

COLLABORATION AGREEMENT

between the

CHILDREN'S AID SOCIETIES



The Children's Aid Society
OF HAMILTON



Catholic
Children's Aid Society
of Hamilton

Care beyond belief

AND

VIOLENCE AGAINST WOMEN AGENCIES



Catholic
Family
Services
OF HAMILTON

Helping make life better



Opportunity Centres



Jared's Place
Legal Advocacy & Resource Centre for Women



in the

THE CITY OF HAMILTON

August 2011

A. Agreement to Collaborate

1. DECLARATION OF COMMITMENT

We, the following Children's Aid Societies:

- Children's Aid Society of Hamilton** **Catholic Children's Aid Society of Hamilton**

Dominic Verticchio, Executive Director

Ersilia DiNardo, Executive Director

And

We, the following Violence Against Women Agencies:

- Catholic Family Services** **Interval House of Hamilton**

Linda Dayler, Executive Director

Clare Freeman, Executive Director

- Native Women's Centre** **Mission Services of Hamilton
Inasmuch House**

Linda Ense, Executive Director

Edward Raddatz, Executive Director

- Good Shepherd Centres
Martha House** **Centre de Sante Communautaire
Hamilton/Niagara**

Brother Richard McPhee, Executive Director

Marcel Castonguay, Executive Director

- Phoenix Place** **Elizabeth Fry Society**

Carol Wiggins, CEO

Leanne Kilby, Executive Director

Agree that to end violence against women and children, it is necessary to achieve:

- Effective service coordination between VAW and C/CAS agencies, and
- Shared understanding of woman abuse and child abuse and neglect; with
- Acknowledgement that discrimination and oppression of all kinds can affect our understanding of and response to these issues.

We have participated in the development of this C/CAS/VAW Collaboration Agreement and hereby affirm our commitment to its ongoing implementation. We also confirm our commitment to a concurrent monitoring and accountability process.

Dated this _____ day of _____, 2011

B. Preamble

1. HISTORY OF THE AGREEMENT

This Collaboration Agreement represents the ongoing evolution of efforts between representatives of the Hamilton child welfare and violence against women sector agencies to enhance their work together.

While the two sectors can be said to have vastly differing histories, mandates, means and cultures, and even though there is diversity even within each sector in terms of approaches, programs, methods and operations, the endeavour to find common ground for collaboration has been productive.

Originally negotiated in 2004, with the support and funding of the Women Abuse Working Group and Hamilton's Domestic Violence Working Committee, the fundamental agreement sought to reduce tensions between the Child Welfare and Violence Against Women sectors and to generate new opportunities and relationships in work together. The agreement established Points of Intersection where supports provided in each sector came together around interventions with families and defined how collaboration would be achieved at those points.

The initial agreement met requirements of the *Ministries of Children and Youth Services* and *Community and Social Services* to include only agencies funded by them to provide the Child Welfare mandate or to provide Violence Against Women Counselling or Emergency Residential and Outreach Shelter Services. This restricted the scope of the agreement to the language and services defined by the Ministry, which are not completely representative of the full range of supports provided, and which led the parties that participated in the Protocol to specifically acknowledge the important contribution of many other VAW services, and the potential for the Protocol to have an impact upon their vision and work in the community.

A review of the agreement and its functioning conducted in 2009 endorsed the progressive importance of the agreement, identified strengths and challenges to be addressed in ongoing efforts, and established three new Points of Intersection to be integrated to collaborative work together. It also confirmed the capacity of individual front line staff and supervisors to make the most significant qualitative enhancements in services, in spite of all of the limitations that confine their roles and efforts.

This 2011 reiteration of the agreement builds on the significant progress that has been made between the sectors and with their collaborative success. The development, ratification and implementation of this Protocol and other opportunities for the organizations to work together are overseen by the VAW-C/CAS Steering Committee consisting of representatives of every participating agency to the agreement who remain committed to ongoing advancement of collaboration.

MANDATES OF PARTICIPATING AGENCIES

2.1 CCAS/CAS agencies:

The C/CAS are mandated by the Child and Family Services Act to provide services that protect children from neglect, physical, sexual and emotional abuse and promote the best interests and well-being of children.

The services are strictly defined by Child Protection Standards established by the province, and application of service is based on assessed risk that identifies a rational level of eligibility for intervention.

2.2 VAW agencies:

Three kinds of VAW agencies are included in the Protocol: organizations providing VAW Counselling Services; those delivering Emergency Residential and Outreach Shelter Services; and those delivering Second Stage Housing supports . These agencies offer many similar services and programs with certain distinct differences.

The **similarities** in the mandates of VAW Counselling Services, VAW Emergency Residential and Outreach Shelter Services, and Second Stage Housing supports include:

- Promoting the safety and improvement in the quality of life for women, their children and their communities by working towards the elimination of violence against women and children;
- Providing services on a *voluntary* basis only;
- The belief that woman abuse is rooted in gender inequalities that exist at the systemic, community and individual level, and that an understanding of the interplay of social location and individual experience is essential to providing effective and comprehensive services;
- Advocacy and supportive counselling;
- Providing services free of charge to abused women and children; and,
- Working in partnership with a number of service providers to ensure coordinated services for abused women and their children.

The **distinctive** mandates of VAW Counselling Services, Emergency Shelter/Outreach Services, and Second Stage Housing supports, as well as the Native Women's Centre and Centre de santé Communautaire (CSC) Hamilton/Niagara can be described in the following manner:

- The Mandate of VAW Counselling Agencies is to provide non-residential individual and group VAW counselling programs for abused women, their children and youth, and groups for men who have abused women.

- The Mandate of Emergency Residential and Outreach Shelter Services is to provide both short-term emergency residential services (6-8 weeks approximately), non-residential services (i.e. community transitional support work), community based and policy based advocacy, research and educational workshops and community referrals to long term services. These services include legal, housing and counselling services.
- The mandate of Second Stage Housing supports is to provide longer term transitional supports to women and children leaving violent situations through curriculum based workshops, counselling, and community referrals.
- The Mandate of the Native Women's Centre is to provide assistance to Native families in the Hamilton area by identifying their needs, advocating on their behalf and establishing culturally appropriate programs and services to meet their needs. The Native Women's Centre guides all services and programs using a holistic approach that encompasses wellness as "the human living in harmony with all of creation while honouring all in the circle".
- The Mandate of the Centre de santé Communautaire (CSC) Hamilton/Niagara is to provide and advocate for quality community health services in French for Francophones in this catchment area. The organization provides a wide range of services on-site and community-wide. The CSC prioritizes Violence against Women and Children programs and services, including violence prevention and education programming for women's groups, schools and day cares.

2. LANGUAGE OF THE AGREEMENT

As indicated, the agreement is based on the description of services as defined by the Ministry in their service agreements and requirements of transfer payment agencies.

In order to establish common ground for work together on concepts that impact both service groups, the following definition has been confirmed by participants to the protocol:

Woman abuse is the individual and systemic, intentional and unintentional use of tactics to establish and maintain power and control over women's lives through the inducement of fear, dependency and barriers.

- Control tactics are based on a range of personal, institutional and cultural beliefs and actions that culminate in relationship and systemic female (gender) inequality and marginalization;
- Control tactics include but are not limited to acts of physical, emotional and sexual violence, threats, isolation, economic deprivation, and barriers that do not allow for females full participation in society;
- Examples of gender inequality are found in parenting. Women are generally more adversely affected by parenting than males.

See Appendix A Glossary of Terms for a full overview of language and terminology.

3. INTENT OF THE AGREEMENT

The intent of the C/CAS - VAW Collaboration Agreement is:

- to confirm a position in the ongoing work together between organizations, and
- to act as a reference guide to front line workers of both sectors in their day to day efforts to negotiate productive working relationships to support women, children and families; and
- to provide a mechanism for the resolution of conflict that can develop between systems.

4. AGREEMENT TO UNDERSTAND AND RESPECT SECTOR DIFFERENCES

Agencies operating in the Violence Against Women and Child Welfare sectors have different mandates, philosophies and legislative powers that are integral to the ability of each sector to deliver their services. It is not necessary to overcome all of these differences in order to effectively work together. In many cases, different capabilities and experiences can act as a resource to each other and to the achievement of enhanced outcomes.

A power imbalance exists between C/CAS and VAW services given the legislative authority of Children's Aid Societies. Both the C/CAS and VAW services, however, acknowledge and respect the expertise of each.

Communication, mutual-respect and collaboration enhance the C/CAS and VAW partnership thereby resulting in better service to women and children.

This agreement includes an understanding of the ways that discrimination and bias based on, but not restricted to race, class, language, culture, religion, ethnicity, immigrant/citizenship status, sexual orientation and physical and intellectual ability, (*hereinafter referred to as social location*), can affect our understanding of and response to woman and child abuse issues.

C. Introduction and Overview

1. PURPOSE OF THE COLLABORATION

This Agreement has been developed to assist all staff to collaborate more effectively in order to increase the safety of children by:

- ⇒ Supporting and empowering women to be more safe,
- ⇒ Holding the abuser accountable for harming and creating risk to women and children and engaging them in a meaningful counselling relationship that will increase their awareness of all forms of abuse and their role in stopping it.
- ⇒ Ensuring that VAW and C/CAS workers understand that every case of woman abuse is unique and that women and children will experience violence relative to their specific positionalities and life experiences (*i.e. race, class, gender, culture, family history, social, political, economic, etc.*).
 - *It is important the workers are able to recognize, understand and address the various impacts of systemic discrimination and oppression as they exist in these specific spaces.*

2. VALUES THAT GUIDE THE COLLABORATION

The following values guide work together, although they are not listed in order of priority:

a. Respect for Diversity, Cultural Sensitivity and Freedom from Bias

- Practice from an integrated gender-based anti-racism/anti-oppression framework that includes recognition of the ways in which historical and current systemic discrimination of all kinds will undermine effective interventions and work together. *See Appendix A Glossary of Terms.*
- Provision of services to Aboriginal, First Nations and Inuit People “in a manner which recognizes their culture, heritage and traditions and the concept of extended family” as per the principles of the Child and Family Services Act *See Appendix B Provisions For Indian and Native People General Policies Under The Child And Family Services Act*
- Provision of French Language Services as required and appropriate

b. Safety

- Safety of children as paramount because they are most vulnerable and have the least power in our society.
- Increased safety of abused women will increase the safety and well being of children.

