National Guidelines for Canadian Child Advocacy Centres/Child & Youth Advocacy Centres

October 2021

This resource was prepared as a collaborative initiative of

Child Advocacy Centres/Child & Youth Advocacy Centres across Canada

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Dedication

This document is dedicated to those children, youth and families who have experienced abuse. We hope that these Guidelines will result in a better response for children, youth and their families, and that they will contribute to compassionate, skilled and coordinated intervention.

Acknowledgements

The development of the *National Guidelines for Canadian Child Advocacy Centres/Child & Youth Advocacy Centre*s is the result of the generous commitment of time and expertise, and collaborative efforts of many organizations and individuals from Child Advocacy Centres/Child & Youth Advocacy Centres, including Executive Directors, child protection, police, forensic interviewers, medical, mental health and victim services/advocacy.

Gratitude is extended to Boost Child & Youth Advocacy Centre, the Luna Child and Youth Advocacy Centre (previously the Calgary & Area Child Advocacy Centre), KPMG Consulting, the Department of Justice Canada and the Child Advocacy Centres/Child & Youth Advocacy Centres that participated in a Working Group on National Guidelines for efforts that were undertaken to organize and host two in-person meetings and to develop the initial drafts of the Guidelines.

Recognition is given to the Canadian Research Institute for Law and the Family for undertaking research on evidence supporting the development of National Canadian Guidelines and to the Department of Justice Canada for its support of this research.

Sincere appreciation is extended to members of nine working groups comprised of members from Child Advocacy Centres/Child & Youth Advocacy Centres from across the country that were established to review drafts and provide feedback on each guideline. Review and input from these organizations was made possible through the coordination of Boost Child & Youth Advocacy Centre.

Special thanks to Pearl Rimer from Boost Child & Youth Advocacy Centre, and Lara Rooney and Bianca Stumpf from the Department of Justice Canada for reviewing the feedback provided by the working groups and for finalizing the 2021 version of the Guidelines.

Acknowledgement and appreciation is extended to Pamela Hurley and Louise Gadbois for their generosity in providing permission to use the logo that is on the cover page of this document. This logo has been used for a number of purposes and aptly reflects the development and growth of Child Advocacy Centres/Child & Youth Advocacy Centres in Canada.

Purpose

This document presents *National Guidelines for Canadian Child Advocacy Centre/Child & Youth Advocacy Centre* (the "Guidelines") that have been developed by Child Advocacy Centres (CACs)/Child & Youth Advocacy Centres (CYACs)[1] and their multidisciplinary team partners across Canada. The purpose of the Guidelines is to: promote consistency across the country; assist new organizations as they work toward establishing a CAC; and ensure that the integrity of the CYAC model is retained in response to child abuse cases in Canada.

It is important to note that these Guidelines are intended to be aspirational for CACs and represent the "gold standard" supported by the research literature. It is recognized that achievement of all 10 Guidelines may not be possible for all CYACs, but the Guidelines will provide direction to services for children, youth and their families that are developed and delivered, and to centres as they are established. At the time of publication of this document, a mechanism for accrediting Canadian CACs did not exist.

These Guidelines are not intended to replace provincial or federal legislation, policies and procedures within a CYAC, guidance from professionals, and requirements from professional associations, but rather complement them. There are several provincial and federal statutes that pertain to child abuse and family violence, including: the federal *Criminal Code* of Canada; *Youth Criminal Justice Act*; and the *Act respecting First Nations, Inuit and Métis children, youth and families;* and provincial and territorial child protection legislation. Those working with children, youth and families may be bound by other legislative requirements, including related to: child care and early years; education; freedom of information and protection of privacy; health care; social work; policing; persons with disabilities; and victims of crime. It is the responsibility of all agencies that provide services to children and families to check with appropriate authorities with respect to reporting requirements and protocols, as legal matters and procedures vary from place to place. Every effort should be made to know the difference between what is law versus agency policies and procedures, and to ensure that everyone working with children and families is up-to-date with respect to this information.

It is important to note that these Guidelines are broad and general in nature to ensure that they reflect the circumstances of all children, youth and families that may be involved in a CAC. Analysis of supports and services for specific client groups should also be considered. This would encompass acknowledging the historical and current systemic racism and discrimination in Canada, with a specific focus on intersectionality, to help create awareness and understanding of the complex experiences lived by the children, youth and families that a CYAC serves as well as the way in which these experiences impact clients.

These Guidelines should be regularly reviewed and updated to ensure that they remain consistent and up-to-date with evidence-based best practice. A review of the Guidelines will also allow opportunities to consider the inclusion of new or evolving areas of practice. For example, over the course of the development of this document, new areas of focus have emerged for CACs that

[1] The terms "*Child Advocacy Centre*" (CAC) and "*Child & Youth Advocacy Centre*" (CYAC) are used interchangeably throughout this report, and references to "*child"* or "*children"* include both children and youth.

include the use of support animals, and the development of spaces to allow children and youth to testify outside of a courtroom and at a CYAC.

Background

Children and youth who have experienced or been exposed to violence can face unique and difficult circumstances. For example, involvement in the criminal justice process, and particularly testifying in court, can be traumatic for a child. CACs address these challenges by providing a coordinated and collaborative approach to assisting children and youth, and their families:

> *A Child Advocacy Centre/Child & Youth Advocacy Centre is a collaboration with law enforcement, child protection, medical and mental health professionals, and victim advocates in a child-friendly facility to provide an individualized response for children and youth who have experienced child abuse and their families. Services include prevention, intervention, prosecution, treatment and support services.*

In 2010, Canada announced funding for the creation and enhancement of CACs across the country to assist child victims of crime. The funding was made available under the Department of Justice Canada's (the "Department") Federal Victims Strategy, through the Victims Fund. At the same time, the Department began building a knowledge base on CACs by consulting with experts in the field. Additional resources were provided in the 2012 budget for CACs. As of 2016, 22 CACs were operating in Canada and at least seven others were in development (Department of Justice Canada, 2018).[2] In 2018, additional new and ongoing funding was provided for CACs to support children as vulnerable victims. At the time of publication of this document, through the Victims Fund, more than $3.3M per year has been dedicated to supporting the development and enhancement of CACs across Canada. As of October 2021, there were 44 CYACs at some stage of development; 32 were operational, while another 12 were in development.

