



**National
Children's
Alliance®**

*The Force Behind
Children's Advocacy Centers*

Workforce Development Project

MEDICAL WORKING GROUP REPORT



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Project Overview

WORKFORCE DEVELOPMENT PROJECT

National Children's Alliance (NCA) values growing a strong and innovative workforce. By partnering, collaborating, and convening, NCA provides education and training opportunities to nurture a best-in-class workforce that strives to reflect the children and families it serves. NCA partnered with consultants from Nonprofit HR to lead a comprehensive initiative to develop recommendations to recruit, support, and retain direct service providers and experts in the field of child abuse. This work is vital because every recommendation strengthens the frontline response, ensuring that children across the country receive timely, compassionate, trauma-informed services. With hundreds of thousands of children depending on these services each year, investing in workforce development is essential to ensuring every child receives the protection, care, and justice they deserve.

As part of our strategic planning process, our stakeholders identified the need for growth in:

- **Creating career pathways** to increase the availability of qualified medical providers working with CACs.

NCA recruited volunteers in late 2023 for the Steering Committee and Working Groups to serve for eight to 10 months to help NCA complete a research phase, including a literature review with an annotated bibliography from the Child Abuse Library Online (CALiO), and to help craft written recommendations for the NCA's Board of Directors. The Steering Committee and Working Groups are composed of more than 60 dedicated volunteers from 30 states, representing CACs, Chapters, Regionals, and other stakeholders involved in the CAC movement. This report outlines the goals, processes, and recommendations crafted by the Medical Working Group.



Recommendations Summary

The recommended solutions from the Medical Working Group are on pages 5-9. These high-level summaries describe the group's top strategic recommendations prioritized using the decision filters below. It is important to note that the scope of our work extends beyond what is captured in this report. While this report highlights key points, all discussions and ideas generated by the workgroup have been documented and will inform the implementation phase of the approved recommendations.

100+ ideas generated during our overall process

Decision Filters Applied to Prioritize and Narrow:



Relevance: Evaluate how closely each idea aligns with the specific goals, priorities, and structure of NCA.



Effort: Gauge the level of effort required to implement each idea.



Impact: Consider the potential positive outcomes of each idea.



Scalability: Prioritize ideas where there are pathways for NCA to be able to scale broadly and garner support.

It is important to emphasize that these recommendations are not intended solely for NCA. Meeting the needs of the field will require coordinated action across the broader CAC ecosystem. While direction on specific recommendations may come from NCA staff, committees, or consultants, it may also emerge from Regionals or State Chapters. NCA will take the lead in developing action plans for the priorities approved by its Board of Directors and will identify and engage partners from across the network to help lead and support these efforts. Each recommendation is tagged with the relevant entities that may lead or play a significant role in implementation.

NCA | **CACs** | **REG**=Regionals | **CH**=Chapters | **PAR**=Partners or Consultants



Medical

WORKING GROUP RECOMMENDATIONS



Medical

Creating career pathways to increase the availability of qualified medical providers working with CACs.



PROBLEM STATEMENT

All children who are suspected victims of abuse are entitled to a medical evaluation by a health care provider with specialized training and expertise. However, there is a shortage of specialized medical providers across the country, which impacts service for children seen at CACs.

National Children's Alliance recognizes the critical need to increase access to high quality, specialized medical services for child abuse victims at CACs or organizations connected to CACs through linkage agreements. This effort aims to increase and improve career pathways for medical providers to meet this need.



OUR GOALS

The Working Group:

- Conducted a review of best practices in recruitment, ongoing training, and retention of medical providers working with CACs, including quality and accuracy of medical evaluations.
- Developed recommendations for effective recruitment and training strategies to address shortages and lack of qualified providers.
- Established recommendations and resources for CACs to prepare medical and nursing students for working in the trauma-exposed field.
- Provided recommendations for a process to nurture and support medical providers doing the work to address secondary traumatic stress and burnout.



PROJECT DELIVERABLES

The Working Group:

- Reviewed the research, talked with stakeholders, and conducted focus groups.
- Submitted written recommendations outlining potential solutions and next steps that have been approved by NCA's Board of Directors.