- Work together increases safety for women and children and decreases chances for re-victimization. Woman abuse and other forms of child abuse often co-exist.
- Children thrive in secure places with predictable routines and consistent community surroundings and supports. Every effort should be made to remove the perpetrator from the home and to have law and enforcement services hold the perpetrator accountable for breaching the safety of the woman and her child(ren). This will assist in enabling the woman and her children to remain in the home.

c. Responsiveness to Individualized Experiences

- Children experience trauma in families where women are abused. Not all children, however, exposed to women abuse are affected in similar or measurable ways. Research indicates that there is no single pattern of behaviour exhibited by children exposed to woman abuse. Some children may appear unaffected, others greatly impacted while others exhibit few signs of distress in the short-term but experience difficulties at a later time.

d. Autonomy of Women

- Respecting the woman's right to direct her own life is critical. Any intervention will reflect the woman's whole life experience, including the worker addressing any systemic discrimination, ensuring the woman's cultural, spiritual, abilities, linguistic needs are addressed. In addition to this intervention options will ensure the woman is informed about legal, financial, housing, counselling and health options.

e. Accountability

- Perpetrators must be held accountable for their abusive behaviour and neither the woman nor children can be held responsible for changing the abusers behaviour.

f. Continuous Improvement

- Training is required in order to ensure effective implementation of this agreement and the principles contained herein.

g. Leadership and Advocacy

- C/CAS and VAW services can provide a community leadership role to influence system changes.

3. PRINCIPLES OF INTERVENTION FOR C/CAS AND VAW COLLABORATIVE WORK

Intervening in situations involving woman abuse should be done in a manner that supports women and their children, and that uses the means available to the VAW and C/CAS sectors, within the confines of their mandates, to hold the perpetrator of abuse accountable for the violence.

To this end, where intervening in situations where woman abuse is present we will be guided by the following principles:

- Protecting children is the first priority.
- Protecting abused women helps protect their children.
- Providing supportive recourse to women will help them protect and care for their children.
- Respecting the woman's right to direct her own life is critical.
- Understanding and respect for diverse cultures, religions, languages, races, abilities, lifestyles etc., will strengthen agencies' abilities to respect a woman's right to direct her own life and thus make appropriate decisions for herself.
- The full inclusion with the service user's consent (at all stages) of community agencies that work with women and children from marginalized groups.
- The perpetrator, not the victim, should be held accountable for the abusive behaviour. Due to the history of power inequities, we believe it is essential to provide service in accordance with an integrated gender-based, anti-racist/anti-oppression framework.

The order of the above list does not reflect assigning priority.

4. WHEN WE WILL COLLABORATE: POINTS WHERE OUR WORK INTERSECTS

We, the participating agencies, agree to develop collaborative actions for each of the following points where our work intersects:

1. The C/CAS First Response Team assesses whether violence against women is a concern.
2. The C/CAS First Response Team determines that the file will not be open to child protection but it is determined that a community link to a VAW agency would be appropriate.
3. The C/CAS has received a referral/report/information that a child may be in need of protection. The C/CAS worker suspects or learns that woman abuse may be/is occurring in the home.
4. The C/CAS worker is assessing the safety and future risk to the child. The C/CAS worker suspects or learns that woman abuse may be/is occurring in the home.
5. The C/CAS worker is involved in developing a Plan of Service for a child in a case involving woman abuse.
6. VAW worker is trying to determine whether a situation constitutes reasonable grounds to suspect that a child may be in need of protection.
7. A woman and a child are involved with both a VAW agency and C/CAS.
8. The VAW or C/CAS worker is assisting a woman who is trying to negotiate custody and access agreements in order to increase her safety and that of her children.
9. The VAW or C/CAS worker is assisting an aboriginal woman and her child(ren).
10. The VAW or C/CAS worker is assisting a francophone woman/child(ren)

While these specific intersection points have been identified for the purposes of when we will collaborate, we recognize that they are only steps in an ongoing process of work together.

We are committed to collaborating from the beginning to the end of our work in serving women and children wherever both child welfare and woman abuse are involved.

D. How We Will Collaborate

1. COLLABORATIVE ACTIONS TO BE TAKEN AT THE TEN INTERSECTION POINTS

INTERSECTION POINT ONE:

The C/CAS Receives Information That A Child May Be In Need Of Protection

The C/CAS First Response Team assesses whether woman abuse is a concern.

1. As a component of initial screening, the C/CAS first response staff will essentially ask every reporter if, to their knowledge, there has ever been an occurrence of domestic violence in the home.
2. The C/CAS staff will determine what services have been used in the past.
3. The C/CAS staff, in consultation with VAW staff, will review with the woman the services she has already sought to gain a better understanding of what Stage of Change that the woman is in.
4. The C/CAS staff and VAW staff will discuss and recognize the strategies that the woman has used to keep her children safe to this point and engage in ongoing safety planning.
5. When the C/CAS worker learns that woman abuse may be or is occurring, the child protection worker will assess this information in accordance with the Eligibility Spectrum and determine whether child protection intervention is warranted.

INTERSECTION POINT TWO:

The C/CAS First Response Team determines that the file will not be open to child protection but it is determined that a **Community Link to a VAW** agency would be appropriate.

1. The C/CAS staff will carry out specific case consultation with the VAW staff to ensure quick, accurate, culturally appropriate linkages are made with the woman.
2. To ensure that First Response team has accurate, up to date information/contact information for the VAW services available:
 - a. All agencies will provide timely information sharing about their programs and services and any changes to them.
 - b. The C/CAS and VAW sectors will have in-servicing on a regular basis between the sectors to keep apprised of the above.
3. C/CAS staff and VAW staff agree to communicate with each other whenever a the choice to make a community link instead of opening a file is unclear.

INTERSECTION POINT THREE:

The C/CAS determines that a child may be or is in Need Of Protection, that Woman Abuse may be/is occurring and that a Child Protection Intervention is warranted.

A Plan for Investigation is developed and carried out.

1. When the C/CAS worker determines child protection intervention is warranted and the situation includes the occurrence of woman abuse the following options will be assessed in the investigation plan:
 - a. The threat that the perpetrator of woman abuse presents to the safety of the child(ren) and the woman will be reflected in the investigation plan. Safety strategies will be discussed with the woman.
 - b. An assessment of the woman's safety strategies will include an assessment of the woman's intent and ability to ensure her safety and well-being and the safety and protection of her children.
 - c. The investigation plan must also include an assessment of the perpetrator's response and ability to assume responsibility for his behaviour and his ability and/or willingness to comply with the agreed safety plan developed with the C/CAS worker.
2. If at the time of referral the woman and child are residing in a residential facility, the C/CAS worker will contact the VAW service provider by telephone and liaise with them regarding the referral information and the investigative plan. Every effort will be made to provide the VAW service provider with sufficient notice of the interview with the woman to enable appropriate arrangements to ensure client confidentiality and staffing considerations.
3. If at the time of referral the C/CAS worker is aware the woman is involved in counselling, the worker will contact the relevant professional, with the consent of the woman, for the purposes of developing a joint plan to support the woman and child(ren) during the investigative process. Reference, Appendix E.
4. Where a delay in acquiring the above information places a child at risk and consent can not be obtained, the C/CAS worker will contact the VAW service provider or counselling staff by telephone and liaise regarding the investigative plan.
5. Developing the investigative plan includes assessing:
 - a. whether there are indications that woman abuse is present;
 - b. the level of risk of harm that the perpetrator of woman abuse may pose for the child(ren);
 - c. whether the perpetrator of woman abuse poses a threat to the immediate safety of the child(ren), and;
 - d. the effect that specific investigation steps may have on the safety of the child(ren), the woman and the worker.

INTERSECTION POINT FOUR:

The C/CAS worker is **assessing the Safety and Future Risk to the Child.**

The C/CAS worker suspects or learns that Woman Abuse may be/is occurring in the home.

1. The C/CAS worker is responsible for determining whether the children are in immediate danger, or whether appropriate interventions immediately need to be taken to protect the child. In consultation with the VAW worker as needed, the C/CAS worker considers the threat the perpetrator of woman abuse presents to the safety of the child(ren) and the woman when doing the safety and risk assessment.
2. In completing the Safety Assessment the C/CAS worker assesses:
 - a. Whether the children been hit/injured during the recent incident or in the past;
 - b. If the woman has participated in safety planning for the children;
 - c. The history of woman abuse – frequency and nature of abuse, history of injuries and/or hospitalizations, control tactics and other forms of abuse (sexual, economic, isolation and using the children);
 - d. The physical and emotional impact upon the woman and degrees of abusive partner’s control and barriers to leaving;
 - e. Impact of witnessing woman abuse on the children – behavioural, psychological, social and academic;
 - f. Assessment of whether the woman poses a risk to the children not related to the occurrence of woman abuse;
 - g. Whether the perpetrator has been removed from the home, charged and what restrictions are placed on him by the criminal justice system, past criminal involvement, history of stalking and his access to weapons.
3. The Safety Assessment will also focus on the perpetrator and include the following factors:
 - a. The extent to which the perpetrator acknowledges his behaviour;
 - b. The extent to which the perpetrator minimizes the violence;
 - c. The perpetrator’s understanding of the impact of violence on the woman and child;
 - d. The steps the perpetrator is prepared to take in addressing the violence; and
 - e. The evidence, beyond the perpetrator’s statements, that he has altered his behaviour and will not engage further in abusive and threatening behaviour.
4. It is important that when developing a safety intervention plan the C/CAS worker and VAW worker fully understand and agree to their specific roles and responsibilities and confirm what information will be shared and documented in order to avoid increasing the risk of harm to the woman and child(ren)
5. In the event the safety intervention plan involves the apprehension of a child, refer to Appendix G.

INTERSECTION POINT FIVE:

The C/CAS worker is involved in developing a Plan of Service for a child in a case involving Woman Abuse.