The Department co-chairs and coordinates a National Network of CACs. In response to interest expressed by a number of Canadian CYACs, a working group was established in 2014 to explore the development of Canadian guidelines for CACs. The working group, which included representatives of CYACs from across the country, was led by a steering committee composed of representatives from the Luna Child and Youth Advocacy Centre, Boost Child & Youth Advocacy Centre in Toronto, the Department and KPMG Consulting. Discussions were based on the proposed National Guidelines for CACs in 2015, which were adapted from Guidelines developed by Boost Child & Youth Advocacy Centre, partly based on the National Children's Alliance standards for accreditation for CACs in the United States.[3] In 2015, the Canadian Research Institute for Law and the Family (the "Canadian Research Institute") was contracted by the Department, which provided coordination support to the working group, to undertake a

[2] Department of Justice Canada (2018). *Understanding the Development and Impact of Child Advocacy Centres (CACs) in Canada*. J4-81-2018-eng.pdf (publications.gc.ca).
[3] See http://www.nationalchildrensalliance.org/our-story.

review of the evidence base supporting the proposed new National Guidelines for CYACs.[4] The purpose of the review was to examine national and international research for evidence, background and context to support the rationale for each of the 10 draft Guidelines proposed for Canadian CACs. The findings from this review were intended to support the completion of an empirically derived set of National Guidelines for CYACs in Canada.

Discussion and work continued on the proposed Guidelines for three years. Given the passage of time, in 2018, the Canadian Research Institute was contracted by the Department to update the initial review with respect to the evidence base for the Guidelines, compare proposed changes that had been made to the Guidelines with the evidence, and suggest revisions to them, where appropriate.[5] Following this work, Boost Child & Youth Advocacy Centre led a comprehensive, coordinated review of the updated Guidelines by experts in the field. Nine working groups were established to undertake a review of each guideline. These groups were composed of those with specific expertise and practical experience to review and suggest changes to their respective guideline(s), where necessary. The list of working group members included law enforcement officers, forensic interviewers, medical and mental health practitioners, victim advocates, child protection workers, and Executive Directors of CACs. The final Guidelines that are presented here represent the collaborative efforts of many partners and reflect the vision of the CYAC model.

Terminology

In order to facilitate reading the Guidelines, the following section provides a list of key terms that are referenced frequently in the Guidelines. The terms are defined or an explanation is provided with respect to the use of shorter terms or acronyms that appear throughout the document, except where each guideline is initially described, in which case full terms are used.

Caregiver: The term "*caregiver*" refers to someone who is in a permanent caregiving role (e.g., mother, father, live-in partner, foster parent, legal guardian, a family member providing temporary substitute care, a partner of the caregiver with no legal relationship to the child), who was not involved in the alleged abuse and is providing support to the child or youth who experienced the harm. The terms "*caregiver*," "*family*" and "*family member(s)*" are generally used interchangeably throughout the Guidelines.

Child Advocacy Centre (CAC)/Child & Youth Advocacy Centre (CYAC): The terms "*Child Advocacy Centre*" (CAC) and "*Child & Youth Advocacy Centre*" (CYAC) are used interchangeably throughout the Guidelines.

Child Advocacy Centre/Child Advocacy & Youth Staff: The term "*CAC staff*" or "*CYAC staff*" refers to individuals hired by the CAC to support the operations of the CYAC and/or provide direct support to clients and families of the CAC. Staff can include: an Executive Director/CYAC Coordinator, victim advocate(s), forensic interviewer(s), administrative support

[4] Bertrand, Lorne, Paetsch, Joanne, Boyd, John-Paul, & Bala, Nicholas (2015). *Evidence Supporting National Guidelines for Canada's Child Advocacy Centres*. Department of Justice Canada. J4-80-2015-eng.pdf.
[5] Bertrand, Lorne, Paetsch, Joanne, Boyd, John-Paul & Bala, Nicholas (2018). *Evidence Supporting National Guidelines for Canada's Child Advocacy Centres* (Updated). Department of Justice Canada. https://canlii.ca/t/t8jt.

staff, researcher(s)/evaluator(s), and fundraising coordinator(s). Some CACs also have volunteers[6] to assist with different aspects of the CYAC's operations.

Children and Youth: References to "*child*" or "*children*" include both children and youth from birth up to and including 17 years old, or as designated by the child protection legislation in the jurisdiction or the decision of each CAC with respect to the age of children/youth they choose to serve.

Multidisciplinary Team: The term "*multidisciplinary team*" is reflected through use of the acronym MDT. The MDT approach brings together, ideally under one roof, all the professionals and organizations needed to offer comprehensive and coordinated services. At a minimum, the MDT would include representatives from: law enforcement, child protection services, prosecution, mental health services, medical services, and victim support and advocacy.

Their/They/Them: The terms "*their,*" "*they*" and "*them*" are used to reflect gender-neutral language.

Trauma-Informed: Trauma-informed care is an approach to policy and practice that includes "awareness of the prevalence of trauma, understanding the impact of trauma, and commitment to incorporating those understandings in policy, procedure, and practice" (Yatchmenoff et al., p.167).[7] When a service is trauma-informed, those designing and delivering that service actively seek to provide services in a manner that is welcoming and appropriate, and where safety and empowerment for the client are central and re-traumatization is avoided, taking into consideration intergenerational trauma and other past trauma histories. Trauma-informed care should be embedded in CYAC policies and practices, which acknowledge and respond to the impact of trauma on clients, as well as on staff and volunteers. Trauma-informed service providers are guided by principles of creating safe spaces for clients, staff and volunteers, building trust, supporting client choice, respecting client control, and building on strengths.

Victim Advocate: Many terms, such as victim advocate, child advocate, family advocate, care coordinator, child life specialist, system navigator and victim services worker have been used by CACs to describe the role of those who support and advocate for children and their families and act as a liaison between the family and the MDT. The term "*victim advocate*" will be used throughout the Guidelines when this role is referenced.

[6] Volunteers also include placement students.

[7] Yatchmenoff, D.K., Sundborg, S. A., & David, M.A. (2017). Implementing Trauma-Informed Care: Recommendations on the Process. *Advances in Social Work.* 18(1). 167-185. https://doi.org/10.18060/21311.

Guideline 1: Child-focused Setting

The CAC/CYAC provides services to diverse populations of children, youth and their supporting family members in a welcoming, physically and psychologically safe, neutral, trauma-informed and comfortable child- and youth-friendly setting.

Rationale

Children and their non-offending family members require a safe, friendly and comfortable setting to meet with professionals when child abuse is reported. A trauma-informed, child and youth-focused setting that is appropriate for diverse populations of children and youth can help alleviate a child's or youth's fear and anxiety and help to promote their involvement and comfort in the process.