Top Recommendations

1

Expand training access for healthcare professionals not specialized in child abuse pediatrics or sexual assault exams **(NCA, REG, CH)**.

2

Expand clinical preceptorships by linking high-volume clinics and CACs with providers seeking training **(NCA, REG, CH)**.

3

Develop standardized onboarding training for medical professionals working at or with CACs **(NCA, REG, CH)**.

4

Establish virtual peer support and networking for new professionals, solo practitioners, and forensic nurses to address role challenges, burnout, and secondary traumatic stress **(CH, REG)**.

5

Support child abuse pediatricians in mentoring forensic nurses through education, protocol development, and expert review **(NCA, REG, CH)**.

6

Support medical professionals' continuing education and conference participation **(NCA, REG, CH)**.

7

Research how medical exams are funded (insurance, victim compensation, grants, state or local funds) **(NCA, PAR)**.

8

Partner with nursing and medical schools to integrate child abuse awareness and career pathways into curricula for all medical and nursing students **(NCA, CH, REG)**.

9

Convene a dedicated workgroup to address challenges in physical abuse and child maltreatment cases, including legal protections and support for providers facing public or media scrutiny **(NCA)**.

10

Launch a positive social media campaign with influencer support and a public service announcement (PSA) to counter misinformation and highlight the healing value of medical exams in sexual abuse cases **(NCA)**.

11

Develop strategic national partnerships with Children's Hospital Associations, American Academy of Pediatrics, Helfer Society, and any other stakeholders **(NCA)**.

Implementation Guidance

To move from strategy to implementation, we propose organizing the eleven recommendations into four key categories, each representing a critical building block for expanding and sustaining the medical provider workforce. Within each category, recommendations are phased from foundational activities (assessment, planning, partnerships), followed by infrastructure building, and finally, sustainability and scale.

Build The Foundation For Strong Pathways

This category focuses on understanding the current landscape, raising awareness of career pathways, and developing early training and entry points. By mapping resources and funding structures, we will avoid duplications and guide next steps in alignment with national partners.

- 1 Expand training access for healthcare professionals not specialized in child abuse pediatrics or sexual assault exams.
- 7 Research how medical exams are funded (insurance, victim compensation, grants, state or local funds).
- 8 Partner with medical/nursing schools to increase awareness and inform curricula.
- 11 Develop strategic national partnerships with Children's Hospital Association, American Academy of Pediatrics, The Ray E. Helfer Society, and other identified stakeholders.

Strengthen Clinical Infrastructure & Training Pathways

This category focuses on creating the systems, tools, and programs to train, supervise, and prepare professionals in delivering safe, competent care. Launching pilot regional hubs and onboarding tools first will accelerate readiness and build momentum among CAC partners.

- 2 Expand the number of clinical preceptorship sites.
- 3 Develop standardized onboarding training for medical professionals working with CACs and a Medical Academy for CAC directors.
- 4 Establish virtual peer support and networking opportunities for new professionals, solo practitioners, and forensic nurses.

Invest In Workforce Retention And Well-Being

Strengthening the medical workforce requires strategic investment to sustain expertise and build long-term capacity. Supporting child abuse pediatricians as trainers, consultants, and peer reviewers ensures consistent access to specialized knowledge. Encouraging continuing education and conference participation promotes growth, collaboration, and engagement, and lays the foundation for a more resilient workforce.

- 5 Support child abuse pediatricians in mentoring forensic nurses through education, protocol development, and expert review.
- 6 Support medical professionals' continuing education and conference participation.

Elevate Public Awareness And Reframe The Narrative

This category aims to increase public trust in medical evaluations, protect professionals from misinformation, and promote a more informed and supportive narrative. These efforts can run alongside infrastructure development but require strategic planning. Effective communication also can support recruitment, reduce provider fear, and support CACs managing high profile cases.

- 10 Launch a positive social media campaign and a PSA to counter misinformation and highlight the healing value of medical exams in sexual abuse cases.
- 9 Convene a separate workgroup to address challenges associated with physical abuse and child maltreatment cases.

