Collaboration in Practice

Children’s Aid Societies and Violence Against Women Organizations Collaboration Agreement

Central West Region
(Dufferin, Halton, Peel, Waterloo and Wellington)

October, 2013
Dedication

To the community members who have protected themselves and their children and had the courage to change and end the violence in their lives and in their own behavior.

To the people who work in the child welfare and violence against women organizations and are witness to amazing healing and transformation but also the real consequences, pain and suffering created when we choose to use violence in our relationship.

And to the women and children who did not survive the violence in their lives and require all of us to learn from their experiences.
Collaboration in Practice
Children’s Aid Societies and Violence Against Women Organizations
Collaboration Agreement
Central West Region
(Dufferin, Halton, Peel, Waterloo and Wellington)

Signatories

County of Dufferin
Catholic Family Services - Peel Dufferin
Dufferin Child and Family Services
Family Transition Place

Region of Halton
Access Counselling and Family Services
Halton Children's Aid Society
Halton Family Services
Halton Women's Place

Region of Peel
Armagh
Catholic Family Services - Peel Dufferin
Catholic Crosscultural Services
Family Services of Peel
India Rainbow Community Services of Peel
Interim Place
Malton Neighbourhood Services
Muslim Community Services
Oasis centre des femmes
Peel CAS
The Salvation Army's Honeychurch Family Life Resource Centre
United Achievers’ Community Services
Victim Services of Peel
Women's Counselling Centre - The Salvation Army Erin Mills

Region of Waterloo
Carizon Family and Community Services
Community Justice Initiatives of Waterloo Region
Family and Children’s Services of the Waterloo Region
Family Counselling Centre of Cambridge and North Dumfries
KW Counselling Services
Lutherwood
Victim Services Unit – Waterloo Regional Police Service
Wilmot Family Resource Centre Inc.
Women's Crisis Services of Waterloo Region
Woolwich Community Services
Woolwich Counselling Centre
Waterloo Region Sexual Assault Domestic Violence Treatment Centre
YWCA Kitchener-Waterloo

**County of Wellington**
Family Counselling and Support Services for Guelph-Wellington
Guelph-Wellington Women In Crisis
Family and Children’s Services of Guelph and Wellington County
To the Reader

If you are reading this document, it is likely because you are being asked to use it as a tool in your day-to-day work. This document is intended to support you in thinking about the way you do your work. It is a learning document that reflects and expects change from the reader.

It is designed to build on the work that was done in the development of the first Collaboration Agreements in each of the five communities and complement and enhance the work that is currently being done in each community.

Organizational Consideration

This agreement is intended in the spirit of collaboration and building relationships rather than as a legally binding protocol. All legal requirements or mandates that each organization has will continue and supersede this collaboration agreement if they come into conflict.
The use of terms

When describing violence in the context of the family, language is critical. The terms used in this document are intended to describe the situation accurately, reflect the context of the violence and reflect the hope and belief we have in our day-to-day work that change is possible for family members until violence is no longer part of each of their lives.

Definitions

<table>
<thead>
<tr>
<th>Abuse</th>
<th>The terms “abuse”, “domestic violence”, “family violence” and “violence against women” will be used throughout the report, depending on the context of the discussion. Abuse refers to all forms of behavior in which one person is trying to achieve and/or maintain control or power over another. Abuse is about power and control. Power means the exertion of control over others to influence their behavior, attitudes and feelings. It is the expression of commands, demands, directives, orders and requests to gain an attitude of strength. Control means maintaining a check on the behavior, attitudes and feelings of another person through commands, demands, orders and requests on how one is to act, think, behave, feel and believe. (Messina and Messina, 2005) Domestic violence is primarily perpetrated by men against women. As such we will refer to the victim of violence as a woman and the abuser/offender as a man. This is not intended to deny or ignore that there is a small percentage of women that are abusive in their relationships with men. We recognize there is abuse in same-sex relationships. (sic) (Transforming our Communities, 2009)</th>
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<tr>
<td>Attachment informed</td>
<td>The science of the brain describes how the earliest bonds formed by children with their primary caregivers have a tremendous impact that continues throughout life. Securely attached children feel confident that the attachment figure will be available to respond appropriately to their needs. They then develop an ability to build relationships with others. (Mary Ainsworth, 2008)</td>
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<td>Anti-Oppression Practice</td>
<td>Anti-Oppression means a way of thinking or analysis and a practice. “It is a commitment to social equality and social justice in which one seeks to identify and eliminate both individual and systemic barriers. The concepts of power and privilege are central to anti-oppression noting that inherent in relations there are power imbalances based on age, class, gender, ethnicity, geographic location, health, physical ability, race, sexual preference and income.” (CAS of Brant, 2008) Organizations that are part of the protocol are working with an anti-oppression practice and frameworks and use different terms to describe that work including: feminist practice, anti-racism and intersectionality.</td>
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<tr>
<td>Children</td>
<td>Anyone under the age of 16.</td>
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<td><strong>Case Conferencing</strong></td>
<td>A formal, planned and structured way to provide holistic, coordinated and integrated services across service providers and to reduce duplications and gaps. Case conferences are usually interdisciplinary and ideally involve the client or family.</td>
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<tr>
<td><strong>Cultural Awareness, Cultural competency and Cultural Safety</strong></td>
<td>There is a continuum in developing our capacity to deliver services that acknowledges and integrates the culture of a person into the relationship. <strong>Cultural awareness</strong> is the recognition that there are different cultures in our society with different cultural practices, values and norms. <strong>Cultural competency</strong> is the ability to work with different cultures where the people describe the experience of being respected, listened to and their needs were understood. <strong>Cultural safety</strong> incorporates the following: the acknowledgement of difference; the recognition of the importance of respecting difference; and cultural competence, which focuses on the skills, knowledge, and attitudes of practitioners. Cultural safety involves self-reflection and an understanding that cultural values and norms of the client may be different due to unique socio-political histories. Self-reflection leads to empathy, which in turn improves the encounter with clients and their communities, leading to better outcomes. Empathy can also lead to advocacy and social justice work on behalf of clients and their communities. (Adapted from Anishnawbe Health Toronto)</td>
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<td><strong>Family Focus</strong></td>
<td>Services recognize that the family is the primary support system for the child. The family is not just the parents but extended members of the family and caregivers that the family has defined as part of their extended family.</td>
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<td><strong>Gender Analysis</strong></td>
<td>A process that helps to assess the differential impact of policies and programs on men and women. (Centre for Gender and Development Studies)</td>
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<td><strong>High Risk</strong></td>
<td>A high-risk situation is one where risk of further violence and escalating violence is likely in the relationship. High risk is determined with the appropriate use of risk assessment tools and indicators. The indicators used for this collaborative agreement are from the Ontario Domestic Violence Death Review Committee’s common risk factors. (see Appendix B)</td>
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<td><strong>High Risk Management</strong></td>
<td>Risk is dynamic and can change as circumstances evolve. At points where risk has been established as high, a formal process is established that manages the high risk situation and can include any number of interventions including but not limited to: safety planning, removal of potential victims of violence to a safe home and monitoring of the potential abuser. The process involves the engagement of a number of service providers. In some communities this is done through a domestic violence high-risk committee made up of criminal justice partners and specific community service providers.</td>
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<tr>
<td><strong>Parent</strong></td>
<td>Parent can mean a child’s mother and father and those caregivers that perform the parental role. The term parent throughout the document is not intended to be limited to biological parents.</td>
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<td><strong>Risk Assessment for Domestic</strong></td>
<td>Risk assessment involves the application of standardized instruments, psychometric scales or questionnaires and the examining of an individual’s background, past behaviour, mental and social functioning and personal...</td>
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Violence

It sets the results against up-to-date findings from evidence-based literature. Different risk assessment tools have been developed and used to assess the risk to the person being abused and the risk of a person to abuse. Based on the score on a set of items, the risk evaluator makes an overall judgment about whether there is a low, moderate, or high risk.

(Note: CAS has their own risk assessment tool specific to the safety of children.)

Safety Planning for Domestic Violence

A safety plan can be developed by an individual or with service providers to support the safety of the woman and her children in situations where she has identified that she is at risk of abuse. A safety plan is personalized and recognizes that every situation is different. It is constantly updated in response to changing circumstances. A plan needs to be holistic and reflect the specific details of the person's life, including all the areas of their life where risk may be present (e.g. in the home, at school, at work, in the neighbourhood). It needs to be made ahead of time, be realistic and be supported by the community partners.