Key Components

- All client and family areas, as well as investigative interview rooms should be safe, welcoming, comfortable and neutral, and reduce anxiety.
- The CYAC must have policies and procedures that address the separation of victims and [alleged] offenders during the investigative process, and as necessary throughout delivery of the full array of CYAC services in order to provide a service that is physically and psychologically safe for children. If a CYAC shares a building location with an existing agency that provides services to [alleged] offenders, there should be a separation between children, non-offending caregivers, and [alleged] offenders, for example, arranging to meet with [alleged] offenders on different floors or at different times of day. In addition, CYACs that serve children with problematic sexual behaviours should also make provisions to ensure the physical and psychological safety of all children and youth who visit the centre.
- Children and youth should be within sight and/or hearing distance at all times by CYAC staff, multidisciplinary team (MDT) members or volunteers when caregivers are not with the child (e.g., the caregiver is in an interview).
- Whenever possible, clients involved in different investigations should be kept separate to respect the confidentiality of children, youth, caregivers and investigations.
- Confidentiality and respect for privacy is of primary concern. Confidentiality must be maintained at all times, except as permitted or required by law, including sharing subpoenaed documents with the court, reporting suspicions of child abuse to a child protection agency, and identifying safety risks to a child, self or someone else. Staff and partners must ensure that case and client information is kept confidential at all times, and cannot be seen, accessed, or overheard by others to whom consent has not been granted, including other families and individuals not affiliated with the CYAC.
- The CYAC should be responsive to the accessibility needs of children and their families. The CYAC should try to make reasonable accommodations with respect to: availability of resources for clients with visual impairments; accessibility of signage; transportation assistance; availability of parking; and accessibility of public transportation (see *Guideline 3: Diversity & Inclusion*).

Guideline 2: Multidisciplinary Team

The CAC/CYAC will include an integrated, multidisciplinary team from the core disciplines and agencies involved in the case. This usually includes police, child protection services, medical and mental health assessment and treatment, prosecution, and victim support and advocacy.

Rationale

The purpose of interagency collaboration is to: coordinate intervention to reduce potential trauma to children and their families; improve the quality of information sharing and decision-making; increase the likelihood that investigations and prosecutions will be concluded as quickly and as thoroughly as possible in a timely and efficient manner; and increase the likelihood that prosecutions have successful outcomes. A functioning and effective MDT approach, where members have skills and expertise specific to working with children, youth and their families, is the foundation of a CAC.

MDTs work collaboratively to provide the most effective, coordinated response possible for every child and family. MDT interventions, particularly when provided in a child-focused CAC setting, are associated with less anxiety, fewer interviews, increased support, and more appropriate and timely referrals for needed services. In addition, non-offending caregivers are empowered to protect and support their children throughout the investigation, prosecution and beyond. The MDT approach allows each agency to focus effectively on their area of expertise, while also collaborating with other MDT members in order to address all aspects of the case. This improves the quality and efficiency of decision-making, interventions, and follow up, while ensuring the caregivers are adequately supported throughout.

A coordinated MDT approach: facilitates the efficient gathering and sharing of information; broadens the knowledge base with which decisions are made by including information from many sources; and improves communication among agencies. More thorough and shared information, and improved and timely evidence-gathering from the beginning stages of the case may contribute to a more successful outcome. A MDT response also fosters necessary education, support and treatment for children and caregivers that may enhance their willingness to participate and their ability to be effective witnesses in the criminal justice process.

Key Components

- Ideally, the core MDT should include the following disciplines and agencies:
  - police services;
  - child protection services;
  - medical services;
  - mental health services;
  - victim support and advocacy for the child and family, including through the court process;
  - Crown prosecution service; and
  - forensic interviewers, where these positions exist.

In addition to these core partners, MDTs can work collaboratively to include other professionals and supportive individuals, such as teachers or Elders, with consent from clients; this can be helpful to investigations, specific circumstances and services. In virtual types of centres, a coordinator role could be included. The ability to be co-located should not prohibit a valuable professional from being invited to a MDT meeting (see *Guideline 8: Case Reviews* for an example of collaboration with other professionals in CACs).

- Some CACs, including those in small rural communities, may employ one person to fill multiple roles. For example, the CAC Executive Director may also serve as the victim advocate. Community resources may limit personnel and require some individuals to fulfill multiple roles. Regardless, each of the above-mentioned functions should be performed by a specific member of the MDT, while maintaining clear boundaries for each function.
- Written agreements formalizing interagency cooperation and commitment to the CAC practice and policy are essential to maintain continuity of practice even when agency personnel change. Written agreements may take different forms, such as memoranda of understanding, protocols or guidelines, and should be signed by the leadership of participating agencies. These documents should be developed with input from the MDT, reviewed regularly and updated as needed to reflect current practice and current agency leadership.
- The CAC must ensure that appropriate processes are in place to allow for sharing of client information within the MDT. Protocols often exist to allow for information sharing between child protection services and police services; other organizations will likely require signed consent from the youth or caregivers in order to share information with each other and ensure privacy and confidentiality of information is maintained. The CAC must ensure that appropriate consent for information sharing is obtained and documented through a routine and consistent process.
- As a result of more effective information sharing, child protection workers are often in a better position to monitor the child's safety and family support, evaluate caregivers, and make recommendations with respect to placement and visitation.
- Advocacy personnel are able to provide crisis intervention, support, information, case updates, referrals and advocacy in a timely fashion. These services help the MDT anticipate and respond to the needs of children and their families more effectively.
- Medical providers are available to consult about medical evaluation, and interpret medical findings and reports.
- Mental health professionals provide the MDT with valuable information with respect to the child's emotional state and treatment needs. Having a mental health professional on the MDT helps to ensure that assessment, treatment and related services are more routinely offered to children and families.

- A core goal of multidisciplinary involvement is to recognize, take into consideration and address the unique needs of each child. This means that informed decision-making will occur at all stages of the case so that children and caregivers optimally benefit from a coordinated, strength-based response. Multidisciplinary intervention begins at the initial report and may include, but is not limited to, pre- and post-interview debriefings, forensic interviews, consultations, investigation, the gathering of evidence, advocacy, medical evaluation, treatment, case reviews, prosecution, support of the child victim/witness during the trial, and check-ins with caregivers following the conclusion of a case. The MDT follows an agreed-upon process for collaborative intervention throughout the trajectory of the case.
- CACs should foster an atmosphere of trust and respect that creates opportunities for open communication and enables MDT members to share ideas and raise concerns.
- CACs should have both formal and informal mechanisms for MDT members to regularly provide feedback with respect to the operations of the CAC, for example during staff meetings. These mechanisms can address both operational matters, such as transportation for clients, use of the facility and equipment upgrades, and MDT issues, including communication, case decision-making, documentation and record-keeping. The MDT can also function as a consultative source to other community agencies.
- MDT members should participate in continuing training and educational opportunities, including cross-discipline peer review and skills-based learning. Ongoing learning is critical to the successful operation of CACs. The CAC identifies and provides relevant educational opportunities for MDT members. These should include topics that are relevant to all disciplines, are MDT-focused and enhance the skills of the MDT members.
- CACs should make an effort to learn about the community they serve by building and maintaining partnerships with community organizations so that the CAC can effectively meet the needs of the children, youth and families that they will serve. These partnerships may also help to identify where diversity training and education of MDT members can be enhanced.

