



National Children's Alliance Standards for Accredited Members

The purpose of Children's Advocacy Centers is to provide a comprehensive, culturally competent, multidisciplinary team response to allegations of child abuse in a dedicated, child-friendly setting. A child appropriate/child-friendly setting and a multidisciplinary team are essential for accomplishment of the mission of Children's Advocacy Centers and for accredited membership in National Children's Alliance.

The team response to allegations of child abuse includes forensic interviews, medical evaluations, therapeutic intervention, victim support/advocacy, case review, and case tracking. These components may be provided by Children's Advocacy Center staff or by other members of the multidisciplinary team. To the maximum extent possible, components of the team response are provided at the CAC (Children's Advocacy Center) in order to promote a sense of safety and consistency to the child and family.

The following program components are necessary for accredited membership in National Children's Alliance:

1) Child-Appropriate/Child-Friendly Facility: A Children's Advocacy Center provides a comfortable, private, child-friendly setting that is both physically and psychologically safe for clients.

2) Multidisciplinary Team (MDT): A multidisciplinary team for response to child abuse allegations includes representation from the following:

- law enforcement
- child protective services
- prosecution
- mental health
- medical
- victim advocacy
- Children's Advocacy Center.

3) Organizational Capacity: A designated legal entity responsible for program and fiscal operations has been established and implements basic sound administrative practices.

4) Cultural Competency and Diversity: The CAC promotes policies, practices and procedures that are culturally competent. Cultural competency is defined as the capacity to function in more than one culture, requiring the ability to appreciate, understand and interact with members of diverse populations within the local community.

5) Forensic Interviews: Forensic interviews are conducted in a manner which is of a neutral, fact finding nature, and coordinated to avoid duplicative interviewing.

6) Medical Evaluation: Specialized medical evaluation and treatment are to be made available to CAC clients as part of the team response, either at the CAC or through coordination and referral with other specialized medical providers.

7) Therapeutic Intervention: Specialized mental health services are to be made available as part of the team response, either at the CAC or through coordination and referral with other appropriate treatment providers.

8) Victim Support/Advocacy: Victim support and advocacy are to be made available as part of the team response, either at the CAC or through coordination with other providers, throughout the investigation and subsequent legal proceedings.

9) Case Review: Team discussion and information sharing regarding the investigation, case status and services needed by the child and family are to occur on a routine basis.

10) Case Tracking: CACs must develop and implement a system for monitoring case progress and tracking case outcomes for team components.