



Advanced Family Violence Training for Child Intervention Staff: An Environmental Scan

This environmental scan was conducted as part of a collaborative research project conducted by Calgary Counselling Centre researchers in partnership with Alberta Human Services: Child Intervention, Family Violence Prevention and Homeless Supports (FVPHS) and The Alberta Centre for Child, Family and Community Research. Information gathered in this scan was drawn from a literature review, an on-line survey, and seven focus groups with participants from Child Intervention staff including supervisors, managers and the Regional Family Violence Coordinators for Alberta. Members of the project's Steering Committee, the Child Intervention Advisory Committee and the Expert Advisory Committee provided guidance, access to resources and important information included in this report.

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Executive Summary

This environmental scan was done as part of a collaborative research project conducted by Calgary Counselling Centre researchers in partnership with Alberta Human Services: Child Intervention, Family Violence Prevention and Homeless Supports (FVPHS) and The Alberta Centre for Child, Family and Community Research. The purpose of the research project was to provide information on best practices in risk assessment and safety planning for family violence clients and to have this work inform the ongoing enhancement of the Casework Practice Model used in HS:CI and the development of a framework for advanced family violence training for Child Intervention staff in Alberta. The authors completed a literature review, surveyed Child Intervention staff throughout Alberta regarding their current training needs and conducted focus groups in different locations around the province. Information and guidance for this project was provided by the project's Steering Committee, the Child Intervention Advisory Committee and an Expert Advisory Committee made of academics and leaders in the field from across Canada.

Based on the information obtained during this scan, the authors provide nine recommendations for consideration by Alberta Human Services: Child Intervention. These recommendations are:

Recommendation 1: That Human Services: Child Intervention ensure family violence training is included in Delegation Training in order that all new Child Intervention staff receive information and training essential to working with families in which family violence is a concern.

Recommendation 2: That risk assessment with families in which family violence is a concern be prioritized in family violence training offered to all Child Intervention staff. This training needs

to be mandatory and evaluated in terms of the participants' knowledge and skill development and the integration of this learning into their casework practice.

Recommendation 3: That safety planning be prioritized in mandatory family violence training offered to all Child Intervention staff. This training also needs to be evaluated in terms of the participants' knowledge and skill development and the integration of this learning into their casework practice.

Recommendation 4: That information on resources available for families dealing with family violence be identified by each CFSA and DFNA office and that this information be discussed during the training on safety planning and that up-to-date information be made accessible to all Child Intervention staff.

It is further recommended that a centralized data bank be developed in which local resources are identified and that this information be monitored and maintained on a regular basis. Having a centralized data bank will assist workers when family violence clients move from one location to another. The challenges in maintaining and sustaining this type of resource are well-known. Thus, if this type of resource is developed, issues regarding the maintenance and sustainability of this information must be considered.

Recommendation #5: That collaborative practice be enhanced through the development and implementation of co-training and cross-training initiatives between Child Intervention staff, domestic violence service providers, justice personnel and other service providers (e.g., educators and health care personnel) involved with families impacted by family violence. Collaborative practice and training has been shown to enhance services to families in which family violence is a concern. However, in order to develop and sustain collaborative practice

working relationships between Child Intervention staff and community partners need to be formed and structures put into place that will sustain these initiatives through time.

Collaborative practice also needs to be supported with human and financial resources on an on-going basis.

Recommendation #6: That current family violence training and new training initiatives include an evaluation component in order to assist in the continuous improvement of these initiatives. Funding for program development, implementation and evaluation needs to be addressed.

Recommendation #7: That family violence training includes the on-going development of supervisors, managers and family violence consultants. This training needs to be supported by policies and practices that recognize the importance of on-going supervision and consultation when working with family violence clients.

Recommendation #8: That family violence training should be (a) available, (b) accessible, (c) developmental (i.e., one element builds on other elements), (d) adaptable (i.e., training should be contextualized in order for it to meet the variety of training needs reflected within the different regions of Alberta) and (e) mandatory.

Recommendation #9: That family violence training be developed in accord with both best practices supported by research and the wisdom and practice knowledge that exists among Alberta's Child Intervention staff and their community partners.

The background information upon which these recommendations have been formed is provided in the following report.

Introduction

This environmental scan on family violence training was done as part of a collaborative research project conducted by Calgary Counselling Centre researchers in partnership with Alberta Human Services: Child Intervention (HS:CI), Family Violence Prevention and Homeless Supports (FVPHS) and The Alberta Centre for Child, Family and Community Research. This project was designed to provide information regarding best and promising practices on risk assessment and safety planning for families in which family violence is a concern. This work will also inform the on-going development of the Casework Practice Model used by HS:CI and the development of a framework for advanced family violence training for Child Intervention staff in Alberta.

Information on family violence training programs for child welfare workers external to HS:CI was gathered from the Canadian and International literature. Consultations were held with academics and leaders in the area of family violence training in Canada and the United States and information from these consultations was integrated into this report. Internally focused information with regards to current training for Child Intervention staff was gathered from the results of an on-line survey sent to all Child Intervention staff in Alberta, and from input provided by participants in seven focus groups facilitated in different areas of the province. The focus group participants included HS:CI front-line staff, supervisors and managers, and the Regional Family Violence Coordinators for Alberta. Members of the project's Steering Committee and the members of the Child Intervention Advisory Committee also provided information and guidance in the development of this collaborative research project.

Purpose

The purpose of this scan is to provide information from Canadian and International sources on best and promising practices in the areas of family violence training for Child Intervention personnel (i.e., also referred to in the literature as child welfare and/or child protection staff). Family violence training currently offered to Child Intervention staff in Alberta will also be examined and strengths and areas for further development identified. This information will inform the development of a framework for advanced family violence training for Child Intervention staff in this province.

