TRAINING AND EDUCATION FOR THE FAMILY VIOLENCE WORKFORCE: DEVELOPING A NATIONAL TRAINING FRAMEWORK

Purpose of this Paper

1 The purpose of this paper is to assess the merits of developing a national training framework for the family violence workforce.

2 The Taskforce for Action on Violence within Families (the Taskforce) has commissioned the Ministry of Health to lead this work which is key deliverable three of the Programme of Action for 2012/13.

3 The Programme of Action states that any such framework should link to existing developments, including the Children's Action Plan emerging from the White Paper for Vulnerable Children, and that it ought to:

- provide a consistent framework to up-skill the family violence workforce

- set out core competencies and common training requirements

- align with existing training infrastructures

- prioritise training investment in areas of greatest need.

4 In this paper recommendations and key messages are summarised first, followed by more detailed discussion of definitions for family violence and the family violence workforce, then discussion of challenges in training this workforce and potential solutions to issues. The analysis draws on earlier work by the Taskforce Family Violence Unit hosted by the Ministry of Social Development, as well as workshops held during May 2013 with organisations involved in addressing family violence. Notes from the workshops are included in Appendix A.

Recommendations

5 It is recommended that the Taskforce:

5.1 **note** that there are opportunities to improve the coordination and consistency of training for the family violence workforce; this in turn should improve sector integration and help achieve a more consistent standard of service to families experiencing violence.

5.2 **note** that the Taskforce could pursue some or all the following options for action, in order to improve the consistency and coordination of training for the family violence workforce.

In order to define and strengthen the skills and knowledge of individual practitioners, the Taskforce could:

1. build consensus across the family violence workforce around the skills and knowledge required by developing a competency framework linked to the Children's Action Plan. This would likely require joint working with the Children's Action Plan Project Team over the rest of 2013 to develop the framework

2. work with tertiary providers to embed family violence training within professional education

3. formally engage with the current Qualifications Review being led by Careerforce in order to promote systematic inclusion of family violence education within qualifications below degree level. The first phase of the Review will be complete by 30 September and so timeframes for taking this opportunity are tight

4. build on training programmes used by Corrections New Zealand to strengthen the stopping violence workforce

5. develop widely available on-line self-learning units.

In order to strengthen organisational commitment and capability to support individual practitioners, the Taskforce could:

6. use the proposed competency framework to build organisational commitment and alignment between government departments

7. incorporate the proposed competency framework into contractual arrangements between government and non-government service and training providers

   OR

   build capability in non-government organisations using organisational accreditation rather than contracts.

In order to identify opportunities for improving training across the system, the Taskforce could:

8. map the system and develop training to support those parts of the sector that require multi-disciplinary and inter-organisational working

9. build a national learning community among local family violence networks.

5.3 **note** that some options represent opportunities with a necessarily short time frame, while others represent ambitious programmes of work likely to require a multi-year timeframe.

5.4 **note** that in order to develop some or all of these options further, it would be useful to establish an expert governance group. This would have representation from the state sector and non-governmental organisations, and would be supported by a working group of government department officials.

5.5 **agree** to implement a process that will determine the level of priority and resource that should be given to progressing the options above, as part of developing the Taskforce Programme of Action for 2013/2014 and beyond

5.6 **agree** to provide feedback on the content of this paper in order to finalise it as a paper of record.

Introduction and key messages

6   The family violence workforce faces a number of challenges to effective development and training, including a lack of coordination and consistency of training across the sector.

7   This paper suggests a number of actions that could be taken to improve the coordination and consistency of training. These actions involve building the skills and knowledge of individual practitioners, strengthening expectations on the organisations they work in, and identifying priority areas for training across the system. Such steps will not solve all workforce development challenges, nor will they solve all issues relating to sector integration and unity, but they may nevertheless help improve outcomes for families experiencing violence.

8   The term 'national training framework' may not be the best way to describe this approach. The options for action discussed in this paper do not constitute one single framework or solution, but rather a set of interrelated but distinct ideas, which could be pursued in whole or in part. Pursued energetically, they might be best described as the beginning of a 'national plan'.

9   While much could be done to improve training for the family violence workforce, the Taskforce will need to determine the relative emphasis it wants to give to this work when considering it alongside other potential elements of the Programme of Action for 2013/2014.

10   This paper recognises that there are a range of other initiatives under way with implications for training of the family violence workforce. They include:

- the Children's Action Plan

- *Whānau Ora*

- *E Tu Whānau Programme of Action for Addressing Family Violence 2013-2018,* developed by the Māori Reference Group

- Better Public Services Targets, especially reducing assaults on children

- *Draft Tagata O Tagaloa Pasefika Research Agenda for Family Violence 2013-2018,* developed by the Pacific Advisory Group.

Defining family violence

11   The Domestic Violence Act 1995 is the principal piece of legislation that lays out a statutory definition of domestic violence (that is to say, family violence) in New Zealand. It describes domestic violence towards someone as "violence against that person by any other person with whom that person is, or has been, in a domestic relationship." It goes on to note that violence can mean physical, sexual, or psychological abuse, and that it can consist of a single act, or a pattern of behaviour amounting to abuse even if some of the individual acts taken in isolation would be deemed "minor or trivial." Under the Act, psychological abuse of a child takes place even where the child is not directly targeted, if the abuser "causes or allows the child to see or hear the physical, sexual, or psychological abuse of a person with whom the child has a domestic relationship."

12   The broad intent of this definition is captured by the *Te Rito New Zealand Family Violence Prevention Strategy,*[1] which states that "family violence covers a broad range of controlling behaviours, commonly of a physical, sexual, and/or psychological nature which typically involve fear, intimidation and emotional deprivation. It occurs within a variety of close interpersonal relationships, such as between partners, parents and children, siblings, and in other relationships where significant others are not part of the physical household but are part of the family and/or are fulfilling the function of family."

13   The *Te Rito Strategy* goes on to say that common forms of violence in families and whanau include:

- spouse or partner abuse (violence among adult partners)

- child abuse or neglect (abuse or neglect of children by an adult)

- elder abuse or neglect (abuse or neglect of older people aged approximately 65 years and over, by a person with whom they have a relationship of trust)

- parental abuse (violence perpetrated by a child against their parent)

- sibling abuse (violence among siblings).

14   In this paper family violence is taken to encompass the full range of behaviours and relationships described above. A detailed examination of the dynamics and nature of family violence is beyond this paper's scope, but some important factors are surveyed below because they have a bearing on the training of the family violence workforce.

15   ***Family violence has its own distinctive characteristics*** that need to be recognised. In particular, family violence is for the most part a pattern of abuse perpetrated by males against women and children, supported to some degree by wider societal attitudes toward women

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[1] http://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/planning-strategy/te-rito/te-rito.pdf.

and their role.[2] Men frequently use physical violence as part of an array of tactics to enforce coercive control, in combination with intimidation, isolation and control.[3] Where the workforce has not been trained to understand the nature of family violence, the response may not be appropriate.

16 *Different forms of family violence are frequently interrelated.* Intimate partner violence, child abuse and neglect, elder abuse and even mistreatment of pets may be found together in different combinations. Little New Zealand research has specifically addressed the overlap and relationship between intimate partner violence and child abuse, but police report that in approximately 70% of family units where intimate partner violence exists, children are also direct victims of some form of violence. A significant percentage of New Zealand school students taking part in a large survey also reported indirect exposure to violence, through seeing another child hit or physically hurt by an adult (16.6%), or adults hitting or hurting each other (10.4%).[3] It is therefore important to ensure that the current policy focus on vulnerable children does not lead to a fragmented response toward family violence,[4] and it is critical that initiatives to develop the family violence workforce are closely tied to initiatives within the Children's Action Plan.[5] A holistic focus on the whole family is also consistent with the importance placed on whānau within te ao Māori.

17 *Not all groups in society are equally affected by family violence.* In particular, Māori are over-represented in negative statistics relating to family violence.[6] This is not a reflection of te ao Māori values, but represents an absence or disturbance in tikanga, and transgression of whakapapa.[7] Maori themselves have been active in addressing these issues through actions outlined in *E Tu Whānau-ora*[8] and elsewhere. Efforts by government departments and others to address family violence need to be framed in such a way that they will be effective in a Māori context, both because whānau violence is a significant part of the wider picture, and also because of the position of Māori as tangata whenua and Treaty partners with the Crown. More specifically, any national training initiatives for the family violence workforce will need to work for the Māori component of the workforce. Other groups that are also disproportionately affected by family violence and who require culturally competent services and training for workers are Pacific peoples,[9] certain refugee and immigrant groups, and those with disabilities.[6]

