

NGIC Meeting: Ottawa, November 22-23, 2016

Summary of Key Decisions & Next Steps

Overall Items

- **Next NGIC Meeting**
 - Please hold June 14/15, 2017, in Ottawa, for the next meeting.
 - Findings and draft guidance for the child maltreatment (CM) review will be presented and discussed, and we'll continue the discussion on integrating content and process into guidance and curriculum.
- **Detailed Meeting Notes & Small Group Discussion Input**
 - Have been posted to the NGIC area of the website. Those not at the meeting are invited to review.
 - Have been incorporated into the draft Guidance for intimate partner violence (IPV) and children's exposure to IPV.
- **Project Activity Updates & Knowledge Mobilization**
 - Environmental scans and consultations to review potentially relevant evidence-based resources/tools are ongoing.
 - The CM review process is being conducted in conjunction with the World Health Organization (WHO), with Harriet MacMillan Co-chairing the WHO Guideline Development Group, and acting as VEGA Lead for our Evidence Review Group, Chaired by Jane Barlow. VEGA Post-doctoral Fellow Jill McTavish is providing key support. Evidence for the VEGA guidance will be presented to the NGIC in June 2017.
 - Multiple methods are needed to disseminate information about VEGA to various audiences; the following are available on the website, or by request to VEGA:
 - text for insertion into member newsletters (sent to members via email; please also subscribe, and encourage colleagues to do so, to the Project Activities blog on the VEGA website);
 - material/photos for posting to social media, tweeting, etc.;
 - summaries, talking points and slides for members to use in presentations to their organizations, conferences, etc.
 - We are evaluating our activities as we go; members will be asked to participate in time-limited activities, such as brief surveys and interviews.
- **Patient/client Voice**
 - Input from those with lived experience is crucial, and VEGA is committed to determining how (and when) best to integrate this, while avoiding tokenism. VEGA continues to consult with key groups on this and we are grateful for ongoing input from NGIC members. Qualitative evidence from a joint project with researchers at the University of Bristol has been included in the CE-IPV guidance.

Developing Practice Guidance

- VEGA's main priority is improving providers' identification of, and initial response (including referral) to, those exposed to violence. Rather than 'looking for disclosures', the key goal is to create safe spaces to discuss violence and its impacts, and work on helpful follow-up options with clients. A key discussion was on moving from "what's wrong" with a client, to "what happened" to them.
 - Harriet reviewed the concept of "identification" and noted the key differences between "universal screening" and an approach based on safe and appropriate asking about violence experiences (sometimes called "case-finding"); universal screening is not supported by evidence, therefore, as

below, the emphasis is on **being aware of the signs and symptoms of family violence (“cues”)** (which were articulated) and **asking and responding safely**.

- Harriet presented **system requirements for “Responding Safely” to family violence**, including practice principles such as private spaces, confidentiality (within the limits of mandatory reporting duties), documentation (under development), provision of information, and client-centredness. Attention to vicarious trauma and self-care/reflective practice is also required.
- A key point to emphasize is that **providers need not become experts in family violence to approach an initial conversation, and respond safely and competently**.
- Nadine Wathen walked us through the evidence for identification and initial response for IPV and CE-IPV, and we reviewed the WHO’s **LIVES (Listen, Inquire about Needs/Concerns, Validate, Enhance Safety and Support) approach**; we discussed ways to enhance and augment LIVES to **integrate a trauma- and violence-informed care (TVIC) approach** (small group activity).
- We discussed the following key content for the “background module” for the Curriculum (and started to talk about how to condense the key parts for the Guidance):
 - Risks, causes and consequences of family violence (ecological model); considerations for specific groups; physical and mental health issues related to violence exposure across the lifespan.
- Marilyn Ford-Gilboe and Susan Jack presented the guidance statements for specific recommended and non-recommended **interventions for IPV and CE-IPV** and we discussed:
 - feasibility of the recommended interventions in the Canadian context (including availability, access, equity, cost/resources, etc.);
 - “referral pathways” for recommended interventions from various health and social service provider contexts and settings (small group activity).

Moving to Curriculum

- Mark Hanson gave a high-level summary of the survey of NGIC organizations regarding where their members go for online learning.
- We reviewed the background document “Considerations for the Development of a Foundational Family Violence Curriculum” including core constructs for curriculum development, which flows, content-wise, from the Guidance, **but is a different product in both design and purpose**. Small groups discussed the translation of Guidance content into the Core VEGA Curriculum.
- Steve Wilcox from the Games Institute at the University of Waterloo presented on the use of serious gaming technology for interactive learning, providing examples of use in health and social contexts. It was agreed that for VEGA to provide both breadth of reach to various learners (i.e., online) and an interactive experience, **this is an approach we should carefully consider**.
- Karima Velji led a discussion about **accreditation** for organizations (e.g., Accreditation Canada) and individual-level training (e.g., nursing & medical undergrad curricula, discipline-specific continuing education, etc.).

Checking in on NGIC Priorities

- Nadine reviewed previously stated NGIC priority needs and concerns, especially from the initial meeting in June 2015, and asked members to reflect on our progress, and any gaps. Members were generally satisfied that their needs and concerns are being addressed.

**Meeting documents, including detailed notes and slides, can be found in the
NGIC area of the VEGA website.**