Methodology

The authors utilized a methodology for this environmental scan that involved gathering information from sources both external to Alberta Human Services: Child Intervention (HS:CI) and internal to HS:CI. The external information was drawn from a literature review which examined information found in professional, peer-reviewed journals; on-line sources including National Family Violence Clearinghouses in Canada and the United States; University webpages and other web-sites providing information on family violence training programs. External information was also gained through consultations with experts in the field including: Alyce LaViolette, consultant and trainer for child protection workers in Los Angeles and Orange County; Dr. Daniel Saunders, (University of Michigan), academic researcher and consultant who evaluated a 2-day training based on a curriculum authored by Dr. Anne Ganley and Susan Schechter that was related to the Greenbook Initiative¹; Todd Augusta-Scott, trainer for child

¹ The Greenbook Initiative was a national project in the U.S. designed to enhance collaborative practice between child welfare, domestic violence and justice personnel. A guide for collaborative practice was provided to select

welfare workers in Nova Scotia; Dr. Anne Ganley (University of Seattle), academic, researcher and consultant involved in program development and evaluation in Washington state and co-author of *Social Worker's Practice Guide to Domestic Violence* (2010), written for the Washington State Department of Social and Health Services. An external Expert Advisory Committee made up of members from across Canada also provided information included in this scan and provided helpful references to other external sources of information.

Information regarding family violence training currently offered to HS:CI staff in Alberta was gathered through a document review of:

- Delegation training materials including the documentation used when conducting a risk assessment with family violence clients and the forms related to safety planning with these families,
- The on-line *Protection Against Family Violence Act* (PAFVA) training available to all Child Intervention workers in Alberta, and
- The recently released *Enhancement Policy Guide* (June 2012) which also includes information related to the PAFVA.

Additional internal information was collected through an on-line survey and focus groups held at different locations in the province. The on-line survey was developed by the primary researchers in collaboration with members of the Child Intervention Advisory Committee for this project. HS:CI distributed the survey to all Child Intervention workers in Alberta and a total of 223 workers responded to the survey. Questions regarding workers'

agencies in 1999 and pilot projects took place between 2000 and 2005. The final report for this initiative was published by ICF International (2008). Why was it called the "Greenbook" Initiative? The color of the cover of the original guide was green.

training in the area of family violence were included in the survey. Particular attention was given to Child Intervention staff's understanding and practice in the areas of risk assessment and safety planning when family violence is a concern. A separate summary of the survey results has been submitted with the final reports for this project. However, relevant information from this survey is also integrated into this scan.

Seven focus groups were held throughout Alberta: Edmonton (two focus group with participants from Edmonton and the northern regions and one focus group with Regional Family Violence Coordinators); High Prairie (one focus group with participants from High Prairie, Region eight and Region ten Child and Family Services Authorities [CFSAs]); Medicine Hat (1 focus group with participants from Medicine Hat and Lethbridge) and Calgary (one focus group with participants from Region three and one focus group with personnel from local DFNAs). The focus group participants represented front-line staff (i.e., intake workers, assessors/investigators, caseworkers, foster care and kinship care coordinators), supervisors, managers and the Regional Family Violence Coordinators for Alberta. The Regional Family Violence Coordinators are involved in developing the internal and community understanding of family violence and the capacity of HS:CI staff and other service providers within the community to effectively meet the needs of families affected by family violence.

Limitations

Family violence training in Alberta is being addressed by a number of different groups and a range of service providers. A number of environmental scans have been conducted during the last 5 years designed to identify family violence training offered in Alberta and to

clarify training needs that still exist in our province. A comprehensive review of this information fell outside the scope of this project. However, two of these scans that provide background information particularly relevant to this project were reviewed and information from these documents has been included in this report (Howard Research & Management Consulting, 2008; Liska, 2011).

In approximately 2008 the Alberta *Cross-Ministry Action Plan on the Prevention of Family Violence and Bullying* identified a need for standardized training for front-line responders. A curriculum was developed and 60 facilitators, including the Regional Family Violence Coordinators, were trained to facilitate this training (retrieved from http://justice.alberta.ca/programs_services/safe/Documents/ThreeYearProgressReport-2008-2011.pdf).

The training provided through this collaborative initiative is commonly referred to as Family Violence and Bullying 101 (FVB101). This training is still in the early stages of being utilized within Alberta communities² and to date there is very little information published about this program. However, this initiative and FVB101 training offered in Alberta was referenced by survey respondents and during the focus groups. While limited in scope, this information is relevant to the development of advanced training for Child Intervention staff in Alberta and is included in this scan.

Due to the dearth of Canadian information on family violence training for Child Intervention personnel, much of the information used in this scan is drawn from articles and

² Both of the authors of this scan had personal involvement in this initiative (i.e., participated in the background studies that informed the development of the Family Violence and Bullying 101 curriculum) and one of the authors (L. Snyder) is a trained facilitator for this program.

manuals related to United States (US) family violence training programs. Many of these programs were developed as part of a national initiative in the United States which focused on enhancing understanding and collaboration between child welfare staff, domestic violence service providers and justice personnel. This initiative, now commonly referred to as the “Greenbook Initiative” took place between 2000 and 2005 and the final report was published by ICF International in 2008. Numerous articles relating to the Greenbook Initiative have been published in professional journals and made available on various academic and program related web-sites. A limited number of articles were found that included information on evaluations done for family violence training programs associated with the Greenbook Initiative. While limited in number, these articles provided important information regarding the development and implementation of collaborative family violence training applicable to the development of advanced family violence training for Child Intervention staff in Alberta.

Environmental Scan

The authors begin this scan by highlighting the prevalence of family violence and the co-occurrence of family violence with other forms of child maltreatment in families involved with Child Intervention agencies. The need for family violence training for Child Intervention workers in Alberta is established and in response to this identified need, a review of several of the family violence training programs referenced in the literature is provided. Strengths of these programs are identified, challenges encountered in their development and/or delivery are considered and key points relevant to the development of advanced family violence training in Alberta are presented. Critical information relating to current training available to HS:CI personnel gathered

from the on-line survey and during the focus groups follows and considerations for the development of advanced family violence training are discussed. This report concludes with a summary of key findings and recommendations relevant to the development of advanced family violence training for Child Intervention staff in Alberta.

Family Violence: The Prevalence of the Problem and the Need for Family Violence Training for Child Intervention Staff

Family violence impacts all family members, lives in our communities and ultimately the essential social foundation of our province and nation.

Prevalence of the Problem

According to Government of Canada (2010) *Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2008)*:

- Domestic violence was present in 34% (29,259 cases) of substantiated child welfare investigations, and
- 46% of the primary caregivers in substantiated investigations were victims of domestic violence.