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[2] See for example the widely recognised Duluth model of family violence, which highlights the gendered nature of violence and its reflection of power imbalances in society:
http://www.theduluthmodel.org/training/wheels.html
[3] Clare Murphy, Nicola Paton, Pauline Gulliver, Janet Fanslow "Understanding connections and relationships: Child maltreatment, intimate partner violence and parenting", Issues Paper 3, April 2013, New Zealand Family Violence Clearinghouse.
[4] Those working with children and those working with women can potentially end up operating with quite different presuppositions. Refer to Cyleste C. Collins, "Child welfare and domestic violence workers' cultural models of domestic violence: an ethnographic examination," in Jenniver R. Wies and Hillary J. Haldane (eds.), *Anthropology at the Front Lines of Gender-Based Violence*, (Vanderbilt University Press, 2011), 107-128.
[5] Clare Murphy, Nicola Paton, Pauline Gulliver, Janet Fanslow "Policy and practice implications: Child maltreatment, intimate partner violence and parenting," Issues Paper 4, April 2013, New Zealand Family Violence Clearinghouse.
[6] J. L. Fanslow and E. Robinson, "Sticks, stones, or words? Counting the prevalence of different types of intimate partner violence reported by New Zealand women," *Journal of Aggression, Maltreatment & Trauma* **20**, (2011):741-759.
[7] Tamati Kruger, Mereana Pitman, Di Grennell, Tahuaroa McDonald, Dennis Marui, Alva Pomare, Teina Mita, Matehaere Maihi, Keri Lawson-Te Aho "Transforming Whanau Violence — A Conceptual Framework," 2nd ed., September 2004, Second Maori Taskforce on Whanau Violence.
[8] Maori Reference Group for the Taskforce for Action on Violence within Families, "E Tu Whanau-ora: Programme of Action for Addressing Family Violence 2008-2013", February 2009, Ministry of Social Development.
[9] As with Māori, a conceptual framework has been produced for Pacific peoples. This recognises that cultural resources can be found within Pacific cultures that help address issues of family violence. Maiava
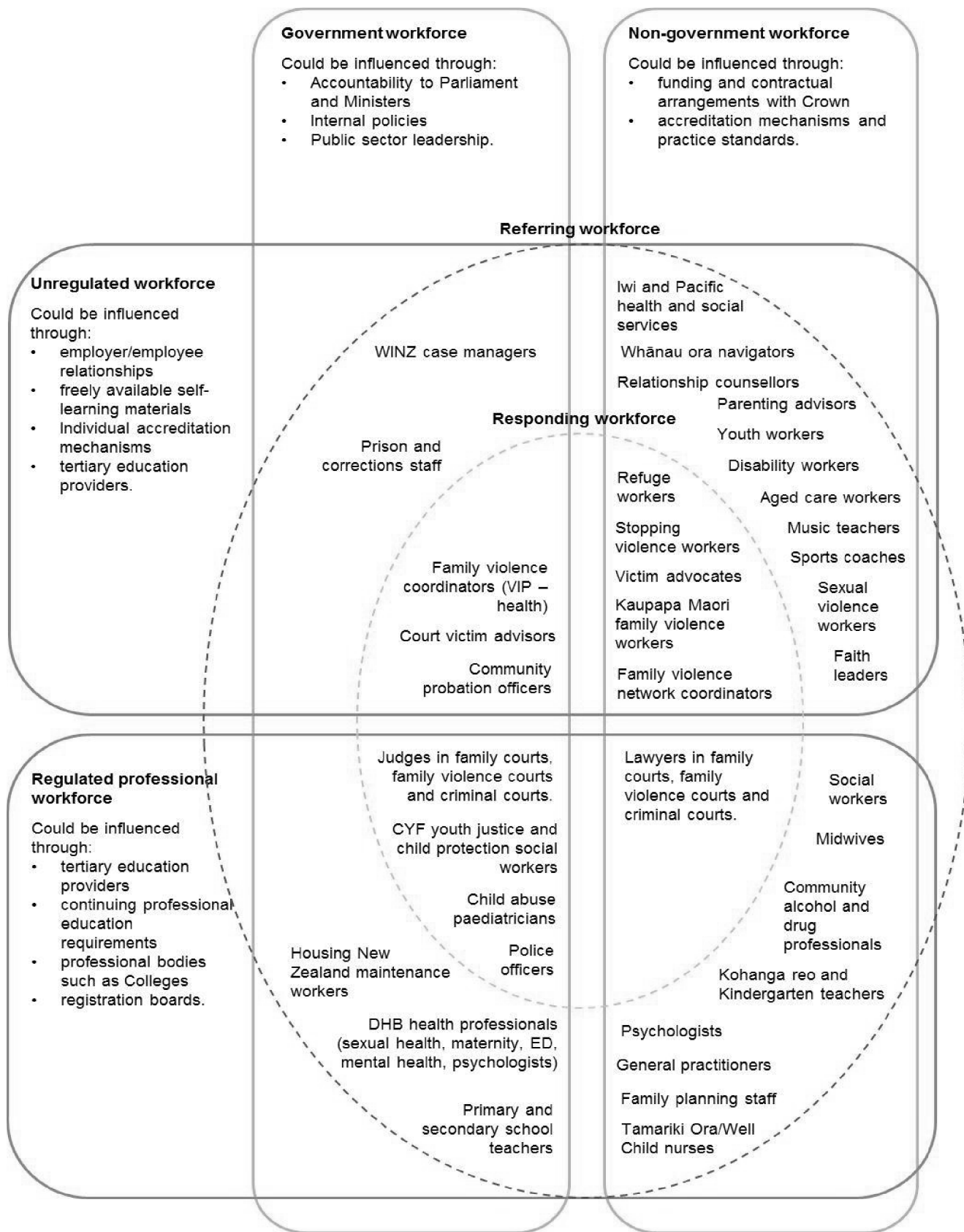
18   For the purposes of this work, the 'family violence workforce' is defined as including all those who have the opportunity and responsibility to identify and respond to families experiencing violence. This includes those working intensively with victims and perpetrators of family violence; and also those who are likely to encounter various forms of family violence in the course of their work, such as teachers, psychologists or those delivering parenting programmes. Diagram 1 depicts the family violence workforce as being comprised of several dimensions based on the characteristics of individuals, organisations, and their place within the system.

19   *Individuals* come to the workforce with a range of skills and education, and work within a range of professional or occupational structures. While it is not absolute, a distinction can be drawn between:

- *the regulated professional workforce* – professions where there is a legislative expectation or requirement for accreditation or registration in order to practice, such as doctors and teachers

- *the unregulated workforce* – those for whom registration or accreditation is not a legal requirement, including an important volunteer workforce.

20   A range of *organisations* contribute to the sector workforce, and these have different forms of accountability for the provision of services. This allows a distinction to be drawn between:

- *the government workforce* - those working for government departments, Crown entities, and other organisations that form part of the state sector[10]

- *the workforce in non-government organisations, or self-employed* - those working for private organisations, including charitable and not-for-profit bodies.

21   Finally, individuals and organisations form part of a *wider system* of interlocking parts that deals with families and whanau experiencing violence. Among other workforce distinctions that can be made across the system is the distinction between:

- *the referring workforce* - those who when encountering instances of family violence have a responsibility to recognise and refer cases to others

- *the responding workforce* - those with a responsibility for responding to families experiencing violence, providing services for both victims and perpetrators.

22   As Diagram 1 attempts to show, the levers available to influence training of the workforce depend on which part of the workforce is being discussed, with differences in approach required between government and non-government employees, between professionals and the unregulated workforce. The need for training also differs across the workforce; those forming the 'responding' workforce are more likely to need advanced skills and knowledge relating to family violence. The particular attributes of different parts of the workforce need to be taken into account in forming any national framework or plan for training.

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[10] For a fuller description of state services and state sector organisations, refer to the State Services Commission website, www.ssc.govt.nz/state_sector_organisations

Government workforce

Could be influenced through:
- Accountability to Parliament and Ministers
- Internal policies
- Public sector leadership.

Non-government workforce

Could be influenced through:
- funding and contractual arrangements with Crown
- accreditation mechanisms and practice standards.

Referring workforce

Unregulated workforce

Could be influenced through:
- employer/employee relationships
- freely available self-learning materials
- Individual accreditation mechanisms
- tertiary education providers.

WINZ case managers

Iwi and Pacific health and social services

Whānau ora navigators

Relationship counsellors

Parenting advisors

Responding workforce

Youth workers

Prison and corrections staff

Disability workers

Refuge workers

Aged care workers

Stopping violence workers

Music teachers

Sports coaches

Family violence coordinators (VIP – health)

Victim advocates

Kaupapa Maori family violence workers

Sexual violence workers

Court victim advisors

Community probation officers

Family violence network coordinators

Faith leaders

Regulated professional workforce

Could be influenced through:
- tertiary education providers
- continuing professional education requirements
- professional bodies such as Colleges
- registration boards.

Judges in family courts, family violence courts and criminal courts.

Lawyers in family courts, family violence courts and criminal courts.

Social workers

CYF youth justice and child protection social workers

Midwives

Child abuse paediatricians

Community alcohol and drug professionals

Housing New Zealand maintenance workers

Police officers

Kohanga reo and Kindergarten teachers

DHB health professionals (sexual health, maternity, ED, mental health, psychologists)

Psychologists

General practitioners

Family planning staff

Primary and secondary school teachers

Tamariki Ora/Well Child nurses

Diagram 1: Dimensions of the diverse family violence workforce, indicating some of the channels through which education and training can be influenced. Note that the divisions are not absolute; some occupations are not straightforwardly identifiable as regulated or unregulated, and some occupations work across both government and non-government organisations.

23   The workforce description given here focuses on those with responsibility to act when encountering instances of family violence. However, there is an increasing recognition of the importance of primary prevention, which involves a similar workforce needing many of the same skills.[11] There is a legitimate case for expanding the notion of the family violence workforce outlined here to encompass those working in communities to prevent violence, given that prevention and response strategies need to form part of a holistic and integrated system. Further work would be required to understand the implications of framing the workforce to include family violence prevention.

24   Those dealing with sexual abuse within families are in principle part of the family violence workforce (based on the definition of family violence discussed earlier). However, providers of specialist sexual abuse services have historically been treated as a distinct and independent sector and further work is required to clarify their relationship to any proposed national training framework or plan resulting from Taskforce actions.

25   The Ministry of Education is currently leading the Safe and Competent Workforce component of the Children's Action Plan, and as part of this has done some preliminary work to define the children's workforce. A comparison between the children's workforce and the family violence workforce shows a significant overlap.[12] However, not all those within the family violence workforce fall within the children's workforce as currently defined. Some family violence workers identified as falling outside the children's workforce are:

• Housing New Zealand maintenance workers

• prison programme facilitators

• stopping violence service workers.

Challenges faced by the family violence workforce

26   The impetus for considering a 'national training framework' stems from a number of issues that have been identified within current arrangements for training the family violence workforce. Earlier work by the Family Violence Unit with stakeholders during 2012, listed the following as some of the most significant issues:

• no consistency between agencies and no overall coordination of training

• no agreed competencies of skill, knowledge or understanding for the whole workforce

• no common understanding of the dynamics and complexities of family violence across the workforce.

27   Similar issues were raised more recently through workshops with sector experts, who noted a lack of shared language and understanding in the workforce, lack of multi-disciplinary and cross-agency training, and poor understanding across the sector of the different roles played by individuals within the wider system (see Appendix A).
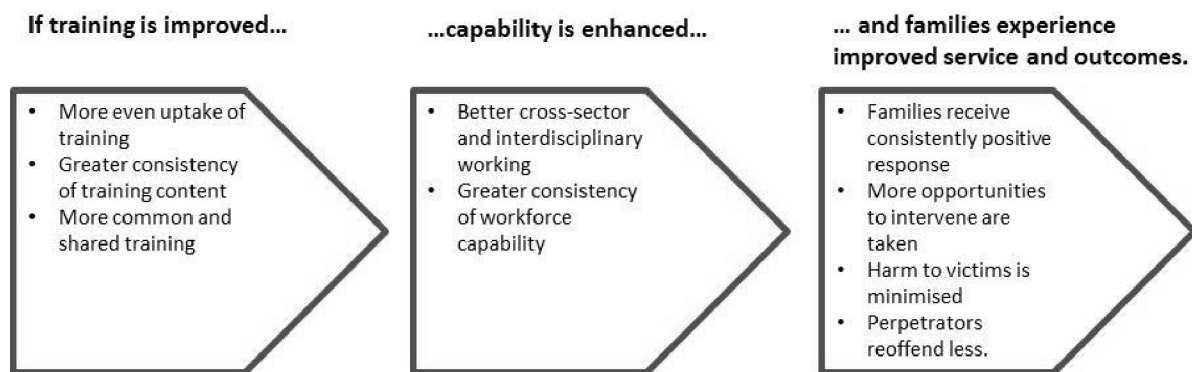
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[11] Refer to the paper on primary prevention that has been prepared for the Taskforce.
[12] This comparison is largely based on a description of the family violence workforce developed in 2012 by the Ministry of Social Development's Family Violence Unit through stakeholder interviews.