Trauma Informed

When a service program is trauma-informed, every part of its organization, management, and service delivery system is assessed and potentially modified to include a basic understanding of how trauma affects the life of an individual seeking services. Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization. (Substance Abuse and Mental Health Services Administration)

Acronyms

<table>
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<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>CAS</td>
<td>Children's Aid Society</td>
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<tr>
<td>DV</td>
<td>Domestic Violence</td>
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<td>MAG</td>
<td>Ministry of the Attorney General</td>
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<td>MCYS</td>
<td>Ministry of Children and Youth Services</td>
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<td>MCSS</td>
<td>Ministry of Community and Social Services</td>
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<tr>
<td>PAR</td>
<td>Partner Assault Response Program</td>
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<tr>
<td>VAW</td>
<td>Violence Against Women</td>
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A. Introduction

Relationship. Change. Trust. These are the words that resonated throughout the development of the agreement. This is a Collaboration Agreement between service providers that have strong mandates and long-standing working relationships that have not always been built on trust and collaboration. The magnitude of the responsibility was evident, in particular the recognition of barriers that are systemic and ideological, that have gotten in the way of the relationships. Yet the need to develop a working approach with a clarity of mutual purpose in order to end violence in families, and against women and children is the common foundation of this agreement.

The level of violence in families, primarily against women and children, in each community, in the five regions, in the province and in the world is unacceptable. Evidence was drawn on that provided us with guidance on what we can do as service providers to identify risk in family situations; to invite men to change and provide them with options to increase accountability and to change; to respond to high conflict child custody situations where violence is present and to ultimately prevent violence and death.

B. The Purpose

The Central West Region CAS/VAW Collaboration Agreement will support organizations in the five communities to maximize the safety and support of women, children and men through coordination and collaboration between VAW agencies and CAS.

The Collaboration Agreement will ensure an effective system response that will:

a) set expectations of service delivery based on best practices working with women, children and men;

b) promote accountability in systems, families and individuals and establish processes and forums to engage.

C. The Principles

Principles are the foundation of our relationship. We ask each of us to practice these principles in the way we work and how we make our decisions.

The Integrity of our purpose

- **Safety**: Safety is always paramount and supersedes concerns about confidentiality between organizations. Increasing the safety of abused women will increase the safety and well-being of children.

- **Cultural Safety**: We will be effective in building trust with each other and the people we work with when we have embraced a way of working that includes
cultural sensitivity and cultural competency, analyzes power imbalances in society and promotes self-reflection in our work.

- **A greater purpose:** Everyone has the right to live without violence in their lives. We will work in a way that shifts the acceptance and tolerance of violence in our society.

**Relationships**

- **Between ourselves:** We will work in ways that break down silos between sectors and organizations.

- **Within the family:** We value and recognize the role of each parent/caregiver in a child’s life (in whatever capacity they have) and within a context that prioritizes safety and recognizes the dynamic nature of families. We recognize that the child has the right to have a relationship with both parents and with key caregivers in their lives.

- **Understanding power and control:** We recognize power imbalances are systemic and manifest in relationships where domestic violence is present.

**Communication**

- We are committed to establishing and working with a common language and understanding of the issues.

**Holistic**

- Early identification, intervention and prevention, coupled with community-wide efforts and coordination of services, provides the ultimate hope for ending domestic violence. We will apply a holistic service plan and use a system response.

**Collaboration**

- **Respect:** Both the child welfare and violence against women sectors play important roles in our communities: protecting children from violence, engaging men and keeping women and children safe from violence. We respect our different mandates and will work together on points of commonality and embrace the different understandings that we bring to the work.

- **Trust:** This agreement can only be achieved through the development of relationships based on trust. We are committed to developing and maintaining these relationships.
D. What is Collaboration?

Collaboration means working together and sharing responsibility for results. It implies that no agency or professional can succeed alone in addressing the multi-faceted needs of the family where violence/abuse is present.

Collaboration is rooted in an understanding of the interdependence among children, women, men, families and professionals who serve them.

There were many lessons learned from the previous Collaboration Agreements that were not lost in the creation of this new one. It is important that each sector contributes their strengths and specific mandates, that there is a common base of knowledge that informs the agreement and that the relationships between people in the sectors are the key investment to the agreement being successfully implemented.

Collaboration involves responding to our separate mandates through an overlapping concern: ending the violence/abuse in families.

A common purpose

As two sectors working together, we are better able to identify and respond to the risk of violence in the family and offer appropriate interventions to each member of the family for protection and for addressing violent behaviour.

E. Getting to this Collaboration Agreement

The History

The Central West Region CAS/VAW regional working group consists of representatives from the VAW sector and child welfare from the five communities in Central West (Dufferin, Wellington, Halton, Waterloo, and Peel). Since 2009, the working group has met periodically to discuss issues of mutual concern, share effective practices, and explore ways in which the current collaboration agreements and existing practices could be improved and the service system become more responsive. The working group also organized several regional training sessions for VAW and child welfare staff. Through the joint training, regional working group discussions, and provincial consultations held in Nov 2010, key themes were identified as gaps that required a stronger emphasis in the existing local collaboration agreements:

- Holding Perpetrators of Abuse Accountable
- Keeping Women and Children Safe
- Strengthening the Collaboration, i.e., ensuring the two sectors “talk” to each other, particularly in high-risk situations
On Oct 3, 2012, a Regional Forum was held that focused on the above themes. Several recommendations, including the development of a regional umbrella collaboration agreement that focused on three critical issues came out of the Regional Forum.

The three areas of work that this collaboration agreement is focused on are:

- **Engaging men and domestic violence**: Effective interventions to engage men in service plans and increase men's accountability for their actions.
- **High risk and domestic violence**: Best practices when working with high risk families who may or may not be involved with the justice system and ensuring effective communication between the two sectors regarding high risk families.
- **Child custody and access and domestic violence**: Best practices for managing allegations and providing supportive assistance to victims.

**Existing Knowledge**

There is a substantial body of knowledge that has informed the development of this Collaboration Agreement. Appendix A includes key points in the literature and presentations that were drawn upon to develop this Collaboration Agreement. Appendix A also provides suggestions for additional reading.

**Previous Collaboration Agreements**

In 2003, the five communities in the Central West Region developed their own Collaboration Agreement between the CAS and VAW service organizations in their community. Between 2003 and 2013 each community used the original Collaboration Agreement in different ways and to a different extent.

Over the ten years, communities have developed training, service agreements, tools and processes to enhance relationships as part of the earlier Collaboration Agreements. What was learned from all of those Agreements is that the relationship between services is at the core of the work.

This Collaboration Agreement is building on the current work that is being done in each community. The implementation of the current agreement relies on the foundation that was intended in the first Agreement:

- The establishment of working relationships between CAS and VAW organizations.
- Staff in both organizations have an understanding of the mandates of the different organizations.
- Working tables to respond to specific cases or the broader systemic issues.
- Tools that support organizations being able to share information between each other.

Appendix D provides samples of some of the best practices as we move forward.
An Evolving Practice

There is also a strong commitment to ongoing learning and using best thinking to support an evolving practice. The Collaboration Agreement will be a living document and will respond to ongoing knowledge.

The implementation plan, evaluation framework, ongoing discussions and training sessions will provide the knowledge and best practices that will ensure continuous development in the Central West Region. As needed, the Collaboration Agreement will be refined as better practices emerge to identify and respond to the risk of violence in any family.

The practice will also evolve as we increase our capacity to respond to the francophone communities designated under the French Language Services Act.

Appendix E provides the implementation plan and Appendix F provides the draft evaluation framework.
F. Engaging Men and Domestic Violence

The intent: In signing the Collaboration Agreement, all organizations will work within their sphere of influence to increase a man’s responsibility and accountability for his violent behaviour and increase the opportunities for him to change.

A recurring theme in the discussions was that the primary focus of both sectors is on ensuring women and children are safe. When we step back and look at how we respond to the violence it becomes evident that men who are violent have limited or no service interventions except when they are involved with the justice system.

It was recognized that there is no designated set of services outside of the justice system that work with men to address their violent behavior. It was recognized that the CAS has the ability to influence a man’s behaviour through their relationships with families. VAW counselors have the ability to influence a man’s behaviour through the therapeutic relationship.

There are two groups of men that the Collaboration Agreement signatories want to strengthen their work with:
1) Men who could potentially impact the safety of women and children the organization is working with, and/or
2) Men who play a parental/primary caregiver role.

The Children’s Aid Society

We will:

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| 1. Engage and interview the man as a standard procedure and as soon as the family is part of the system. | a) Engage the man as a part of the family system.  
   b) Do home visits for both the mother and father if the children are staying or visiting the two homes.  
   c) Involve the man when conducting risk and safety assessments of the child.  
   d) If DV is assessed, respond with an intervention based on the level of risk and what can best increase the safety of the woman and children. |
| 2. Engage men in service planning. | a) Ensure that interventions are timely.  
   b) Provide men with recommendations for programming.  
   c) Recognize that there are circumstances when it is not possible to engage the man and document when engagement with a man is not occurring and why. |
| 3. Work with other services and systems that the father is engaged with. | a) Obtain consent from the father to contact other service providers.  
   b) If the father is involved in the justice system, contact and engage appropriate people. (e.g. PAR program, probation)  
   c) Maintain open communication with these programs. |
| 4. Follow-up with the father as long as the file is open. | a) Ensure there are positive reinforcements for fathers to follow the service plan.  
   b) Recognize that service attendance does not equal improvement or change in behaviour. Use specific tools to measure changes in a man’s behaviour. |
c) Don’t close a file without consulting the other services that the father is involved in. (assumes consent was provided to work with other services)

5. Work with the man to determine the presence of **key themes**.
   a) Key themes to look for would be:
      - Takes responsibility for his behavior.
      - Recognizes that his behavior has negatively impacted women and children.
      - Practices or is open to a child-centred parenting approach.
      - Is able to co-operatively co-parent with the mother.