Au Coin (2005) reviewed the Canadian 2004 *General Social Survey* and found that:

- 40% of all victims of spousal abuse had children who witnessed the abuse.

Both United States and Canadian researchers found that:

- Exposure to domestic violence (EDV) co-occurred with other forms of child maltreatment in between 30-60% of child welfare cases (Edleson, 1999; Edleson,

Mbilinyi, Beeman, & Hagemester, 2003; Jouriles, McDonald, Slep, Heyman, & Garrido, 2008; Kracke & Hahn, 2008).

- The majority of incidents of EDV took place in the victim's home (87%), 61% of the children directly witnessed the incident and 29% of the children exposed to family violence were under the age of two years (Stanley, Miller, Foster, & Thomson, 2011).

McGuigan and Pratt (2001) found that:

- Domestic violence preceded other forms of child maltreatment in 46 of 59 cases of co-occurrence (78%), and
- In severe abuse cases (i.e., critical injury or death of a child) domestic violence was identified as a concern in over 40% of these families.

Researchers have raised concern that prevalence rates in incidence studies under represent the number of children who experience exposure to intimate partner violence and some other form of child maltreatment (Kohl, Barth, Hazen, & Landsverk, 2005) and that child welfare workers' responses to cases involving exposure to domestic violence (EDV) vary depending on whether the violence occurs in isolation or with another form of child maltreatment (Black, Trocmé, Fallon & MacLaurin, 2008). Child welfare workers' responses to domestic violence and child maltreatment also vary depending on (a) the worker's understandings of these phenomenon, (b) the worker's knowledge and skill in assessing the presence of domestic violence and child maltreatment and the associated risks to family members and (c) the worker's knowledge and skill in developing appropriate safety plans and

providing differentiated services according to the needs of the various family members (Kohl, Barth, Hazen, & Landsverk, 2005).

Need for Family Violence Training

Researchers, Button and Payne (2009) surveyed child protection service workers and supervisors in Virginia, US and found that family violence training was a need identified by both workers and supervisors. Particular training needs identified by supervisors included:

- Communicating warning signs of abuser lethality,
- Risk assessment for family violence,
- Critical mental health complications associated with family violence,
- Talking with child witnesses,
- Legal options and overcoming related barriers,
- The impact of domestic violence on children,
- Interacting with families and special needs victims,
- Theoretical perspectives on domestic violence,
- Intervening with offenders,
- Coping with the frustrations of working with family violence clients, and
- Worker safety.

In Button and Payne's (2009) study, child protection workers put less emphasis on needing to be trained in the following areas: obtaining mental health care, obtaining medical care, testifying in court, working with community services and theoretical perspectives on domestic

violence. The child protection workers in this study also indicated a need for more training regarding the needs of elder abuse victims.

Button and Payne's (2009) findings are similar to the results of the on-line survey of Child Intervention staff in Alberta conducted as part of this collaborative research project.

According to the Alberta Child Intervention survey:

- 50.9% of survey respondents who completed the survey (N=180) reported receiving training specific to the topic of family violence during Delegation Training (referred to as basic training in the survey),
- 34.6% of respondents who had received family violence training (N=130) received this training after they had been working for HS:CI for more than twelve months, and
- 70% of respondents reporting the length of their family violence training (N=120) stated they had received less than five hours of training on family violence.
- 81.3% of respondents had participated in the *Protection Against Family Violence Act* (PAFVA) training.
- The most commonly covered topics in domestic violence (DV) training in Alberta and the percentage of survey respondents having studied each topic were:
 - Domestic violence (DV) definition and prevalence (77.5%),
 - Factors associated with DV (72.5%),
 - Dynamics of DV (64.5%), and
 - Substance abuse and DV (54%).

- The topics most commonly NOT included in family violence training received by respondents were:
 - Services and interventions for DV offenders (45.1%),
 - Mental health and DV (43.4%),
 - Attitudes and value clarification regarding DV (37.0%), and
 - Cultural awareness and DV (36.5%).

Family Violence Training and Risk Assessment

Researchers³ and practitioners have clearly identified the importance of effective risk assessment with families in which domestic violence is a concern and yet according to the Child Intervention survey

- **The majority of 208 survey respondents (78.9%) indicated they had NOT received training regarding risk assessment with families experiencing DV.**

Those respondents who had received training on risk assessment with DV cases indicated their training was (a) informal and gained through observation of senior workers and supervisors, (b) acquired through on-line training or workshops or (c) part of learning how to use the *Protection Against Family Violence Act (PAFVA)* forms and/or the *Screening Aid for Family Violence*. A need for further training was clearly indicated by the participants in the focus groups. The following quotes illustrate the participants' concerns regarding training on conducting risk assessments when domestic violence is a concern.

³ For more information on the importance of risk assessment in families encountering DV, please see the literature review for this project and the environmental scan on risk assessment and safety planning..

Participant: *I think another piece of basic training needs to be a piece on how you engage with clients differently when it's family violence. It goes back to . . . stereotypical feelings that workers have about going in and going through those risk assessment questions – asking those tough questions. How do you approach the assessment or investigation differently? . . . There'll be things that I think seasoned workers just know and take for granted. New workers don't know that.*

Participant 1: *How can I evaluate the training on risk assessment when I haven't had it?*

Participant 2: *So, maybe that's the evaluation. The evaluation part is that you haven't had training. So, how do you evaluate the training when there isn't any?*

Participant 1: *Not recently, anyways. . .*

Participant 3: *This is awesome . . .* [Group laughter]

Participant 1: *NO, it's scary.*

Facilitator: [Pause] *So . . . where are risk assessment tools or practices addressed in the training currently available?* [Longer pause] *We're not sure?*

Participant 4: *I don't think they are.* [A momentary silence occurs as participants shake their heads in agreement. The conversation shifts to another topic.]

Family Violence Training and Safety Planning

Safety planning is another essential part of the work done with families experiencing domestic violence. However, in the Child Intervention survey

- **Of the 207 respondents who responded to the question inquiring about training on safety planning, 70.7% indicated they had not received training on safety planning when DV is a concern for a family.**

The following quotes capture a number of important considerations expressed by focus group members regarding the significance of effective safety planning and their need for training.

