in the practice of each agency.

√ Many professionals come from organizations with a strict sense of hierarchy that continues to play out at the Center. Cooperative agreements worked out at one administrative level may not stretch up or down to other staff levels. Inter-agency agreements may not win the hearts and minds of all staff.

### **About the work:**

√ The work itself is particularly difficult and sometimes painful, triggering deeply held and often unprocessed emotions.

√ Professionals need to discover what is sometimes unknowable - whether and what happened to a child who may or may not tell now and then later.

√ So much rests upon the skill of interviewing children, more an art than a science, and often a hidden art at that.

√ Often there is disagreement on whether criminal, civil, or therapeutic intervention is the best way to proceed or is even an option.

√ Estimates of the healing ability of families can vary greatly among even the most seasoned professionals.

### **#1. EVALUATION IS JUST ONE OF MANY REGULAR ORGANIZATIONAL FUNCTIONS, BUT IT TAKES VIGILANCE TO KEEP IT FROM BEING MARGINALIZED.**

A healthy organization needs to know its mission, plan the work, develop enthusiasm, and bring things to fruition. It also needs to look at what it is doing, keep what is good and try to jettison what is not working. Evaluation is not a separate topic, it is just one more piece of the work.

Just as one person cannot do all the work of an advocacy center, one person simply cannot carry the whole evaluation either. Trying to do it all alone might threaten the physical and mental health of the evaluator, and will also keep the idea of self-appraisal marginalized and minimized. The organization as a whole cannot thrive and grow unless an understanding of self-appraisal is shared.

So the best course is to establish an evaluation committee that can guide the evaluation, support the evaluator, catch the flak, guard against turf protection, keep communication open, and keep trying to integrate evaluation ideas throughout the organization as a natural part of the work. The best evaluation committee should include staff, board members, clients or family members, and outside specialists such



as academics with experience in evaluation. This committee should help plan the evaluation, carry it out, and help assimilate evaluation findings into practice.

Nobody likes surprises, especially people whose work is being evaluated. Make sure the evaluation is discussed multiple times a year with the Executive Committee and Board of Directors or the agency heads or the Advisory Board. Have the evaluator give preliminary findings or activity updates. Please do not wait until the final report is done. By then, everyone will have tried hard to marginalize the evaluation for protection.

It is an accepted role for program evaluators to collect data, analyze it, and participate in shaping the programs they study. From the beginnings of organizational consulting in the 1920's, researchers wrote about the multiple roles they played in institutions, including "observer, researcher, diagnostician, listener, helper, and communicator" (Schwartzman, 1993,13). Evaluators can offer new perspectives for agencies to analyze their concepts and make informed choices. Sometimes this means naming the things that are hard to name, to make explicit the places where practice does not match espoused goals. This is an extremely draining activity, but it is the only ethical course for a professional evaluator.

So if an agency or team has worked right alongside the outside evaluator, or has selected someone in-house to do the evaluation, do not let the evaluator get punished if people do not like the results. It is dysfunctional to misdirect anger and disappointment.

It is the whole agency's responsibility to know what the evaluation is about, to defend it, and integrate it into practice.

## **#2. ANY EVALUATION SHOULD BE ROOTED IN AN AGENCY'S GOALS**

Evaluation is about whether goals have been met, and why or why not. Many evaluation textbooks begin in some mythical world where agency mission and goals are clearly set out, straightforward, and quantifiable. Getting and staying clear about agency mission and buying into shared goals is a challenge for any organization, but particularly for Children's Advocacy Centers. In their first few years, CACs may have no written goals or may have noble but loose, non-evaluable goals, so as not to upset tenuous agreements.

Centers may define their initial goals something like this:

- √ increasing collaboration in investigations
- √ improving criminal prosecution
- √ reducing trauma to child victims

These typical kinds of goals are simply not specific enough for any kind of quantitative evaluation approach or program monitoring, nor do they have numbers or percentages of planned change attached to them. They are perfectly laudable goals, but they are too vague either for practice or assessment. They need either more specific subgoals and objectives to outline exactly what the CAC means or a work plan to describe exactly how the agency will get there.

Over time, CACs need to sort out just what they see as their end product. Here are some sample goals, and possible particulars to be considered in the necessary clarification process.