28   The experience of the sector is that a lack of coordinated and shared training, or agreed competencies, sometimes leads to a fragmented, inconsistent or ineffective service for families experiencing violence.   There appear to be opportunities to strengthen the coordination and consistency of training across the workforce, providing a platform for:

- improved multi-disciplinary and inter-organisational working in instances such as inter-organisational referrals, the family violence inter-agency response system (FVIARS) and court processes

- a more consistent response across the workforce aligned with good practice

- better outcomes for victims and families as a result of these improvements in inter-organisational working and the consistency of response.

29   Diagram 2 attempts to express the proposed relationship between training and outcomes for families, showing how a move to greater consistency of training in future might improve the service provided to families.

If training is improved...   **...capability is enhanced...**   **... and families experience improved service and outcomes.**

- More even uptake of training
- Greater consistency of training content
- More common and shared training

- Better cross-sector and interdisciplinary working
- Greater consistency of workforce capability

- Families receive consistently positive response
- More opportunities to intervene are taken
- Harm to victims is minimised
- Perpetrators reoffend less.

Diagram 2: the relationship between improved coordination and consistency of training, and results for families.

30   In support of the statements of stakeholders and workshop participants, a limited stocktake of training investment across some key government departments confirms that there are a range of training programmes in place for different parts of the workforce, but that training is not widely shared across departments (refer to Table 1 below).   There are differences in the personnel involved in training provided or funded by different departments, and the standards or guidelines that underpin training also appear to vary.   Nevertheless, there are examples of shared and coordinated training for the family violence workforce in New Zealand, which may provide some potential starting points or models for future action.   Some of these are:

- one-off training for court staff in 2010

- training of a range of health professionals through the Violence Intervention Programme

- common training provided by local family violence networks to participants.

Table 1: The following is a summary of responses[13] to a stocktake taken of family violence training across some key government agencies.

Agency	Which occupational groups do you currently train?	Are there standards or guidelines that govern how family violence training is undertaken?	Does this training take place in multi-disciplinary settings?	Is the training mandatory?
Department of Internal Affairs (Ethnic Affairs)	Staff trainers from women's refuges (pilot programme only). Staff are provided with training in intercultural awareness and communication, which they are funded to disseminate in the organisation.	A Memorandum of Understanding between the parties lays out training content.	No.	Not for all staff at the refuges – provided to a sub-group, though they have responsibility for training more widely.
Ministry of Justice	Training has been provided to all staff of family violence courts during their establishment. In June 2010, training was provided to over 600 officials from family and criminal courts.	Expertise provided by an external trainer.	Yes, members of the judiciary, court staff, police, defence counsel, victim advisors and corrections staff have been involved in training.	Training was expected for all members of family violence courts during establishment, but there is not a continuous and ongoing programme of training.
Family and Community Services (MSD)	Training has been either delivered directly or funded for a rangeof community service providers, including Maori and Pacific service providers	Mauri Ora and Pacific Provider training have been based on conceptual frameworks.	Yes (though occupational groups not identified).	No.
Work and Income (MSD)	Front line Work and Income staff.	Not governed by formal standards – developed in-house with a sector Advisory Group to ensure alignment.	No.	No.
Te Puni Kokiri	No training identified specifically for family violence identification or prevention.			

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[13] Further details available from the authors on request.

Agency	Which occupational groups do you currently train?	Are there standards or guidelines that govern how family violence training is undertaken?	Does this training take place in multi-disciplinary settings?	Is the training mandatory?
Child, Youth and Family (MSD)	Practice staff attend a Violence in Families workshop (2 days), and practice leaders attend an additional workshop, Violence in Families for Practice Leaders (2 further days).	No formal standards – developed using a focus group of government and non-government representatives to understand the baseline knowledge all practitioners should have.	Not currently.	Mandatory for all staff, and staff are encouraged to source ongoing education as appropriate from other sources.
Police	Frontline constabulary employees are trained in response, assessment and investigation of family violence incidents (5 hours). In addition there is specialist training for family violence coordinators, who meet once a year for training.	Standards and guidelines are based on relevant legislation, and national training package is developed in collaboration with subject matter experts. Significant current component of training for family violence coordinators relates to roll-out of ODARA risk assessment tool.;	No.	Basic training is mandatory for all staff.
Ministry of Health	Health practitioners employed or funded by District Health Boards, in particular nurses, midwives, doctors, mental health workers and general practitioners.	The Ministry of Health Family Violence Intervention Guidelines: Child and Partner Abuse (2002) set a basis for training content.	Yes.	District Health Boards are required by the Ministry of Health to implement and support the training programme, but it is not mandatory for individual practitioners.
Department of Corrections	Programme facilitators, who as part of their work can provide family violence programmes in prisons, undertake eight-week initial training on induction, with more specialised training staged over the following two years.	Department of Corrections Rehabilitation and Reintegration Services Professional Practice Standard (Programme Facilitators), July 2012 is the basic standard, though it does not talk specifically about family violence.	No, in-house training specific to this workforce.	All programme facilitators must undertake induction training, including those who have provided stopping violence services previously.

31   In sum, evidence available through stakeholder interviews, and workshops suggests that while much is being done, and there are examples of shared training for sections of the workforce, better outcomes for families could be achieved through improving the coordination and consistency of training in the sector. The rest of this paper considers a range of steps that would serve this end. However, before moving on four further observations should be made.

32   Firstly, improving the coordination and consistency of training will not solve a range of other diverse workforce development challenges facing the sector. Among these are the lack of advanced or tiered training and opportunities for ongoing professional development; difficulty in recruiting and retaining workers from some cultural groups in sufficient numbers; high turnover rates in the volunteer workforce and in some non-governmental organisations (refer to workshop notes in Appendix A for more complete lists of perceived challenges). Some of these issues have wider underlying causes such as the nature of contracting practices between government and non-government organisations.

33   Secondly, improving the coordination and consistency of training is at best a partial solution to issues of fragmentation and a lack of integration in the sector. Comments and suggestions made by stakeholders and workshop participants clearly point to a lack of service integration as an issue, and this partly explains the perception that common training is needed.[14] However, reforming training may not be the best solution to wider systemic issues, and other approaches may have a more powerful unifying effect. Considering other ways in which the integration of the sector could be enhanced is beyond the scope of this paper, but it seems this issue should inform the actions of the Taskforce in some way. Ways to unify and integrate the sector that have been suggested to the author during the compilation of this paper include:

•   a single definition of family violence formally endorsed by organisations and relevant stakeholders across the sector

•   a systems or process map of the whole sector that can be used as the basis for designing improvements

•   a single risk assessment tool that underpins the sector's approach to family violence

•   common agreed goals and outcomes around which actions are built.[15]

34   Thirdly, the current structure of training provision in the sector will constrain and inform options for improving the coordination and consistency of training. Much of the expertise for training across both government and non-government organisations lies within the non-government sector, with many different organisations contracted to provide training in different settings.[16] Organisations acting as trainers are often also service providers, and training revenue therefore contributes to the sustainability of non-government services for families experiencing violence. Any action to improve the

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[14] Very similar issues have been described in the State of Victoria, which has taken steps to address them. This is surveyed later in the paper, but refer also: Stuart Ross, Marion Frere, Lucy Healey and Cathy Humphreys, "A whole of government strategy for family violence reform," *Australian Journal of Public Administration* **70**:2, (2011):131-142.

[15] Refer to the outcomes framework under preparation for the Taskforce. See also discussion of 'collective impact' approaches, for instance at URL:
<http://www.ssireview.org/articles/entry/collective_impact>

[16] As well as training provided contractually, many non-government organisations also give support to the family violence workforce through free training that has significant value to the sector.

coordination and consistency of training will likely have to allow for a continuing multiplicity of training providers, or risk extensive disruption to service provision.

35   Fourthly, there will always need to be a balance between those elements of training that are shared, and specialised role-specific training. The emphasis in this paper on increasing the coordination and consistency of training should not be taken to imply that the entire workforce requires identical training.

International and local examples of workforce development that inform options

36   Existing international and local examples of family violence workforce training and development can be characterised as focusing to a greater or lesser extent on:

- building the skills and knowledge of individuals

- ensuring organisations have structures, culture and leadership that support practitioners to be effective

- developing whole systems that address family violence effectively, undergirded by appropriate workforce resources and training that support better ways of working.

37   In principle, an approach that makes improvements at all three levels seems likely to have the greatest impact, and could help improve the coordination and consistency of training in New Zealand. Some relevant examples are surveyed in this section.

Workforce development approaches that focus on the skills and knowledge of individuals

38   One common approach to building the skills and knowledge of workers is through development of a competency framework (discussion of 'core competencies' for the family violence workforce in the 2012/2013 Programme of Action is suggestive of this approach). In basic terms, competency frameworks list the skills and knowledge required by a workforce in order to meet standards or be effective.[17] By focusing on 'core competencies' – those competencies that are common across all elements of the workforce – they are often used when dealing with a diverse workforce as a way of moving towards greater consistency and consensus in setting expectations.