Participant 1: *Well, I think it's important to remember that safety planning can't be done in isolation from other professionals, such as therapists, probation and the police. You know, it's a collaborative effort.*

Participant 2: *Yeah, I don't think our staff understands the effectiveness of the safety plan. It's a bit like . . . people think police wear bullet-proof vests, okay? There's nothing that's really bullet-proof. They wear body armor, okay? And this [the safety plan] is probably the closest thing to body armor that someone in a family violence situation may actually get. It may not stop the bullet, but it certainly can [help] protect them if they're in a situation where need that. And when a crisis hits, they go in "brain-dead" mode, okay? That's why they need something that, for them, is going to be something they can do under those particular circumstances. [Pause]*

Participant 3: *To make a long story short . . . we . . . need training on safety planning. I would've felt a lot better getting safety planning training and [knowing] the expectations of our region regarding what they expect a safety plan to look like.*

A need for training was not the only challenge Child Intervention workers in Alberta indicated they faced when safety planning with family violence clients. Other challenges faced included:

- A lack of resources, OR
- A lack of knowledge of available resources for families dealing with family violence,
- Communicating the importance of a safety plan to the victim and family members,
- Spousal and family dynamics (e.g., victims returning to an abuser or denying abuse in the presence of the perpetrator),
- Knowing what should be included in a safety plan,
- Addressing Child/Family safety concerns, and
- Cultural barriers (e.g., being unable to understand clients' needs due to differences in cultural beliefs).

In order to be prepared to deal with these challenges, survey respondents indicated they would like to see the following items addressed in safety planning training:

- Resources (25.4%),
- Safety planning tool kits (e.g., different plans for different situations and individuals and regional differences in resources and safety planning strategies) (23.8%),
- How to work with different family members' needs (e.g. working with "resistant" clients, offenders and victims) (19%),
- Identifying safety concerns (e.g., how do you know if someone is safe or unsafe?) (11.9%), and

- Collaborative practice (e.g., working with city police service personnel and the RCMP, justice personnel, shelter staff, educators, and child care providers) (7.1%).

It is interesting to note that 83% (N=186) of the survey respondents indicated they had NOT received training in working collaboratively when DV is an identified concern for a family. However, over half (53.2%) of the respondents indicated they engaged in collaborative practice with more than half of their cases involving DV. Only 7.1% (N=9) identified collaborative practice as an area they would like to see addressed in training on safety planning. These results raise the following questions:

- If the majority of respondents (83%) have NOT received training in collaborative practice, how do the workers who indicate they work collaboratively (53.2%) know how to engage in collaborative practice? How do they define collaborative practice? What are the hallmarks of collaborative practice? Does it, for example, include collaboration *with* families?
- Is the apparent lack of interest in having collaborative practice included in training on safety plans indicative of a lack of knowledge regarding the importance of collaborative practice OR do workers believe the informal training they receive in developing safety plans and their experience in working collaboratively with other service providers is sufficient to meet their needs?

A need for further family violence training for Alberta Child Intervention is evident. In order to help ensure the development of family violence training for HS:CI staff is informed by

promising and best practices a literature review⁴ was conducted as part of this collaborative research project. Much of the following information regarding family violence training programs for Child Intervention staff (also referred to in the literature as child welfare, child protection and child and family services staff) has been abstracted from that review.

Family Violence Training for Child Intervention Staff: Considerations from the Literature

Researchers, academics and practitioners indicate a need for training to address the co-occurrence of domestic violence and child maltreatment (Button & Payne, 2009; Findlater & Kelly, 1999; Nuzzkowski et al., 2007). Postmus and Merritt (2010) considered factors that influenced child welfare workers' beliefs (i.e., educational level, length of time employed, level of experience) and found that younger workers with less child welfare experience removed children exposed to domestic violence from their homes more readily than workers with more professional experience. This finding supports previous research that found that child welfare workers with more experience were less likely to remove children from their homes (Saunders & Anderson, 2000). Again, these findings raise important questions. Do less experienced workers remove children more frequently because they are more reactive to family violence situations and/or less experienced in assisting families in creating safe environments for their children or are more experienced workers desensitized to the potential impacts of family violence on children? We do not know with certainty the answers to these questions. But the inconsistency in workers' responses associated with factors other than those relating to the

⁴ The literature review for this project was submitted as a separate report for this project. Information from the literature review relating to family violence training is included in this scan.

variance in families' circumstances raises the importance of considering how the knowledge, skills and professional experience of different workers affects their decision-making processes.

Those working with domestic violence clients also need to be aware of their own involvement with domestic violence and the effects their experiences have on their beliefs and attitudes towards those impacted by domestic violence and other forms of child maltreatment (Postmus & Merritt, 2010; Yoshihama & Mills, 2003). Postmus and Merritt (2010) conclude that child welfare agencies need to re-evaluate their training, policies and practice protocols to help ensure new workers learn how best to work with families in which domestic violence is a concern and more experienced workers are not under-reacting to situations because of their tolerance for risk.

Collaborative practice and cross-training are upheld as best practices and necessary means of enhancing services to families impacted by domestic violence. Button and Payne (2009); Findlater and Kelly (1999); Jones, Packard and Nahestedt (2002); Mills et al. (2000); Mills and Yoshihama (2002); Nuszkowski (2007); Renner (2011) confer that collaborative work with police, child protective services, domestic violence services agencies and policy makers; and, cross-training between child protective services workers and DV services workers, is required in order to more effectively deal with family violence. Canadian researchers, Cross, Mathews, Tonmyr, Scott, and Ouimet (2012) similarly recommend that child welfare agencies interested in enhancing services provided to family violence clients need to: (a) reach out to other disciplines working with families experiencing or at risk of domestic violence in order to continue developing collaborative methods of working with these families, (b) seek and provide

resources to support training and programming, (c) consider methods, such as differential response, that reduce the likelihood of stigmatizing parents, and (d) incorporate strong program evaluation components in order to increase the knowledge base about effective training and practice. Four family violence programs developed to address collaborative and cross-training among child welfare and domestic violence service providers are discussed in the following section of this report.