6. When CAS is **not able to engage the father**
   a) The worker will inform the mother and service providers that the father has not engaged.
   b) Support the mother to seek a custody order through the family court system that limits access, when appropriate.
   c) Consider alternatives that may involve family and criminal court options.
   d) Ensure a safety plan is in place for the children and the woman.

**The Violence Against Women Sector**

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<td>1. Do <strong>outreach</strong> to the father when appropriate.</td>
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<tr>
<td>a) Refer the man to services including counseling, Caring Dads program or an equivalent program.</td>
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<tr>
<td>b) If working with the woman, offer to refer the man to services while addressing her safety needs.</td>
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| 2. As part of counseling services, **screen** for domestic violence or changes to risk. |
| a) Develop or select screening tool(s) to assess for domestic violence in the relationship. |
| b) Assess for abuse or violence, individually with each partner before starting couple counseling. |
| c) Develop a counseling practice that increases a man's capacity to address their violent behaviour in domestic relationships. |
G. High Risk Situations and Domestic Violence

**Intent:** Staff will assess for risk of high-risk situations and for any change in risk throughout the relationship with the family. Based on that risk assessment, an appropriate intervention will be developed.

Both the CAS and VAW sectors do assessments around high-risk situations. CAS assesses the children’s risk and the VAW sector assesses the woman’s risk of violence. The sectors have different purposes for assessment, different tools and different responses, yet the two sectors recognize that if they can collaborate they have the opportunity to protect more women and children from violence and provide men with opportunities to access services that support a change in behaviour.

**Together**

| We will: | 
| --- | --- |
| 1. Work with a shared understanding of **common risk factors** and a common **definition** of high-risk. | a) The definition will be based on the Domestic Violence Death Review Committee common risk factors. There are 39 factors. (see Appendix B) |
| 2. Identify **risk assessment tools** for assessing potential risk to the woman and potential risk of the man to be violent. | a) The information on what tools are being used will be periodically shared between partners.  
  b) When different assessment tools are used, ways will be developed so that information can be shared and compared.  
  c) Risk needs to be continually assessed when working with a family or man as the level of risk can change. If risk changes, inform service partners in a timely manner. |
| 3. **Each regional community develop a protocol** to address high risk. | a) Essential elements:  
  • Agreement on purpose of risk assessment in system/agency/community.  
  • Approach when working with a woman:  
    o What to say to encourage participation.  
    o What to say regarding use of results and confidentiality.  
  • Approach when working with men:  
    o The legalities of the results.  
  • Who will conduct the risk assessment?  
    o What credentials and training is necessary to conduct a risk assessment?  
  • What is the process?  
    o Is it a two-part process: initial interview and an in-depth assessment?  

The Children's Aid Society and Violence Against Women Sector on individual cases:

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| **1. Ensure a risk assessment is done if concern of high risk is identified.** | a) When there is a concern about high risk for domestic violence, work with a VAW partner to support the woman to have a risk assessment done for domestic violence. It would be up to the CAS and VAW organization as to which organization does the risk assessment.  
  b) Complete a safety plan.  
  c) Do not close files until the risk assessment has been completed and CAS and partners have discussed the level of risk for domestic violence in the family. |
| **2. Identification of a high-risk situation.** | a) Refer to appropriate partners and service providers including the community high-risk committee in your community. |
| **3. Development of a CAS/VAW high risk response** | a) A CAS or VAW worker will contact the other sector and develop a CAS/VAW high-risk response.  
  b) The response will include representatives from CAS, VAW, and other appropriate agencies.  
  c) The response will be established within one week of the assessment. |
| **4. Refer families (not involved in the justice system) to the community high-risk committee that is in the community.** | a) All communities have a community high-risk justice committee.  
  b) Involve the committee or inform them as soon as high risk is identified.  
  c) Referring to the committee does not remove responsibility to have a CAS/VAW high-risk response. |
| **5. A community case conferencing model will be used that will support all service providers working with the family.** | a) Service coordination goals will be established at a case conference that will include: how to engage each member of the family including engaging the man; immediate assessment and long-term risk assessment (accountability and planning for support).  
  b) Safety plan(s) will be developed collaboratively. |
H. Child Custody and Access and Domestic Violence

**Intent:** To work together to ensure that child custody interventions do not facilitate or promote opportunities for exposure to or acceleration of domestic violence.

Not all child custody and access issues are domestic violence related. There are situations where there is high conflict in the relationship but domestic violence is not present. However, the evidence shows that child custody is a key area where domestic violence can escalate and place both women and children in unsafe situations. Custody and access discussions are some of the most difficult conversations in parent’s lives and can escalate violent behavior.

**Together**

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<td><strong>a)</strong> Identify the link between domestic violence and custody and access situations in custody cases.</td>
<td><strong>a)</strong> Training is provided that helps workers distinguish custody and access situations from high-risk situations.</td>
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</tbody>
</table>
| **b)** Improve our understanding of the role potential and limitations in the area of child custody and access and have transparent communication with each other. | **a)** Assess the situation thoroughly without making assumptions.  
**b)** Be open to multiple hypotheses about what is happening in the relationship.  
**c)** Encourage counseling for all family members, in order to assess and help with the resolution of conflict issues. Individual, couple or family counseling may be recommended. Safety needs to be the priority in making any recommendations.  
**d)** Don’t engage in the polarity that custody and access issues can engender. |
| **c)** Monitor families where custody and access is an issue in the family and particularly in cases where it is not clear and not yet established. | **a)** Recognize that the process can be a trigger for further violence.  
**b)** Assist parents to stay focused on children’s needs and not their own needs.  
**c)** Refer to supervised access programs for Domestic Violence files.  |
| **4. Prepare letters for both parents.** | **a)** Training to be developed to support each sector’s ability to prepare letters that are consistent with organizational commitment and reflect the intent of the agreement.  
**b)** When letters are prepared, share letters with the other sector if already working jointly with the family or it is a high-risk situation.  |
| **5. Engage in effective safety planning for the access and family court processes.** | **a)** Custody and access and family court process where DV is present can be one of the high risk factors.  |
Children’s Aid Society

We will:

1. Use a **gender analysis** in dealing with high conflict custody and access situations.
   a) Do home environment visits with both parents.
   b) Interview both parents.
   c) Assess the children’s context including homes, schools and other environments.
   d) Assess their willingness to change and access services.
   e) Find clinical opportunities for both parents.
   f) Provide referrals to both parents.
   g) Case planning with both parents.
   h) Do follow-up with each parent and the service providers that they are engaged with.
   i) Collect evidence to assess power and control behaviours.

2. **Determine** an appropriate intervention.
   a) Before making any recommendations:
      - Interview as many people and include feedback from child’s therapist, teachers etc. re: custody and access or changes to custody and access;
      - Speak with the VAW services, PAR and Caring Dads.
      - Review assessments.
      - Speak with the CAS lawyer.
   b) Provide written outcome of investigation/assessment with suggested services/concerns/recommendations to both parents.

3. **If CAS has an opinion** based on the assessment, make it available to the parents.
   a) The letter goes to both parties.
   b) Inform the VAW services that a letter has been provided to the woman.
   c) Acknowledge the domestic violence and the documented literature on how domestic violence and trauma can affect children.
   d) Consult the CAS lawyer
   e) Letters need to reflect your knowledge and should not include:
      - Comments on a family member that you did not work with or assess;
      - Someone’s ability to parent if there has been no assessment of their parenting with the child present.

**I. Moving Forward**

This collaboration agreement is intended to lead to a renewed understanding by both the CAS and VAW sectors in the Central Region of ways that we can collaboratively increase the safety and wellbeing of women and their children. The agreement will also promote and facilitate change in child welfare and violence against women organizations as we collectively strive for a common purpose.

The Collaboration Agreement is a living document that will include an implementation plan and ongoing review and evaluation in order to continue to be responsive to evolving needs and changes.
Appendix A

Knowledge

Between 2007-2012 the Central West VAW CAS Working Group held a number of training sessions. The 2013 Collaboration Agreement is based on the collective knowledge acquired as part of the trainings done by Dr. J. Edleson, Dr. Jackie Campbell, Dr. Peter Jaffe, Dr. Katreena Scott and Lundy Bancroft. The knowledge summary is based on the trainings. Special thanks goes to Susan Jewett for providing the summary of the training. The Working Group that developed the Collaborative Agreement provided additional readings.

The Starting Point

1. Some of what we have learned about Domestic Violence in the Past 30 Years
   a) It is a significant problem that impacts the whole community.
   b) Victims, perpetrators and children represent the diversity of our communities and defy stereotypes.
   c) Key strategies for addressing domestic violence have to include safety, accountability and healing.
   d) The coordination/integration of courts & community services is essential.