39   A good local example of how competency frameworks can be developed and used is the *Let's get real* framework of core competencies for the mental health and addiction workforce. This framework includes "seven real skills", described as the "essential knowledge, skills and attitudes required to deliver effective mental health and addiction treatment services" in New Zealand. Each of the seven skills can be practiced at three levels, 'essential', 'practitioner', and 'leader'.[18]

40   Prior to development of the framework, the sector had several similar competency sets, but not a united one. A steering group was set up to oversee development of a single framework. One guiding principle of the design process was client-centredness; being

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[17] Richard J. Mirabile, "Everything you wanted to know about competency modelling," *Training & Development*, August 1997, 73-77. Anne F. Marrelli, Janis Tondora, and Michael A. Hoge, "Strategies for developing competency models," *Administration and Policy in Mental health* **32**:5/6, (2005):533-561.
[18] National Centre of Mental Health Research, Information and Workforce Development, *Let's get real overview*, September 2009, Te Pou o Te Whakaaro Nui.

focused on what service users require in order to receive a really good service. In keeping with this, the steering group developed a number of realistic scenarios in which users access a range of services; these scenarios reflected the needs of the majority of users, rather than being highly specialised or unusual. Several workshops were then held with up to 50 practitioners and service users at a time across the country for scenario-based discussions of what users would want from services. The "real skills" emerged from this process.[19]

41   Other examples of competency frameworks, mostly dealing with family violence or related issues, are provided in Appendix B. As is evident from these examples, competency frameworks can be implemented in a range of ways. Sometimes they act purely as guidance, or they can form the basis for formal qualifications; alternatively individual organisations sometimes develop or use competency frameworks for job descriptions and performance management of individuals. *Let's get real* was used in service specifications and contracts, as discussed in the next section.

42   The approach used to train a workforce to meet competency expectations will naturally vary depending on the workforce setting. One approach to learning that may be effective in reaching groups who otherwise struggle to access training is online learning. Some existing examples of online training programmes that train health workers in dealing with family violence in some way are the new *Power to Protect* shaken baby training course in New Zealand,[20] and *The Next Page*,[21] a Dutch programme. *Honour our voices* is an innovative online learning module based around the experiences of children.[22]

Workforce development approaches that highlight the importance of organisational commitment and capability

43   Individual practitioners usually work within organisations, and these organisations bear responsibility for acknowledging the skills and knowledge workers need, and for training and supporting them in practice. In the case of *Let's get real*, the core competencies were made part of organisational accountability and expectations through agreements between the Ministry of Health and District Health Boards, and through contracts held by District Health Boards and the Ministry with non-government service providers. For an interim period of two years contractual compliance with standards was voluntary, and organisations were supported in any changes required through the development and provision of free human resource tools and staff training materials.[19]

44   This is not the only way competencies can be translated into organisational expectations. Organisational accreditation is another potential vehicle. In the UK, voluntary accreditation for the providers of stopping violence services is available through Respect, a registered charity. Accreditation has been developed so that "members of the public, funders, commissioning agencies and other professionals can be assured of a high quality, safety-focused service from organisations accredited by Respect."[23] The accreditation standards require that the "organisation takes the

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[19] The description of the process and implementation given here is based on an interview with Robyn Shearer, Chief Executive of Te Pou o Te Whakaaro Nui.
[20] Refer to URL: < http://learnonline.health.nz/course/view.php?id=121>
[21] Refer to URL: < http://www.thenextpage.nl/Sites/Files/0000000147_100913%20TheNextPage_Factsheet_English.pdf >
[22] Refer to URL: <http://www.honorourvoices.org/>
[23] Neil Blacklock, Thangam Debbonaire, "The Respect Accreditation Standard," 2nd ed., July 2012, Respect.

necessary steps to recruit staff appropriately and to support them in developing their skills and experience," listing 16 areas in which staff must be skilled and knowledgeable.[23]

45 *Competencies Needed by Health Professionals for Addressing Exposure to Violence and Abuse in Patient Care* is one of the competency frameworks included in Appendix B. It differs from most competency frameworks in that it specifies competencies not only for individual workers, but for organisations and systems. This reflects the fact that training for individuals is more likely to translate into practice if it is supported by wider factors, including institutional support such as leadership backing, the right culture, and development of guidelines and procedures.[24]

46 The Violence Intervention Programme operating across New Zealand District Health Boards makes this a strong emphasis.[25] Money is available to District Health Boards for training key health sector groups in family violence assessment and intervention, but this only becomes available once District Health Boards have met certain criteria in terms of policies and organisational readiness. Developing this institutional support has been a multi-year programme, although now almost all District Health Boards have been approved to receive funding for training.

Workforce development approaches that build on system-wide change

47 In some jurisdictions, the development of coordinated and shared training or workforce development has gone hand-in-hand with, and supported, whole-of-system change that supports a better way of working with families experiencing violence.

48 The State of Victoria is an example of this kind of approach. Government and non-government agencies worked together as part of the Victorian Family Violence Reform strategy launched in 2005, with the goal of more closely integrating services, and especially of improving coordination of the three main entry points into the system (family violence services, legal and statutory bodies, and mainstream services).[26] Key actions which emerged in *A Right to Respect: Victoria's Plan to Prevent Violence against Women 2010-2020* included the building of capacity and tools for organisational change and workforce development. The intent is that development and promotion of training follows and supports the wider change agenda.[27]

49 The experience of UK is also instructive. A model for cross-agency work has emerged, centred around Multi-Agency Risk Assessment Conferences (MARACs).[28] These conferences develop action plans for victims in families experiencing very serious abuse. Agencies involved vary locally but are likely to include police, probation services, independent domestic violence advisors (IDVAs), children's services, health

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[24] Patricia O'Campo, Maritt Kirst, Charoula Tsamis, Catharine Chambers, Farah Ahmad, "Implementing successful intimate partner violence screening programs in health care settings: Evidence generated from a realist-informed systematic review," *Social Science & Medicine* **72**, (2011):855-866.

[25] See for instance: Russell Wills, Miranda Ritchie and Mollie Wilson, "Improving detection and quality of assessment of child abuse and partner abuse is achievable with a formal organisational change approach," *Journal of Paediatrics and Child Health* **44**, (2008):92-98.

[26] Stuart Ross, Marion Frere, Lucy Healey and Cathy Humphreys, "A whole of government strategy for family violence reform," *Australian Journal of Public Administration* **70**:2, (2011):131-142.

[27] State of Victoria, *A Right to Respect: Victoria's Plan to Prevent Violence against Women 2010-2020*, November 2009, Office of Women's Policy.

[28] CAADA, *Saving lives, saving money: MARACs and high risk domestic abuse*, 2010, CAADA.

and housing.[29] MARACs did not originate as a top-down policy initiative, but once established have received ongoing support from the Home Office, and consideration has been given as to whether they should be placed on a statutory footing.[30] As they have evolved and multiplied, all MARACs have been supported by Coordinated Action Against Domestic Abuse (CAADA), a national charity that provides training and ongoing professional development as well as a range of other resources to enable MARACs to function effectively.[31] As in the State of Victoria, workforce development is focused on supporting the desired system response.

Improving the coordination and consistency of training for the family violence workforce

50   Recent workshops with participants from across the government and non-government sectors have highlighted some significant opportunities for improving the coordination and consistency of workforce training and education. Taken together, they represent a range of interrelated steps that speak to the importance of individual practitioners, organisations, and systems, and to the different components of the family violence workforce. Many draw heavily on international experience.

51   Several or all of these ideas could be pursued in combination to form the beginning of a national plan to improve training of the family violence workforce. The notion of a 'plan' seems a better way to describe this approach than the notion of a single 'framework' as implied in the Taskforce Programme of Action, since the ideas represent a range of initiatives that contribute to overall progress, rather than representing a single concept or single solution. In their totality these ideas would represent a large body of work, but if implemented effectively there would be potential to develop the following:

- a common understanding of skills and knowledge required by the workforce

- shared elements of common training across government

- a common set of standards for skills and knowledge in the non-government sector

- a common basis for education in family violence across tertiary qualifications, both at degree level and below degree level

- training resources widely available across the non-government, volunteer and referring workforces

- common learning for parts of the system where there is close interworking between disciplines and organisations.

52   The Taskforce will need to determine the relative priority it wants to give this work; it is recommended that the Taskforce do this as part of preparing the Programme of Action for 2013/2014. Note however, that while some ideas would require significant work over a multi-year timeframe, some represent current opportunities that would need to be taken quickly. The latter may need to be progressed in parallel with development of the next Programme of Action.

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[29] Nerissa Steel, Laura Blakeborough and Sian Nicholas, "Supporting high-risk victioms of domestic violence: a review of Multi-Agency Risk Assessment Conferences (MARACs)," *Research Report 55*, July 2011, Home Office.
[30] Based on a helpful description of MARACs on the European Institute for Gender Equality, dated April 2013, refer to URL: <http://eige.europa.eu/print/5536>
[31] Refer to URL: < http://www.caada.org.uk>.

53   The ideas are laid out in the form of nine options for action below (with further information on risks, strengths and weaknesses of different options included in Appendix C). Options are grouped according to whether they help:
   •   define and strengthen the skills and knowledge of individual practitioners
   •   strengthen organisational commitment and capability to support individual practitioners
   •   identify opportunities for improving training across the system.

54   Suitable governance will be required for any further work on these options. A potentially useful approach would be to establish an expert steering group to develop these ideas further. Membership would be drawn from government and non-government organisations, with appropriate Māori representation. Support could be given by a team of officials. Such a group should seek endorsement for its work programme from key stakeholders such as the Family Violence NGO Alliance before commencing.

Options for defining and strengthening the skills and knowledge of individual practitioners

Option 1: Build a consensus across the workforce about the skills and knowledge needed

55   A useful starting point for a range of other activities would be to establish a consensus over skills and knowledge needed by the family violence workforce. Based on prior discussion, it will be evident that the usual way to do this would be through a competency framework approach that focuses on 'core competencies'.

56   Workshops established that there probably is a sensible set of 'core competencies' that apply across the family violence workforce, encompassing both the 'referring' and the 'responding' workforces. Clearly the responding workforce may need to develop these competencies to a higher level of practice. A basic list of core competencies, or competency clusters, drawing on workshop suggestions might be framed as shown in Table 2.

57   The main issue with preparing a competency framework for the family violence workforce is that a competency framework is under development during 2013 for the children's workforce, as part of the Children's Action Plan. Given a significant overlap between the two projects both in terms of workforce and competencies, it would be preferable to avoid duplication through parallel processes.

58   The scope and focus of the core competencies for the children's workforce has not yet been agreed. Nevertheless, conversations with the Safe and Competent Children's Workforce Project Team have established that there is a legitimate place for wider family violence considerations beyond child abuse in the children's framework. In addition, the Project Team has been involved in workshops and the development of this paper and wish to continue working together with the Taskforce.