Guideline 3: Diversity & Inclusion

Cultural, linguistic and socially inclusive services are available to all children, youth and their families at the CAC/CYAC.

Rationale

An inclusive attitude and approach is essential to the CYAC philosophy. Factors related to inclusion influence nearly every aspect of the CYAC's work with children and families, beginning with welcoming them to the centre, employing effective forensic interviewing techniques, gathering information to determine the likelihood of abuse, selecting appropriate mental health providers, providing information, support and advocacy, and securing other support services for the family. CYACs should recognize that clients might mistrust authorities, including those connected to child protection and justice systems, based on past and/or collective harms experienced by these systems in Canada or other countries. These experiences may impact how specific client groups interact with a CYAC and its partners. Identifying and addressing barriers that may impede inclusivity early on will promote a more trauma-informed approach, greater engagement and the best possible outcomes.

Proactive planning and outreach should consider but not be limited by: age/generation, national origin, culture, ethnicity, spirituality, socioeconomic status, ability, gender identity and/or expression, sexual orientation, learning/communication skills and style, or family structure. These factors, including their intersectionality, contribute to an individual's worldview, unique perceptions and experiences throughout the investigation, and should influence intervention and case management processes. By addressing these factors in an inclusive environment, there is greater likelihood that children and families of all backgrounds and experiences will feel welcomed, heard, valued, respected, and engaged in their healing journey by staff, MDT members and volunteers.

Key Components

- To effectively meet the needs of children and families, all MDT members, the CYAC staff and volunteers are encouraged to be willing and able to understand each client's unique experiences and worldview, and adopt practices that will promote best possible outcomes. Striving toward inclusivity is an important and ongoing endeavor that begins with being mindful of how our own experiences and biases influence and shape our work with others. The CYAC should make every effort so that throughout the investigation and intervention processes, provisions are made to address communication barriers, including but not limited to: language, inter-generational gaps (e.g., electronic/social media), cultural diversity, hearing, vision or speech impairments, cognition, literacy, and learning challenges for all children and their non-offending caregivers. Children who cannot verbalize a disclosure due to communication barriers may provide key information through their behaviour.
- Communication barriers can significantly impact the ability to obtain accurate information from the child and family, and hinder the ability of the MDT to convey their roles, expectations, concerns, and decisions with respect to the investigation and intervention

services. Communication barriers may compound already existing possibilities for miscommunication between children and adults, for example, the developmental level of the child and cultural influences on verbal and non-verbal communication. In order to protect the integrity of the process, care should be taken to ensure that appropriate interpreters and communication aids are utilized, for example for Deaf or hard of hearing clients, or drawings, writings and photographs for clients with special needs. CYACs should not rely on children or family members as interpreters (see *Guideline 4: Forensic Interviews*).

- All children and families who come to the CYAC should feel welcome. While there are many ways of accomplishing this, communication materials and relaxation items, such as dolls, toys, books, magazines, and artwork should reflect the diverse interests, ages, developmental stages, abilities, ethnicities, religions, and identified genders of the children and families served.
- It is the responsibility of the MDT members to gain a holistic understanding of the child's context. Understanding the child's and family's background will help to: effectively elicit relevant history; understand decisions made by the child and family; understand the perception of the abuse and attribution of responsibility made by the child, family and community; understand the caregiver's comprehension of laws; address any spiritual or cultural beliefs that may affect the disclosure; and recognize the impact of prior experience with police, child protection and government authorities both in this country and in other countries. With knowledge and preparation, the MDT should structure services to obtain the most complete and accurate information and more effectively interpret and respond to the needs of the child and family.
- It is important that the CYAC strive to recruit, hire and retain staff, volunteers and Board members that reflect the demographics and diverse populations of the communities and the children and families served.
- In keeping with the philosophy of diversity and inclusion, CYACs should establish partnerships and diverse advisory committees that are representative of the communities served (including individuals with lived experience) to provide meaningful engagement opportunities that drive development, implementation and evaluation of all CYAC policies/procedures, programming, services and communication materials that impact every level of the CYAC from direct service to governance.

Guideline 4: Forensic Interviews

Forensic interviews are recorded and conducted in a manner that is: legally sound; supportive; of an unbiased, fact-finding nature; coordinated among multidisciplinary team members to avoid duplicative interviewing; and grounded in research-based forensic interviewing guidelines.

Rationale

Forensic interviews are the cornerstone of a child abuse investigation, effective child protection and subsequent prosecution, and may be the beginning of a process of healing for many children and caregivers. The manner in which a child, caregiver or witness is treated during any interview may significantly impact their understanding of, and ability to respond to the investigation process and/or criminal justice system, as well as potentially affect the reliability of statements from the child.

The purpose of a forensic interview in a CAC is to obtain a statement from a child, caregiver or witness in a developmentally appropriate, culturally sensitive, trauma-informed, unbiased and fact-finding manner that will support accurate and fair decision-making by the involved MDT members for the criminal justice and child protection systems. Quality interviewing includes: an appropriate, neutral setting; effective communication among MDT members; input from caregivers to plan and conduct developmentally appropriate, culturally sensitive and trauma-informed forensic interviews; employment of legally sound interviewing techniques; and the selection, training and supervision of interviewers, focusing on child-specific expertise.

Key Components

- Some communities have formal protocols that describe the steps involved in the investigative and interview process, and where these exist, they should be followed in the CAC. CACs without community protocols should develop and document the process and steps that will be followed in the centre, in consultation with the Crown prosecutor, and police and child protection agencies that address obtaining appropriate consent and the protection of privacy.
- In order to conduct forensic interviews, interviewers should have formal, specialized training on an interview protocol that consists of evidence-informed components. A practice component with a standardized review process should be included. Training should be monitored over time to ensure that it reflects current practice.
- The CAC should offer an environment and an interview protocol that enhance free recall, minimize interviewer influence and gather the information needed to avoid duplication of the interview process. Interviews should be conducted using up-to-date recording equipment.
- Interviewers should identify and accommodate a child or caregiver's developmental level, and any behavioural, intellectual, physical, communication and/or learning disability they may have. Investigative decisions need to be based on a child's or caregiver's intellectual, physical, social and communication skills. Specialized resources and/or information can assist in forensic interviews of children and caregivers with special needs in order to facilitate accurate communication (e.g., through the use of drawings, writings, photographs) (see *Guideline 3: Diversity & Inclusion*).