1. The C/CAS determines whether the woman is involved with VAW services. If the woman is not, and requests a referral, the C/CAS will facilitate a referral to the woman's preferred VAW service.
2. If the woman is involved with VAW services, the C/CAS worker, with the woman's consent, consults with the VAW worker to establish a plan to support the woman and child while addressing the identified protection concerns.
3. A case conference involving the C/CAS, woman and VAW worker is the preferred method through which to develop the Service Plan designed to:
 - a. Assist the woman to break the silence about abuse
 - b. Validate the experiences of the woman and child(ren)
 - c. Assist the woman to make choices and regain control over her own life
 - d. Assist the woman and child(ren) to make plans for their safety and well being
 - e. Provide the women and child(ren) with referrals to culturally/linguistically appropriate VAW services
4. The Service Plan should also focus on holding the alleged perpetrator accountable for his actions. The different strategies, which may be utilized, are as follows:
 - a. Abuse specific counselling, such as the Partner Assault Response Program
 - b. Imposed assessment of the perpetrator
 - c. Immediate Temporary Custody Order under the Family Law Reform Act with no access between the children and perpetrator
 - d. Custody Order to include only supervised access to the perpetrator under the Family Law Reform Act or the Child and Family Services Act.
5. The Service Plan should also include exploring legal options with the woman including:
 - a. Contacting Police to lay a charge under the Criminal Code
 - b. Seeking Conditions of Bail with no contact between the perpetrator and the woman or child(ren)
 - c. Acquiring a Peace Bond through a Justice of the Peace
 - d. Acquiring a Restraining Order
6. In addition, the Service Plan should contain a range of risk reduction strategies that will be explored with the woman and may include:
 - a. Housing options and information
 - b. Financial information
 - c. Information pertaining to the Family Law Reform Act
 - d. Access to victim services include the Victim Witness Assistance Program

INTERSECTION POINT SIX:

VAW Worker Is Trying To Determine Whether A Situation Constitutes Reasonable Grounds To Suspect That A Child May Be In Need Of Protection.

Situation A: No Report To C/CAS Is Required

Situation B: A Report To C/CAS Is Required

**Situation A:
No report to C/CAS is required**

1. In situations in which a VAW worker is uncertain whether the duty to report exists, the VAW worker will contact the C/CAS to discuss and review the circumstances (using non-identifying information) with a child protection worker. This consultation will enable both parties to determine if a formal report is required.
2. Through this consultation, it may be determined that no formal report to C/CAS is required. The VAW worker, however, will continue to assess the need to report to C/CAS in the future and seek consultation from the C/CAS accordingly. The woman is given information about non-protective C/CAS services regardless of whether a report is made
3. The VAW worker will record the name of the C/CAS worker, time and date of the discussion and the outcome of the consultation.
4. The C/CAS will also document the consultation information provided.

**Situation B:
A Report to C/CAS is required**

1. The VAW worker will immediately contact C/CAS if they have “*reasonable grounds to suspect that a child is or may be in need of protection*”.
“Reasonable grounds” are what an average person, given his or her training, background and experience, exercising normal and honest judgment, would suspect.
2. The C/CAS must be contacted immediately even if the information upon which the suspicion is based is considered confidential or privileged.
3. Prior to contacting the C/CAS, the VAW worker will inform the woman of the legal duty to notify C/CAS of reportable concerns.
4. The VAW worker will encourage the woman to contact C/CAS on her own, with or without the VAW worker present. It is understood that the VAW worker will follow-up and verify with the C/CAS that a report has been made and will discuss with the C/CAS worker the plan for investigation and assessment.
5. The VAW worker will document the name of the C/CAS worker who received the initial report and the name of the C/CAS worker if there is an open C/CAS file. *Continued next page...*

Continued
INTERSECTION POINT SIX:

VAW Worker Is Trying To Determine Whether A Situation Constitutes Reasonable Grounds To Suspect That A Child May Be In Need Of Protection.

Situation B: A Report To C/CAS Is Required

6. There may be circumstances such as safety, time constraints, fear of the family “fleeing”, fear of the child being negatively influenced by the parent etc., where the VAW worker will contact C/CAS prior to advising the woman. VAW workers will consult with their coordinators/supervisors for assistance and support in determining when a report needs to be made without notifying the woman in advance.
 7. In circumstances where VAW workers make direct reports to C/CAS the following information will be required:
 - a. Identifying information about the child and family including the names, dates of birth of all family members, family’s address, telephone number etc.
 - b. The nature of the VAW worker’s involvement with the family and the address and telephone number of the VAW service.
 - c. The factual information precipitating the referral.
 - d. Whether the VAW worker is aware of a prior history of child welfare involvement.
 - e. Whether in the VAW worker’s estimation there is an immediate need for medical intervention.
 - f. Observations of the woman and/or child(ren).
 - g. Whether the woman or child(ren) is of Aboriginal ancestry.
 8. The VAW worker will explain to the woman that there is a legal ongoing responsibility to report any additional concerns to the C/CAS. The VAW worker will continue to document and report any further reportable concerns to C/CAS, working in concert with the woman. If the woman is not interested in working with the VAW worker on this area, the VAW worker shall still maintain contact with the C/CAS to report concerns.
 9. In most circumstances, the VAW worker will maintain contact with the C/CAS and act as a liaison between C/CAS and the VAW supports.
 10. In some circumstances, the VAW worker may contact the C/CAS with a report that includes the observations of other VAW workers. In such instances the report will detail incidents that, if taken in isolation may not amount to reportable concerns but when considered in combination with other incidents, creates a duty to report.
 11. If VAW workers have urgent and/or time sensitive concerns (e.g. a woman and her child(ren) returning home to a situation of woman abuse; a VAW worker witnesses a child being physically assaulted, etc.) they shall *immediately* contact C/CAS. If this report needs to be made outside of regular business hours, the After Hours Emergency Service is to be contacted.
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INTERSECTION POINT SEVEN:

When a Woman And Child Are Involved With Both A VAW Agency And C/CAS there is a need to:

- Request from the woman **Consent to Release Information** between the organizations, and
- Ensure clarity about **duty to report obligations** whether consent is provided or not as described at Intersection Point Six
- Formally **confirm various roles and responsibilities** of the involved service agencies in the Plan of Service.

1. When the VAW agency becomes aware of C/CAS involvement, the VAW staff will initiate a discussion with the woman about the nature of C/CAS involvement. The VAW staff will ask the woman to sign a form that provides Consent to Release Information between the organizations.
2. This Release of Information form will specify the scope and limitations of consent and disclosure, which may include:
 - a. Disclosure to the C/CAS of the woman's participation in service (i.e. dates of sessions, attendance pattern, etc).
 - b. Disclosure of individual or parent-child counselling for the children.
 - c. Exchange of information about the woman's goals and her "progress" in reaching those goals.
 - d. Exchange of information about the woman's need for additional services, beyond the scope of the VAW agency and C/CAS support, and discussion of who will make any necessary referrals or contacts. It is important to ensure referrals are culturally/linguistically appropriate.
 - e. Permission to arrange a meeting between the woman, the VAW worker, and the C/CAS worker with the purpose of focussing on a service plan that specifies the role of each agency.
 - f. Acknowledgement that there may be issues/information addressed in the woman's counselling which would not be shared out of respect for the woman's privacy and which would not relate to child protection concerns.
3. If the woman is agreeable, and with a signed consent to release information form in place, the VAW worker will contact the C/CAS regarding the specific nature of involvement.
4. If the woman is not agreeable and refuses to sign a release of information form, the VAW worker will ensure the woman understands the VAW worker's legal duty to report any additional concerns. Without consent VAW staff will communicate only reportable concerns.
5. Where consent is provided, the C/CAS worker will ensure that the Plan of Service is reviewed to include clarification and confirmation with the VAW service provider of respective roles and responsibilities in relation to the woman and the child(ren) and the factors warranting C/CAS involvement.

INTERSECTION POINT EIGHT:

The VAW Or C/CAS Worker is assisting a Woman who is trying to obtain Custody and Access Agreements in order to increase her Safety and that of her Children.

1. While it is primarily the responsibility of the C/CAS worker to ensure that the Family Court is aware of the impact of violence against women upon the child(ren), the VAW worker will act as a resource and support to the C/CAS worker.
2. The key component of the C/CAS worker's role will be to provide evidence to the court about the impact of violence against women upon children. This evidence should include, but is not limited to, appropriate interventions and measures for the woman's safety as a means to ensure the safety of the child(ren).
3. In assessing the threat posed by the perpetrator to the safety of the woman and child(ren) the following should be considered:
 - a. The extent to which the perpetrator acknowledges his behaviour;
 - b. The extent to which the perpetrator minimizes the violence;
 - c. The perpetrator's understanding of the impact of violence and abuse on the woman and child(ren), which includes not using the child's visitation to further actions of violence and abuse; and,
 - d. The steps the perpetrator is prepared to take toward addressing their violent behaviour.
 - e. Access to children, whether supervised or not supervised, should be contingent on the abusive man's participation in a recognized treatment program.
4. Based on the results of assessment the C/CAS will provide evidence that addresses the needs and wishes of the child(ren), while encouraging the court to place restrictions on the perpetrator that emphasize accountability for the harm or risk of harm they have posed and that express expectations regarding acceptance of responsibility for change.
5. The C/CAS worker should also collaborate with VAW staff in order to ensure that the child(ren) acquires the services necessary to address the impact of being exposed to violence against women.

INTERSECTION POINT
NINE

**The VAW or C/CAS Worker
is Assisting an Aboriginal
Woman or her Child(ren)**

1. C/CAS and VAW workers will approach service provision to the Aboriginal population with an awareness of the historical and current context in which Aboriginal families experience and witness family violence. C/CAS and VAW staff will educate themselves about woman abuse in Aboriginal families and the impact upon the child, extended family system and community. Service will reflect that understanding and be delivered with recognition of these realities.
2. Pursuit of knowledge in the following areas may provide enhanced context for C/CAS and VAW staff to work with the Aboriginal population around family and violence issues:
 - a. History of Aboriginal population
 - b. Indian Act
 - c. Assimilation strategies such as Residential Schools, and the “60’s scoop” of Aboriginal children into non-native adoptive families
 - d. Status vs. Non-Status
 - e. Bill C-31
 - f. Child Welfare Legislation-Aboriginal, Customary Care Agreements
 - g. Family violence in Aboriginal Communities
 - h. Traditional Child Rearing Practices/Parenting Past, Present and Future
 - i. Aboriginal Services in the New City of Hamilton – H.E.D.A.C
 - j. See Glossary at Appendix A including Aboriginal specific terminology
3. The C/CAS and VAW service agencies will work together to support staff to enhance their ability to transform knowledge and cultural awareness into interventions that assist women and children within an appropriate cultural context.
4. In addition to the collaborative actions identified in Intersection Points 1-8, we agree to the following actions in providing service to the Aboriginal population:
 - a. It is the C/CAS – VAW worker’s responsibility to advise the woman and/or child(ren) of their right to have an Aboriginal representative present at meetings with C/CAS and/or VAW staff.
 - b. The C/CAS will explain and review customary care options with the woman and/or child(ren).
 - c. The C/CAS will notify the band representative, as identified within the Child and Family Services Act.
 - d. The C/CAS and VAW staff will consult with the woman regarding her desire to involve Aboriginal specific support services.
5. When developing a **service plan** with an Aboriginal woman and child(ren), the C/CAS agree to support planning that acknowledges the impact of oppressive practices and builds on the strengths and opportunities available, including appropriate emphasis on holistic approaches, allowing for healing and reconciliation, and utilization of community support networks.
6. When C/CAS and VAW staff assists an Aboriginal woman attempting to **obtain custody and access agreements** in order to increase her safety and that of her children, they will, at the discretion of the woman, consult with an Aboriginal court worker to advocate on the woman’s behalf.