Overview of Family Violence Training Programs

Mills et al. (2000) provide an overview of the experience of four groups who developed and provided collaborative domestic violence training during the United States (US) Greenbook Initiative that took place between 2000 and 2005. A key feature of the four programs was the development of training involving multiple players from the child welfare and domestic violence (DV) communities that led to new and important alliances. In New York, Columbia University gathered a diverse group of representatives together from the child welfare and DV communities and worked closely with individuals in a Child Protection Services (CPS) district who were testing a special DV assessment instrument. They developed a training manual that was widely disseminated. According to pre-test post-test data, the training provided achieved a statistically significant change in worker attitudes toward DV (Magen & Conroy, 1998). More specifically, they were particularly successful in changing CPS male worker attitudes (Magen & Conroy, 1998).

In Boston, Simmons College worked with the Domestic Violence Unit to bring together an interagency team, which proved invaluable in their cross-training approach. This team met

and continues to meet monthly to consult on Department of Social Services (DSS) cases and to address organizational issues among the agencies and services represented. The training curriculum was summarized in a training manual produced for the Domestic Violence Unit and was made up of modules to be used flexibly according to the training needs of particular groups. Team members participated in an evaluation conducted by research faculty and students from Simmons College.

Temple University, in Philadelphia, worked closely with their Advisory Board, members of which represented many different systems involved in violence prevention and intervention. Because their trainees came from diverse professional organizations and agencies, networking was facilitated between people and organizations that would not otherwise have the time or inclination to communicate. The training model developed consisted of 24 hours of training delivered in six, three-hour sessions. An additional six-hour session on an elective topic was provided. Those who completed the training session were awarded a certificate for *Innovative Services to Violent Families*. The topics covered in this training included:

- New perspectives on family violence
- Focus on the victims of violence: case studies and applications
- Focus on the perpetrator of violence: case studies and applications
- Focus on systems: legal issues at the macro level
- Focus on human services: applications at the micro level; and
- Collaborations: working together to end family violence.

In Los Angeles, the University of California, Los Angeles's (UCLA's) interagency collaboration was also integral to the success of its program. UCLA trained a large cohort of

workers and supervisors on the intersections of domestic violence and child abuse and developed an assessment instrument they wished to have integrated into practice with families in which domestic violence was a concern. Law enforcement personnel, prosecutors, judges, alcohol and drug treatment agency personnel, adult protective services, DV advocates and CPS supervisors were involved in the development of the 6-day training offered to individuals who would become DV consultants. The 6-day training was offered in six, 1-day training sessions. A 1-day training for CPS staff and supervisors was developed which focused on the following topics:

- Changing attitudes; and
- Teaching assessment and intervention techniques.

Mills and Yoshihama (2002) evaluated this program (See below).

Domestic Violence Training Program Evaluations: Identifying Best Practices

Mills and Yoshihama (2002) evaluated the effectiveness of the two training programs offered in Los Angeles and Orange Counties that were developed during the Greenbook Initiative. Both trainings focused on domestic violence and child maltreatment in order to develop workers' skills in assessing and intervening with families in which these co-occur. The 1-day training used teaching, role plays and exercises to encourage participants to try out newly acquired knowledge and skills. The more intensive fellowship program, which lasted for six days spread over a six month period, went into more depth in each area and offered leadership training for a select group of workers who were to become domestic violence resource people. Both trainings examined the role of child welfare workers with families in which domestic violence was a concern. Participants were also asked about their tolerance for domestic

violence, if they viewed it as a social problem, their approach to assessment and case management, their perceptions of battered women, their self-rated competency and the extent of their professional experience.

The results of this evaluation revealed that following the training, the participants reported they were more likely to view assessment of whether the mother was being abused as a first task of child welfare workers. They were less likely to consider the mother as unable to protect her children and had a greater understanding of reasons battered women might choose to remain in an abusive relationship. These findings point to the effectiveness of the training. However, the researchers conclude that the findings need to be interpreted with caution as the results were based on self-reports and a considerable number of participants did not complete the pre and post-test components of the evaluation.

Saunders and Anderson (2000) evaluated a 2-day domestic violence training program modelled after the New York City training developed during the Greenbook Initiative. The training used an adaptation of the manual *Domestic Violence: A National Curriculum for Child Protective Services* (Ganley & Schechter, 1996) and was offered to participants in groups ranging in size from 8 - 44 people. Supervisors and workers were trained in separate groups.

Topics covered in the training included:

- The relationship between DV and child abuse and neglect
- The dynamics of DV
- Identifying and assessing domestic violence; and
- Interventions and practice applications.

The evaluation of this training indicated that more participants would use various forms of assessment and brief interventions than indicated prior to training; the participants' understandings regarding who was responsible for the abuse shifted and following the training they were less likely to blame victims and were more likely to hold offenders responsible for their actions; and the belief that couples should be referred to couple's counselling decreased significantly.

Mills and Yoshihama (2002) highlight the different philosophical perspectives reflected in the aforementioned family violence training programs. Ganley and Schechter (1996) for example, view the causes of domestic violence (DV) using a "feminist-cognitive" lens, which views the causes of DV as learned and reinforced through observations and experiences within one's family, community and culture. Barriers to women leaving an abusive relationship are explained through a feminist or structural lens. Magen and Conroy's (1996) curriculum presents what these authors refer to as clinical and social issues for a woman in an abusive relationships. For example, a panoply of intrapsychic and structural explanations are provided for why women stay in abusive relationships. Finally, the curriculum developed by Friend, Mills and colleagues (1999)⁵ combines feminist, clinical, structural and cultural perspectives in order to help child welfare workers gain a better understanding of a woman's experience of domestic violence. The important point to remember here is that the development of family violence training reflects the philosophical position of those who are involved in the creation of the training. Participants' responses to training opportunities will also be affected by their beliefs and understandings of domestic violence. An identified strength of collaborative training, cross-

⁵ The authors contacted one of the authors of this curriculum but it was not available for further review.

training and co-training is that differences in perspective can be recognized and used to enhance workers' understandings of each other, their programs and the clients they seek to assist when dealing with domestic abuse.