- Forensic interviews of children should be conducted at the CAC whenever possible rather than at other settings, such as a police station. The CAC is the setting where the MDT is best equipped to meet the child's needs during an interview. A trauma-informed, child- and youth-focused setting can help alleviate a child/youth's fear and anxiety and help to promote their involvement and comfort in the process (see *Guideline 1: Child-focused Setting*). When interviews take place outside the CAC, steps should be taken to utilize appropriate forensic interview guidelines.
- The CAC should provide regular opportunities for forensic interviewers to receive feedback about their interviews, including self-review, peer review, supervision and/or expert consultation. Ongoing training may also include: attendance at workshops or conferences; reading current research and literature on forensic interviewing; role-play; and interviewing children on non-abuse related topics.

Guideline 5: Victim Advocacy & Support Services

Recommended Guideline

Victim advocacy and support services are available to all children, youth and their families at the CAC/CYAC. Advocacy and support are offered to help reduce trauma for the child, youth and supporting family members and to improve outcomes.

Rationale

Advocacy is a necessary component of the CYAC and encourages child and caregiver participation in investigation, prosecution, assessment, treatment, and support services. The role of the CYAC victim advocate is often the entry point for the introduction of services and communication with the child and their family. The explanation of services assists children and caregivers to navigate through various systems involved; the victim advocate facilitates the collaboration of the CYAC partners in the CYAC model and contributes to up-to-date information and ongoing communication with the client/youth/family such that their needs are heard and are met by the CYAC team of services. This ongoing support and communication is critical to a child/youth/family's comfort and ability to participate in intervention and treatment. Support and advocacy for children and families are integral and fundamental to the MDT response. The manner in which services are provided should be clearly defined to avoid role confusion. The support and advocacy functions may be delivered differently across CYACs, and may be filled by a designated victim advocate or by another member of the MDT, or across a number of roles. Appropriately trained individuals need to be identified to fulfill these responsibilities.

Children and their families need support to navigate the various systems they encounter, particularly those that may be unfamiliar to them. The victim advocate acts as a liaison and the "hub" for communication between the child/youth/family and services to enhance connection and information flow between these systems and with the child and family. Through communication between the professionals involved and case management, the victim advocate contributes to the MDT's engagement in a joint process of needs assessment to determine the level and type of resources recommended for children and families, including timelines for services (e.g., mental health services, medical services, child protection services).

Often, children and their families have never been involved with the systems that respond to child abuse allegations. In the aftermath of victimization, the child and family may feel a loss of control, and many are in crisis, including dealing with family violence, immediate safety issues, and are coping with the emotional impact of the initial report and the ensuing process, including child placement, arrest, and economic impacts. Education provides information that can be empowering for children and their families. Education is an ongoing process because a crisis may occur at any time (e.g., changes in court proceedings) and children and caregivers may be unable to process all information at one time, and their needs often change over time. As family needs and case dynamics change, these changes require reassessment (e.g., identifying youth who may be suicidal or homicidal) by the appropriate partners in a timely manner so that additional information and services can be offered. Similarly, identification of immediate, basic needs and coordination for supports for crisis intervention (e.g., help lines, shelter, housing, food, financial or community safety) need to take place.

Key Components

- A victim advocate is available to the child and family to provide a consistent and comprehensive network of support. Children and families in crisis need assistance in navigating through the responses of different systems. Although more than one person may perform advocacy functions at different points in time, coordination that promotes continuity and consistency is the responsibility of the CYAC. While some CYACs may have dedicated victim advocates, others may have other staff, like care coordinators, family advocates, victim services workers, and child life specialists who perform support and advocacy functions.
- Advocacy and support may include but is not limited to:
  - providing support to child victims and witnesses of abuse and their caregivers at the time of the initial investigation until services are no longer needed;
  - greeting and orientation of children and their caregivers to the CYAC;
  - participation in case reviews;
  - providing education to children and caregivers about: the purpose of the CYAC and MDT response; and the rights of victims and services available;
  - assisting the caregiver with access to information, including updates on case status, court dates, dispositions, and sentencing;
  - assistance with services, such as housing, food, transportation, cultural, spiritual and community supports and public assistance;
  - facilitating referrals for medical and mental health services, including resources related to crisis support and support groups;
  - court preparation and making recommendations to the Crown prosecutor regarding testimonial aids or other special accommodations;
  - court accompaniment and support where possible;
  - linking the caregivers to provincial and federal corrections for inmate status notifications and Parole Board of Canada, victim services or other services as needed; and
  - continuity of support and follow up based on consultation with the MDT.
- It is important that individuals be informed with respect to their rights as victims of crime, including information about any victims' compensation programs. Many children and their families are unfamiliar with their rights. Non-offending family members who are affected by the crime may also be entitled to funds for counselling and support services. This information should be provided by a professional who: is knowledgeable about the criminal justice system; has some familiarity with other legal responses, including civil, child protection and family law proceedings; and is also aware of available funds through different levels of government, as well as organizations. In some CYACs, this role may be filled by specialized child victim witness professionals or court-based victim or witness assistance programs.

Guideline 6: Medical Evaluation & Treatment

Recommended Guideline

Specialized medical evaluation and treatment services are routinely made available to all children and youth and are coordinated with the multidisciplinary team response. All cases of suspected child abuse should be assessed to determine the need for a medical evaluation.

Rationale

A medical evaluation often holds an important place in the multidisciplinary assessment of child abuse. Medical consultation with the MDT on cases of child abuse at the CAC will assist in ensuring that children are provided with a medical evaluation when necessary. The goal of the medical evaluation is to reassure children and families about the child's well-being, identify and document the necessary medical findings, screen for injuries and medical conditions, and initiate treatment when necessary.