INTERSECTION POINT TEN**The VAW Or C/CAS Worker Is Assisting A Francophone Woman or her Child(ren)**

1. The C/CAS and VAW staff will approach the woman with an active offer of service in the French language.
 2. The C/CAS worker will ensure that the family is informed of the existence of the francophone community health centre and its diverse range of services including early years services and in home support
 3. The C/CAS and VAW staff will consult with the woman regarding her desire to involve Francophone specific support services
 4. With consent the C/CAS and VAW staff will contact the Hamilton Francophone Centre to make a referral for Francophone services to the woman and her children.
 5. The C/CAS and VAW staff will consult with Francophone agencies when developing a service plan that addresses culturally specific approach and services in the community.
 6. C/CAS and VAW agencies will work to improve linkages between C/CAS, VAW sector and Francophone agencies so that staff are familiar with specific services that are available to Francophone women and children and how to access them
-

E. What the Collaboration will Achieve

As the work of the two sectors together carries out the collaborative actions, successful execution of these actions will result in achievement of the following **Outcomes**.

1. **Child Safety** through the safety of the mother.
2. Demonstrated **respect for the autonomy of the mother**, and for her authority to make decisions to direct her own life.
3. **Timely co-sectoral service** that responds to the circumstances of the family and their situation.
4. **Attention to the perpetrator** including recognition of the threat to safety, engagement in responsibility for behaviour, and/or pursuit of legal accountability.
5. Manifestation of **supports that are individually, culturally and linguistically sensitive**, and that are **grounded in a gender based anti-racism, anti-oppressive framework**
6. Early and ongoing provision of **linkages to all forms of support** that provide opportunities for prevention, early intervention, and options for the provision of safety **and that help women increase resiliency, strengths and parenting capacities.** .
7. **Collateral case consultations and written agreements** for case work that maximize effectiveness of the alliance by articulating and respecting roles and responsibilities across sectors and clarifying information sharing obligations.
8. **Mutual and proactive information sharing**, both formal and informal, that enhances shared understanding and increases safety for women and children.
9. **Successful advocacy**, public education and awareness that uses the collaboration to both influence outcomes for individual families, and also to improve broader networks and their understanding of abuse issues and how these two systems work together.
10. **Ongoing cross-sectoral learning and development of system knowledge** through mutual education, responsiveness to individual needs presented, and shared experiences.

E. Further Context and Support

To provide staff with further context and support as they implement the protocol on a day to day basis, the following Appendices are attached:

APPENDIX A: GLOSSARY OF TERMS

**APPENDIX B: PROVISIONS FOR INDIAN AND NATIVE PEOPLE
GENERAL POLICIES UNDER THE
CHILD AND FAMILY SERVICES ACT**

APPENDIX C: DUTY TO REPORT

APPENDIX D: STAFF SAFETY PRACTICES

APPENDIX E: CONTENT OF CONSENT TO DISCLOSE INFORMATION

APPENDIX F: COMMUNITY SERVICE Program Descriptions

APPENDIX G: APPREHENSION PROCEDURES

APPENDIX H: STAGES OF CHANGE FRAMEWORK

APPENDIX A

GLOSSARY OF TERMS

Abuser/ Abusive Man:

Male person whose attitudes and behaviours are directed to cause harm, control and fear in a woman with whom he has a relationship.

Aboriginal Peoples

A term defined in the *Constitution Act of 1982*, which refers to all Indigenous Peoples in Canada, including Indians, Metis people, and Inuit People. See First Nations People.

Anti-Racism/Anti-Oppression:

A set of beliefs and actions taken on by individuals and groups who are committed to examining, challenging and eradicating dominant group beliefs and practices of exclusion, didactic(one way) communication, objectifying individuals/groups and homogeneity(sameness). The values inherent to Anti-Racism and Anti-Oppression beliefs are inclusion, diversity, dialectical (two-way) communication, power sharing, subjectivity, and heterogeneity. Anti-Racism and Anti-Oppression actions require individuals and groups to continually examine, reflect and challenge their own social location to power, privilege and full participation in society as a means of understanding how these experiences inform and shape the actions, identity and reactions they have to individuals/groups whose experiences are different from their own.

Anti-Racism/Anti-oppression actions support the belief that both racism and oppression need to be acknowledged and addressed together and separately because historical and current beliefs of society are rooted in racist beliefs that actively support the superiority of one race over another through their active resistance to inclusion which may be based in the fear of losing superiority or dominance of their own race.

Community Link:

An intervention provided by child welfare workers through the Eligibility Spectrum when an intake case is rated as “minimally severe” and not opened for investigation where child is less than five years of age, or, where a case is rated “moderately severe” but not opened for investigation for all ages. Once the case is designated Community Link, the child welfare worker contacts the family and provides them with information about supports available in the community to provide early intervention, prevention or treatment services.

Eligibility Spectrum:

The tool designed to facilitate consistent and accurate decisions regarding eligibility for child protection service.

First Nations:

The term First Nations came into common usage in the 1970s to replace band or Indian, which some people found offensive (see Indian). Despite its widespread use, there is no legal definition for this term in Canada.

Many bands started to replace the word “band” in their name with “**First Nation**” in the 1980s. It is a matter of preference by individual First Nations/bands.

First Nations People:

Many people prefer to be called First Nations or First Nations People instead of Indians. The term is not a synonym for Aboriginal Peoples because it doesn't include Inuit or Métis. The term First Nations People generally applies to both Status and Non-Status Indians.

First Peoples:

First Peoples is another collective term used to describe the original peoples of Canada and their descendants. It is used less frequently than terms like Aboriginal Peoples and Native Peoples.

Francophone:

In Ontario, this includes both persons whose mother tongue is French, or those whose mother tongue is neither French nor English but who have particular knowledge of French as an official language and use French at home, which applies to many recent immigrants for whom French is the language of integration.

Gender-Based Analysis:

Gender-based analysis is a process that assesses the differential impact of proposed and/or existing policies, programs and legislation on women and men. It makes it possible for policy to be undertaken with an appreciation of gender differences, of the nature of relationship between women and men and of their different social realities, life expectations and economic circumstances.

It is a tool for understanding social processes and for responding with informed and equitable options. It compares how and why women and men are affected by policy issues. Gender-based analysis challenges the assumption that everyone is affected by policies, programs and legislation in the same way regardless of gender, a notion often referred to as “gender-neutral policy”.

Indian:

The term Indian collectively describes all the Indigenous People in Canada who are not Inuit or Métis. Indian Peoples are one of three peoples recognized as Aboriginal in the Constitution Act of 1982 along with Inuit and Métis.

In addition, three categories apply to Indians in Canada: Status Indians, Non-Status Indians, and Treaty Indians. The term Indian is considered outdated by many people, and

there is much debate over whether to continue using this term.

Status Indians: Status Indians are people who are entitled to have their names included on the Indian Register, an official list maintained by the federal government. Certain criteria determine who can be registered as a Status Indian. Only Status Indians are recognized as Indians under the Indian Act and are entitled to certain rights and benefits under the law.

Non-Status Indians: Non-Status Indians are people who consider themselves Indians or members of a First Nation but whom the Government of Canada does not recognize as Indians under the Indian Act, either because they are unable to prove their Indian status or have lost their status rights. Non-Status Indians are not entitled to the same rights and benefits available to Status Indians.

Treaty Indians: Treaty Indians are descendants of Indians who signed treaties with Canada and who have a contemporary connection with a treaty band.

Indigenous:

Indigenous means "native to the area." In this sense, Aboriginal Peoples are indeed indigenous to North America. Its meaning is similar to Aboriginal Peoples, Native Peoples or First Peoples.

The term is rarely used, but when it is, it usually refers to aboriginal people internationally. The term is gaining acceptance, particularly among some Aboriginal scholars to recognize the place of Aboriginal Peoples in Canada's late-colonial era and implies land tenure. The term is also used by the United Nations in its working groups and in its Decade of the World's Indigenous People.

Inuit:

Inuit are the Aboriginal People of Arctic Canada. Inuit live primarily in the Northwest Territories, Nunavut, and northern parts of Quebec and throughout most of Labrador. They have traditionally lived north of the tree line in the area bordered by the Mackenzie Delta in the west, the Labrador coast in the east, the southern point of Hudson Bay in the south and the High Arctic islands in the north. The word Inuit means "the people" in Inuktitut and is the term by which Inuit refer to themselves.

The Indian Act does not cover Inuit. However, in 1939, the Supreme Court of Canada interpreted the federal government's power to make laws affecting "Indians, and Lands reserved for the Indians" as extending to Inuit.

Communities and Settlements - Inuit live in communities and settlements. Inuit never lived on reserves, therefore the terms on-reserve and off-reserve do not apply to Inuit, only to First Nations. There are four Inuit comprehensive land claims regions covering one-third of Canada: they are Inuvialuit, Nunavut, Nunavik, and Labrador. Nunavut has three subregions - Kitikmeot, Kivalliq, and Qikiqtaaluk - which are called regions.

Inuk:

Inuk is the singular form of Inuit. Use Inuk when referring to one person. When referring to two people, the correct term is Inuuk while three or more is Inuit.

Inuktitut:

Inuktitut is the Inuit language and writing system. Inuinnaqtun and Inuvialuit are also language and writing systems for Western Arctic and Kitikmeot Region; Qaniuyaapiat for syllabics and Qaliuyaapait for Roman Orthography or Inuinnaqtun.

Innu:

Innu are the Naskapi and Montagnais First Nations Peoples who live in Quebec and Labrador. They are not to be confused with Inuit or Inuk.

Métis:

The word Métis is French for "mixed blood." The Constitution Act of 1982 recognizes Métis as one of the three Aboriginal Peoples.

Historically, the term Métis applied to the children of French fur traders and Cree women in the Prairies, of English and Scottish traders and Dene women in the north, and Inuit and British in Newfoundland and Labrador. Today, the term is used broadly to describe people with mixed First Nations and European ancestry who identify themselves as Métis. Note that Métis organizations in Canada have differing criteria about who qualifies as a Métis person.