Several years after those involved in the Greenbook Initiative had developed and offered their initial training programs; Nuzzkowski et al. (2007) conducted a follow-up study with 73 US child welfare services agencies and 76 US domestic violence services agencies. This study focused on (a) the extent of domestic violence training reported by child welfare agencies and domestic violence agencies, (b) the extent of co-training activities and (c) the extent of cross-training activities. Information was also gathered on whether or not child welfare personnel were **required** to attend family violence training. Fifty-five (75.3%) of the 73 child welfare agencies stated they required some of their staff to attend family violence training. Investigative workers (72.6%) were the group most often required to attend domestic violence training.

Several findings from this study (Nuzzkowski et al., 2007) are relevant to the development of family violence training for Child Intervention Services in Alberta and include:

- Child welfare agencies obtaining better scores for their training programs:
 - Were aware of the state statutes relating to child welfare and domestic violence
 - Required their staff to take family violence training, and
 - Were involved in co-training with sister agencies.

- Topics relevant to child welfare family violence training were identified and were offered with a fairly high degree of consistency in child welfare family violence training programs considered to demonstrate **best practices** in the field.
 - Topics REQUIRED to be covered in family violence training by over 90% of the child welfare agencies represented in the study (N=73) included:
 - Risk assessment regarding DV (96.4%)
 - Services and interventions for DV - Adult victims (96.4%)
 - Definition and prevalence of domestic violence (96.3%)
 - Safety planning regarding DV (94.5%)
 - Services and intervention for DV - Children (94.5%)
 - Co-occurring problems (94.4%)
 - Co-occurrence of DV and child maltreatment (92.7%)
 - Safety issues when assessing for DV (92.7%)
 - Dynamics of DV (91.4%)
 - Impact of DV on children (90.7%)
 - Exposure to DV as a form of child maltreatment (90.6%)
 - Additional topics REQUIRED by over 70% of the child welfare agencies included:
 - Attitudes regarding DV (83.8%)
 - Investigations of DV referrals (81.8%)
 - Factors associated with DV (81.5%)
 - Considerations in developing service plans regarding DV (78.2%)

- Services and interventions for DV - Perpetrators (77.8%)
 - Cultural issues regarding DV (73.1%)
- Other topics REQUIRED by fewer agencies included:
 - Value clarification regarding DV (69.2%)
 - Theories of DV (67.3%)
- Cross-training occurs more often than co-training.
 - Cross-training occurred in 75% of the agencies while only 33% reported being involved in actual co-training.

In light of these findings, Nuzzkowski et al. (2007) concluded, “this real-world experience suggests that independent operations are still the norm, and additional policies to support collaborative training efforts are needed” (p. 40).

Summary of Training Outcomes, Barriers to Training and Preferences in Training

Modalities Identified in the Literature

Outcomes.

Domestic violence training evaluations indicate that training has positive outcomes and can make a difference in the attitudes, understanding and practices of child welfare and domestic violence agency staff (ICF, 2008; Mills et al., 2000; Mills & Yoshihama, 2002; Saunders & Anderson, 2000). For example, Mills et al. (2000) found that training lowered workers’ negative views of families experiencing violence while increasing workers’ empathy toward the victim’s circumstance. Training also shifted workers’ views regarding holding the victim solely responsible and slightly increased holding the perpetrator responsible. Further, workers were

less inclined to send couples for joint counselling when inappropriate to do so and were less focused on insisting mothers leave the batterer in order to protect the child. Workers also reported that training assisted them in feeling more confident when exploring the topic of DV with families.

Barriers.

Button and Payne (2009) explored barriers to training and found a lack of time was indicated as a barrier to staff access training by 74.7% of the child welfare supervisors interviewed. Distance from training opportunities was another barrier (58.9%) and lack of staff to cover while others were in training was seen as a barrier by 58.9% of child welfare supervisors. Obtaining a commitment to the integration of family violence assessment protocols and safety planning measures by Child Protection Service (CPS) administrators was also indicated by Mills et al. (2000) as a potential barrier. Interestingly, all of these barriers were identified as affecting Child Intervention staff in Alberta trying to access and integrate family violence training.

Preferences in Training Modalities.

When asked about preferences regarding the form of delivery for training, child protection workers and supervisors indicated they preferred classroom training (90%), however, a sizable portion of the supervisors (nearly 40%) preferred video-tapes and approximately 25% preferred web-based asynchronous training and video conferences. When Button and Payne considered the barriers to training identified in their study and the need to make family violence training as efficient and time-effective as possible, they suggest that web-

based training and video conferencing be integrated into family violence training programs. Kenny (2007) found that participants in a web-based tutorial on child maltreatment scored significantly higher on their post-test scores than on their pretests. This study supports the use of web-based training for family violence training for child welfare staff. However, in light of the strong preference for live, face-to-face training indicated by workers and supervisors in Button and Payne's (2009) study and by participants in the focus groups connected to this project, web-based training and video conferencing may need to be combined with on-going face-to-face educational opportunities in order for people to gain optimal benefit from the family violence training.

A focus group participant in Alberta amplified the need for multiple modalities to be used in family violence training in the following quote:

Participant: *We need to have different options so that some of the training may be a component that's face-to-face. Then you could do piece of it that's online . . . we mix mediums so people can get those core things . . . but other pieces you can practice, or things like that. [This is necessary] so people can fit it into their work.*

Summary

In summary, given the co-occurrence of domestic violence and child maltreatment, ongoing collaboration between multiple systems and service providers is considered best practice and required to:

- Enhance understanding between policy-makers, front-line responders and other service providers involved in working with families impacted by domestic violence.

- Develop and deliver comprehensive and effective risk assessment and safety planning practices for family violence clients.
- Develop differentiated programs and services that protect children, meet the needs of victims of family violence, hold offenders accountable for their abusive behaviour, and when appropriate engage offenders in ensuring the safety of their children and the caregivers involved in their children's lives.

Equipping those working with families impacted by family violence requires training.

Waugh and Bonner (2002) recommend that training be used to:

- Develop shared understandings of family violence and child abuse,
- Develop a comprehensive overview of safety planning,
- Reinforce protocols for developing and incorporating safety plans in practice, and
- Clearly define designated roles and responsibilities for everyone involved when working with family violence clients.