## **SAMPLE CAC GOALS**

## **CLARIFY**

<b>#1. ACQUIRING OR IMPROVING SPACE</b>	<b>CLARIFY #1:</b> What, Where, By when?
<b>#2. COLLABORATIVE INVESTIGATIONS</b>	<b>CLARIFY #2:</b> How, with whom, for which children, where, when, how many, what kind of decision process?
<b>#3. POSITIVE EXPERIENCE FOR CHILDREN AND FAMILIES</b>	<b>CLARIFY #3:</b> Cooperation, trust knowledge, playing one system off another?
<b>#4. HEALING CHILDREN AND FAMILIES</b>	<b>CLARIFY #4:</b> Family function, PTSD, cooperation, home-school-work?
<b>#5. MORE ARRESTS, PROSECUTION, OR CONVICTIONS</b>	<b>CLARIFY #5:</b> What practices will change: interviewing, person power, videotaping, collaboration, aggressiveness, child preparation?

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Getting clear on mission and goals is a progressive exercise that is never fully complete. Developing and committing to a complete set of goals specific enough for impact evaluation is likely to require many months of collaborative experience and study of standing rules and regulations. Yet even an agency at the beginning of this process can work through enough service delivery plans and goal ideas to provide the bases for formative or monitoring studies. The evaluator, whether agency staff or consultant, should help to clarify the mission and goals of the agency to the extent possible given the developmental stage of the agency Board and staff. Involving the evaluator in this process will help spread evaluation thinking and responsibility through all levels of the CAC.

### **#3. A GOOD MONITORING SYSTEM IS CRUCIAL TO EVALUATION.**

If the CAC or multidisciplinary team can track clients from outcry/disclosure through treatment and perpetrator sentencing, it has already done a piece of an evaluation. If the CAC knows what is happening to its children, if it can track any child from disclosure through investigation, treatment, and prosecution, then there is an integrated system for handling child abuse. It may not be a child-friendly system, but it is a system. If the CAC cannot put this information together, it suggests that policies, compartmentalization, or turf issues may be preventing truly integrated practice, and this should clearly guide the evaluation plans.

A good monitoring system is part of the implementation of the program, but is also a key element of any evaluation, especially one that hopes to show that the CAC has had some measurable effect on the way children are managed. Information collection is for two purposes:

- \* that each part of the child-serving system can acquire the information from other entities that each needs to proceed, such as decisions about substantiation and arrest, and
- \* that the CAC can answer whatever questions it has about itself, such as what it is actually doing with children or whether prosecution success rates have risen.

Most CAC monitoring systems should include:

- √ Inter-agency agreements and protocols to share client data, either via computer networking, hard copy, or telephone. At a minimum, this data should include timely notification of substantiation of allegations, and decisions to arrest, because these impact so immediately on cross-discipline work and child safety.
- √ A computerized database for client tracking and demographics, including case outcomes from:
  - \* children and youth determination of substantiation
  - \* arrests and charges
  - \* prosecutions and their outcomes: and possible sentences
  - \* any other fields needed for your evaluation
- √ Computerized or paper logs of CAC activity including:
  - \* investigative interviews (*who, where, what, and when*)
  - \* mental health assessments (*at CAC or elsewhere*)
  - \* medical examinations (*at CAC or elsewhere*)
  - \* case conference minutes, group assessments and strategies
  - \* trainings (*internal and external*)

**#4. CAC'S ARE GOOD ORGANIZATIONS TO STUDY AS SOCIAL SYSTEMS, BECAUSE THEY BRING TOGETHER MULTIPLE AGENCIES WITH THEIR OWN DISTINCT CULTURES. CONSIDER USING QUALITATIVE TECHNIQUES THAT ILLUMINATE CULTURAL ISSUES ALONG WITH TECHNIQUES THAT QUANTIFY GOALS AND ACHIEVEMENTS.**

The idea that organizations are social systems, with their own distinct cultures, came from anthropologists who learned from earlier cultural anthropologists like Margaret Mead who studied exotic cultures. Since the 1920's, this knowledge has been widely adopted by psychologists, sociologists, and the business administration and organizational development community. Group and family therapy, the Total Quality Management movement, the work of Peter Drucker, and the cartoon Dilbert all stem from the idea that groups have both formal (prescribed by rules and regulations) and

informal (unspoken but in people's heads) rules and beliefs.