Métis Settlements - In 1938, the Alberta government set aside 1.25 million acres of land for eight Métis settlements, however, Métis never lived on reserves. Therefore the terms on-reserve and off-reserve do not apply to them, only to First Nations.

Native:

Native is a word similar in meaning to Aboriginal. Native Peoples is a collective term to describe the descendants of the original peoples of North America. The term is increasingly seen as outdated (particularly when used as a noun) and is starting to lose acceptance.

Native American:

This commonly- used term in the United States describes the descendants of the original peoples of North America. The term has not caught on in Canada because of the apparent reference to U.S. citizenship. However, some Aboriginal Peoples in Canada have argued that because they are descendants of the original peoples of the Americas, the term Native American should apply to them regardless of their citizenship. Native North American has been used to identify the original peoples of Canada and the United States.

Normative:

Relating or conforming to socially sanctioned norms or standards.

Oppression:

Is a set of hierarchal practices and structures that locate privileges, power and full participation in society to individuals/groups through a system of beliefs and structures that maintain a dominant set of beliefs by excluding individuals and groups from privileges, power and full participation in society whose beliefs differ or may challenge the ideals of the dominant group. Oppressive practices are rooted in historical and current beliefs and practices of one dominant group's beliefs as being the true way or a better way than other groups.

Oppression principles and practices are based on exclusion (maintaining the dominant group's location to privileges, power and full participation in society at the expense of other groups), didactic (one-way) communication, objectifying individuals/groups (not valuing the person/group and their experiences) and homogeneity (sameness). Included in oppressive actions are the beliefs that the dominant group does not need to reflect or examine its beliefs or actions. Therefore oppressive actions are carried out both on the conscious and unconscious level by the dominant group.

Some examples of systematic oppression against groups of individuals are as follows:

Ablism: the beliefs and practices that communicate that those who have physical and intellectual abilities are valued more than persons or groups of people who do not have the full range of physical and intellectual abilities that are required to fully participate in social activities, education, and employment etc..

Age-ism: the beliefs and practices that communicate that individuals and groups who are within a particular age group are valued more than those outside this age groups.

Anti-Semitism: the beliefs and practices that communicate individuals and groups who are non-Jewish are valued more than Jewish individuals. It is the active practice of hostility, exclusion and discrimination towards Jewish individuals and as a group.

Classism: the beliefs and practices that communicate that individuals and groups of individuals who meet a particular set of social behaviours, economic level, political level and educational level are valued more than individuals and groups of individuals who do not meet all or most of the criteria. This is communicated through overt and covert exclusionary and discriminatory practices.

Heterosexism: the beliefs and practices that communicate that individuals and groups of individuals who identify as heterosexual are valued more than individuals and groups of individuals who identify as bisexual, transgendered, gay and lesbian. This is communicated through overt and covert exclusionary and discriminatory practices.

Homophobia: the beliefs and practices that communicate a fear, hatred and dislike towards individuals and groups of individuals who identify as bisexual, transgendered, gay and lesbian.

Racism: the historical and current beliefs and practices that communicate a fear, hatred and dislike towards individuals and groups whose identity are within a particular racial group. These beliefs are communicated through exclusionary and discriminatory practices

that suggest individuals whose identity are within a particular racial group are valued less than individuals within the dominant racial group of the country. Examples of racism documented within the historical and current Canadian context are found in the treatment of individuals whose identity is within the Aboriginal, Chinese, Japanese, African, West Indies, Middle Eastern and other Non-Caucasian Communities.

Sexism: the historical and current beliefs and practices that communicate a fear, hatred and dislike towards individuals and groups of individuals because of gender. These beliefs and practices are communicated through exclusionary and discriminatory practices that suggest individuals whose gender is female are valued less than those whose gender is male.

Social Location:

Refers to the groups people belong to or are ascribed to, based on categories such as race, sex, class, religion, ethnicity, sexuality, etc.

It is intended to suggest general characteristics of social experiences, and usually implies an analysis of relations of power between different social groups.

Stages of Change

Stages of Change is a framework that describes various conditions that may be apparent during phases of the change process related to addressing abusive relationships. The key underpinning of the model is that behavioural change does not happen in one step and is not a linear process, but that individuals tend to progress through a series of stages on their way to making successful change.

The framework can be used to engage and support abused women and abusive men throughout the change process. The model has five stages and has developed specific tools for interventions/strategies that support each step. The framework is loosely based on the additions model developed in the late seventies by Prochaska and DiClemente.

The model focuses on individuals and their strengths, recognizes the varied path that behaviour change can follow, and acknowledges the complexity of the change process.

Violence Against Women:

Any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

In Ontario the term has been used to describe the entire sector of services that have been established over time to provide support to women who have suffered abuse.

Women Abuse:

Violence perpetrated by men against women, which can included but is not limited to: physical, emotional, sexual and/or financial acts meant to harm, control or cause fear in a woman. Woman abuse is different than marital conflict; the hallmark of abuse is ongoing, instrumental use of coercive control tactics.

It is recognized that women can be the victim and the perpetrator of abuse in same-sex, transsexual and heterosexual relationships, and each form of abuse is in need of appropriate interventions and supports.

APPENDIX B

PROVISIONS FOR INDIAN AND NATIVE PEOPLE GENERAL POLICIES UNDER THE CHILD AND FAMILY SERVICES ACT (CFSA)

CFSA 1

The Act recognizes that Indian and Native people should be entitled to provide, wherever possible, their own child and family services, and that all services to Indian and native children and families should be provided in a manner that recognizes their culture, heritage and traditions and the concept of the extended family.

CFSA 213

A society or agency that provides services or exercises powers under this Act with respect to Indian or Native children shall regularly consult with their bands or native communities about the provision of the services or the exercise of the powers and about matters affecting the children, including:

- a. the apprehension of children and the placement of children in residential care;
- b. the placement of homemakers and the provision of other family support services;
- c. the preparation of plans for the care of children;
- d. status reviews under Part III (Child Protection);
- e. temporary care and special needs agreements under Part II;
- f. adoption placements;
- g. the establishment of emergency houses;
- h. any other matter that is prescribed.

Other Actions required by CFSA

Statutory references contained within Part III (Child Protection) of the CFSA accord the band or native community of an Indian or Native child (through a chosen representative) * the right: to be a party to the proceeding under Part III (Child Protection) and

39(1)(4) - to receive notice

54(3)(f) - to receive a copy of a court ordered assessment respecting the child or parent

58(4)(d) - to receive notice of any application regarding access

64(4)(d) - to make application for a status review hearing

64(5)(e) - to receive notice of any status review application

69(1)(e) - to appeal a court's order made under Part III.

Note: Consent of the child's parent(s) or person(s) having custody of the child is not required to give party status to the representative chosen by the child's band.

Statutory references also give further instruction to the Society and the Court in matters pertaining to Indian and Native children:

37(4) & 136 (3)

When making an order or determination in the best interests of a child, that the importance of preserving the child's cultural identity must be taken into consideration, in recognition of the uniqueness of Indian and Native culture, heritage and traditions (under Part III - Child Protection and Part VII - Adoption).

47(2)(c)

In child protection hearings, the court must, before determining whether a child is in need of protection, determine whether the child is an Indian or Native person and, if so, the child's band or native community.

57(5)

When the court finds the child to be in need of protection and his/her removal from the home is necessary, the court shall, before making an order for Society or Crown wardship, consider making an order of supervision and shall place the child with:

- a. a member of the child's extended family
- b. a member of the child's band or native community, or
- c. another Indian or Native family unless there is a substantial reason for placing the child elsewhere.

61(2)(d)

When the child has been made a society or Crown ward, the society shall choose a residential placement for the child that is with a member of the child's extended family, a member of the child's band or native community or another Indian or Native family, if possible.

141.2

When the society begins planning for adoption of a child who is an Indian or a Native person, the society shall give written notice of its intention to place the child for adoption to a representative chosen by the child's band or native community.

Within 60 days of that notice, a band or native community representative may prepare and submit to the society their own plan for the child.

The society will not place the child for adoption until 60 days have elapsed since the notice was provided, or until after the alternate plan proposed by the band or native community representative has been considered.

144

If the society refuses the adoption application or removes a child who is an Indian or a Native person from an adoptive placement, they shall give 10 days notice in writing to the a representative chosen by the child's band or native community, and after the notice is given, consult with the band or community representatives relating to the planning for the care of the child. The representative has a right to request review of the decision.

APPENDIX C

DUTY TO REPORT

Under Section 72(2) of the Child and Family Services Act, it is the responsibility of any person who has reasonable grounds to suspect that a child is or may be in need of protection, to promptly report that suspicion and the information upon which it is based to a Children's Aid Society. Under Section 72(3)(4) of the Child and Family Services Act this responsibility is particularly relevant to those professionals who work closely with children.

The person who has the reasonable grounds to suspect that a child is or may be in need of protection must make the report directly to a Children's Aid Society. The person must not rely on another individual, or intermediary, to make the report on his or her behalf.

In addition, any person has a duty to report new, additional reasonable grounds to suspect a child may be in need of protection.

Under Section 72(7) of the Child and Family Services Act the duty to report overrides professional-client protection of privacy or confidentiality provisions contained in other Statutes. Although the information reported may be confidential or privileged, no action for making the report shall be instituted against a person who acts in accordance with the legislation unless the person acts maliciously or without reasonable grounds for the belief or suspicion.

APPENDIX D

STAFF SAFETY PRACTICES

Due to the nature of our work, all employees are expected to be continually aware and concerned about personal safety. It is assumed that in any situation where employees' safety is at risk, the priority is to first get to safety. Employees are not expected to place their personal safety at risk to do their job.

All employees should familiarize themselves with the safety practices developed and endorsed by their agency for the promotion of worker safety. If you are not safe, you cannot effectively protect others. Some general safety considerations include the following:

1. If you feel you are in serious trouble, do what you would do if you were not at work and needed emergency assistance. **Call 911**. Do not put your personal safety at risk to do your job.
2. For your own safety, be properly dressed:
 - a. wear sensible walking shoes;
 - b. be conscious of how a client may perceive religious symbols or flashy jewellery; and
 - c. do not wear loose articles which could be grabbed.
3. Wherever possible, ensure that people are available to assist you. Avoid all exits and entrances that lead to parks or isolated areas. Be alert to your surroundings, e.g. the nearest phone or store. Be conscious of what you are bringing with you, to assist in ease of exit, keeping your hands free.
4. Do not give out personal information in the course of your duties.
5. When preparing court documents, ensure that the last names of shelter staff are not included. In addition, ensure that the provision of identifying information does not jeopardize the safety of the woman and child. For example, it may not be appropriate to include the address where the woman is residing within the court documents.
6. Cell phones increase personal safety. If, at all possible, have an activated cell phone on your person.
7. Adopt a defensive sitting position. Sit with your strong leg back and your other leg forward. This will allow you to get out of your seat quickly without using your hands.