2. The Possible consequences of a child’s exposure to violence
   f) High co-occurrence of child abuse and adult domestic violence
   g) Children are frequently involved in violent events
   h) Exposure to violence affects child development
   i) Exposed children are more likely to be abusers and victims

3. Current Practice

   ![Current Practice Diagram]

   (Dr. Katreena Scott - Missed Opportunities)

4. Toward a Safer Practice

   ![Towards Safer Practice Diagram]

   (Dr. Katreena Scott - Missed Opportunities)
Engaging Men and Domestic Violence

1. A Continuum of services for fathers

2. A profile of men who use abusive behaviours
(From Lundy Bancroft’s presentation in Guelph 2012)

- Coercively controlling *
- Entitled/ Self-centered
- Believes he is the victim
- Manipulative/ Good public image
- Skillfully dishonest
- Disrespectful, Superior, Depersonalizing
- Good early in relationship
- Externalizes responsibility
- Social isolation of the victim, and sometimes of the children as well
- Mentality of ownership, often including severe possessiveness
- Denial
- Minimization
- Lack of empathy for victim
- Punishes, retaliates
- Batters serially
- Danger increases post separation

* This does not fit the majority of men seen in PAR programs (see Michael Johnson’s work which has a different opinion)

3. Tactics used by men when seeking allies
(From Lundy Bancroft’s presentation in Guelph 2012)

- Seeking sympathy
- Minimizing seriousness of the offense
- Blaming alcohol
- Bonding with males against women
- Flattering/flirting with females
- Shifting blame to victim
- Lying
- Promising change
- Getting people to pressure or criticize the victim
- Manipulating
4. When working with men who use abusive behaviours  
(From Lundy Bancroft’s presentation in Guelph 2012)

- Close monitoring and supervision
- Avoid collusion
- Press him to deal with his abusiveness
- Don’t take his word on his progress or behavior
- Maintain relationship with victim

5. Interventions to avoid  
(From Lundy Bancroft’s presentation in Guelph 2012)

- Conjoint counselling or mediation
- Anger management
- Substance abuse treatment as a substitute for legal consequences and batterer intervention services.
- Diversion

6. Contributing to children’s recovery - Advocate for your client’s children  
(From Lundy Bancroft’s presentation in Guelph 2012)

- Assist mothers with custody and visitation litigation
- Write effective reports for courts about the children
- Offer information to mothers (partners of clients) about children and how to assist them
- Don’t help clients to seek custody or visitation or to find attorneys
- Advocate for your clients’ children
- Work with CPS on holding the abuser accountable and offering appropriate supportive assistance to the mother

7. Proposed questions for working with men  
(Bancroft and Silverman, 2002(a))

1. Has he made full disclosure of his history of physical and psychological abuse?
2. Has he recognized that abusive behaviour is unacceptable?
3. Has he recognized that abusive behaviour is a choice?
4. Does he show empathy for the effects of his actions on his partner and children?
5. Is he prepared to make changes and is he making changes?
6. Can he identify what his pattern of controlling behaviours and entitled attitudes has been?
7. Has he replaced abuse with respectful behaviours and attitudes?
8. Is he willing to make amends in a meaningful way?
9. Does he accept the consequences of his actions?
High Risk and Domestic Violence

“As long as we can continue to say in one sentence ‘he was an abusive spouse but a good father,’ we are not going to change anything.”

*(Dr. Katreena Scott - Missed Opportunities)*

1. Domestic Homicides are Predictable and Preventable
   *(Dr. Peter Jaffe’s presentation – May 2011 – Guelph)*
   a) 85% of the cases had at least 7 risk markers
   b) Critical information held by family, work colleagues, front-line professionals
   c) Children are the victims in a number of ways
   d) Critical need to collaborate between child protection and VAW services as well as the justice system (criminal and family court)

2. Different Types of Conflict in Relationships

3. Risk and Potential Responses When Doing a CAS Assessment
   *(Dr. Katreena Scott - Missed Opportunities)*

   Risk assessment in cases of DV should be re-examined by MCYS and OACAS. There should be a fundamental change in strategy for assessing risk in cases involving domestic violence so that the weight of decision-making rests on risk of harm posed by the perpetrator (rather than the capacity of the non-offending parent to take protective action or on evidence of psychological harm to child).

4. Risk and Potential Responses: Child’s Exposure to Violence and a Protective Barrier around Dad
   *(Dr. Katreena Scott - Missed Opportunities)*

   1. CAS open a case on the basis of Dad’s level of risk
   2. CAS consult with probation officer to make a plan for risk management and reduction
   3. CAS require supervised access until Dad completes a domestic violence program and is accountable for past assaults
4. CAS refer Dad to a program for fathers with a history of abuse, or exposing their child to abuse, (Caring Dads) for additional intervention and to reduce his use of his child in adult conflict.

5. **Overlapping Concerns**  
   *(Jackie Campbell, 2007 Presentation)*

   ![Overlapping Concerns Diagram]

6. **Community Challenges**  
   *(Jackie Campbell, 2007 Presentation)*

   - Concerns about costs
   - Concerns about liability
   - Concerns about being called into court as expert when don’t fully understand research or evidence or lack thereof
   - Safety concerns
   - Systems/Agencies not talking to each other
     - Not planning together for system wide risk assessment
     - Adopting own strategies - not communicated with other parts of system as to why
     - Not understanding other agency models
     - Not communicating results or not giving credence to results from other systems
     - Not knowing how to reconcile discrepancies
     - DV Advocates afraid that Risk Assessment results will be used against victims
     - Concerned that unintended consequences not thoroughly considered

7. **Protocol**  
   *(Jackie Campbell, 2007 Presentation)*

As important as the instrument or system is the Protocol.

**Essential elements:**

- Agreement on purpose of risk assessment in system/agency
- Approach to victims if involved
  - What is said to encourage participation
  - What is said regarding use of results - confidentiality
  - If perpetrator - what are legalities of use of results
- Who conducts the risk assessment - first responders? In depth assessors?
  - Credentials - training necessary
- Agreement on purpose of risk assessment in system/agency
- Approach to victims if involved
  - What is said to encourage participation
  - What is said regarding use of results - confidentiality
  - If perpetrator - what are legalities of use of results?
- Who conducts the risk assessment - first responders? In depth assessors?
  - Credentials - training necessary
Custody and Access Issues and Domestic Violence

1. Why Domestic Violence Is Relevant in Custody Disputes
   (Dr. Peter Jaffe’s presentation – May 2011 – Guelph)
   1. Abuse Does Not End With Separation
   2. Overlap Between Child Abuse and Domestic Violence
   3. Children’s Exposure to an Inappropriate Role Model
   4. Undermining of Non-Abusive Parent
   5. New Relationships Potentially Violent
   6. Perpetual Litigation as Form of On-Going Control
   7. Extreme Cases - Homicides and Abductions

2. Custody Disputes Dilemmas
   (Dr. Peter Jaffe’s presentation – May 2011 – Guelph)
   1. Accurately assessing perpetrator, victim, & children
   2. Domestic violence but no visible/measurable impact on children
   3. Children aligned with victim/primary caretaker {alienation allegations?}
   4. Children aligned with batterer {wishes vs. best interests}
   5. Role of extended family {helpful or harmful?}

3. Guiding Principles For Resolving Conflicting Priorities in Custody Decisions
   (Dr. Peter Jaffe’s presentation – May 2011 – Guelph)
   1. Priority 1 Protect children
   2. Priority 2 Protect the safety & support the well-being of the victim parent
   3. Priority 3 Respect the right of adult victims to direct their own lives
   4. Priority 4 Hold perpetrators of domestic violence accountable for their abusive behavior
   5. Priority 5 Allow child access to both parents

4. Father are given access
   (Dr. Jeffrey Edleson’s presentation 2010)

Father access restricted:
   • 71.2% in DV cases
   • 17.5% no DV
Judges assigned supervised visitation in:
   o 25.6% of substantiated domestic violence
   o 4.6% no evidence or allegation of domestic violence (Kernic, et al; 2005)

5. Evaluations of parenting
   (Dr. Jeffrey Edleson’s presentation 2010)

Judges, custody evaluators and others:
   o underestimate the danger of men to their children
   o undervalue the safety strategies used by mothers

6. How Do Men Who Batter Parent?
   (Dr. Jeffrey Edleson’s presentation 2010)

Research shows:
   • Behavior negatively affects children
   • Continue threats and violence after separation
   • Limited evidence they are more controlling and abusive as parents
   • Perpetrators often involve children in violent events (see Bancroft & Silverman, 2002, for summary)
7. Court Decision Options
(Dr. Jeffrey Edleson's presentation 2010)
a) Contact choices
   - No contact
   - Supervised visitation (professional vs. kinship)
   - Supervised exchange (professional vs. kinship)
   - Exchanges in public places
   - Unsupervised visitation
   - Liberal and regular visitation
   - Shared custody/parenting
b) Not automatic! Behavior based, not time based.
   - Not rushed to least restrictive
   - Regular judicial reviews in any option (Jaffe & Crooks, 2007)