Ethnographers base their work on the belief that the core of the organization's culture can be seen in everyday routines of working life (Giddens, 1984). It is very difficult to hide culture, although it may be partially out of the awareness of the members of the culture (Schwartzman, 1993, 53). There is a huge literature of organizational studies utilizing ethnographic methods - police departments, prosecutors' offices, courtrooms, mental health centers, hospitals, science labs, construction sites, restaurants, and on and on. Every one of these studies shows that professional decision-making is a very complex activity, and what we would like to believe are objective facts are actually defined by the rules of our work world.

Anyone who has worked in child abuse investigation or prosecution has probably thought about how differently social workers and police approach child abuse if they have not learned to work in an integrated system. Their different vocabularies and styles of presentation are usually fairly obvious. What may not be easily observable are their hidden expectations of themselves and each other, expectations about rescuing or punishing, for instance, that can drive them further apart if they are not surfaced and worked through. Caring workers also may define their own roles by how much of someone else's job they feel they must take over due to perceived inadequacy of the other. This obviously causes confusion, stress, and resentment.

Since 1980, Helen Schwartzman has been studying meetings themselves as major communications events, and she and other researchers have published widely about them. She finds that meetings are worth examining very carefully because they are an important social form, the place where a great deal of interaction happens. In meetings, individuals "transact, negotiate, strategize, and attempt to realize their specific aims", as well as trying to make sense of their organization and their actions in it. (Schwartzman, 1993,40), Case conferences or other multidisciplinary meetings are very fruitful sites for studying collaboration, because if collaboration were happening, it would show up there. Qualitative researchers (or others trained by researchers) can study the rhetorical devices program participants use to display their roles in meetings - the resistances and capitulations, information-sharing or shared decision-making.

Developing a fully integrated CAC system is truly bringing together multiple sub-cultures to create a new culture with new rules. But one must understand the subtleties of people's beliefs to know what the real problems are. CACs are very fruitful territory for qualitative research methods - systematic observation, discourse analysis, in-depth interviews or focus groups - that help elucidate interagency and interpersonal relationships.

## **#5. FOR ANY EVALUATION, THERE ARE MANY GOOD DESIGNS, BUT NO PERFECT ONES.**

Unfortunately, there is no cookbook approach for program evaluation. No one can tell

an agency what the design should be, because it must be shaped by specific goals and questions. But the action steps to take are fairly straightforward. First, **decide what the purpose of the evaluation is.**

Evaluation can serve many purposes, and some will not become clear until the evaluation is complete, so be aware. Evaluations can:

- √ line the birdcage
- √ fulfill requirements for accountability to funders or the public
- √ determine who gets ongoing funding
- √ forestall serious discussion about obvious program inadequacies
- √ provide feedback at the developmental stage
- √ document with rich description what the program is doing
- √ determine whether a program has accomplished what it set out to do
- √ determine how a CAC has affected the management of abused/neglected children in a jurisdiction, and/or
- √ actually help a program improve itself

CACs should take care to surface a wide variety of feelings about evaluations at the outset so that the purpose is clear and there is widespread buy-in. Obviously, it would be great if all this work could actually contribute to accountability and positive growth.

There are a wide variety of social science methods that can be used in program evaluation.

**Qualitative methods** are used for naturalistic research that seeks to understand a social situation or group in context by studying participants' perceptions and experiences and the way *they* make sense of them. Qualitative methods could include systematic observation, open-ended interviews, focus groups, content analysis of documents, discourse analysis, or full-scale ethnography.

**Quantitative Methods** are used for numerical research that tests hypotheses by collecting data about pre-selected variables, and can study cause and effect if there is a randomly selected control group and if there is a clear understanding of what the program is providing. Quantitative methods could include survey instruments, rating

scales, defining and counting elements of collaboration or child-centered interviewing, or conducting experiments or quasi-experiments to determine the effects of various types of interventions on victims. If there is a naturally occurring control group because of staged program start-up or geographical limits, certainly try to take advantage of that rare situation to do some controlled experimental research. Also consider if the values of the program will allow randomly assigning clients to different “treatments” so that their effect can be studied. Both qualitative and quantitative methods are legitimate research tools.