APPENDIX E

CONTENT OF CONSENT TO DISCLOSE INFORMATION

Consent to disclose: Each participating agency will use the policies and procedures around consent and disclosure from their respective agency. However, C/CAS and VAW agencies will always include the scope and limitations of consent and disclosure, which may include the following:

- Disclosure to the C/CAS of the woman's participation in service (i.e. dates of sessions, attendance pattern, etc).
- Disclosure of individual or parent-child counselling for the children.
- Exchange of information about the woman's goals and her "progress" in reaching those goals.
- Exchange of information about the woman's needs for additional services, beyond the scope of the residential/counselling agency and C/CAS and discussion of who will make any necessary referrals or contacts. It is important to ensure referrals are culturally/linguistically appropriate.
- Arranging a meeting between the woman, the VAW worker, and the C/CAS worker with the purpose of creating a service plan that specifies the role of each agency.

Consent to release personally identifiable information shall be in writing and shall specify:

- a) what information is to be disclosed
- b) the purpose of the disclosure
- c) to whom the information is to be disclosed
- d) effective period of the consent

2. The consent shall be in the prescribed form and shall be witnessed.

Client Rights

1. Clients shall be provided with written information delineating the confidentiality policy and its limitations.
2. Where English language facility or literacy is a problem, clients shall be provided with verbal interpretation and appropriate support in understanding the policy.

Client Confidentiality:

Confidentiality means the safeguarding of information about a client obtained during the course of professional practice.

Safeguarding demands and it is the policy of the agency, that there is no release or disclosure of information to any other person, agency, employer or organization without the informed written consent of the client, except under certain circumstances required by law. Disclosure or release of information will only be made for the purpose of helping the client.

Principles

1. There must be a clearly justifiable and documented purpose for:
 - a) obtaining information about a client, and
 - b) sharing it with a person other than the client.
2. The information collected should be relevant to the service provided.
3. Persons should have access to personally identifiable information about themselves.
4. Every person's right to privacy should be recognized and protected to the greatest extent possible, consistent with public interest.
5. The right of privacy extends to third parties, including those who provide information, as well as to the subject of the record.
6. Before releasing personally identifiable information about a person, written consent must be obtained subject to certain exceptions. This includes the disclosure of the identity of third parties providing information.
7. Decisions on access to and disclosure of personal information should be based on:
 - a) consideration of the client's best interest
 - b) protection of the client's right to privacy, and
 - c) protection of the public interest
 - d) Best Practice Guidelines for Family Service Ontario Agencies and VAW services
 - e) OACCS Standards and Guidelines

APPENDIX F

COMMUNITY SERVICE Program Description

<p>Interval House of Hamilton</p>	<p>All programs available in French and English</p> <p><u>Residential:</u></p> <ul style="list-style-type: none"> ➤ Emergency shelter with 22 beds for abused women with or without children for up to 6 weeks. ➤ Supportive counselling, information, education, crisis intervention with women on abuse, healthy relationships, housing, financial assistance, legal issues, safety planning, goal planning. Women's and parenting groups. ➤ Provide advocacy including legal and referrals to community services and resources. ➤ Provide recreational and therapeutic group programming with children including supportive counselling, information, education about abuse, healthy relationships, safety planning. ➤ 24 hour Crisis Line and Outreach supports. 	<p><u>Non-Residential:</u></p> <ul style="list-style-type: none"> ➤ Women's Centre of Hamilton – secular agency offering strength based individual clinical and employment counselling, peer support, advocacy, safety planning . Women's groups including self esteem, anger and parenting, my journey to self, women's wellness, conversation circle, women getting work, rebuilding a healthy me, women's wisdom, social circle lesbian/bi support. Children's group "Heroes" is also run from this centre. Transitional supports to women establishing themselves in the community also provided from Women's Centre. ➤ Women's Centre of Flamborough – secular supports for rural and suburban areas including individual strength based clinical counselling, employment support, legal advocacy and women's groups. ➤ Jared's Place Legal Advocate Program-co-located with Women's Centre of Hamilton- program provides legal advocacy, information, referrals on a variety of topics including navigating the systems, creating safety plans, and support to prepare documents, attend court and legal appointments
<p>Good Shepherd Martha House</p>	<p><u>Residential Programs</u></p> <ul style="list-style-type: none"> ➤ Martha House is a secure, emergency shelter for women and children who are homeless and fleeing situations of domestic violence and abuse. Martha House has 40 beds in 15 family-style units. ➤ Emergency transportation to shelter. ➤ 24 hour crisis/support line ➤ Supportive counselling and case management ➤ Referrals and advocacy for legal, medical, financial, employment, housing, daycare, and other community services ➤ Child and youth services (supportive counselling, programming, referrals) ➤ Cultural interpreters available, as required ➤ (Please note: these services are also offered to Martha House residents) 	<p><u>Non-Residential Programs</u></p> <ul style="list-style-type: none"> ➤ Violence Against Women (VAW) Community Counselling – Group and one to one counselling for young women (16-21), children who have witnessed the abuse of their mothers, women who have or are experiencing abuse and are dealing with mental health issues, women who have or are experiencing abuse and are newcomers or immigrants to Canada ➤ Learning Effective Anti-Violence for Families (LEAF) – one to one and group counselling for children (ages 4 – 16) who have been exposed to woman abuse. One to one and group counselling is also available for mothers. ➤ Transitional Support & Housing Program – provide flexible case management and legal supports for women (and their children) who are striving to establish violence and abuse-free lives in the community ➤ Second Stage Services -geared to create greater physical, emotional and financial stability in the aftermath of violence and abuse. A range of programs and supports are available including employment, and furnished, affordable transitional housing. ➤ Public Education – information and educational sessions/ workshops for professionals, schools and community groups regarding issues of woman abuse, dating violence and children who witness ➤ Wellness Program offers women a safe environment to explore ways of improving their overall well-being through recreational, therapeutic, medical services, social activities, as well as one-to-one counseling and support. ➤ Sage Family Camp offers recreational and therapeutic programming in an outdoor setting for women (and their children). We offer a week-long camp in the summer, a weekend camp in the winter, and a leadership development program for women.

<p>Native Women's Centre</p>	<p><u>Emergency Shelter Services</u></p> <ul style="list-style-type: none"> ➤ Safe Emergency shelter 24 hours per day, 7 days per week including meals, clothing, and personal need items for all residents ➤ 24 hour counselling for residents, non-residents and past residents. Long distance or local collect crisis calls are accepted ➤ Counselling services primarily using one on one counselling. Group counselling sessions are scheduled upon request. ➤ Emergency transportation to shelter can be arranged upon request. Temporary transportation assistance is available to residents for appointments ➤ Provide information and/or referrals for legal, medical, financial, housing, and employment services. ➤ Provides access to Native Traditional methods of healing, but remains sensitive to other cultures. ➤ Woman Abuse Education Program, weekly in-house education and information groups. <p><u>Non-Residential</u></p> <p>Aboriginal Community Counselling</p> <ul style="list-style-type: none"> ➤ Designed to provide counseling and support to women and youth fleeing or experiencing family violence. <p>Native Counselling/Discharge Planning Program</p> <ul style="list-style-type: none"> ➤ Designed to provide counseling and awareness training to Native offenders incarcerated at the Hamilton-Wentworth Detention Centre. <p>Woman Abuse Education Program</p> <ul style="list-style-type: none"> ➤ Designed to educate and provide information to in-house residents on the cycle of abuse. 	<p>Transitional Housing Support Program</p> <ul style="list-style-type: none"> ➤ Temporary Transitional housing for Aboriginal women and children experiencing domestic violence/abuse in their lives. <p>Transitional Support Program</p> <ul style="list-style-type: none"> ➤ Works to support women and their children who have experienced violence or abuse by connecting them with individualized services and supports within their communities. Uses a holistic approach to assist women and children to live violence/abuse free and lead safe and meaningful lives. <p>Emergency Outreach Project</p> <ul style="list-style-type: none"> ➤ Provides emergency food and winter clothing assistance to the Hamilton Aboriginal populations who are at risk of becoming homeless or are homeless. <p>Aboriginal Healing & Outreach Program</p> <ul style="list-style-type: none"> ➤ AHOP - The Aboriginal Healing & Outreach Program is a unique community based approach that builds on the individual's / family's knowledge and use of Aboriginal values and teachings. Within this program we are integrating the Wraparound planning process, which focuses on the strengths of the individual/family to provide a healthy foundation to move toward a more balanced way of living. <p>Aboriginal Healthy Babies Healthy Children Program</p> <ul style="list-style-type: none"> ➤ Aimed to ensure that Aboriginal children and families have access to services and supports.
<p>Inasmuch House – Mission Services Of Hamilton</p>	<p><u>Residential:</u></p> <ul style="list-style-type: none"> ➤ 37 Bed Accessible Emergency Shelter for Women and Children experiencing Woman Abuse and/or temporary Homelessness ➤ Emergency Transportation to Shelter provided as needed ➤ Designated case management support and crisis support as well as practical support ➤ Various educational and therapeutic groups e.g. Home Management, Abuse Education, Mother's Parenting Support Group ➤ Referrals and advocacy for various community services, including but not limited to: housing, medical, financial, legal, child care etc. ➤ 24 Hour counselling / support for residents ➤ Interpreters available as required ➤ Recreational and Therapeutic Children and Youth Programs– including a designated support counsellor for youth. 	<p><u>Non-Residential:</u></p> <ul style="list-style-type: none"> ➤ Learning Effective Anti-Violence in Families (LEAF) – Therapeutic/educational groups for children (4-16 years) who have witnessed woman abuse. One on one support is available as needed. One to one and group support is also available for mothers. ➤ Transitional Support Program – Provides one to one case management and support for women who are working to establish violence free lives in the community. Group support is also available. ➤ Legal Advocate Program – Provides one to one case management and support for women navigating the legal and court system. ➤ 24 Hour Crisis Line Counselling ➤ Public Education – Offers a variety of educational opportunities regarding issues of Woman abuse and Children who Witness Abuse.