59   There are a number of viable possibilities for how family violence competencies could be integrated with the core competencies for the children's workforce, including a single framework, or two frameworks that map to each other. However, the suitability of the options, and the extent to which frameworks can be aligned will depend on the agreed scope and focus of the children's workforce core competencies. A scoping paper with high-level options is currently being developed by the Project Team. This will need to be agreed by the Children's Action Plan Executive, the Vulnerable Children's Board and Ministers. The team hope to get agreement during July and August.

Table 2: A hypothetical set of core competencies based on workshop discussions.

Competency	Explanation
Working with Maori and other groups	Those working across cultures and with those different to themselves need to practice culturally appropriate approaches. This applies not only with Maori as tangata whenua but other cultural groups such as migrants. In addition, specific approaches and knowledge are needed for working with other vulnerable groups such as disabled people.
Understanding family violence	Dealing with family violence should be grounded in a well-developed understanding of its dynamics, including the gendered nature of violence, patterns of control and domination, and other useful ideas such as the 'cycle of violence'.
Identifying instances of violence	Practitioners need to be able to recognise signs of family violence, including not only physical violence but psychological and sexual forms of abuse, understand the possible connections to other forms of family violence, and create appropriate opportunities for disclosure.
Risk assessment	Practitioners need to be able to determine the likelihood of further abuse and ongoing danger to victims.
Keeping victims safe	Practitioners need to ensure that steps are taken in response to family violence that prioritise and ensure the safety of victims (as well as practitioners).
Referring to, and working with, other organisations and practitioners	Practitioners need to understand their role in the wider system, when to refer, to whom, and how to work with others in the wider system in processes such as FVIARS
Recording and sharing information	Skills are needed in accurate and appropriate recording of information, knowing when it is appropriate to share information, and understanding how to deal with concerns of privacy and confidentiality.
Intervening and helping victims and perpetrators	Special skills are needed to work intensively with victims and perpetrators. Members of the core workforce will operate at a more advanced level of practice than members of the wider workforce.

60   If the Taskforce wishes to progress with a competency framework, it would seem reasonable to:

- work with the Project Team in the development of the scoping paper

- after decisions have been made, assess the viability of a shared framework, and provisionally agree how family violence competencies would relate to the children's workforce core competencies

- collaborate in the development of children's workforce core competencies as appropriate, for instance through participating in, or running, workshops.

61   Developing a competency framework from first principles can take a significant investment of resource. An alternative approach would be to build a set of competencies by recourse to the literature, building from existing publications such as the *New Zealand Standard: Screening, Risk assessment and Intervention for Family Violence including Child abuse and neglect,*[32] and the health sector's *Family Violence Assessment & Intervention Guidelines.*[33] There are many resources of this kind to call

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[32] Committee P 8006, *New Zealand Standard: Screening, Risk assessment and Intervention for Family Violence including Child abuse and neglect*, NZS 8006:2006, (Wellington: Standards New Zealand, 2006).

[33] J. L. Fanslow and P. Kelly, *Family Violence Assessment and Intervention Guidelines: child abuse and intimate partner violence*, (Wellington: Ministry of Health, 2012).

on, but the question is whether this would be a sufficiently collaborative and consultative approach to ensure commitment from a wide range of organisations.

Option 2: Work with tertiary providers to embed family violence training within professional education

62   Across the regulated social sector professions (social workers, nurses, doctors, teachers and others) education about family violence is not mandatory at undergraduate or postgraduate level, nor does it form a part of professional standards and expectations or play a part in registration. The Taskforce could seek to address this by:

- working with Universities and other tertiary education providers to include education in family violence as a mandatory part of the core curriculum for all social sector professions

- working with professional associations and registering bodies to require competency in dealing with family violence within the scope of the role of professionals.

63   There are few risks or costs associated with active advocacy for a greater understanding of family violence amongst those who train and register professionals, and potentially much to be gained, even if dealing with family violence is not made a mandatory professional expectation. In addition to social sector professions there could be value in extending this approach to legal training. This programme of work would be aided by the existence of a competency framework, but a framework is not a necessary prerequisite.

Option 3: Formally engage with the current Qualifications Review to promote systematic inclusion of family violence education within sub-degree qualifications

64   In April 2013 the New Zealand Qualifications Authority instigated a Qualifications Review of all level 1-6 qualifications (that is, all levels below undergraduate degree status) in the fields of health, disability, social services and Whānau ora. There are currently over 80 degrees of this sort listed in the New Zealand Qualifications Framework.

65   The aim of the Review is to reduce duplication, and to address identified gaps in education. The possible scale of change is indicated by the fact a previous review of English as a Second Language qualifications reduced the number of qualifications from 274 to 6. As an outcome of the current Review, a new suite of qualifications will be agreed; qualifications will be required to meet sector needs, provide clear education and employment pathways, and describe what graduates should know and what they can do.

66   The first stage of the Review is currently underway, led by Careerforce, and is expected to be completed by 30 September. In this first stage a high-level view of the suite of qualifications, their 'graduate outcomes' (something like components of learning), and subsets of these outcomes will be established.

67   This represents a significant opportunity for the Taskforce and the family violence sector to weave family violence awareness and skills into New Zealand's formal qualifications framework in a systematic way. Possible outcomes from involvement in the review are a stand-alone qualification, or inclusion of common components concerning family violence across the full range of level 3-5 qualifications. As well as building

qualifications for the non-professional workforce, it is possible that training components could translate to ongoing professional training.[34]

68   Clearly a rapid and concerted response is would be required. The Taskforce can participate by joining an Advisory Network for the Review, and responding to the consultation that will be undertaken.

Option 4: Build on training programmes used in Corrections to strengthen the stopping violence workforce

69   Over time Corrections have built a comprehensive approach to training their own 'programme facilitators', who work with prison inmates in order to address the possibility of reoffending. This approach begins with eight weeks of training on induction, but continues to build skills through ongoing specialist training modules and supervision from more experienced staff. After staff have been practicing for two years, they are accredited by a credentialing panel against practice standards, though this process has no currency outside of Corrections.

70   Corrections are now in the very early stages of dialogue with the New Zealand Qualifications Authority in order to migrate this training into the tertiary sector as a formal qualification. Current programme facilitator training is broad-based and not specifically tailored to domestic violence, and will not reflect all elements that might be expected in community-based stopping violence programmes. Nevertheless, there is potential for this training to be made relevant to the stopping violence workforce, and perhaps others in the sector who work with groups, and the concept of individual accreditation may also be worth exploring as a cross-sector initiative for stopping violence workers.

71   The Taskforce could consider making a formal approach to Corrections in order to play a role in planning and designing the future contours of their training and accreditation processes.

Option 5: Develop widely available on-line self-learning units

72   Development of on-line learning units that can be widely and cheaply accessed across the breadth of the workforce may be a useful approach. It could be particularly effective if used in certain ways, for instance:

  •   by targeting the voluntary or unqualified workforce

  •   by focusing on a few fundamental units that build skills in recognising and referring for the wider workforce.

73   The development of a competency framework would be a useful but not essential preliminary step.

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[34] The description provided here of the Qualifications Review is based on discussion with, and material provided by, Gill Genet, General Manager Business Development, Careerforce.

Options for strengthening organisations' commitment and capability to support individual practitioners

Option 6: Build leadership and organisational commitment within government

74   Workforce training will be more effectively utilised if supported by organisational structures, culture and leadership. If a competency framework for the sector can be developed, the following steps could subsequently be taken by Taskforce departments (and their respective Crown entities):

- carry out a self-assessment of current training arrangements to see if they align with the competency framework

- review departmental policies to ensure alignment with consensus expectations

- commission an audit across relevant workforces to ascertain the degree to which the awareness and capability of staff match expectations based on training, policy and cross-government consensus

- develop common or aligned training across departments and share learning units where possible and appropriate.

75   Regardless of whether a competency framework is developed, all organisations could nevertheless:

- appoint a champion at executive level to lead an internal programme of work directed at improving family violence workforce capability

- establish mechanisms to ensure training frameworks align with Better Public Services targets relating to assaults on children.

Option 7: Build competency expectations into contractual arrangements between government and non-government service and training providers

   OR

   Build capability outside the state sector through organisational accreditation rather than contracts

76   If government can demonstrate commitment to common working and common standards, it will be better placed to enter into dialogue with non-government providers of services and training, and in the longer term expectations on these providers could be strengthened. This could be done by embedding expectations into contractual arrangements, perhaps building on the Investing in Services for Outcomes programme currently being led by the Ministry for Social Development.

77   In taking this step, the following principles are important:

- additional expectations are likely to involve additional costs and need additional resources; the *Let's get real* process provided for a range of free resources to organisations in transition

- introduction can be phased; in the case of *Let's get real* there was a two-year voluntary lead-in period for meeting contractual expectations based on the competency framework.

78   An alternative approach for establishing consistent standards in non-government organisations would be to develop accreditation for service providers (as happened in the UK through Respect). At present this approach has heightened relevance for the

providers of stopping violence services in New Zealand, given that regulations and funding relating to stopping violence services are under review.

Options for identifying opportunities for improving training across the system

Option 8: Map the system and develop training to support those parts of the sector that require multi-disciplinary and inter-organisational working

79   Many workshop participants have stressed the need for a systems-based approach that designs workforce development around the way the sector is actually expected to function. The basic idea is that the 'service delivery model' should give shape to training that supports the sector to deliver.

80   One part of the New Zealand 'system' for dealing with family violence which was consistently raised in workshops as having potential for piloting common training approaches was FVIARS. The value of developing common training has in fact already been recognised by the key participants in FVIARS, and the National Collective of Independent Women's Refuges has responsibility to lead a workstream developing common training across FVIARS participants.

81   In order to identify other priorities for training development, it would be useful to map fully the systems and processes that deal with family violence in New Zealand. Such a map could be used to determine those parts of the system where a diverse workforce needs to operate in an integrated way; these could then be considered as pilot sites for common training across the organisations involved. A possible example would be processes surrounding criminal, family violence and family courts.

82   Another systems-based approach would involve building on the work of the Family Violence Death Review Committee. The in-depth reviews by the Committee of some of the most serious and tragic instances of family violence in New Zealand serve as case studies which identify the key agencies, practitioners and organisations that most frequently have opportunity to intervene. A list of the most important actors in the system could be compiled, and these organisations could be involved in the design of common training that would assist in dealing effectively with the most serious cases.

83   Implementation of any common training could be carried out with a view to expanding the reach of training at a later stage, depending of course on evaluations of effectiveness showing this to be worthwhile. In effect, any subset of organisations that is involved in such training would act as a 'pilot site' for the wider system. This suggests that evaluation would be important. Indeed, there would be value in considering whether a common evaluation should be commissioned that could be applied across a range of training programmes as they are implemented. All training should be linked with monitoring and accountability systems.