8. Visitation Access
(Dr. Jeffrey Edleson's presentation 2010)
   - Some are too dangerous to receive visitation
   - Use of professional supervised visitation centers
   - Visitation centers require special precautions and training for domestic violence cases
   - “Therapeutic visitation”

9. Service Decision Options
(Dr. Jeffrey Edleson's presentation 2010)
Sometimes it is clinically useful to the child to involve fathers, must ask:
   1. Is the father complying with court orders and mandated treatment?
   2. What do family members want?
   3. What is the level of violence and safety?
   4. How involved are other systems?
   5. What protections/risks in cultural environments?
   6. What is the worker’s assessment? (Groves et al, 2007)
Sources and Bibliography


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Healy, Julie and Madeleine Bell *Assessing the risks to children from domestic violence: Findings from two pilot studies using the Barnardo’s Domestic Violence Risk Assessment Model.*


Jaffe, Peter. (2011 Presentation). *What have we learned about Domestic Violence in the last 30 years?*


## Appendix B

### The Domestic Violence Death Review Committee’s Common Risk Factors

(2010 Domestic Violence Death Review Committee Report)

<table>
<thead>
<tr>
<th>Risk Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. History of violence outside of the family by perpetrator (perpetrator is the primary aggressor in the relationship)</td>
</tr>
<tr>
<td>2. History of domestic violence</td>
</tr>
<tr>
<td>3. Prior threats to kill victim</td>
</tr>
<tr>
<td>4. Prior threats with a weapon</td>
</tr>
<tr>
<td>5. Prior assault with a weapon</td>
</tr>
<tr>
<td>6. Prior threats to commit suicide by perpetrator</td>
</tr>
<tr>
<td>7. Prior suicide attempts by perpetrator (if check #6 and/or #7 only count as one factor)</td>
</tr>
<tr>
<td>8. Prior attempts to isolate the victim</td>
</tr>
<tr>
<td>9. Controlled most or all of victim’s daily activities</td>
</tr>
<tr>
<td>10. Prior hostage-taking and/or forcible confinement</td>
</tr>
<tr>
<td>11. Prior forced sexual acts and/or assaults during sex</td>
</tr>
<tr>
<td>12. Child custody or access disputes</td>
</tr>
<tr>
<td>13. Prior destruction or deprivation of victim’s property</td>
</tr>
<tr>
<td>14. Prior violence against family pets</td>
</tr>
<tr>
<td>15. Prior assault on victim while pregnant</td>
</tr>
<tr>
<td>16. Choked/Strangled victim in the past</td>
</tr>
<tr>
<td>17. Perpetrator was abused and/or witnessed domestic violence as a child</td>
</tr>
<tr>
<td>18. Escalation of violence</td>
</tr>
<tr>
<td>19. Obsessive behaviour displayed by perpetrator</td>
</tr>
<tr>
<td>20. Perpetrator unemployed</td>
</tr>
<tr>
<td>21. Victim and perpetrator living common-law</td>
</tr>
<tr>
<td>22. Presence of stepchildren in the home</td>
</tr>
<tr>
<td>23. Extreme minimization and/or denial of spousal assault history</td>
</tr>
<tr>
<td>24. Actual or pending separation</td>
</tr>
<tr>
<td>25. Excessive alcohol and/or drug use by perpetrator</td>
</tr>
<tr>
<td>26. Depression – in the opinion of family/friend/acquaintance - perpetrator*</td>
</tr>
<tr>
<td>27. Depression – professionally diagnosed - perpetrator* (If check #26 and/or #27 only count as one factor)</td>
</tr>
<tr>
<td>28. Other mental health or psychiatric problems - perpetrator</td>
</tr>
<tr>
<td>29. Access to or possession of any firearms</td>
</tr>
<tr>
<td>30. New partner in victim’s life*</td>
</tr>
<tr>
<td>31. Failure to comply with authority - perpetrator</td>
</tr>
<tr>
<td>32. Perpetrator exposed to/witnessed suicidal behaviour in family of origin</td>
</tr>
<tr>
<td>33. After risk assessment, perpetrator had access to victim</td>
</tr>
<tr>
<td>34. Youth of couple</td>
</tr>
<tr>
<td>35. Sexual jealousy – perpetrator*</td>
</tr>
<tr>
<td>36. Misogynistic attitudes – perpetrator*</td>
</tr>
<tr>
<td>37. Age disparity of couple*</td>
</tr>
<tr>
<td>38. Victim’s intuitive sense of fear of perpetrator</td>
</tr>
<tr>
<td>39. Perpetrator threatened and/or harmed children</td>
</tr>
</tbody>
</table>
Appendix C

Child Protection Services – Case Flow Diagram

1. Referral Receipt – Protection Worker
   a) Obtain information re: incident/condition, child/family functioning (vulnerability, protective capacity), supports
   b) Screen for domestic violence & impact on child

2. Referral Disposition
   a) Protection investigation, or “community link” service, or non-protection complaint re: community caregiver, or no direct contact
   b) Response time – determined by level of present or imminent threat to safety of child (within 12hrs, or 48hrs, or 7days)

3. Develop Investigative Plan – Investigating Worker
   a) Traditional Approach
   b) Customized Approach – decide re: sequence of interviews, scheduled or unannounced, location

4. Conducting the Investigation
   a) Required and supplementary investigative steps
   b) Worker completes as many steps as are required to verify or rule out abuse/neglect & safety threats OR conclude that continuing the investigation would yield no new information

5. Conducting the Safety Assessment
   a) Conduct with the family during first face-to-face contact & record next working day
   b) Safety Plan mandatory if safety threat is identified
   c) Safety Plan regularly monitored
   d) Conduct investigation after Safety Assessment if maltreatment has clearly not occurred & other criteria
   e) Discontinue with no Safety Assessment if referral information is clearly wrong

6. Conducting the Risk Assessment
   a) Conduct with the family prior to verification decision
   b) Share results with family

7. Conducting the Investigation
   a) Conclude within 1 month (2 months max. by exception)
   b) Determine if: a) Concerns are verified, b) Child is in need of protection, c) Child/family need F&CS or community services
   c) If child is in need of protection – eligible for Ongoing F&CS service

8. Transferring a Case
   a) Within 10 days of investigation completing & notify all other service providers (2 days)

9. Initiation of Ongoing Service – First Month
   a) Manage & review Safety Plan
   b) Engage child & family in child protection service
   c) Assess child & family’s strengths and needs
   d) Develop Service Plan (family centred conference)

10. Case Management Intervening with Families
    a) Meet with families 1 month min., respond to changes, initiate court, prepare family for participation in services, arrange/coordinate/monitor services, assess appropriateness of services & facilitate communication, maintain focus on achieving goals/outcomes, develop & implement concurrent plan if prognosis for reunification is poor.
    b) Case Review (every 6 months)

11. Case Closure when:
    a) Child protection concerns are resolved or factors beyond F&CS control require case to be closed
    b) Develop plan for family to access community services if need arises in future – before F&CS re-involvement

Appendix C

Collaboration in Practice  29
Appendix D - Sample Tools

1. Family Centered Service Plan (Sample Tool)

The Family and Children’s Services of Waterloo Region and Women’s Crisis Services of Waterloo Region use a family centered service plan when jointly working with women in abusive relationships who are in shelter. We work to ensure that each woman in residence participates in a family centered conference with FCS and WCSWR where this plan is developed. A copy is then kept at each organization. The plan is adapted from Signs of Safety, by Andrew Turnell and Steven Edwards. We use the plan to detail how each organization is supporting the woman to achieve her goals related to her safety and her child’s safety. The plan also states FCS goals and outcomes and allows all participating to express info about strengths and worries. There is a guide that accompanies this plan, which FCS staff use. The guide imbeds OACAS standards into the form.

### Family Centered Service Plan

<table>
<thead>
<tr>
<th>Participants:</th>
<th>Today’s Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why are we meeting?</td>
<td>Period Covered:</td>
</tr>
<tr>
<td>What are we hoping for?</td>
<td>Next Review Date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 Not worried</td>
<td>10 Very worried</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If anything changes that might put the child in danger, how will everyone respond?

Supervisor Approval ____________________  Date _____________
2. Peel Conflict Resolution Process (Sample Tool)

Appendix B: Conflict Resolution

PART I:
The conflict resolution procedures outlined below were agreed upon early in the process of developing the Peel CAS/VAW Collaboration Agreement. These procedures will continue to be utilized beyond the implementation of the agreement for as long as the agreement exists or new procedures are established. (**The signatories to the CAS/VAW Collaboration Agreement recognize the valuable contribution of the Peel Committee on Sexual Assault in initially developing and providing the following Conflict Resolution procedures.)

Definitions:

• **Conflict Resolution**: The open acknowledgement of seemingly incompatible differences, which have resulted in struggle, hostility and opposition. It is a commitment to actively participate in the discovery or creation of a mutually beneficial solution and to achieve consensus in the presence of difference.