Key Components

- Medical evaluations should be offered to children as determined by skilled medical clinicians or by local MDTs that include qualified medical representation. Specialized medical evaluations can be provided in a number of ways. Some CACs have a medical provider who comes to the centre on a scheduled basis, while in other communities the child is referred to a medical clinic or health care agency for this service. CACs need not be the provider of primary care but CACs should have protocols in place outlining the linkages to primary care and other needed healthcare services. It is important that appropriate consent for medical evaluation and treatment be obtained.
- The timing of the medical evaluation is key in many child abuse investigations. Immediate consultation with the MDT will allow for necessary decision-making about the need for an examination and its timing. Recommendations as to the timing of medical examinations should be based on the presence of physical signs and symptoms, the need for medical treatment and the need to collect forensic evidence. If a child's physical signs and/or symptoms worsen, medical guidance should be sought.
- Physicians, nurse practitioners, and nurses may all participate in the medical evaluation of child abuse. Some CACs have expert clinicians as full- or part-time staff, while others provide this service through affiliation with local hospitals or other facilities. Programs in smaller or more rural communities may not have easy access to qualified examiners, and may develop mentoring or consultative relationships with medical professionals in other communities.
- Photographic documentation of examination findings is standard for medical evaluations in child abuse cases. Photographic documentation enables peer review, continuous quality improvement and consultation. It may also obviate the need for a repeat examination of the child and is necessary for evidentiary purposes. Genital photo documentation, via colposcopy or camera, in cases of sexual abuse should be strongly considered; however, issues of consent, storage and access must be adequately addressed.

- All medical clinicians who provide medical evaluations at CACs should have adequate training, ongoing continuing education and access to up-to-date equipment. It is essential that medical clinicians be familiar and up-to-date with current research on findings in children who have and have not been abused, sexual transmission of infections in children, and current medical guidelines and recommendations from national professional organizations.
- Medical clinicians should have systems in place so that consultations with established experts in child abuse medical evaluation are available when a second opinion is needed in cases where physical or laboratory findings are felt to be abnormal or uncertain. Regular peer review of cases should be conducted with colleagues and experts in the area.
- Medical evaluations often cause significant anxiety for children and their families and there may be misconceptions about how the examination is conducted and what findings, or lack of findings, mean. There may also be mistrust of the health care system and/or service providers that can result from past individual or collective experiences, such as racism and discrimination, and/or from religious or cultural beliefs with respect to healing. In some CAC settings, the client is introduced to the examination by non-medical personnel. It is essential for MDT members and CAC staff to be trained about the nature and purpose of medical evaluations so that they can competently respond to common questions, concerns and misconceptions.
- The medical evaluation is an important part of the response to suspected child abuse and neglect, and relevant findings of the medical evaluation should be shared with and explained to the MDT in a routine and timely manner so that effective case decisions can be made. Policy and procedures regarding privacy and confidentiality must be followed.

Guideline 7: Mental Health Evaluation & Treatment

Recommended Guideline

Specialized evidence-informed trauma-focused treatment and mental health services, designed to meet the unique needs of children, youth and their non-offending family members, are essential to the multidisciplinary team response.

Rationale

Healing may begin with the first contact with the MDT, the common focus of which is to minimize potential trauma to children. However, without effective therapeutic intervention, children who are traumatized can suffer ongoing or long-term adverse social, emotional and developmental outcomes that may impact them throughout their lifetime. There are evidence-informed assessments and treatments, and other practices with strong empirical support that can both reduce the impacts of trauma and the risk of future abuse. For these reasons, a MDT response should include trauma assessment and specialized trauma-focused mental health services for children and non-offending parents and caregivers.

Non-offending caregivers are often the key to a child's recovery and ongoing protection, and their mental health is often an important factor in their capacity to support the child. Therefore, non-offending caregivers may benefit from counselling and support to address the emotional impact of the abuse allegation, reduce or eliminate the risk of future abuse, and address issues that the allegation may trigger.

Mental health treatment for non-offending parents and caregivers, many of whom may have victimization histories themselves, can focus on support and coping strategies for themselves and the child, information about abuse, coping with issues of self-blame and grief, family dynamics, parenting education, and abuse and trauma histories. Siblings and other children may also benefit from opportunities to discuss their own reactions and experiences, and to address issues within a confidential therapeutic relationship.

Key Components

- Treatment and mental health services are provided by professionals with trauma, child abuse and child development expertise.
- Mental health professionals should meet the relevant provincial/territorial licensing requirements and/or standards.
- Specialized trauma-focused mental health services for the child and family include but are not limited to:
    - crisis intervention services;
    - trauma-specific assessment, including full trauma history;
    - use of standardized assessment tools initially and periodically thereafter;
    - supportive counselling;

- support groups;
- caregiver support;
- an individualized treatment plan that is periodically re-assessed;
- individualized evidence-informed treatment appropriate for the child and family; and
- referral to other community services as needed.

- Given the complexity of cases, clinical supervision is essential. Supervision should ideally be provided by an on-staff CYAC clinician. In cases where this is not possible, external supervision should be sought as a secondary option.
- A trained mental health professional should participate in case reviews so that the child's treatment needs can be assessed and the child's mental health can be monitored and taken into account as the MDT makes decisions. In some CYACs, this may be the child's treatment provider; in others, it may be a mental health consultant.
- When processing referrals, it is important to consider provincial/territorial medical coverage and/or private coverage, as well as the family's financial means to pay for services not covered. Other factors, including cultural and spiritual beliefs and past experiences of discrimination and racism, may impact a family's ability and willingness to participate in trauma assessment and treatment.
- An immediate needs assessment can orient treatment. Assessment should favor a multi-informant approach and rely on developmentally appropriate tools. Given the diversity of profiles in children and youth victims of trauma, assessment should explore the impact of trauma, as well as potential risk and protective factors that may influence outcomes. In certain cases, an assessment of trauma may need to be postponed if the child is in a state of crisis.
- The CYAC's procedural documentation must include provisions about how mental health information is shared, and about how client confidentiality and mental health records are protected.
- The forensic process of gathering evidence and determining what the child may have experienced is separate from mental health treatment. Mental health treatment is a clinical process designed to assess and mitigate the possible short- and long-term adverse impacts of trauma or other diagnosable mental health conditions, and should not be withheld or postponed until the end of the judicial process. Every effort should be made to maintain clear boundaries between these roles and processes.
- Clients should be made aware early in the process of the distinct roles between victim advocates and mental health professionals. Mental health professionals should be introduced as soon as possible to avoid potential issues regarding their respective roles and responsibilities, thereby contributing to an optimal transition.

- Mental health services for non-offending family members and caregivers may include onsite screening, assessment and treatment, or screening, assessment and treatment by referral. It is important to consider the range of mental health issues that could impact the child's recovery or safety, with particular attention being paid to the family's mental health, substance use or misuse, family violence, intergenerational trauma, and any other trauma history. Family members and caregivers may benefit from mental health treatment to address the emotional impact of abuse allegations, reduce or eliminate the risk of future abuse, and address issues that the allegations may trigger.
- Siblings may also benefit from opportunities to discuss their own reactions and experiences, and to address family issues within a confidential therapeutic relationship.
- Making use of different information and communication technology is valued for fostering sharing of expertise and creating larger networks with the aim of developing best practices in assessment and access to mental health treatment. They are also useful in expanding service options for clients (e.g., virtually to enhance privacy, particularly if the [alleged] offender is at the same location, or by text to arrange for a follow-up appointment).