This framework serves as a strategic guide, offering flexibility for the Board to prioritize actions based on resources, readiness and impact. While grounded in field insights and the urgency of the workforce shortage, implementation should be phased, starting with quick wins and progressing to efforts that require deeper planning, partnerships, or funding.



Contributors



Contributors

THANK YOU to our many contributors to this project!

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Special guest working group meeting presenters:

- **Erin Casey, PhD, MSW**, Program Evaluation Manager, National Children's Alliance, Washington, DC
- **Phillip Scribano, DO, MSCE**, Director, Social Care Innovation, Division of General Pediatrics, Children's Hospital of Philadelphia; Professor of Clinical Pediatrics, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA

CALiO:

The Child Abuse Library Online, CALiO™, is a program of National Children's Advocacy Center, Huntsville, AL, and is the leading source for authoritative research, resources and other materials that promote evidence-based practice and the multidisciplinary coordinated response to child maltreatment.

- **Muriel K. Wells, MEd, MLIS**, Senior Digital Information Librarian, National Children's Advocacy Center, Huntsville, AL
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Thank You

WORKFORCE DEVELOPMENT PROJECT

The Workforce Development Project brought together a Steering Committee, and expert work groups focused on strengthening children's advocacy centers through comprehensive service delivery. Each group developed targeted recommendations to expand and sustain a skilled workforce and address critical gaps in expertise. Together, these strategies aim to enhance the quality, consistency, and accessibility of care for children and families, laying the foundation for a stronger, more sustainable future across the CAC network.

Questions?

Contact Us

For support or project-based questions, contact Michele Mullen to coordinate responses and any requested follow-up with the Working Group.



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Addendum A

OUR APPROACH: SPADE DECISION MAKING PROCESS

Our Approach

SPADE DECISION MAKING MODEL

Each Working Group followed a consistent decision-making process known as SPADE, a consult and decide model that advances clarity and transparency in organizational decision-making. The model ensures that decisions are made with the right people at the appropriate level of the organization and are more relevant and effective.

SPADE is an acronym for Setting, People, Alternatives, Decide, and Explain. This framework was created by Gokul Rajaram at Square and was used to guide our Working Group process.

The key milestones are outlined below:

Reviewed Research & Gathered Data

Each Working Group reviewed existing NCA data and research on the topic provided by CALiO and gathered additional data through focus groups, one-on-one interviews, and a survey.

Reviewed External Bright Spots

Each Working Group explored programmatic and strategic examples from similarly structured external organizations to gain insight and inspiration.

Designed Solutions

Each Working Group engaged in a two-hour virtual design session to generate more than 100 potential solutions for the group to consider.