• **Consensus**: The process of working towards and arriving at agreement through compromise.

• **Compromise**: Choosing to settle differences by making mutual concessions.

• **Mediation**: Facilitated conflict resolution process.

• **Negotiation**: The process used by persons involved in a conflict resolution or planning to identify or create a mutually beneficial or mutually satisfactory solution.

Principles:
The signatories to this Collaboration Agreement are interested in contributing to the establishment and maintenance of a working environment that promotes early identification and effective resolution of conflict. We are therefore committed to the following principles:

1. A commitment to feminist values is congruent with addressing conflict in a respectful and constructive manner.

2. A commitment to anti-oppression values and procedures.

3. The purpose of a conflict resolution process is to discover or create mutually beneficial solutions.

4. Specific and/or continuing conflict can result in great negative interpersonal and professional costs.

5. In order to address conflict constructively it is important to reexamine differences, work towards understanding differences and be receptive to compromise.

6. A constructive resolution process involves the recognition and open acknowledgement of the source, type and extent of difference(s) between and among members.

7. The positive outcome of any conflict resolution process depends upon cooperation and commitment to mutual benefit at a time when trust has been fractured.

These principles are the foundation of the Conflict Resolution Process adopted by the Collaboration Agreement partners.

CONFLICT RESOLUTION PROCEDURE

Introduction
The partners in this Collaboration Agreement value all perspectives brought to the table and attempts to deal openly and respectfully with differences. The model of Consensual Decision Making used by us reflects the value of hearing all opinions and engaging in healthy debate about issues before conclusions are reached. The consensual decision making model works towards achieving outcomes that we all —can live with. We also recognize that in some situations compromised solutions cannot be achieved in the time frame available and that a system of decision making by vote must be used as a back-up model. In other situations, direct conflict between/among members that go beyond decision - making about one particular issue may arise. This Conflict Resolution Process is one part of a spectrum of options to be utilized in a progressive manner when conflict arises between/among members.
Giving and Receiving Feedback
- Individuals who find themselves in conflict with another member should first attempt to talk directly to the person, with whom they experience difficulty, giving feedback directly to the individual involved using the —Guidelines for Conflict Resolution Process, as outlined in Part II of Appendix B, before initiating a formal conflict resolution process.
- This process involves the sharing of perceptions and experiences, the clarification of wants, desires and expectations, as well as the development of a mutually negotiated plan for action.
- It is recommended that the individuals involved make an appointment to engage in this process so that both are prepared for the discussion and distractions are at a minimum. This meeting should be scheduled for no longer than two hours and if at all possible should occur within two weeks of the initial contact.
- The two individuals may agree to inform the Chairperson of the group that this meeting is taking place. That person will then check in with both parties to ascertain if successful resolution has resulted or if other steps need to be initiated.

Initiating the Formal Conflict Resolution Process

Identifying Conflict:
1. Any individual who has attempted the giving and receiving of feedback and continues to see the conflict as harmful to their functioning in the collaboration agreement committee can identify the conflict to the Chairperson.
2. The Chairperson will inform the other of the conflict identification as soon as possible.
3. The Chairperson will work out with the person identifying conflict, the best way to inform the other party concerned as soon as possible and within a two-week time frame.
4. Any third party, who sees an entrenched pattern of conflict between/among other members as harmful to the functioning of the group, should identify this to the Chairperson who will then initiate the conflict identification process with the parties involved.

Exploration of Options:
At this stage all involved parties will be consulted regarding the next step. One of the following options will be initiated within three weeks from the date all parties were informed of the conflict:

- Negotiating a return to giving and receiving feedback (with or without a facilitator)
- Movement into conflict resolution with a mediator (This would be an unbiased person that both parties agree to. The mediator could be purchased or might be a staff member of an organization or the Ministry of Community Family and Children’s Services)
- Entering into an anti-oppression education strategy

Conflict Resolution Session:
1. Introduction and opening comments:
   - Mediator introduces self, outlines their way of working, and comments on their perspective on conflict and conflict resolution

2. Review Agenda, Format and Timelines:
   - Confirm length of session as discussed previously with all parties (two-hour session is a recommended standard)
   - One more session may be booked if negotiated by parties and the mediator
   - Format is reviewed as outlined here

3. Confirm Mediator’s Role:
   - To ensure that a safe and respectful environment is maintained
   - To maintain focus on the purpose and goal of the session
   - To clarify each parties position and facilitate understanding of the issues
   - To ensure that any decisions made regarding concrete actions taken to address power imbalances between involved parties have been implemented
   - To summarize and record the session

4. Review, Confirm and Approve Guidelines for the Session:
• See —Guidelines for Conflict Resolution Process (Part II of Appendix B).

5. Confirm Each Participant's Hopes for the Session:
• How will you know this experience has been a successful one for you?
• Clarify that each participant's expectations reflect the —Criteria for Successful Conflict Resolution (Part II of Appendix B).

6. Clarify Perceptions:
• Parties express their perceptions of what constitutes the conflict
• Each party requests feedback from the other party regarding any differences of opinions about assumptions, perceptions and interpretations of the problem
• Mediator summarizes similarities and agreements related to the problem and perceptions and identifies any outstanding difference

7. Identify Issues Relating to the Conflict:
• Each party will identify the issues related to the conflict (i.e. value differences, conflict of needs, power differences, feeling of differences)
• Each party takes a turn speaking while the other listens reflectively
• The mediator summarizes the types of conflict(s) and difference(s)

8. Explore and Discussion Options for Personal Change:
• Each party will express what they are prepared to do differently
• Each party will be invited to respond to the other party's suggestions of resolution on a personal level and in interaction with others

9. Explore and Discuss Options for Organizational Change:
• Each party will be invited to propose suggestions for organizational and systemic review or change that could minimize future conflict of the same or similar nature

10. Identify and Negotiate Mandatory “Do-Ables” for Self and Group:
• The mediator will summarize and facilitate negotiation of agreed upon do-ables for personal and organizational change relevant to Steps 8 & 9 above
• Details of agreed upon time lines and reporting formats will be identified and confirmed

11. Procedures for Closures:
• Identification of how and when the process will be closed, reviewed and reported
• At minimum, written notification of process completion will be submitted to the Collaboration Agreement Chairperson(s).

PART II

GUIDELINES FOR CONFLICT RESOLUTION PROCESS:
• Remember: any success you and the other participants might experience depends on willingness to cooperate with the process and with each other.
• In order to do so you must articulate and demonstrate a commitment to eliminating conquest and bargaining mentality from the process.
  ➢ Conquest mentality is evident when we define success as having convinced the other person to see the error of their ways and admit that they were totally and solely responsible for the problem.
  ➢ Bargaining mentality is evident when we define success as arranging exactly equal and balanced compromise on both sides.
  ➢ While mutual compromise is necessary for successful conflict resolution, it is unreasonable to expect that both parties share exactly equal responsibility for the conflict and will negotiate exactly balanced concessions.
• Be aware of mutual feelings of betrayal, as well as the impact fractured trust has on all perceptions:
  ➢ Watch non-verbal responses
  ➢ Avoid interpretative statements
  ➢ Participants must be willing to acknowledge their individual errors, misjudgments and mistakes.
Each participant will be responsible for stating specific issues, concerns and problems in a direct, clear and specific manner.

Each participant will be responsible for reflective listening to the other.

When one participant is stating their concerns, the other will listen and at appropriate points summarize the speaker’s view until a —yes is obtained, that is the speaker feels heard.

Take responsibility by exploring assumptions and perceptions through or with the help of the mediator if necessary.

Speak directly to each other as much as possible.

Try not to interrupt each other.

Take notes if you think you may forget your point or question.

Indicate your desire to offer response by raising your hand slightly

Treat the other’s ideas with respect.

Participants must be willing to commit to the development and actualization of a mutually negotiated list of “do-able” tasks designed to remedy the current conflict and minimize the likelihood of future problems.

Participants must understand that the follow-up tasks completed after the mediated session are as important, if not more important, to the resolution of conflict as the session itself.

CRITERIA FOR SUCCESSFUL CONFLICT RESOLUTION

- Commitment to work towards the re-establishment of productive, flexible and creative professional relationships within the group
- Clarification and increased understanding of issues relating to identified conflict
- Closure of some items
- Development of realistic task lists for individual and agency do-ables
- Clarification of decisions to terminate or limit professional relationships

ANTI-OPPRESSION EDUCATION STRATEGY

Definitions:
Anti-oppression work is recognition and appreciation of the diversity within our communities and organizations as we encounter the myriad of variable combinations of oppression and privilege. People bring experiences of both oppression and access to privilege to every interaction. Therefore, we are committed to challenging ourselves to be receptive and tolerant of another’s life situation. Through this process we develop an understanding of the relationship between anti-violence and anti-oppression work.

Aims and Beliefs:
Due to the diverse nature of communities, varying degrees of oppression and privilege exist which must be recognized, learned from and challenged in order to do anti-violence work.