Please use other texts to learn more about these methods, and ask evaluation professionals to explain them. The overriding rule is that a researcher must select methods that are appropriate to the questions being asked, then apply them rigorously.

## **DESIGNING AN EVALUATION**

**CLARIFY GOALS** ⇒

**FORMULATE QUESTIONS** ⇒

**CHECK IF THERE IS DATA** ⇒

**SELECT METHODS** ⇒

### **Goals-to-Methods Charts**

The five charts that follow are suggestions for building on the clarification of goals discussed in section #2 above. For each sample goal, there are some suggested questions that might arise, and then some ideas for different ways to answer those questions. The methods are stated in very simplified terms such as “observe” or “ask them”. These terms refer to systematic research plans applied rigorously. “Observe” would indicate plans to observe every MDT meeting or to

observe interviews every Tuesday, etc. Observations could be ethnographic or geared from the beginning towards quantified behaviors, e.g. how many pre-defined characteristics of a child-centered interview could be observed in a particular session, or how many children displayed Post Traumatic Stress Disorder? Similarly, “ask” could mean systematically asking all relevant individuals a series of pre-designed, open-ended or multiple choice questions, or it could mean systematically engaging in casual conversation.

Use these charts to plug in local program goals, clarify them, then unfold logical questions will yield an evaluation plan.

<b>Goal #1: ACQUIRING OR IMPROVING SPACE</b>	<b>Clarify #2: WHAT, WHERE, BY WHEN</b>
<b>Question A:</b> How much of the plan has been accomplished?	<b>Method A<sub>1</sub>:</b> Look and compare to plans
<b>Question B:</b> Do people like it?	<b>Method B<sub>1</sub>:</b> Ask clients and professionals
	<b>Method B<sub>2</sub>:</b> Observe them using the space



<b>Goal #2: COLLABORATIVE INVESTIGATIONS</b>	<b>Clarify #2:</b> HOW, WITH WHOM, FOR WHICH CHILDREN, WHERE, WHEN, HOW MANY, WHAT KIND OF DECISION PROCESS
<b>Question A:</b> How many investigations are collaborative?	<b>Method A<sub>1</sub>:</b> Quantify by numbers or elements <hr/> <b>Method A<sub>2</sub>:</b> Observe a selected number of cases from start to finish
<b>Question B:</b> Is collaboration happening the way we want it to?	<b>Method B<sub>1</sub>:</b> Observe activities where collaboration should take place <hr/> <b>Method B<sub>2</sub>:</b> Ask professionals if everyone is collaborating

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<b>Goal #3: POSITIVE EXPERIENCE FOR CHILDREN AND FAMILIES</b>	<b>Clarify #3:</b> COOPERATION, TRUST, KNOWLEDGE, PLAYING ONE SYSTEM OFF THE OTHER?
<b>Question A:</b> What is the experience of children and families?	<b>Method A<sub>1</sub>:</b> Ask them <hr/> <b>Method A<sub>2</sub>:</b> Observe them
<b>Question B:</b> Is their experience different from other children and families?	<b>Method B<sub>1</sub>:</b> Ask both groups and compare <hr/> <b>Method B<sub>2</sub>:</b> Observe both groups and compare

<b>Goal #4: HEALING CHILDREN AND FAMILIES</b>	<b>Clarify #3:</b> FAMILY FUNCTION, PTSD, COOPERATION, HOME-SCHOOL-WORK?
<b>Question A:</b> How are children and families a year after case closure?	<b>Method A<sub>1</sub>:</b> Ask them <hr/> <b>Method A<sub>2</sub>:</b> Observe them
<b>Question B:</b> Are children and families different after involvement or treatment than at intake?	<b>Method B<sub>1</sub>:</b> Ask them at intake then after involvement or treatment <hr/> <b>Method B<sub>2</sub>:</b> Observe them at intake then after involvement or treatment

<b>Goal #5: MORE ARRESTS, PROSECUTIONS, OR CONVICTIONS</b>	<b>Clarify #5:</b> WHAT PRACTICES WILL CHANGE: INTERVIEWING, PERSON POWER, VIDEOTAPING, COLLABORATION, AGGRESSIVENESS, CHILD WITNESS PREPARATION?
<b>Question A:</b> Have arrests, prosecutions, and convictions risen?	<b>Method A<sub>1</sub>:</b> Quantify and chart activities and outcomes at all stages and compare to past
<b>Question B:</b> For which clients or perps are more prosecutions going forward?	<b>Method B<sub>1</sub>:</b> Crosstab outcomes by age, sex, race, allegations, etc.
<b>Question C:</b> What practices are affecting prosecutions?	<b>Method C<sub>1</sub>:</b> Ask professionals