Child Intervention workers in Alberta indicated a need for further education regarding family violence, risk assessment, safety planning and collaborative practice through the on-line survey and the focus groups conducted as part of this research project. Child Intervention staff also recognized a need to be adequately trained in understanding and being sensitive to the diverse realities of family violence clients and a need to be equipped to work with the complexities reflected in families experiencing domestic abuse. One worker working in a rural setting stated:

Participant 1: *What we're talking about is the continual reassessment of risk. . . And that ties into what was said before . . . risk assessment has to include the cognitive abilities of the parents, right? Not just the kids, their ages and are they vulnerable. It's also about the capacities of the parent. So we're talking about cognitive, mental health and addiction issues. . . I think we think, oh well, that's social work, we do that all the time; but do we actually do it consistently? Maybe that is where we need to ramp up the training.*

Participant 2: *And then separating the risk of family violence from the risk in the parenting relationship. Sometimes the perpetrator in the family violence relationship . . . may have better parenting skills than the victim.*

This short quote highlights the need for Child Intervention workers to be well-trained and able to identify and appropriately address multiple concerns that may co-occur in vulnerable families. It also highlights the importance of workers being aware of the impact their beliefs and experiences have on their work with family members dealing with family violence.

Researchers have found that education and training in working with family violence clients can make a positive change for participants as they:

- Examine their perspectives and biases and how they impact their work with family violence clients,
- Enhance their knowledge and skill in assessing risk to family members,
- Learn to develop safety plans that meet the changing needs of these families, and
- Engage in working collaboratively with the multiple systems and service providers in addressing the needs of families.

Training needs to be prioritized and time and resources need to be provided. New training modalities including web-based training and video-conferencing need to be utilized and evaluated to see how they are best used to effectively enhance the learning opportunities provided for Child Intervention staff in Alberta. Changes in practice do not occur automatically following training. Lessons learned need to be reinforced in practice through supervision and monitored through on-going reviews. The following quote from one of the focus groups amplifies the importance of regular monitoring and on-going reviews in reinforcing learning.

Participant 1: *In our office, I don't know that we have specific training. It's more informal direction through your supervisor . . . they [supervisors] had done a review of all of our files and found out that safety planning was grossly inadequate and inconsistent . . . SO, now it's a heavy focus in our office!*

Participant 2: *Now that we've recognized safety planning as a priority in our office it is being monitored on an on-going basis. Meaning, every time someone submits an assessment, if it doesn't have a safety plan attached to it the supervisor is not going to sign it off.*

Evaluation and on-going review are also important for family violence training. The evaluation of family violence training programs needs to include methods of assessing how these programs have affected Child Intervention staff, their work with domestic violence clients and the changes clients see as being influenced by their involvement with Child Intervention services.

Alberta Human Services: Child Intervention (HS:CI) during the last few years has introduced numerous changes in their policies and practices designed to enhance the services provided to families who come into contact with HS:CI. One collaborative training initiative put into effect by HS:CI and highlighted in the focus groups as an exemplar for best practices in training is the collaborative training offered by Child Intervention personnel and the police on Sexual Abuse. One focus group participant stated:

Participant: *When you become an assessor you need to do the sexual abuse training between the police and Children's Services. And that was by far, I think, the best training I've ever done. It was five days... We did case scenarios.*

This five-day collaborative training integrates both information dissemination and skill-building that is in turn experientially reinforced when participants work with case scenarios and role-playing. This approach helps participants integrate new knowledge and skills in practice.

Another example of family violence training that was described as containing valuable information was the PAFVA on-line training. One participant described the PAFVA training as follows

Participant: *I don't know how many people have taken PAFVA training because it's online now. It talks about safety planning. There are two or three scenarios . . . and rural and remote was one of them. I understand when the scenarios were developed, there were actually front-line staff, police and others who did the work . . . they came up with those scenarios. There's also some safety planning stuff in there.*

In addition to the PAFVA training, the current Casework Practice Model and Delegation Training materials contain information on family violence and how to work with families impacted by family violence. This information is limited and while Delegation Training is required for all Child Intervention staff, according to the focus group participants and survey respondents not everyone received domestic violence training during their Delegation Training. Other Child Intervention staff reported being overwhelmed by the amount of information covered during Delegation Training and being unable to remember everything covered in their basic training. Participants in the focus groups suggested that the time allotted for family violence training in Delegation Training should be increased to a minimum of a day and that this longer training should be followed-up with additional training that would reinforce and extend the learning that takes place during Delegation Training. Making family violence training mandatory was strongly supported by survey respondents and by the focus group participants.

It was further indicated by participants in the focus groups that few Child Intervention staff to date have participated in the Family Violence and Bullying 101 (FVB101) training. However, the FVB101 training is being requested by other front-line responders and service providers. The following quote highlights a concern expressed by Child Intervention staff relating to the FVB101 training and poses a solution to the identified problem of staff not having time to be involved in longer family violence training sessions.

Participant: *We're talking about the basics and one of the issues is the Family Violence 101. The 2-day training is too long for our front-line staff . . . If they want some consistency around the training . . . everybody that's coming on the job needs to have delegation training, it's required, so why don't they have a day's worth of family violence training in delegation training, and then you could do your supplemental or more specific training. . . .*

The information examined as part of this environmental scan indicates that numerous opportunities to expand and enhance the family violence training for Child Intervention Workers exist. Those who participated in the Greenbook Initiative and the subsequent work done in the United States have identified important lessons they learned that can inform the development and implementation of family violence training for Child Intervention staff in Alberta. New assessment tools and decision aids designed for use with families experiencing family violence have been developed and can be used to augment the current Casework Practice Model. Expectations regarding family violence training for Child Intervention staff in Alberta have begun to be clarified (i.e., PAFVA training is mandatory) and should continually be addressed and reinforced through regular supervision and on-going reviews. Alberta has designated Regional Family Violence Coordinators and consultants knowledgeable in family violence prevention and treatment are currently involved with Child Intervention services in projects designed to assess the effectiveness of triaging family violence cases.