Expectations:

1. **All new members will:**
   - Read this package of information relating to the committee’s anti-oppression education strategy prior to joining the CAS/VAW Collaboration Agreement group.
   - Indicate confirmation of one’s commitment to the anti-oppression education strategy by signing the partnership agreement.
   - Share resources and information about anti-oppression with other committee members on an informal and formal basis.

2. **Every member will be self-monitoring:**
   - It is assumed that committee members will be self-monitoring, self-critical and participate in shared learning as it related to one’s own personal anti-oppression growth.

3. **Member’s Rights and Responsibilities:**
   - All committee members have the right and responsibility to address oppressive comments and behaviours in a respectful manner with a demonstrated commitment to education.
4. **Facilitator’s Rights and Responsibilities:**
   • The chair of the committee has the right and responsibility to address oppressive comments and behaviours in a respectful manner with a demonstrated commitment to education. The chair must also ensure that adequate time is allotted to these issues within the group.

5. **Receiving Feedback:**
   • Committee members will demonstrate an open attitude to feedback regarding oppressive comments and behaviours.

6. **Formal Avenue to Address Non-Compliance:**
   • A committee member who repeatedly engages in oppressive behaviour that has been addressed by the group will have their individual membership reviewed. The Chairpersons of the Collaborative Agreement Committee may request of that member’s organization to have another representative attend the committee.
3. Peel Form for collaboration (Sample Tool)
Appendix E - Implementation Plan

Implementation Plan for *Collaboration in Practice*

Children’s Aid Societies and Violence Against Women Collaboration Agreement

Central West Region
(Dufferin, Halton, Peel, Waterloo and Wellington)

A. Introduction

The implementation plan is designed to be respectful of the demands of the work done in each organization and recognize the urgency of strengthening the collaborative working relationship in order to better respond to the violence against women and children.

B. Ongoing and Day-to-Day Communication

For the Collaborative Agreement to be successful, it will require ongoing communication and engagement in different forums, as part of the everyday work and through formal communication systems.

A communication plan has been designed to recognize there are different objectives in communicating. It also recognizes four distinct groups:

a) **A Reference Group:** There is a core group of CAS and VAW workers that have been part of the development of the Collaboration Agreement and participated in a number of the discussions and trainings that have been put on in the last five years. This core group will become a reference group in the first year of implementation of the Agreement, including evaluating its integration into the work of each of the five communities.

b) **VAW and CAS workers** who will be asked to implement the Collaboration Agreement once it has been signed.

c) **New colleagues** who will join the staff of the signatory organizations.

d) **Workers in other sectors**, like justice, who will be invited to be part of high-risk committees or other forums.
C. Reference Group Role and Responsibilities

The Reference group will be responsible for supporting the Collaboration Agreement to be an active tool in the workplace. They will act as role models in the workplace, support the regional and community based training and regional communication forums and address conflict as it arises.

<table>
<thead>
<tr>
<th>Communication mechanisms</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Communication Forums</td>
<td>To facilitate implementation of the Collaboration Agreement, enhance working relationships and evaluate and improve on the delivery of the Agreement, conversations would occur on a quarterly and annual basis.</td>
</tr>
</tbody>
</table>
| Ongoing Training | Training will be held regionally and in each community. Training would also be provided in different formats so that it can be shared electronically and through webinars. Topics would include:  
1. How to engage men through:  
   • Education programs,  
   • Support programs,  
   • Interview and assessment interventions.  
3. Trauma informed practice.  
4. Attachment informed practice  
5. Anti-oppression training.  
6. Using a community case conference model and effectively engage other service providers.  
7. The impact of domestic violence on parent’s resiliency and what are the protective factors.  
8. Understanding the family court process and ways to intervene. |
| Ongoing Evaluation | An evaluation framework will be developed that will assess the relationship development between the two sectors: increase in awareness, the number of individual relationships established, organizational relationships, changes in working behaviours and system changes. The evaluation process will provide users of the protocol to evaluate:  
1. Its use after a specific intervention.  
2. Training sessions.  
3. Meeting sessions.  
4. Overall results and lessons learned on an annual basis. |
| Ongoing Updating & Revising | Each year, after the evaluation is completed, the Agreement will be reviewed and updated, if needed. |
| Advocacy | Advocate  
1. To address areas where implementation limitations occur around the Collaboration Agreement;  
2. To support implementation of the Collaboration Agreement with other sectors; and  
3. To enhance and deepen the anti-oppression practice. |
D. Signatory Organizations Responsibilities

All signatory organizations will develop protocols and tools that facilitate the Agreement being implemented within their organization.

<table>
<thead>
<tr>
<th>Communication mechanisms</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protocols</td>
<td>Each organization will review their current organizational policies and include or develop a description of: 1. Staff’s orientation to the Collaborative Agreement. 2. Training staff will receive to support implementation. 3. Internal support and supervision processes required. 4. Expectations on staff for relationship building with the other sector, including addressing confidentiality issues. 5. The process when a case is identified as potentially high-risk, including the process to establish a high-risk response.</td>
</tr>
</tbody>
</table>

E. Workers in the Organization

All workers in the organizations that are part of the Collaboration Agreement will be expected to participate in the responsibilities below.

<table>
<thead>
<tr>
<th>Communication mechanisms</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ongoing sharing of information about specific situations</td>
<td>• Share information in situations where high risk has been identified. • Identification of key workers in the signatory organizations. • Telephone conferences. • Open working relationships between organizations</td>
</tr>
<tr>
<td>Case conferencing</td>
<td>• Initiate or participate in an informal or informal case conferencing process for specific high-risk situations.</td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>• Follow internal procedures for addressing conflict with external partners. • If the organization does not have a process, consider establishing one.</td>
</tr>
</tbody>
</table>

F. Year 1 Implementation (2013-2014)

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<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1. Finalize the Collaboration Agreement</td>
<td>a) Draft 3 (May)</td>
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<tr>
<td></td>
<td>b) Feedback</td>
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<td></td>
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<td></td>
<td>c) Draft 4 (July)</td>
<td></td>
<td></td>
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<tr>
<td>2. Approval and Signing of the Agreement</td>
<td>a) Final approval to all signatory organizations</td>
<td>a) Individual discussions with organizations.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) Individual discussions with organizations.</td>
<td>b) Signing of the agreement (November)</td>
<td></td>
</tr>
<tr>
<td>3. Regional Reference Group</td>
<td>a) June meeting to finalize feedback.</td>
<td>a) November meeting to: approve Terms</td>
<td>a) Meeting will review implementation and</td>
</tr>
<tr>
<td>Meetings</td>
<td>of Reference, finalize implementation plan for the first two years, including the training plan and approve the evaluation framework. Signing of the agreement will occur at this meeting.</td>
<td>identify conflict resolution process.</td>
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<thead>
<tr>
<th>4. Evaluation and Continuous Learning</th>
<th>a) Draft Evaluation Framework based on the May 31st Regional meeting and Reference Group direction.</th>
<th>a) Review and approval of the Evaluation Framework. b) Identification of the outcomes to achieve in Year 1 and year 2. c) Establishment of an Evaluation committee (Nov.)</th>
<th>a) Development of initial evaluation tools. b) Distribution of Benchmark tool to all signatory organizations (for sample)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>5. Communication</th>
<th>a) Distribute a copy of the Collaboration Agreement to each signatory agency. b) Post the Draft on the website.</th>
<th>a) Post the source research on the website. b) Ongoing updates to all signatory agencies.</th>
<th>a) Ongoing updates to all signatory agencies.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>6. Training</th>
<th>a) Initial discussion on training. Focus of the first round of training will be on: • Overall agreement. • Engaging Men</th>
<th>a) Collect training modules currently being used for the first Agreement and define the Foundational (Basic) module(s). b) Establish a regional training committee. c) Establish a timeline for the first round of training and send out a note to all organizations to incorporate the training into their training plans.</th>
<th>a) Development of the First Modules for training and the Training Framework. b) Decisions around training delivery approach (community and/or regional) and modalities. c) Development of the training timeline.</th>
</tr>
</thead>
</table>

| 7. Organizational Support | a) Collect tools that came out of the first Agreement and post on the website. | a) Develop a tip sheet on organizational implementation. |
## G. Year 2 Implementation (2014-2015)

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<thead>
<tr>
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<tbody>
<tr>
<td>1. Regional Reference Group Meetings</td>
<td>a) Reference Group Meeting</td>
<td>a) Reference Group Meeting</td>
<td>a) Reference Group Meeting</td>
</tr>
</tbody>
</table>
| 2. Evaluation and Continuous Learning | a) Benchmark data report is done and reviewed.  

b) Further evaluation tools are developed. | a) Year 1 evaluation to organizations on anniversary date of signing.  

b) Year 1 evaluation report. |  
| 3. Communication | a) Ongoing updates to all signatory agencies.  

b) Establish a portal where staff can raise concerns or ask questions about implementation of the Agreement.  

c) Respond in a timely manner. | a) Ongoing updates to all signatory agencies. | a) Ongoing updates to all signatory agencies. |
| 4. Training | a) Finalize the first module for training.  

b) Delivery of first round of training. | a) Delivery of first round of training.  

b) Put the training modules on the website as they become available.  

c) Reference Group identify the second module of training. | a) Complete the first round to training.  

b) Development of second module of training. |
Appendix F - Evaluation Framework

Draft Evaluation Framework for *Collaboration in Practice*

*Children’s Aid Societies and Violence Against Women Collaboration Agreement*

Central West Region
(Dufferin, Halton, Peel, Waterloo and Wellington)

A. Introduction

The Evaluation Framework provides the evaluation approach that will be used by Central West Region to monitor the implementation and ensure that it is meeting the intended outcomes.