	<b>Method C<sub>2</sub>:</b> Observe all activities
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## MONITORING/EVALUABILITY

The best idea is to begin with questions like some of those above that wonder what is really happening in a program, a task that could be called an evaluability or monitoring assessment. Using a wide variety of data sources, the evaluator and/or staff can gather detailed, descriptive information about what the new intervention is:

- who the clients are,
- what the program activities actually are,
- what staff and participants are doing, and
- how the program is organized
- what seem to be the problems
- do we understand our intervention enough to do an impact evaluation

By spending a number of months developing this information, decision-makers can know how and why the program is different from plans and expectations. No program ever functions exactly as planned, and some flexibility is desirable. But failure to monitor and describe the actual rather than the ideal can render any standardized, quantitative measures of program outcomes completely meaningless. For instance, if one hopes to show improved criminal outcomes, one needs to know what mechanisms or behaviors might bring about more and better prosecution, and, of course, what outcomes were before. Hopefully, an evaluability assessment can become a formative, improvement-oriented experience that leads to positive change.

Monitoring may be as far as a program needs to go with evaluation. Knowing what the

program is doing and what is happening to the clients is likely to answer whether the program is meeting its goals and objectives. This is more than most programs do.

With an understanding of what is actually going on in the program, it is possible to design further meaningful evaluation work. If the program appears to be operating according to design and if the goals and outcomes are clear and measurable, then impact evaluation may begin. Further qualitative work will be appropriate if questions center on what kinds of experiences staff/participants and clients are having or what factors influence the program to depart from its design. In addition, full scale process evaluation can provide important information for program replication. Perhaps all three of these options can be feasible. Good luck!

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## RESOURCE MATERIALS

- **Best Practices For Establishing A Children's Advocacy Center 2000, Third Edition**  
Considers the fundamental concepts that must be addressed when developing a CAC.
- **Organizational Development for CACs**  
A "how-to" guide providing the specifics and tools frequently requested by developing CACs.
- **Putting Standards Into Practice: A Guide to Implementing NCA Standards for Children's Advocacy Centers**  
A technical assistance tool for new and existing centers in their efforts to achieve (or renew) full membership in the National Children's Alliance.
- **Intake and Forensic Interviewing in the CAC Setting**  
Provides guidelines for the multidisciplinary team and CAC-employed forensic interviewer.
- **Fundraising Manual for CACs**  
A "step-by-step" guide to effective fundraising as a CAC
- **Fundraising Guide for Native American CACs**  
Reference and research tool for Native American tribes seeking funds to establish CACs.
- **Safe and Savvy Volunteer Services: Ideas and Examples from CACs**  
Guidelines and suggestions designed to help CACs manage their volunteer programs.
- **Technical Assistance Packages**
  - State Legislation
  - Sample CAC Floor Plans
  - Court Preparation
  - CAC Job Descriptions and Salaries
  - Atlas
  - Children's Advocacy Centers: National Salary Survey

Resource materials can be obtained by contacting the National Children's Alliance at by phone at 800-239-9950 or on the NCA website at [www.nca-online.org](http://www.nca-online.org)

**Information and technical assistance can be obtained by contacting your Regional Children's Advocacy Center:**

Midwest Regional Children's Advocacy Center  
Julie Pape, Project Director  
1-888-422-2955 or 651-220-6750  
[mrcac@childrenshc.org](mailto:mrcac@childrenshc.org)

Southern Regional Children's Advocacy Center  
Carolyn Gilbert, Project Director  
1-800-747-8122 or 256-413-3158  
[srcac@aol.com](mailto:srcac@aol.com)

Northeast Regional Children's Advocacy Center  
Anne Lynn, Project Director  
1-800-662-4124 or 215-860-3111  
[alynn@cacphila.org](mailto:alynn@cacphila.org)

Western Regional Children's Advocacy Center  
Teresa Cain, Executive Director  
1-800-582-2203 or 303-324-8953  
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