<p>Centre de santé Communautaire (CSC)</p>	<p>PROGRAMS ARE ALL DELIVERED IN FRENCH</p> <p>Services to shelters and second stage housing organizations:</p> <p>The CSC will partner with shelters and other VAW partners to provide services to French speaking mutual clients. Services will include attending at the shelter or housing unit for the initial assessment, assisting in assessing safety issues and safety plan preparation, providing crisis counselling and other support services to clients in partnership with the VAW agency. (Services are available during regular business hours; should a client admit to a VAW service after hours or on weekends, the VAW service should leave a message and it will be responded to the next business day.) **It is also recommended to use the 24 hour French language crisis line Fem-Aide when language is a barrier. This number is 1-877-femaide (1-877-336-2433).</p>	<ul style="list-style-type: none"> ➤ Transitional and Housing Support Program – provides women with practical and emotional assistance for a smooth transition from abuse to violence free lives in the community. Helps women find and maintain housing. ➤ Short and longer term counselling. ➤ Accompaniments to court or legal appointments, basic information provided. ➤ Public Education – provides awareness, understanding and information regarding abuse and the impact it has on women and their children. ➤ Safety Planning – assistance in creating a safety plan and help with leaving an abusive relationship and establishing a new life. ➤ Individual and group counselling for child witnesses of abuse and their mothers. <p>Additional Services:</p> <ul style="list-style-type: none"> ➤ Clients of the CSC also have access to medical, nutritional and dental services as well as counselling and support for victims of sexual assault or organized conflict. Mental health counselling is available as well as prenatal and parenting support programs. In addition, the CSC is also an Early Years satellite site.
<p>Catholic Family Services Of Hamilton</p>	<p>PROGRAMS</p> <p><u>Abuse & Violence Intervention and Prevention Programs</u></p> <ul style="list-style-type: none"> ➤ Violence Against Women Counselling: Individual & Group counselling for women and children. It also includes Women’s Weekly, Community Outreach and Education in the community. ➤ Learning Effective Anti-Violence in Families (L.E.A.F.) An early intervention program for children 4-16 years of age who have witnessed domestic violence ➤ Partner Assault Program Groups for men and women who have abused their partner. (primarily men) The goal is for men to take ownership and be accountable for their violence and abuse. This program also includes Partner Contact to the victims of abuse which addresses victim safety and support. ➤ Child Welfare Men’s Counselling for men who have been abusive and are involved with C/CAS ➤ Family Group Conferencing Formal meeting focused on the child; bringing together immediate/extended family members, kin and community in mutual support and collaboration to develop a plan to keep the child safe <p><u>Counselling</u> Family Counselling, Individual & Group</p> <ul style="list-style-type: none"> ➤ Walk-in Counselling Clinic ➤ Employee Assistance Program ➤ Counselling for Ontario Works clients ➤ e-Counselling <p><u>Financial Fitness</u> Debt Management</p> <ul style="list-style-type: none"> ➤ Money management counselling ➤ Bankruptcy counselling ➤ Community education ➤ e-Financial Counselling ➤ Financial Coaching 	<p><u>Seniors’ Intervention and Support</u></p> <ul style="list-style-type: none"> ➤ Seniors’ Case Management (re: elder abuse) ➤ Neighbourhood Model provides case management and bundled support services including homemakers, personal support for seniors living at 226 Rebecca and First Place. ➤ Gatekeepers- Serves clients in Hamilton and Halton. Case Managers work with seniors, usually identified by health and social service collaterals, who are living in severe self-neglect or squalor, also known as “Diogenes Syndrome ➤ Volunteers for Seniors provides in-home support to seniors through trained volunteers (senior volunteers providing information, support, counselling and referral to fellow seniors) <p><u>Developmental Services Program</u></p> <ul style="list-style-type: none"> ➤ Provides case management, advocacy, counselling, and support to adults with developmental disabilities living in the community ➤ Family Support Worker (FSW). Provide coordination and case management to adult individuals with a developmental disability ➤ Passport-A Ministry of Community & Social Services Initiative where individual with a developmental disability who have left school can receive funding that encourage their personal development <p><u>St. Martin’s Manor</u></p> <p>St. Martin’s Manor is a young parent resource centre that provides a continuum services using a collaborative team approach. On-site at the Manor is a residence, community outreach and day programs designed to develop parenting and life skills. As well, the Manor houses Early Learning and Care Programs including an Infant Care Program, Parental Relief Program, and an Ontario</p>

		Early Years Program.
Phoenix House	<p><u>Transitional Housing & Support Program</u></p> <ul style="list-style-type: none"> ➤ Provides one to one case management and support for women and their children who are working to establish violence free lives in the community. <p><u>Residential Program</u></p> <ul style="list-style-type: none"> ➤ Cluster style independent living, 3 one bedroom and 2 two bedroom apartments ➤ Private apartments women and their children can stay up to one year ➤ Supportive counselling ➤ Referrals and advocacy for legal, medical, employment and housing assistance through our THSP program 	<p><u>Outreach Program</u></p> <ul style="list-style-type: none"> ➤ Group based programs to inform women on such topics as goal setting, self esteem and wellness ➤ Programs currently being offered are starting over and coffee and conversation, other programs are being developed as warranted by changes in society <p><u>Counselling Program</u></p> <ul style="list-style-type: none"> ➤ Provide supportive counselling on a one to one basis for women transitioning to a violent free hoe or living in a violent free home <p><i>Referrals made to community agencies for therapeutic counselling</i></p>
Elizabeth Fry Society Hamilton Branch	<p><u>Corrections Programs</u></p> <ul style="list-style-type: none"> ➤ Court Services Support, advocate for, and provide information and community referrals to women facing criminal charges to assist them to navigate the legal system and get services they need. ➤ Release Planning Link between women in custody in Hamilton/Niagara area, the legal system and the community; support women to plan for their post-release needs and provide follow up services that smooth transition from prison to community. Services include: <ul style="list-style-type: none"> ▪ crisis intervention, support and advocacy ▪ Regularized visits at regional prisons where women can ask for assistance with conditions of confinement, post-release support, help with parole plans, crisis counselling, referrals to community resources such as shelters, housing, treatment centres, education, employment, Ontario Works/Ontario Disability Support Program, counselling and groups. ▪ Taking Control: Making Healthy Choices- Women Abuse Education Group. Many criminalized women are marginalized women who have experienced abuse, live in poverty, face literacy challenges, experience barriers to employment, and live with addictions. Group offers orientation-level violence awareness specifically designed for women in conflict with the law. It is a psycho-educational, motivational and information based group intended to teach women about women abuse. 	<p><u>Community Programs</u></p> <ul style="list-style-type: none"> ➤ Resource Centre for Criminalized Women <ul style="list-style-type: none"> ▪ Help to attain stable, affordable housing-locating potentially suitable housing and accompanying women to view apartments when needed. ▪ Assistance to maintain housing- supports such as advocacy with landlords where needed, or assistance to comply with reasonable landlord demands, like de-cluttering of shared space. ▪ Employment supports including help to become “employment ready”- creating a new resume, fine-tuning existing one, or engaging in mock interviews; free clothing closet to help women find interview appropriate outfits or refer them to appropriate resources. ▪ Workshops topics such as ODSP and the benefits/restrictions inherent in this support ▪ The Native Women’s Centre delivers Aboriginal-specific services in the Resource Centre. ➤ Individual Violence Against Women Counselling offered in the community and in the Hamilton Wentworth Detention Centre, with focus on women who are criminalized and institutionalized. ➤ Groups <ul style="list-style-type: none"> ▪ A Women’s Journey 10 week group designed to address the reclaiming of a women’s anger. Targeted for women who have experienced abuse and their anger is a barrier in their lives. ▪ Opportunity For Women 10 week group for women who are in a pre- contemplative stage of change and focused on self-esteem, relationships, body image, anger, self-awareness, and communication skills etc. ▪ Shoplifters’ Alternatives Rehabilitation and Education (SHARE) 10 week group designed to address issue of women using shoplifting/fraud as a coping mechanism for past and present trauma. <p><u>Sex Trade Alternatives and Resource Services (STARS)</u></p> <p>For women who have been or are involved in sex work. Supports include:</p> <ul style="list-style-type: none"> ▪ Diversion- 8 hours of support available to any women charged with a sex related offence and screened by the crown attorney for diversion ▪ Case Management- available to any women who wishes support ▪ Outreach (2 shifts a month on the VAN and in reach into the jails); Education (community and professional); Drop In (Tuesday evening 6pm-9pm)

		<ul style="list-style-type: none">▪ Safety group at the Hamilton Wentworth Detention Centre in partnership with SACHA once per month
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APPENDIX G

APPREHENSION PROCEDURES

- There are occasions where children may be apprehended while living in a VAW residential facility.
- It is essential that C/CAS and VAW residential staff work closely to minimize the impact on clients involved, as well as, the other women and children living in the VAW residential facility.
- It is understood that the effect of an apprehension in a shelter can be long lasting and impact upon other women's comfort/willingness to work with VAW staff and the C/CAS. It is further understood that even the implementation of a voluntary Temporary Care Agreement can have detrimental effects within the VAW facility and therefore requires close communication and joint planning.
- The C/CAS will inform the VAW residential staff, as soon as possible, if the apprehension of a child from the care of the woman is required to ensure the child(ren)'s immediate safety.
- The C/CAS will inform VAW residential staff whether Police assistance will be required in order to "keep the peace" during the apprehension process.
- The C/CAS will review the time of the expected apprehension with VAW staff in order to assist shelter staff to ensure that appropriate staffing and safety measures are arranged.
- VAW residential staff will not disclose any information regarding the pending apprehension to the woman.
- VAW residential staff will contain the shelter environment so that the apprehension meeting will have the least possible impact upon other clients.
- VAW residential staff will assist the woman in getting her child(ren)'s belongings, where appropriate.
- It is recognized that in some circumstances efforts to establish an apprehension plan in accordance with the above practice standards may not be realistic or feasible.
- Where the woman attends VAW counselling, the C/CAS worker will seek the woman's consent to advise the counselling agency of the apprehension. With the appropriate releases the C/CAS worker and the VAW worker will share information with a view to reducing risk to the woman and child(ren).