B. Intended Outcome

The intended outcome of Collaboration in Practice is improved collaboration between all CAS and VAW organizations in the Central West Region in three areas that relate to domestic violence:

- Engaging Men
- High Risk
- Child Custody and Access.

C. Principles

1. Feedback will be sought from everyone who will be impacted by the Collaboration Agreement.
2. Evaluation results will be used to review and revise the Agreement in a timely manner.
3. Evaluation tools will be user friendly and designed to easily provide feedback.

D. Processes

There are five key processes that will be developed as part of this evaluation framework:

a) Data Collection processes and tools.
b) Consolidation of data collected, through evaluations, on an annual basis.
c) Review and analysis of the evaluations on an annual basis.
d) Longitudinal analysis of the evaluation results (every three years)
e) Update of the collaboration agreement and the evaluation framework (outcomes), as needed.

E. Outcomes - What do we want to measure?

**Change in behaviour in the Front - line Staff in the organizations**

- How many men have been engaged since the collaboration?
- How have frontline staff changed their practice as a result of learning this agreement?
- Do workers experience the work differently?
- How many cases where the child is observed in both homes?
- Increased knowledge base of the workers.
- Less re-openings of files
- Separate service plans for men.
Quality/ degree of collaboration or joint work between two sectors
- Document the process of establishing and maintaining collaboration.
- Measure impact of collaborative work with clients – client satisfaction.
- Rates of re-referral to CAS and VAW agencies.
- The number of case conferences and outcomes.
- The level and results of advocacy with Ministry for universal programs for men in domestic violence.
- Increase in the number of programs available for men or partners.

The organizational change that has occurred
- The number of protocols and tools in place in each organization.
- Policies to support the Collaboration Agreement.

Experience and learning of training participants
- Number and impact of training.

Change in behaviour in Clients (women, men and children)
- Recidivism statistics.
- Increase in the safety of women and children.
- Increase in the abuser’s awareness.
- Change in his behaviour and the impact on the safety of women and children.
- Families receiving services from multiple agencies.
- Increase in self-referrals.
- Capture the changes in family.

F. Tools

Tools will be developed to measure the impact and effectiveness of different parts of the Collaboration Agreement and will include:

a) Surveys/Questionnaires
b) Client feedback tools
c) Training evaluations
d) Benchmark data to tell us where each organization is starting.
e) Reference Group evaluations.
f) Mapping processes to track the collaboration relationships
Collaboration in Practice
Signatory Pages
(Pages 44-53)
Collaboration in Practice
Signatory Pages

We, the undersigned, are committed to the effective implementation of the “Collaboration in Practice” Agreement.

The signing parties set out below agree in principle with the terms of this agreement as a good faith, non-binding statement of intention to work together, and the parties further agree to work with each other in the spirit and intent of continuing collaboration in order to better serve the members of the community.”

Dated this 1st day of November, 2013

### County of Dufferin

<table>
<thead>
<tr>
<th>Catholic Family Services – Peel Dufferin</th>
<th>Dufferin Child and Family Services</th>
<th>Family Transition Place</th>
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<tr>
<td>Sharon Mayne-Davis, ED</td>
<td>Jennifer Moore, ED</td>
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Collaboration in Practice
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Region of Halton

<table>
<thead>
<tr>
<th>Access Counselling and Family Services</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Susan Hewett Executive Director</td>
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<td>Name, Position</td>
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<tr>
<th>Halton Children's Aid Society</th>
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<tbody>
<tr>
<td></td>
<td>Jennifer Binnington</td>
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<td>Name, Position</td>
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<tr>
<th>Halton Family Services</th>
<th>Signature</th>
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<tbody>
<tr>
<td></td>
<td>Deborah lavender Executive Director</td>
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<td>Name, Position</td>
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<tr>
<th>Halton Women's Place</th>
<th>Signature</th>
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<tr>
<td></td>
<td>Diane Beauchien</td>
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<td>Name, Position</td>
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Collaboration in Practice
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Region of Peel

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<tr>
<th>Armagh</th>
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<tr>
<td>Signature</td>
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<tr>
<td><strong>Executive Director</strong></td>
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<td>Name, Position</td>
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<th>Catholic Family Services – Peel Dufferin</th>
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<td>Signature</td>
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<tr>
<td><strong>Sharon Mayne Devine, Executive Director</strong></td>
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<td>Name, Position</td>
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<th>Catholic Crosscultural Services</th>
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<tr>
<td>Signature</td>
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<tr>
<td><strong>Carolyn Davis, Executive Director</strong></td>
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<td>Name, Position</td>
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<tr>
<th>Family Services of Peel</th>
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<tr>
<td>Signature</td>
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<tr>
<td><strong>Chuck Maclean, Ex. Director</strong></td>
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<tr>
<td>Name, Position</td>
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<tr>
<th>India Rainbow Community Services of Peel</th>
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<tr>
<td>Signature</td>
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<tr>
<td><strong>Georgina Hackett, Executive Director</strong></td>
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<tr>
<td>Name, Position</td>
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<td>Organization</td>
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<tr>
<td>Interim Place</td>
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<tr>
<td>Malton Neighbourhood Services</td>
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<tr>
<td>Muslim Community Services</td>
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<td>Oasis centre des femmes</td>
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<tr>
<td>Peel CAS</td>
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<td>The Salvation Army's</td>
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<tr>
<td>Honeychurch Family Life Resource Centre</td>
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<tr>
<td>Organization</td>
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<td>------------------------------------</td>
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<tr>
<td>United Achievers' Community Services</td>
</tr>
<tr>
<td>Victim Services of Peel</td>
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<tr>
<td>Women's Counselling Centre</td>
</tr>
</tbody>
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Collaboration in Practice
Signatory Pages

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Dated this 1st day of November, 2013

Region of Waterloo

<table>
<thead>
<tr>
<th>Organization</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carizon Family and Community Services</td>
<td>S. Gillespie</td>
</tr>
<tr>
<td>Community Justice Initiatives of Waterloo Region</td>
<td>Signature</td>
</tr>
<tr>
<td>Family and Children’s Services of the Waterloo Region</td>
<td>Signature</td>
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<tr>
<td>Family Counselling Centre of Cambridge and North Dumfries</td>
<td>Signature</td>
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<tr>
<td>KW Counselling Services</td>
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Name, Position
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<tr>
<th>Organization</th>
<th>Signature</th>
<th>Name, Position</th>
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<tbody>
<tr>
<td>Lutherwood</td>
<td>Signature</td>
<td>John Colangelo, CEO</td>
</tr>
<tr>
<td>Victim Services Unit-Waterloo Regional Police</td>
<td>Signature</td>
<td>Matt Tol, Chief of Police</td>
</tr>
<tr>
<td>Service</td>
<td>Signature</td>
<td>Trish Robinson, Executive</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Director</td>
</tr>
<tr>
<td>Wilmot Family Resource Centre Inc.</td>
<td>Signature</td>
<td>Mary Zilney, CEO</td>
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<tr>
<td>Women's Crisis Services of Waterloo Region</td>
<td>Signature</td>
<td>Don Hartoff, Executive Director</td>
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<tr>
<td>Woolwich Community Services</td>
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<tr>
<td>Woolwich Counselling Centre</td>
<td>Signature</td>
<td>Mary Wilhelm, ED</td>
</tr>
</tbody>
</table>
### Collaboration in Practice

**Signatory Pages**

**Region of Waterloo (cont'd)**

| Waterloo Region Sexual Assault Domestic Violence Treatment Centre | Casey Cruikshank  
| Signature  
| Director, Casey Cruikshank  
| Name, Position |
| YWCA Kitchener-Waterloo |  
| Signature  
| Elizabeth Clarke, Chief Officer  
| Name, Position |
We, the undersigned, are committed to the effective implementation of the
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Dated this 1st day of November, 2013

County of Wellington

<table>
<thead>
<tr>
<th>Family Counselling and Support Services for Guelph-Wellington</th>
<th>Signature</th>
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<tbody>
<tr>
<td></td>
<td>Name, Position</td>
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<tr>
<td>Guelph-Wellington Women In Crisis</td>
<td>Signature</td>
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<td></td>
<td>Name, Position</td>
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<tr>
<td>Family and Children’s Services of Guelph and Wellington County</td>
<td>Signature</td>
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<td></td>
<td>Name, Position</td>
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