84   This programme of work would be aided by the existence of a competency framework, but a framework is not a necessary prerequisite.

Option 9: Build a national learning community among family violence networks

85   Fifty family violence networks exist at a local level nationally, and many of these provide their own common training across participants in their local network. There will no doubt be some local innovations and initiatives that could be drawn on in the development of a national framework or plan for training the family violence workforce. Furthermore, there will be much these local networks can learn from each other.

86   The Taskforce, or an expert governance group established by the Taskforce, could therefore consider doing the following:

- investigating the nature of training offered by all local family violence networks, with a view to identifying centres of good practice

- publishing and promoting these examples of good practice both publicly and to other networks, perhaps using existing systems such as the Health Improvement and Innovation Resource Centre,[35] or the Family Violence Clearinghouse.[36]

- developing a national model for effective training in local family violence networks

- evaluating whether any examples of local practice have relevance for development of training at a national level.

87   This work could proceed without any need for a nationally agreed competency framework.

Additional work required

88   It should be noted that further work to develop the options presented here (such as through an expert steering group) will probably also need to expand on the analysis in this paper as a foundation for further work. Some useful steps would be:

- ***develop understanding of the workforce*** – many key workforce groups have been identified in the course of writing this paper, but many will be missing, and none have been quantified to allow a sense of relative scale

- ***build a more comprehensive training stocktake*** – so that further development is fully informed by a knowledge of what is already in place.

END

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[35] Refer to URL: < http://www.hiirc.org.nz/>.
[36] Refer to URL: <http://www.nzfvc.org.nz/>.

Appendix A: Notes from workshops on 15 and 21 May, including attendance

The following notes were circulated following the two workshops held with sector participants. The objective of the workshops was to draw on sector expertise to generate ideas and solutions for the preparation of this paper.

Workshop one

Date:	15 May 2013

Time:	1:00-4:00 pm	s 9(2)(a) OIA Privacy of Natural Persons

Location:	Room 2.12, Ministry of Health offices, No 1 The Terrace (Wellington)

Chair:	Principal Policy Analyst, Ministry of Health

Attendees:	(Ministry of Social Development), (Ministry of Health), (New Zealand Police), (Disability Coalition Against Violence), (Shakti), (Shine), (Pacific Island Intervention Project), (New Zealand Family Violence Clearinghouse), (Family Violence Death Review Committee), (Child Matters)

s 9(2)(a) OIA Privacy of Natural Persons

Item	Notes
1	Introductions made among attendees.
2	A presentation was given concerning the purpose of the day. Initial comments relating to the definition of family violence emphasised the following: • family violence is a 'gendered' issue; that violence is largely by men against women and children • disabled people suffer disproportionately from abuse • the notion of what is meant by 'family' should consider modern notions of family and the role of institutions.
3	The workshop was asked "what problems and challenges exist with the training, education and personal development of the family violence workforce?" Key issues identified that were selected for further workshopping were: • a lack of shared language and understanding in the workforce (similar comments related to 'lack of multi-disciplinary and cross-agency training', 'lack of a shared understanding of risk', and 'too many silos') • lack of cultural and disability competencies • need for gender analysis to be part of training • lack of recognition of professional skills acquired in dealing with family violence (interrelated issues that were raised were non-mandatory nature of family violence as part of professional training, and lack of tiered or ongoing training). Other important issues were discussed: • lack of training, lack of funding, and the fact that available training is too short in duration.

		• the need for training and education of individuals to be supported by changes in organisational mindsets, structures, mentoring, and accountability • the tendency to dissociate intimate partner violence and child abuse and the need for them to be treated together in training • lack of understanding of the concept of family, including institutions • workforce are often unsure about when they are able to share information.
4		With reference to the four key issues identified earlier, the workshop was asked "what actions over the next 12-18 months could address these problems?" To provide some initial indication of importance/usefulness, participants were invited to 'vote' for the most useful ideas. On that basis, the most well-received suggestions were: • carrying out a stocktake of what training already exists across the whole workforce including its effectiveness, and/or carry out an audit within Taskforce organisations to establish actual competencies on IPV, CAN, cultural and disability competencies, etc. • analysis to define the workforce more fully • a process to establish consensus/consistency of terminology around family violence • ensure that competencies emerging from the Children's Action Plan influence undergraduate education for teachers, social workers, nurses and midwives • draw on recommendations in reports against the Convention to Eliminate all Forms of Discrimination against Women (CEDAW). Other ideas that will be followed up: • prioritising and piloting consistent training for those involved in FVIARS and/or children's teams • completing and implementing a training programme relating to abuse of disabled people that had begun and now in abeyance • seek organisational commitment from government agencies to support change. • establish a multi-agency working group that develops core competencies • making sure any competency approach includes a competency challenging universal approaches • look at/borrow from the Victorian model. A number of important principles about how training should be conducted were also discussed through this process: • the need to avoid duplication with other government processes such as Children's Action Plan and Whanau Ora • there is potential to save money through coordinated action and early intervention • any framework should be strong on cultural and gender analysis and an understanding of how women are victimised • training needs to recognise diversity (of populations served?).
5		Coffee
6		Focus then shifted to how greater commonality or consistency of training could be achieved cross-sectorally through a 'national training framework'.

Discussion was grounded in three questions.

One group considered the question "What do we already have that could be built on, extended, or improved in order to provide cross-sector training consistency?" The answer took the form of a 'tree' of possibilities. Items identified were:
From New Zealand —
- Violence Intervention Programme (in the health sector)
- A range of policy initiatives
    - Children's Action Plan, Convention on the Rights of Disabled People, Better Public Services, Whanau Ora, CEDAW, Family start, strengthening families
- Social marketing initiatives
    - It's not OK
    - White ribbon
- Guidelines
    - Violence intervention guidelines 2011 need to be completely endorsed
    - Elder abuse and neglect guidelines (not yet implemented)
    - Disability family violence intervention guidelines could be developed similarly?
    - Domestic violence and disability booklet/resource
    - [another group also raised the Women's Refuge NZQA training programme]
- Cross-sector initiatives
    - Family violence clearinghouse
    - Mauri Ora
    - Disability domestic violence training (not yet completed but meant to be across the disability and family violence domains)
    - E Tu Whanau-ora
- organisation-specific initiatives and training, such as
    - Shine, Violence Intervention Programme, Child matters, DSAC, Disability Coalition Against Violence, National Collective of Independent Women's Refuges, shaken babym, National Network of Stopping Violence Services, pasifika training framework, Well Child/Tamariki Ora, Clothesline.
From elsewhere —
- The CAADA model in the UK
- National health service system integration

Another group considered the question "Is it possible to identify core skills and knowledge the workforce needs, and what might these elements be?" A set of competencies were identified:
- cultural competencies around violence
- understanding violence, including the role of gender and non-physical violence
- awareness of dynamics compromising victim safety
- ability to identify psychological abuse
- use of the Duluth model
- how to identify abuse
- knowledge of protocols between CYF, Police, and Women's Refuge, the FVIARS system, and other protocols used to respond
- risk assessment questions

	The third group considered the question "Assuming we can agree on the skills and knowledge the workforce needs, what next? How can this be translated into training and development?" Their ideas were:
	• Ensure organisations have a structural response that supports individuals
	    ○ Captured in policy that talks about training
	    ○ And also have the training available, including for volunteers
	    ○ Include in position descriptions, induction, supervision, performance appraisals, quality improvement
	    ○ Integrate, implement, embed.
	• In parallel, ensure it is included in tertiary professional qualifications, certificates, diplomas, etc., undergrad and post-grad
	• Establish ongoing training set up with accredited bodies (RESPECT a good UK example)
	• Feed into the Children's Action Plan framework
	• Require family violence training as part of accreditation/registration
	• Ensure relevant questions are in exams, through curriculum discussions — Ministry of Education lead?
	
	In plenary discussion current work by the New Zealand Qualifications Authority was raised. This is a targeted review of qualifications across health, social services and Whanau Ora, Which may provide opportunity to identify core competencies expected.

7	Ideas were collected in writing about future process for developing a national training framework and the next workshop END

Workshop two

Date: 21 May 2013

Time: 9:00 am to 12:00 pm   s 9(2)(a) OIA Privacy of Natural Persons

Location: Room 3.26, Ministry of Education offices, 45-47 Pipitea Street (Wellington)

Chair: Principal Policy Analyst, Ministry of Health

Attendees: (Ministry of Social Development), (Ministry of Health), (New Zealand Police), (Ministry of Women's Affairs), (New Zealand Defence Force), (Health Networks Limited), (Ministry of Education), (Ministry of Justice), (Jigsaw), (Relationships Aotearoa), (Hall McMaster and Associates)   s 9(2)(a) OIA Privacy of Natural Persons

Item	Notes
1	Introductions made among attendees.
2	A presentation was given concerning the purpose of the day.
3	The workshop was asked "what problems and challenges exist with the training, education and personal development of the family violence workforce?" Key issues identified that were prioritised for further workshopping were: • A lack of organisational support and leadership from government agencies and professional bodies to support the effectiveness of training received by front-line workers (organisations may not recognise the importance of addressing family violence) • Low understanding of different roles dealing with family violence and the particular role of individuals within the wider system (acting in isolation) • Cost and resource barriers for organisations who may not be able to release staff even when there is an expectation training should take place • Lack of a "map" describing how the sector should work together and lack of agreement on the corresponding competencies and structures required. Other important issues were discussed: • Many, perhaps a majority of those within the workforce get no training – can't be assumed to have it. This includes family support services, NGO stopping violence services and other non-government services, counsellors, social workers, lawyers and doctors • Disparate and diverse workforce where a one-size-fits-all is inappropriate • Low skill workforce with a high churn rate; part-time workers are hard to attract and retain • difficult to get good cultural matching in the workforce to areas of need; Maori, Pacific, Asia, refugee/migrant populations • Low awareness by many that addressing family violence is part of their job • Training sometimes doesn't give sufficient attention to broader context and can be narrowly focused on reporting of detected instances • Training is often a one-off without follow-up or assessment; training models are often not effective – time, place, and consolidation need to be right. • Training is not part of core professional training nor of professional development • Too much separation of training.
4	With reference to the four key issues identified earlier, the workshop was asked "what actions over the next 12-18 months could address these problems?" To provide some initial indication of importance/usefulness, participants were invited to 'vote' for the most useful ideas. On that basis, the most well-received suggestions were: • Get family violence competencies built into professional standards, regulations, and initial training; possibly across health and social services and police education • Leadership in government agencies be developed — identify and support champions within organisations to work on programme/policy development, and provide education to organisational leaders on family violence to build support • Clearly link family violence with the Children's Action Plan workstream and

		leverage that momentum • Produce a map of the workforce graduated from prevention through to intensive intervention, and use this as a basis to identify gaps in training (and to move from current to ideal sector functioning) • Place a requirement in government contracts that organisations need to meet competencies or standards relating to family violence. Other ideas were also proposed: • Pull together the right people to lead the process of designing standards and training development • Monitor steps taken against outcomes achieved • Draw on international resources • Establish a national mandate for all organisations (government?) to develop a family violence policy, frameworks and training • Establish a national body to set standards and provide training.
5	Coffee	

6		Focus then shifted to how greater commonality or consistency of training could be achieved cross-sectorally through a 'national training framework'.
		