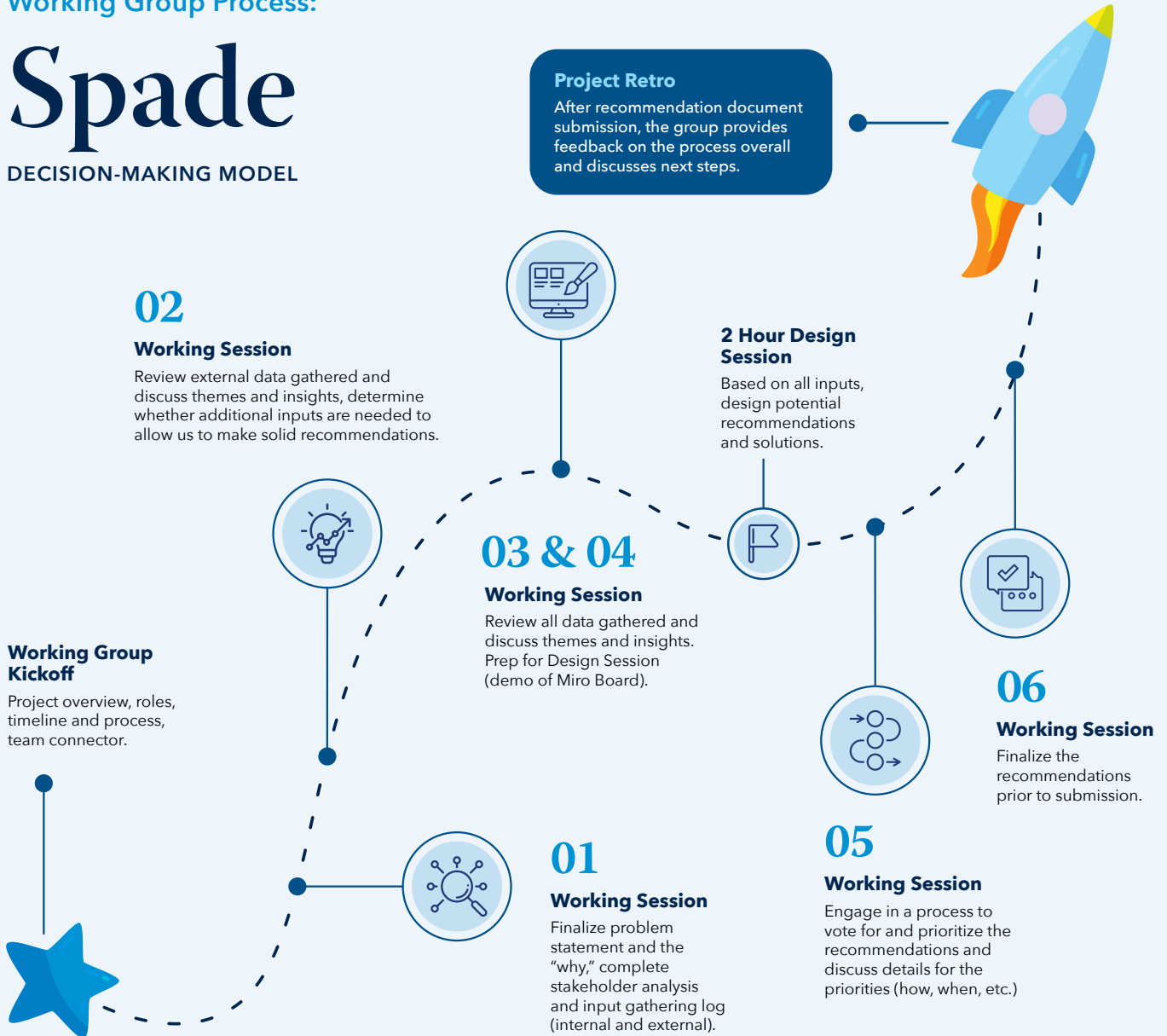
Prioritized Recommendations

Each Working Group used a set of decision filters to narrow down the most impactful and strategic solutions for Board consideration.

Working Group Process:

Spade

DECISION-MAKING MODEL



HIGH-LEVEL PROJECT TIMELINE:





Addendum B

RESEARCH: BIBLIOGRAPHY

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Addendum C

RESEARCH: DATA COLLECTED

Focus Groups & Survey Results

Focus Groups with medical providers working in and with CACs, including those who hire providers

In April 2025, focus groups were conducted with medical providers working directly with CACs, as well as CAC leaders responsible for overseeing medical partnerships or supervising medical professionals. The 44 participants representing 24 states included nurses, nurse practitioners, child abuse board-certified pediatricians, and physicians with advanced training. They shared valuable insights in recommendations to strengthen support for specialized medical providers within the CAC network. Participants consistently expressed deep passion and commitment to the work despite ongoing challenges. Key themes from these discussions include:

- Providers appreciated the collaborative approach in CACs, working with a multidisciplinary team.
- Challenges of low case volume; lack of opportunities for direct clinical care experience.

- Conflicting standards between national guidelines and state laws or local regulations (e.g., funding, reimbursement, who conducts exams, training requirements).
- Need additional support from MDT.
- Concern of legal conflicts or liability concerns (e.g., when not supported by their institution).
- Challenges in filling fellowship positions due to lower interest, pay disparity, and difficulties in training.

Ways to support medical providers:

- Provide free training and share guidelines for best practices in medical service delivery.
- Ensure medical provider representation within CAC program.
- Improve medical provider integration into the CAC and multidisciplinary team.
- Ensure support and backup for medical providers to avoid burnout.
- Create pathways for career development.
- Update and improve tools used by medical providers, including record-keeping.



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