APPENDIX H

STAGES OF CHANGE FRAMEWORK

Overview of five Stages of Change

As applied to Responses of Women and Men conflicted by Partner Abuse

Stage of Change	Potential Relationship Indicators	Possible Factors For Individuals
<p><u>PRE-CONTEMPLATION</u></p> <p>Woman does not recognize abuse as a problem and is not interested in change.</p> <p style="text-align: center;"><i>Committed to Continuing</i></p> <p>Others may presume that woman is “in denial” but in fact she may truly not see what those around her see.</p> <p><i>TIMELINE UNKNOWN</i></p>	<ul style="list-style-type: none"> ▪ Not interested in leaving the relationship ▪ Denies and excuses abuse. May accept blame. ▪ Believes the bad things are a trade off for the good parts of the relationship ▪ Not seeking treatment for abuse ▪ Not agreeable to involving police or courts ▪ Keeps abuse secret. Hopes to give enough love to prevent violence ▪ Views relationship as positive overall; Does not feel need for options. ▪ Believes violence is temporary. ▪ Fears stigma of failing in relationship. Remains loyal to norms and own beliefs. ▪ May not have support system, but also does not recognize isolation ▪ Does not attribute stress or distress to relationship problems 	<ul style="list-style-type: none"> ▪ May wonder about who you are talking about when you suggest that she is the victim of an abusive relationship. ▪ May accept or reject information given to her ▪ Does not see others as understanding ▪ Does not see self as separate from relationship. ▪ Submissive to partner ▪ Cannot imagine life without partner ▪ Avoids or denies own negative feelings ▪ Believes partner knows best how to take care of money. Asks what is spent ▪ Stressed. Possibly depressed and confused. ▪ May suffer Post Traumatic Stress Disorder. ▪ Men <ul style="list-style-type: none"> ▪ <i>in complete denial, or blaming.</i> ▪ <i>May insult or attempt to discredit partner</i> ▪ <i>May use charm to appear more credible</i> ▪ <i>Can appear compliant while not acknowledging abuse</i> ▪ <i>May be hostile towards partner or interveners</i>
<p><u>CONTEMPLATION</u></p> <p>Womanf recognizes abuse as a problem and has increasing awareness of the pros and cons of change or leaving.</p> <p style="text-align: center;"><i>Committed, But Questioning</i></p> <p>Victim is torn about staying in relationship or leaving.</p> <p><i>TIMELINE VARIES</i></p>	<ul style="list-style-type: none"> ▪ Talks vaguely about relationship ending. ▪ Ambivalence. ▪ Awareness increasing ▪ Seeks logic in triggers of incidents ▪ Placates partner, feels trapped. May ask partner to get help. ▪ May seek information. If she seeks sanctions, most likely to recant. ▪ Cares about relationship and gives second chance. ▪ Admits abuse to self but wants it to be a secret. Feels shame. ▪ Reflects on good and bad in relationship. Tries to change self to avoid abuse. Begins to fear the future. ▪ Remains “for the family” or the status, or the children. Does not want partner to be humiliated. ▪ Considering change, but no immediate commitment to change ▪ Loss of self as a sacrifice for relationship, because partner needs her. Loss of illusion of relationship being “okay”. 	<ul style="list-style-type: none"> ▪ Beginning to think about what life might be like if she left the relationship. ▪ Questions the self-blame. ▪ Can minimize the hurt, feel “crazy” or “stupid”. ▪ Beginning to consider what choices are available. ▪ Generalized feelings of mistrust and fear. Sense that no one can help. ▪ Considers possibility and is fearful of being on her own. Tries to set boundaries and assert needs ▪ Avoids all feelings to protect herself. Stays numb, overwhelmed. ▪ Aware that lack of personal money is a problem. Spending is a big issue with partner. ▪ Stressed. Depressed. May dislike self or show other symptoms. If PTSD, it worsens in this stage. ▪ Men <ul style="list-style-type: none"> ▪ <i>Accepting that behaviours exist, but quickly reverts to minimization, justification and blame</i> ▪ <i>Leery about counselling, sees self as better, different</i> ▪ <i>May promote quick fixes, or quick transitions backwards (i.e. breakup of relationship)</i> ▪ <i>Identifies behaviours but can minimize impact on partner or child(ren)</i>

Stage of Change	Potential Relationship Indicators	Possible Factors For Individuals
<p><u>PREPARATION</u></p> <p>Woman recognizes abuse is a problem, intends to change and has developed a plan to leave.</p> <p><i>Considers Change: Abuse and Options</i></p> <p>Issue identified, but may be struggling with how to follow through on plan.</p> <p><i>TIMELINE 0-3 MONTHS</i></p>	<ul style="list-style-type: none"> ▪ Rejects self blame. Continues to make excuses for others, but realizes that abuser chooses to abuse. ▪ Realizes she cannot prevent partner abuse. Tries to avoid abuse with sleep, work, etc. ▪ Seeks sanctions, and may be hoping to change relationship. ▪ Ambivalent about losing sex, home, income, dreams. ▪ Able to acknowledge abuse and own needs. ▪ Loss of hope for current relationship and illusions about it. Wishes partner would change. May try brief separation. ▪ Conflicted between own loyalties and rising sense of injustice. Considers options, may begin to make changes. ▪ Must beware of over-confidence 	<ul style="list-style-type: none"> ▪ Hints to others of abuse. Seeks support and help. Fears reprisal. ▪ Struggles to regain lost identity. Feels guilty and mixed up. ▪ Increasing sense of self worth. ▪ Sets goals and takes first steps. Reality tests her separation fears. ▪ Can name feelings and own need for self esteem. ▪ May experience high levels of fear and anxiety, panic attacks. Could fantasize murder. Fears she is going crazy. ▪ Hides money or spending but also sees need to do this as unfair. Considers learning money management. ▪ If PTSD, condition becomes intolerable. ▪ Men <ul style="list-style-type: none"> ▪ <i>Begin to see value in making change</i> ▪ <i>Engage in cautious optimism</i> ▪ <i>Presents as motivated</i>
<p><u>ACTION</u></p> <p>Woman is actively engaged in making changes related to ending the abuse.</p> <p><i>Breaks Away or Partner Curtails Abusiveness</i></p> <p>Woman has made a plan that includes some small steps she can take.</p> <p><i>TIMELINE 0-6 MONTHS</i></p>	<ul style="list-style-type: none"> ▪ Works to make partner accountable for abuse. ▪ Assesses Safety - will partner change or not? ▪ Decides abuse must end. Makes and acts on plans for own safety. ▪ Seeks sanctions in legal process and more willing to consistently follow up. ▪ Embarrassed that partner is abuser. Realizes love is separate from abuse. ▪ Determined that abuse must end. Willing to do what it takes over time to become safe ▪ Beginning to believe that partner does not deserve loyalty, whatever others think. Engaging in altered lifestyle. ▪ May be continually evaluating how it is going for her. Some days may be at top of world, other days feel as though world is a scary place. ▪ Some feelings of loneliness. High risk for involvement in another battering relationship. ▪ There may be precipitating crisis 	<ul style="list-style-type: none"> ▪ Persistently seeks and sorts out who is and is not helpful. ▪ Negative about abuser. Vacillates between guilt and anger. Can have intense feelings of anger and grief, nightmares and flashbacks. ▪ Acts to meet goals. Tests tolerance and being on her own. ▪ Begins to recognize anger. Channels feelings into action ▪ Money, spending and control are separate. More confident she can manage money. ▪ Senses that she can gain control of “out of control” feelings. ▪ If PTSD, causes higher stress. ▪ Men <ul style="list-style-type: none"> ▪ <i>Begin to show own motivation, identify own reasons for change</i> ▪ <i>Can identify impact of abuse on others</i> ▪ <i>Engages in service willingly, and beyond minimum requirements</i> ▪ <i>Has realistic goals to maintain non-violence</i> ▪ <i>Actively taking steps to stop using abusive and controlling behaviours.</i>
<p><u>MAINTENANCE</u></p> <p>Abuse has ended (usually for about six months) and woman</p>	<ul style="list-style-type: none"> ▪ Over time does not tolerate abuse. If she leaves, avoids contact with partner. If together, monitors partner for change. ▪ Learns new ways to relate to new or changed partner. ▪ Continues to seek sanctions. Watching 	<ul style="list-style-type: none"> ▪ Continues to take help from multiple sources. Uses others knowledge to limit abuse. ▪ Self identity becomes clear over time. Sees negative and positives in abuser and relationship. ▪ Less anger is apparent.

Stage of Change	Potential Relationship Indicators	Possible Factors For Individuals
<p>is taking steps to prevent abuse by leaving.</p> <p><i>Establish New Life-Apart or Together</i></p> <p>Woman may be using her support network to work through her underlying issues and to get used to a new routine outside of the relationship.</p> <p><i>TIMELINE MORE THAN 6 MONTHS</i></p>	<p>for harassment or stalking. Actively protects herself.</p> <ul style="list-style-type: none"> ▪ After she leaves, reminds herself of why and lets go. ▪ If remaining in relationship, rebuilds attachment with new rules for no abuse. ▪ Finding meaning. Taking back anniversaries. Setting goals for future. ▪ Trusting self and others. Developing new relationships. ▪ Solidifying change, resisting temptations. Continued commitment to maintaining a new life. ▪ Over time makes decisions based on her safety, even if he pleads, stalks or harasses. ▪ Continues to feel leaving or requiring partner to change is justified. ▪ May experience some guilt about family response. ▪ If she is not expecting partner to change, or expressing that she “owes him” then he has not made real change. 	<ul style="list-style-type: none"> ▪ Over time, increases self sufficiency and independence. ▪ Continues to have negative feelings. Accepts loss and uncertainty. ▪ Has Hope. ▪ Knows own finances. Maintains equal say and access to money in future. ▪ Can acknowledge and cope with stress. Mental health improves. ▪ If PTSD, symptoms can rise and then recede. ▪ Men <ul style="list-style-type: none"> ▪ <i>Adjusting to change and practicing skills to sustain change.</i> ▪ <i>Empathetic and communicating with partner and children. Has stopped all forms of violence, intimidation and control. Displays humility about ability to maintain respect and identifies need for ongoing, formal supports.</i> ▪ <i>Readily identifies potential blind spots and obstacles</i> ▪ <i>Has a sense of what his partner and children need from him and this is complementary to what woman identifies</i> ▪ <i>Aware of strong risk of relapse and has a safety plan developed.</i>

Contributors

The **Collaboration Agreement** between the **Violence Against Women** service providers and **Child Welfare** agencies in Hamilton would not be possible without the ongoing participation and commitment of the following representatives who come together on behalf of their respective organizations to contribute to the work of the **VAW-C/CAS Steering Committee**.

They have read and re-read, defined and refined, updated, negotiated and re-negotiated this Collaboration Agreement to ensure that it is accurate and practical for front line staff, and that it reflects the ongoing pursuit of collaboration between the two sectors toward effective and meaningful services to women and children who have suffered abuse in their homes and families.

They remain committed to excellence in the cohesive work of the two sectors, and to ongoing growth together from this renewed foundation of collaboration and cooperation.

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