		Initial plenary discussion investigated whether within the 'system' of identification/referral, FVIARS, family and criminal courts, children's teams, etc. there were certain 'clusters' well-served by training, as opposed to other areas poorly served. The consensus was that 'nowhere is well-covered'. However, there are some examples of inter-agency or cross-sector training in place:
		• the child protection protocol between CYF and police, which is supported by joint training
		• training provided by family violence networks at a local level (about 50 across the country), most of which are funded by FACS
		• training delivered by Child Matters is funded by CYF but open for others to attend.
		
		Further discussion addressed three questions in groups.
		
		One group considered the question "What do we already have that could be built on, extended, or improved in order to provide cross-sector training consistency?" Items identified as models that could inform further work were:
		• The child protection protocol between DHBs, CYF and Police, incorporating
		  o Joint annual training between police and CYF
		  o Joint investigation plan laying out roles and assigned responsibilities
		  o Agreed referral pathway
		  o Test of seriousness criteria
		• The range of assessment tools currently used:
		  o Ontario Domestic Assault Risk Assessment (Police)
		  o CYF framework – signs of safety
		  o Health screening with Family Violence Intervention Group
		  o Spousal Assault Risk Assessment (Corrections)
		  o Child risk factors used to prioritise referrals
		• Partnership working through youth offending teams
		  o Joint training, stocktake and relationships across; Health, CYF, Ministry of Justice, alcohol and drug services, counselling, Police, child and adolescent mental health services, child and adolescent family service, Education

- Life Hawkes Bay training model
  - This initiative used a scenario-based approach to determine interagency roles and to model agency response for the community, providing a platform for further work
  - Models of training were identified and how well they were working (e-learning as well as face-to-face)
- This group also discussed the need for a systems approach with common understanding and tools between agencies, a joined up knowledge base, and critical analysis/feedback to improve delivery and provide accountability.
- A possible approach that may be effective in increasing the reach of training is to mandate it within organisations.

Another group considered the question "Is it possible to identify core skills and knowledge the workforce needs, and what might these elements be?" The group cautiously concluded that core competencies can be identified, though they should be tiered, and there is a need to develop common definitions and role clarity. Possible competency areas discussed were:
- information sharing processes and dealing with concerns around privacy
- the 'cycle of violence' and the Duluth model
- accurate and appropriate recording
- identification
- knowing where to refer/take information
- tiered competencies around intervention
- cultural competency
- safety of the victim and professional
- common risk assessments for family violence (pulling it together, identifying gaps and how can be applied to different workforces)
- variety of tools
- consistent terminology.

The third group considered the question "Assuming we can agree on the skills and knowledge the workforce needs, what next? How can this be translated into training and development?" Their ideas were:
- working with Taskforce agencies, including NGOs:
  - audit current training
  - compare against the agreed skills and knowledge
  - require each agency to develop a plan to update all training to bring it into alignment with the framework
- FVIARS should be used as an opportunity to pilot multi agency training based on skills and knowledge
- extensive work to socialise and sell the idea of building competencies in family violence
  - open dialogue with NZQA, universities, professional bodies, ITOs
  - this includes ensuring there is a shared understanding of family violence across agencies and NGOs, as well as shared competencies.

Other ideas were discussed in plenary session to end the day:
- developing or adopting common documents (victim charter, rights of the child, Duluth model)
- identifying the core and wider family violence workforce
- work will be required to convince some people that family violence is part of their role (not necessarily that 'they are part of the family violence workforce

	– framing is important) in general community groups such as churches • there is an issue in schools, where some receive additional social work support (low decile), while there is less support to teachers is other settings • expectations around competency or standards could become a standard line in job descriptions cross-sectorally • may need to look at what the barriers are to fundamental competencies around broaching the issue • two approaches are possible to improving the reach of training – mandating, or creating a supportive culture and environment where people want to be involved • a principle in play is that no matter who a victim talks to first amongst agencies and practitioners, their first few interactions should be positive.
7	Ideas were collected in writing about future process for developing a national training framework. END

Appendix B: Examples of competency frameworks

Name of framework	Description	How it is intended to be used	Competencies identified
The Common Core of Skills and Knowledge (UK)[37]	This is a competency framework for the children's workforce, including those who work with children all the time and those for whom it is only part of the job, both paid and volunteers. There are six "areas of expertise" in the framework, with detailed skills and knowledge listed under each one, though they are not reproduced here.	The common core offers "a single framework to underpin multi-agency and integrated working, professional standards, training and qualifications across the children and young people's workforce." How different organisations and sectors are to use the framework as part of workforce development is left open.	The six areas of expertise are: • effective communication and engagement with children, young people and families • child and young person development • safeguarding and promoting the welfare of the child or young person • supporting transitions • multi-agency and integrated working • information sharing.
Let's get real (New Zealand)[38]	This framework is for all those working in the mental health and addiction workforce, and is built up from seven 'real skills' that can be practiced at three levels — 'essential', 'practitioner', and 'leader'.	The framework "is primarily a quality improvement tool, which aims to complement professional competencies… It is intended to improve education and training for people coming into the workforce, to focus recruitment on attracting and selecting people with the desired values and attitudes, and to enhance performance appraisal and professional development processes." In addition it "isn't about creating a 'generic one-size-fits-all workforce. It is about creating a shared language and common understandings for the provision of effective services."	The seven real skills: • working with service users • working with Maori • working with families/whanau • working within communities • challenging stigma and discrimination • law, policy and practice • professional and personal development.
Family Violence Competency and Training Framework (Singapore)[39,40]	In Singapore it is mandatory for those involved in an episode of family violence, where this results in a protection order, to undertake counselling. This applies both to victims and perpetrators. The framework is	The framework underpinned a Certificate in Family Violence Mandatory Counselling. Staff providing counselling would generally be expected to have undertaken the course unless they could show they had other	Core competency dimensions: • managing processes of family violence cases • risk and needs assessment • counselling and intervention (Victims)

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[37] Refer to URL: <http://www.leics.gov.uk/commoncore_2010_final-2.pdf>
[38] Refer to URL: <http://www.health.govt.nz/publication/lets-get-real-real-skills-people-working-mental-health-and-addiction>
[39] Refer to URL: <http://www.ssti.org.sg/documents/FV%20Framework%20Final.pdf>
[40] Refer to URL: <http://app.msf.gov.sg/portals/0/Summary/publication/Mandatory_CounsellingEngChi.pdf>

	divided into a) core competencies and b) specialised competencies. The Framework "identifies the major job areas and knowledge and skills needed by staff providing family violence work."	equivalent experience or training.	• counselling and Intervention (Perpetrators). Specialised competency dimensions: • working with children • assessing risks • handling child's disclosure of sexual abuse • counselling and programmes for child witnesses of violence and victims of violence • working with parents (Abusive and non-abusive) • working with resistant parents (abusive and non-abusive) • working with resistant parents (abusive and non-abusive).
Safeguarding Children and Young People —A Core Competency Framework For Nurses and Midwives (Northern Ireland)	This framework was developed by the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC), with support from the Department of Health, Social Services and Public Safety, and is specifically aimed at nurses and midwives as a professional group. It maps to a wider framework used in professional development.	The Framework is intended to be used by nurses and midwives in planning their professional development. In addition, it "should inform those developing and providing continuing education and training programmes, to ensure that appropriate and validated programmes are in place."	Basic awareness level: • recognise and respond to safeguarding children issues • understand own role and role of others. Level 1: • understands own role and responsibilities and that of multiagency team • recognises child abuse and neglect • understands importance of record-keeping • understands safeguarding policies and procedures • understands benefits of early interventions • understands parental risk factors for abuse • understands impact of parental health and environmental factors on the child well-being.

			Level 2:
			• acts as an effective child advocate
			• uses risk frameworks to undertake assessments, and plan, implement and evaluate interventions
			• makes appropriate referrals to other agencies
			• shares appropriate and relevant information with other teams and interagency processes
			• ensures that health issues are appropriately included in safeguarding plans
			• contributes to practice improvement initiatives
			• ensures appropriate management of professional concerns and incidents
			• undertakes learning and development needs analysis
			• facilitates learning and development opportunities
			• undertakes supervision/staff appraisal
			• disseminates information to staff.
			Level 3:
			• provides specialist/expert safeguarding advice and support
			• provides safeguarding supervision to all nurses and midwives
			• contributes to and/or develops safeguarding policy, procedures and guidelines
			• communicates safeguarding knowledge
			• interprets the impact of findings from death inquiries and inspections
			• facilitates safeguarding training, conducts training needs analysis
			• identifies risk and risk management.
Core Competency	This document was produced specifically	The framework is intended to "describe the	Level 1: The practitioner will recognise and