Guideline 8: Case Reviews

Recommended Guideline

A case review is a trauma-informed, collaborative, formal process to discuss elements of the case, including the investigation, addressing any safety/risk issues for a child and family, making a plan for ongoing support, and preparing for any criminal justice process as necessary. The frequency of case reviews will depend on the individual circumstances of each case. Participants will include multidisciplinary team members actively involved with the case. Updates, issues and concerns are discussed with the goals of ensuring that all partners have the same information and that the needs of children, youth and caregivers are addressed, as long as they are involved with the CAC/CYAC.

Rationale

Case reviews offer the CAC the opportunity to review active/current cases, provide updated case information, and coordinate interventions. Case reviews occur on a regular basis and are in addition to informal discussions and pre- and post-interview debriefings. Case reviews are intended to monitor current cases and are not intended to function as retrospective case studies. This is a formal process in which the knowledge, experience and expertise of all MDT members is shared so that: informed decisions can be made; multiple perspectives are considered; collaborative efforts are nurtured; formal and informal communication is promoted; mutual support is provided; and protocols and procedures are followed and reviewed. Individuals and professionals involved with the child and family, such as a foster parent, culturally-based advocate or school personnel, may be invited to attend a case review with consent from the client.

Key Components

- MDT members should have the ability to arrange a case review. Considerations for a case review can include situations:
    - involving immediate safety concerns, including [the possibility of] apprehension/bringing a child to a place of safety;
    - that have resulted in serious physical injury or a change in known injuries;
    - where there are concerns about emotional/mental stability;
    - that are highly visible (e.g., media exposure);
    - exhibiting dynamics that pose obstacles to the progress of the case (e.g., conflicting allegations, high-risk of recantation);
    - involving multiple victims or perpetrators;
    - involving abuse allegations in the context of custody and/or visitation disputes;
    - where progress has not occurred as anticipated; and
    - where reunification is being considered.

- Case reviews encourage mutual accountability and help to ensure that children's needs are met sensitively, effectively and in a timely manner.
- Case reviews are not meant to pre-empt ongoing discussions between MDT members, and ongoing discussions are not meant to take the place of formal case reviews. Every CAC should have a process for reviewing cases. Depending on the size of the CAC's jurisdiction or caseload, the method and timing of a case review may vary to fit the unique CAC community. Some CACs review every case, while others review only complex or challenging cases. Representatives from each core discipline actively involved in the investigation should attend and provide input at a case review. Confidentiality, note taking and record retention must be addressed in the interagency agreements.
- In order to make informed case decisions, essential information and professional expertise are required from all disciplines. The process should ensure that no one discipline dominates the discussion, but rather all relevant team members have a chance to adequately address their specific case interventions, questions, concerns and outcomes.
- Generally, the case review process should:
    - review a summary of the allegations, including the referral source and the relationship of the alleged offender to the child and family;
    - review the current whereabouts of the child, any safety concerns, and any safety plan put in place;
    - assess the family's reactions, cultural considerations and response to the child's disclosure, and involvement in the criminal justice and child protection systems, taking into consideration any experiences the family or their community may have had with authorities, systemic racism and discrimination;
    - discuss decisions, actions or concerns with respect to the investigation, child protection, medical assessment, mental health treatment, and/or prosecution of the case and participation of the child in any court proceedings;
    - make provisions for court preparation and court support;
    - discuss the developmental level, ability to communicate and mental health of the child involved, and their ability to testify;
    - discuss legal and evidentiary issues; and
    - discuss other issues relevant to the case, including follow up on any recommendations from previous case reviews.
- An individual(s) should be designated to coordinate and/or facilitate the case review process. Proper planning and preparation for case reviews, including notification of cases to be reviewed, maximizes the quality of the discussions and decision-making. A process for identifying and adding cases to the agenda should be articulated and understood by all MDT members.

- The skill with which case review meetings are facilitated directly impacts on the success of the case review process and team functioning. The person designated to lead and facilitate the meetings should have training and experience in meeting facilitation.
- Relevant MDT representation at case reviews promotes an informed process through the contributions of diverse professional perspectives. Case reviews should be attended by agency representatives able to participate on behalf of their respective agencies. CACs should establish policies addressing who is required to attend case reviews. All those participating should be familiar with the CAC process, as well as the purpose and expectations of case reviews.
- Clients should be notified when a case review is scheduled, even though it is generally recommended that they do not attend the first case review. Consideration may be given to clients and a support person attending other case reviews if there is an expressed interest or desire to attend.
- Processes should be defined to communicate recommendations or MDT decisions arising from a case review to the appropriate individuals for implementation.
- CACs should strive to create an environment where complex issues can be raised and discussed. Case reviews should provide an opportunity for MDT members to increase their knowledge of the dynamics of child abuse cases. Reviews may include, but not be limited to, discussion of: relevant theories; research; trauma-informed care; agency interventions, limitations, or service gaps; issues of family dynamics; developmental disabilities; emotional well-being; parenting styles and child-rearing practices; gender roles; religious beliefs; socioeconomics; and cultural beliefs and practices.
- The MDT meets on a regular basis for case reviews of: level of support/services; status of the criminal investigation; ongoing case planning; mutual team support/education; and case closure.

Guideline 9: Case Tracking

Recommended Guideline

Case tracking refers to a systematic method where specific data are routinely collected on each case served by the CAC/CYAC. CACs/CYACs should develop and implement a system for monitoring case progress and tracking case outcomes for all multidisciplinary team components.

Rationale

Case tracking systems capture essential demographic information, case information and investigation and intervention outcomes, and can also be used for program evaluation, such as identifying areas for continuous quality improvement, ongoing case progress and monitoring outcomes, and for generating statistical reports.

Effective case tracking systems will enable MDT members to accurately inform children and caregivers about the current status and disposition of their cases. They also enable ease of access to data that are frequently requested for grants and other reporting purposes. When collected across centres, data can be used to assemble local, regional, provincial/territorial, and national statistics that are useful for advocacy, research and legislative purposes in the field of child maltreatment.

