

NGIC Meeting: Ottawa, June 27 & 28, 2016
Summary of Key Decisions & Next Steps

Overall Items

- **Next NGIC Meeting**
 - Please hold November 22/23, 2016, in Ottawa, for the next meeting.
 - Findings and draft guidance for the intimate partner violence (IPV) and children's exposure to IPV reviews will be presented and discussed, and we'll continue the discussion on integrating content and process into guidance and curriculum. We may also hold, by member request, a lunch 'n learn on using social media for knowledge mobilization.
- **REVISED Terms of Reference**
 - Have been posted to the NGIC area of the website. Those not at the meeting are invited to review.
- **Project Activity Updates & Knowledge Mobilization**
 - Environmental scans and consultations to collect existing resources/tools continue; members are encouraged to submit additional examples, and updates on ongoing related work.
 - Systematic Evidence Reviews (SERs) in our three topics are at various stages of completion.
 - 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; check also the Project Activities blog on the VEGA website);
 - material/photos for posting to social media, tweeting, etc.;
 - summaries, talking points and slides.
 - 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 Voices**
 - Input from people with lived experience (including ourselves) is crucial, and VEGA is committed to determining how (and when) best to integrate this, without it seeming tokenistic. VEGA is following up with key groups immediately after the meeting.
 - Qualitative evidence is also an important way to bring these perspectives into consideration.

Trauma- and Violence-Informed Care (TVIC)

- All agreed that principles of TVIC - discussed as "universal precautions" - must be incorporated into our guidance/curriculum, but we need to be careful in our language and framing, as some terms can be confusing (e.g., 'structural violence').
- 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.
- Related to this, it's important for providers to be aware of the signs and symptoms of abuse exposure, and be prepared to inquire when indicated, both to ensure safety, but also to assist in assessment of presenting concerns. VEGA is tasked with developing educational materials and tools so that providers inquire and respond safely, respectfully and effectively.

- The term ‘providers’ is used broadly, to include all members of the team/organization.
- Given the prevalence of family violence, many providers will themselves have their own histories of abuse, and institutional supports for vicarious trauma and self-care/reflective practice are required.

Education & Curriculum (E/C)

- The E/C group will be conducting a survey of NGIC organizations before the next meeting to assess where their members go for online learning; please take a moment to respond.
- Content and format must co-evolve, but members felt that we do need more content “up-front” to better understand how it should be delivered.
- Some key ‘principles’ of both content and format/delivery were agreed on:
 - given the topic, some discomfort is expected, even required, to move people to new ways of thinking and doing; case examples and videos are useful ways to get difficult content across;
 - content (e.g., of videos) must never be stereotypical or trivializing; even “spectacular” examples can obscure the more mundane, but equally harmful, everyday acts of abuse that many experience; that said, it should be kept simple and always remind the learned ‘why’ they should practice a certain way;
 - multiple delivery modes (incl. team-based) are needed to accommodate different learning styles;
- There are at least 3 groups of interest for curriculum: student/resident, faculty, and those in practice (continuing professional development).
- The E/C group was asked to scan existing organizations to see who is doing this work well (and how), and who is trying to do this work but not achieving success (and why).
- It was suggested that all members review and complete the Make it Our Business (domestic violence in the workplace) training and resources as an example (<http://www.makeitourbusiness.ca/>).

Mandatory Reporting (MR)

- VEGA’s main goal is to help mandated reporters report in a way that helps children/families and avoids harm; VEGA can flag issues with MR but since it’s legislated, the requirement itself can’t be challenged.
- VEGA draft guidance should be vetted by those with legal expertise to ensure that no information or recommendations go against legal requirements.
- Providers need to be aware that:
 - whoever receives the disclosure or has suspicion of abuse is the person with the duty to report (this responsibility cannot be deferred to another);
 - providers’ responsibility to the child/family does not end after a report is made;
 - acknowledging the strengths of the family in their report can be helpful;
 - child welfare professionals are available for anonymous consultation.
- Providers need skills to be able to explore the possibility of maltreatment and their duty to report in a way that does not compromise the therapeutic relationship with the client(s).
- Recognition that it would be helpful for providers to also acknowledge any strengths of the family in their report.

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