Framework for the Protection of Children (Scotland)[41]	for clinical staff working in the National Health Service (NHS) in Scotland, but it is envisaged that future work would explore training requirements of the wider multi-agency workforce. It aligns to the existing wider knowledge and skills framework for the NHS. The framework is divided into four levels, though the nature of these four levels is not fully explained. Each level contains very detailed indicators, competency statements and required knowledge and understanding that are not reproduced here due to complexity.	key areas of child protection work that are common and core across all disciplines, professions and staff groups," and "describe the recommended core knowledge and understanding necessary to support these areas of work." It is guidance that employers are expected to use with employees in order to identify good practice for their role and identify development opportunities. It specifically states that the framework is "not about every employee attending a set number of hours of training."	report situations where there might be a need for protection. Level 2: The practitioner will contribute to protecting children at risk. Level 3: The practitioner will implement aspects of a protection plan and review the effectiveness of this. Level 4: The practitioner will develop and lead on the implementation of an overall protection plan.
National Competence Framework for Safeguarding Adults (UK)[42]	The Framework is intended to provide a benchmark for practice for all those involved in safeguarding vulnerable adults. It is intended to inform all those who work with adults (as well as the public) about minimum standards of competence expected. "There is a consensus that a national competence framework is required to facilitate effective practice across organisational settings." Competencies are divided into staff grouping A and B depending on the level of responsibility for adult safeguarding. The five competencies for staff group A are universal and would be expected of all staff working with vulnerable adults. There are also additional competencies for managers and leaders of services.	"This framework is not meant to stifle organisational autonomy but to provide a guide to establish consistency." Guidance will also be produced for organisations to help with understanding how the competencies can be used in developing a training strategy.	Staff group A: • understand what safeguarding is and their role in safeguarding adults • recognise an adult potentially in need of safeguarding and take action • understand the procedures for making a safeguarding alert • understand dignity and respect when working with individuals • have knowledge of policy, procedures and legislation that supports Safeguarding Adults activity. Staff group B: • demonstrates skills and knowledge to contribute effectively to the Safeguarding process • awareness and application of a range of local and national policy and procedural frameworks when undertaking Safeguarding activity • ensure service users/cares are supported appropriately to understand Safeguarding issues to maximise their

[41] Refer to URL: <http://www.effectivepractitioner.nes.scot.nhs.uk/media/234602/child%20protection%20web.pdf>
[42] Refer to URL: <http://www.suffolkas.org/assets/Training/2013-03-05-Competency-Framework.pdf>

			decision making • understand how best evidence is achieved • understand when to use emergency systems to Safeguard adults • maintain accurate, complete and up-to-date records • demonstrate required level of skills and knowledge to undertake a Safeguarding Adults investigation. •
Competencies Needed by Health Professionals for Addressing Exposure to Violence and Abuse in Patient Care (USA)[43]	This is a competency framework developed by the Academy on Violence and Abuse, an organisation founded in 2005 specifically to promote changes recommended by the Institute of Medicine in 2002, that "called for health professional organizations to develop and provide guidance to their members, constituents, institutions, and stakeholders regarding violence and abuse education." It is intended to apply to a very wide range of health professions, extending even to veterinarians, who may see abused animals. Unusually, it identifies competencies not only at the level of individual learners, but also at systemic or organisational levels, because organisational environments can support or hinder individual practice.	"The competencies are meant to be a common starting point from which academic institutions and professional societies of various health related disciplines can begin to develop profession-specific criteria regarding the skills, knowledge and attitudes that their graduates and employees should be expected to achieve."	Health system competencies: • accreditation systems embody competencies related to violence and abuse • professional cultures recognize the consequences of violence and abuse, and value profession-specific competency • professions provide specialized competencies and appropriate training programs • systems seek and achieve sustained improvement and excellence in dealing with violence and abuse • continuing education standards incorporate material related to violence and abuse • strong research programs on violence and abuse • a common, integrated knowledge base • Implement systemic environmental change. Institutional competencies: • adopt an interdisciplinary approach • focus on prevention

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[43] Refer to URL: <http://www.nsvrc.org/sites/default/files/CoreCompetenciesRevApril2011.pdf>

| | | | • partner with the community in education, intervention and prevention. |
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• develop curricula and training opportunities
• assure learner safety and promote self-care.
• assure an institutional environment free of violence and abuse.

Individual learner competency:
• demonstrate general knowledge of violence and abuse
• demonstrate the appropriate skills to identify, assess, intervene and prevent violence and abuse
• communicate effectively with the patient/client and family
• communicate effectively with the wider health team
• intervene to promote safety and reduce vulnerability
• recognize the individual and cultural variation in relationships and distinguish healthy from abusive patterns
• identify and assess relationship health
• know legal issues in treating and reporting family violence
• know the ethical requirements of one's profession regarding violence and abuse
• engage in multi-disciplinary collaboration and outreach
• practice effective self-care
• obtain the training and skills necessary to advance the field
• apply the concept of systems-based practice.

Appendix C: Risks, strengths and weaknesses of options presented in this paper

The following table describes risks, strengths and weaknesses for the nine options discussed in this paper (pages xxxx –xxxx).

Option	Risks	Strengths	Weaknesses
1: Build consensus across the family violence workforce around the skills and knowledge required by developing a competency framework linked to the Children's Action Plan.	• Poor design leaves the framework unfit for purpose. • The imperatives of the Children's Action Plan mean elements of the framework relating to adults are underdeveloped. • Certain organisations or groups are unwilling to endorse the framework. • No process is established to maintain the framework, and with time it becomes inadequate.	• Links to the Children's Action Plan and harnesses strong political momentum. • Can act as a powerful process of consensus-building. • Provides a conceptual underpinning for a wide range of other actions that could be considered. • Does not necessarily cut across existing requirements — can act as a compliment to other frameworks such as professional standards. • Does not necessarily undermine current training arrangements, since a range of training programmes can all be aligned to a common standard. • Can be done right now. • On its own, should not cost a lot of money.	• Without other actions to ensure implementation, will do little to change training. • Unlikely to speak strongly to specific training needs of certain elements of the workforce, particularly those with highly specialised skills. • Would not achieve as high a degree of uniformity in training as some other actions would, such as mandating training through a single provider.
2: Work with tertiary providers to embed family violence training within professional education..	• Employers may assume no further training is required after qualification. • May be ineffective if there is a lack of organisational support to implement learning when employed. • Education may be delivered to individuals who are never required to use it when employed.	• Can reach a wide swathe of workforce without investment in additional training. • Lays the foundation for further training to be more effective. • Helps those in the wider workforce accept their role in dealing with family violence. • Can be a vehicle for common training across the social sector professions, and for common training between professions and qualifications below degree level.	• Reaches parts of the workforce already likely to have access to a range of training resources. • Low cost intervention.

Option	Risks	Strengths	Weaknesses
3: Formally engage with current the current Qualifications Review to promote systematic inclusion of family violence education within sub-degree qualifications.	• Multiple voices in the Review could create confusion and hinder a coherent approach. • Current funding to a range of existing training courses could be threatened by development of qualifications. • Authors of intellectual property may lose some control of its use if it becomes incorporated into a qualifications framework. • May be ineffective if there is a lack of organisational support to implement learning. • Qualified workforce could increase wage costs for the sector.	• Opportunity to develop undergraduate qualifications in family violence or with family violence dimensions. • Opportunity to develop consistent learning outcomes or expectations that apply across a range of qualifications. • Could lay the basis for consistent learning between degrees and qualifications below degree level. • Training would have a status recognised across the sector and between sectors, improving transferability of staff and skills.	• Ultimately more training would be delivered through tertiary institutions, with likely disruption to organisations currently providing training in the sector.
4: Build on training programmes used by Corrections New Zealand to strengthen the stopping violence workforce.	• Qualified workforce could increase wage costs for the sector.	• Could provide a basis for formal qualifications for stopping violence service providers and others working with groups. • Could provide a useful model for individual accreditation of the stopping violence workforce.	• Limited impact, as principally addresses one specific part of the workforce. • Any accreditation process would have cost and administration implications.
5: Develop widely available on-line self-learning units.	• May not be widely taken up even though widely available. • May be ineffective if there is a lack of organisational support to implement learning.	• Can potentially reach workforce with less access to other forms of training, such as volunteer workforce, or elements of the wider workforce. • The same training could be made available to the whole family violence workforce, complementing existing structures.	• Has limitations as a learning platform. • Costs money to develop and maintain relevant websites.

Option	Risks	Strengths	Weaknesses
6: Use the proposed competency framework to build organisational commitment and alignment between government departments.	• Activities to build and align policies and training could be treated as a compliance exercise by departments.	• Leadership from government would facilitate acceptance of change in other parts of the sector. • Greater institutional support should allow practitioners to implement training more effectively. • A stocktake or review of current training could take place within current departmental baseline funding, as could a range of other suggested initiatives. • Alignment of training and sharing of common elements would enhance cross-sector understanding, reduce duplication of resources, and yield greater transferability of skills in family violence across roles and organisations.	• Strengthening training of the state sector workforce does not help raise skills in other areas that arguable need greater investment, such as the voluntary workforce. • Much of the core workforce provides services outside the state sector.
7a: Incorporate the competency framework into contractual arrangements between government and non-government service and training providers.	• Inadequate resource accompanies roll-out through contracts so that organisations end up doing more for the same funding; exacerbating workforce issues such as high turnover. • Incorporation in contracts is poorly specified and unmonitored with little real change. • Non-government organisations already meeting standards for staff competency are saddled with additional administrative costs for little benefit to services. • Damage relations and trust between government and non-government organisations.	• Enables consistent application of similar competency expectations across the non-government sector, ensuring all service providers meet the same minimum standards.	• Higher administrative costs associated with contractual processes.

Option	Risks	Strengths	Weaknesses
7b: Build capability outside the state sector through organisational accreditation processes rather than contracts.	• Accreditation may fail to attract support of relevant non-government service providers. • Non-government organisations already meeting standards for staff competency are saddled with additional administrative costs for little benefit to services. • Accreditation may not have a strong influence on actual practice.	• Can be voluntary. • Maintains standard-setting at arm's reach from principal-agent relationships, potentially easing the process of contractual negotiations.	• Requires establishment of independent and additional processes supported by staff and resources. • Likely to require significant investment from candidate organisations in preparing for and undertaking accreditation processes.
8: Map the system and develop training to support those parts of the sector that require multi-disciplinary and inter-organisational working.	• May over-emphasise statutory and standard processes over informal or local arrangements.	• Fits well within any wider systems-based approach to improving integration and unity for the sector. • Focuses training on those groups where a joint inter-organisational approach is most necessary. • Identifies limited subsets of the workforce that can function as pilots for wider roll-out.	• To work optimally, would need to be part of a larger programme of work to analyse the system and scope possible changes and improvements.
9: Build a national learning community among family violence networks.	• Insufficient oversight could mean a poor practice is inappropriately championed. • Could suffer from low visibility or interest. • May have limited impact in changing the way local networks operate.	• Helps spread existing good practice. • Can use existing frameworks for sharing good practice, without new IT investment. • Strengthens local networks. • Values and rewards local innovation through wider recognition.	• Is largely an information-sharing exercise and so does not in itself change training. • There is limited central control over local family violence networks and how they operate.