Family violence training needs to be addressed and reinforced through regular supervision and on-going reviews. Some of the current supervisors have received on-line

training in supervision, while others have not. Supervision is an important tool for training and case management and supervisors need to be prepared for supervising family violence casework. Supervisory training using on-line modules has been piloted in Alberta and anecdotal accounts of this training indicate that the training was both demanding and beneficial to those who participated.

Today, Child Intervention staff is more familiar with on-line training and yet those who responded to the survey and participated in the focus groups indicated a strong preference for face-to-face learning opportunities. They saw face-to-face training as providing opportunities to learn from one another and to engage in experiential exercises that reinforced their skill development. It is anticipated that integrating varied training methods will bring forth new and interesting challenges but the opportunities afforded through the use of electronic resources need to be capitalized on in the development and implementation of family violence training for HS:CI.

A need for family violence training has been identified by Child Intervention staff in Alberta. However, HS:CI staff are reluctant to differentiate between what constitutes basic and advanced family violence training. Rather, they see all staff needing to know it all. Nevertheless, they recognize there are different levels of knowledge and experience among Child Intervention staff and thus there is a need for any training to be individualized at least to some degree. One focus group member proposed an interesting idea as a potential next step and this person's ideas are reflected in the following quote:

Participant: *Public Awareness and Education around family violence and bullying . . . , I think our staff really represents the bigger population. If we were able to glean some information from the research they're doing, in terms of where our staff is at with this as being an issue - their commitment to addressing the issue - that kind of thing, then our training could provide training suitable to the level where staff is at. For example, if they're not even seeing it [family violence] as an issue then we may need to spend more time focusing on the fact that it is and use stats and information that show that it is! Or, if they're saying it is something significant but they're just at the place of not knowing what to do about it; then maybe we need to focus the training more in that area. I think . . . we could do some of that research in developing the training.*

We also need a training plan. So, what do we need now? What do we foresee needing in the future? Is three years an appropriate timeline, or should we be doing something every year? Or, you know, more frequently, less frequently? What does it look like? And how do we change it?

These ideas reflect the complexity of the task at hand. Child Intervention personnel are not a homogeneous group who all have the same level of understanding and skills in working with families experiencing family violence. Understanding and meeting the needs for family violence training in HS:CI requires program developers and facilitators to know the knowledge and experience of the people involved in the training initiative. The resources available within

the regional contexts within Alberta also vary. Family violence training must be contextualized in order for the training to meet the needs of Child Intervention staff in the different regions of our province. Thus, the wealth of knowledge and practice experience that exists among Child Intervention staff in Alberta - and within the communities and professional networks of these professionals - must be recognized and drawn upon in the on-going development and facilitation of domestic violence training for HS:CI. This wisdom is dynamic and grows as people work together to address the needs of families impacted by domestic violence. The recommendations that follow are built on the premise that collaboration is essential in the development of effective family violence practices and training opportunities.

Recommendations and Conclusion

The following recommendations are presented for consideration by Alberta Human Services: Child Intervention in the on-going enhancement of the Casework Practice Model and in the development of advanced family violence training for Child Intervention staff. These recommendations were developed based on the literature review and information obtained through the Child Intervention survey, the focus groups and from members of the Steering Committee, the Child Intervention Advisory Committee and the Expert Advisory Committee associated with this collaborative research project.

Recommendation 1: That Human Services: Child Intervention ensure family violence training is included in Delegation Training in order that all new Child Intervention staff receive information and training essential to working with families in which family violence is a concern.

Recommendation 2: That risk assessment with families in which family violence is a concern be prioritized in family violence training offered to all Child Intervention staff. This training needs to be mandatory and evaluated in terms of the participants' knowledge and skills development and the integration of this learning into their casework practice.

Recommendation 3: That safety planning be prioritized in mandatory family violence training offered to all Child Intervention staff. This training also needs to be evaluated in terms of the participants' knowledge and skill development and the integration of this learning into their casework practice.

Recommendation 4: That information on resources available for families be identified by each CFSA and DFNA office and that this information is discussed during the training on safety planning and that up-to-date information is made accessible to all Child Intervention staff.

It is further recommended that a centralized data bank be developed in which local resources are identified and that this information be monitored and maintained on a regular basis. Having a centralized data bank will assist workers when family violence clients move from one location to another. The challenges in maintaining and sustaining this type of resource are well-known. Thus, if this type of resource is developed, issues regarding the maintenance and sustainability of this information must be considered.

Recommendation 5: That collaborative practice be enhanced through the development and implementation of co-training and cross-training initiatives between Child Intervention staff, domestic violence service providers, justice personnel and other service providers (e.g., educators and health care personnel) involved with families impacted by family violence. Collaborative practice and training has been shown to enhance services to families in which

family violence is a concern. However, in order to develop and sustain collaborative practice, working relationships between Child Intervention staff and their community partners need to be formed and structures put into place that will sustain these initiatives through time.

Collaborative practice also needs to be supported with human and financial resources on an on-going basis.

Recommendation 6: That current family violence training and new training initiatives include an evaluation component in order to assist in the continuous improvement of these initiatives. Funding for program development, implementation and evaluation needs to be addressed.

Recommendation 7: That family violence training includes the on-going development of supervisors, managers and domestic violence consultants. This training needs to be supported by policies and practices that recognize the importance of on-going supervision and consultation when working with at risk families.

Recommendation 8: That family violence training needs to be (a) available, (b) accessible, (c) developmental (i.e., one element builds on other elements), (d) adaptable (i.e., training needs to be contextualized in order for it to meet the variety of training needs reflected within the different regions of Alberta) and (e) mandatory.

Recommendation 9: That family violence training be developed in accord with BOTH best practices supported by research AND the wisdom and practice knowledge that exists among Alberta's Child Intervention staff and their community partners.

In conclusion, the challenges and rewards involved in providing family violence training for Child Intervention staff have been discussed throughout this scan. The recommendations submitted are numerous and reflect the magnitude and complexities involved in ensuring

family violence training addresses the needs of Child Intervention staff working with family violence clients. The challenges involved in implementing these recommendations will be significant but the rewards of enhancing Child Intervention staff's confidence and competencies in working with families impacted by family violence will be worth the investment. If these recommendations lead to an increased number of Alberta children having a safe family environment in which they can grow and flourish.

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