Key Components

- Each CYAC needs to determine the type of case tracking system that will suit its needs. Case tracking must be compliant with all applicable privacy and confidentiality requirements. For example, CYAC policies should address the collection, use and access to case tracking data by MDT members and agencies. Centres should also have confidentiality policies addressing how and when data may be released to agencies or parties other than the MDT. For case tracking data to be used for research purposes, appropriate research ethics and consent processes should be followed.
- CYACs should collect and have the ability to retrieve case specific information for all CYAC clients. Statistical information should include the following data:
    - demographic information about the child and family;
    - types of abuse alleged;
    - relationship of alleged offender to child;
    - MDT involvement and outcomes;
    - charges laid and case disposition in criminal court;
    - all referrals; and
    - any other services provided.

- Case tracking is an important function of the CYAC and can be a time-consuming task depending on case volume. Accuracy is important and, for this reason, an individual should be identified to implement and oversee the case tracking process.
- An accurate, comprehensive case tracking system is only possible when all MDT members support the need to submit data in a thorough and timely fashion. Defining case tracking procedures in CYACs' procedural documentation underscores the importance of case tracking and helps to ensure accountability in this area. CYACs should consider implementing a standardized tool to facilitate consistency in case tracking.

Guideline 10: Organizational Capacity

Recommended Guideline

Every CAC/CYAC should have a designated legal entity responsible for the governance of its operations. The role of this entity is to oversee ongoing business practices of the CAC/CYAC, including setting, implementing and regularly reviewing administrative policies, hiring and managing personnel, providing training and support to personnel, securing funding, supervising program and fiscal operations, and long-term planning. In addition, the CAC/CYAC should build awareness of the value of the work and the population they serve within their community. Board directors should be well-acquainted with the mission, vision, values, and purpose of the organization, and the structure and delivery of programs and services.

Rationale

There are many options for a CAC's organizational structure, depending upon the unique needs of its community. Success ultimately requires that, regardless of where the program is housed or under what legal auspices it is established, all agencies in the collaborative effort have equal investment in and commitment to the program. A CAC may be an independent non-profit agency, a program affiliated with an umbrella organization, such as a hospital or other non-profit social service agency, or part of a governmental entity, such as child protection services, law enforcement or victim services. Each of these options has its advantages and limitations, as they relate to collaboration, planning, governance, community partnerships and resource development.

Key Components

- CACs are incorporated, non-profit organizations or government-based agencies, or a component of such an organization or agency. CACs have a defined organizational identity that encompasses appropriate legal and fiduciary governance and organizational oversight.
- Every CAC should provide relevant insurance specific to each organization to mitigate risk for the protection of the organization, its personnel and clients. CACs should consult with risk management professionals to determine appropriate types of insurance and any additional levels of coverage needed, such as renters', property owners', automobile, or cyber insurance.
- Every CAC should have written policies and procedures that govern its administrative operations. Administrative policies and procedures may address: job descriptions, personnel policies and related staffing procedures; non-discrimination; grievance policies; fiscal management; documentation and record-keeping; privacy and confidentiality requirements; health and safety policies and emergency procedures; security policies; and policies related to the use of up-to-date CAC facilities and equipment.

- Confidence in the integrity of the fiscal operations of the CAC is critical to the long-term sustainability of the organization. An annual independent audit is one tool to assess for fiscal soundness and internal controls for financial management. An annual independent audit is recommended for all CACs with annual actual expenses in excess of $500,000. A financial review may be sufficient for CACs with annual actual expenses equal to or less than $500,000.

- In order to address the services that children and their caregivers require, CACs need sufficient staff to support all operational components, along with a staff that have a combination of skills and experience and is reflective of the community(ies) the CAC serves.

- Due to the sensitive and high-risk nature of CAC work, it is necessary that, at a minimum, CACs conduct a formal screening process for staff and volunteers that includes a clear vulnerable sector police criminal record check (VSPCRC) for each staff member and volunteer within the CAC's supervision. The renewal time for a VSPCRC should be included in the CAC's policies, in accordance with local, provincial/territorial recommendations, policies or requirements. If higher clearance is necessary, this will be the responsibility of a police service.

- CACs should provide an orientation to new staff members and volunteers, as well as ongoing training and regular supervision. Supervision of all staff members and volunteers should be by their direct supervisor. Suitable ongoing training may include: attendance at workshops or conferences; reading current research and literature; and role-play (see *Guideline 2: Multidisciplinary Team* for more information on training for the MDT).

- Due to the nature of the work, including exposure to secondary trauma or vicarious trauma, CACs should prioritize and promote the psychological well-being of their staff and volunteers by: providing training and information regarding the effects of vicarious trauma; providing techniques for building resiliency; and maintaining organizational and supervisory strategies to address vicarious trauma and its impact. These strategies should ideally be formalized in the CAC policies and procedures.

- CACs should provide education and community awareness on child abuse issues. One component of CAC work is education and outreach to the community about child abuse and the possible impact, historical context, legal and moral responsibilities if child abuse is suspected, and the services provided by the CAC.

- In an effort to ensure long-term viability of the organization, CACs should regularly undertake a strategic planning or planning review process. This process should explore program and equipment upgrade needs, staffing levels, and funding for future growth and sustainability. The CAC should track and monitor service demands in order to build capacity necessary to meet and achieve service standards, as demands require.

Resources

Canadian Centre for Child Protection (C3P)

615 Academy Road

Winnipeg, Manitoba

R3N 0E7

Tel: (204) 560-2083

Toll-free: 1-800-532-9135

https://www.protectchildren.ca/en/

Canadian Child Welfare Research Portal (CWRP)

McGill University, Centre for Research on Children and Families (CRCF)

3506 University Street, Suite 106

Montreal, Quebec

H3A 2A7

www.cwrp.ca

Child Welfare League of Canada (CWLC)

492 Somerset Street

Ottawa, Ontario

K1R 5J8

Tel: (613) 235-4412/Fax: (613) 235-7616

www.cwlc.ca

Children First Canada

Tel: (877) 837-2258

info@childrenfirstcanada.com

www.childrenfirstcanada.com

National Child Advocacy Centres/Child & Youth Advocacy Centres Website

Building Better Services for Children and Youth who are Victims or Witnesses of Crime in Canada

info@boostforkids.org

https://cac-cae.ca

National Children's Advocacy Center (NCAC)

210 Pratt Ave NE

Huntsville, AL 35801

Tel: (256) 533-KIDS (5437)

www.nationalcac.org

National Children's Alliance (NCA)

National Children's Alliance

516 C Street NE

Washington, DC 20002

Tel: (202) 548-0090

www.nationalchildrensalliance.org

The Child Abuse Library Online (CALiO™)

CALiO™ is a service of the National Children's Advocacy Center, and is the largest online professional collection of resources related to child maltreatment. *CALiO™ Collections* offers open access to high quality published knowledge, educational materials, and resources, including hundreds of peer reviewed research publications that can be downloaded and shared without permission.

https://calio.org/