

WORKPLAN

CDHB Implementation of the Family Violence Guidelines for Health Sector Providers (1998, MoH) and Family Violence Implementation Guidelines (2002, MoH)

1. INTRODUCTION

The Canterbury District Health Board is required to implement the Family Violence guidelines. Implementation of these guidelines is a reporting requirement in the current District Health Board accountability arrangements, and is likely to become a formal performance indicator in the 2004/5 Crown Funding Agreement (CFA). Reducing family violence is one of the 13 priority population health objectives within the New Zealand Health Strategy. It is also a key issue for the Child and Youth health priority work for the CDHB.

This paper outlines key issues and proposes a way forward for CDHB.

2. BACKGROUND

Family Violence Guidelines (1998) draw on intersectorial work and give directions to DHBs regarding their responsibilities.

Family violence is defined as:

‘a range of behaviours perpetrated by partners and former partners, family members and household members, and within other close personal relationships. Family violence encompasses:

- Physical abuse
- Sexual abuse
- Psychological abuse which is defined as including intimidation, harassment, damage to property, threats of physical, sexual or psychological abuse (in relation to a child) causing or allowing the child to witness physical, sexual or psychological abuse of another person.’

There are seven principles, associated standards and performance measures that describe the requirements for the Family Violence guidelines. The Principles are:

- Health sector providers will develop family violence protocols, procedures and policies to ensure best practice.
- Family violence protocols will be consistent with legislation.
- Health and disability service providers will be appropriately trained to respond to family violence.
- Effective and comprehensive community and hospital based services will be available to family violence victims and abusers.
- The health and disability sector will provide a coordinated, culturally effective response to family violence.

- Health and disability services will provide a timely, quality response to family violence.
- Strengthening public health action on preventing and reducing the prevalence of family violence and abuse.

In 2002 the Ministry of Health released a further document ('Family Violence Intervention Guidelines – Child and Partner Abuse'), which outlines a model for identifying and responding to family violence in the healthcare setting. This document sits within the Family Violence framework, its intention is to support clinicians with developing and implementing appropriate processes to address Family Violence issues.

3. CURRENT STATUS

A body of work and processes already exist within services in the provider arm (eg. paediatric services, emergency department, and mental health) driven by responses to various government reports, past guidelines and good clinical practice. A 'stocktake' of current status within the provider arm was initiated in 2001.

Within the CDHB work on implementation of Family Violence guidelines has been progressing at various rates. It does not encompass all services including those contracted outside the provider arm.

To support implementation of the guidelines the Ministry of Health has provided (Dec 2002) some 'Train the trainer' training for Paediatric, Women's Health, Emergency Department and Sexual Health staff. The expectation from the ministry has been that these staff will undertake responsibility for implementing the guidelines within the DHB. Staff are unclear and concerned about the expectation on them. Senior management within the DHB have been unaware until recently of this requirement.

4. PURPOSE

The CDHB has a responsibility to apply policy relating to these guidelines across all services. It is appropriate to consolidate the work completed to date and look at opportunities to apply this knowledge across the organisation within resources.

It is the intention of this plan to outline actions and broad timeframes for considering implementation of the Family violence guidelines over the next 12 months and meet the Crown Funding Agreement requirements.

5. ISSUES

This workplan was prepared following discussions were held with nominated representatives from each of the provider arm divisions and presented to General Managers including the General Manager, Population and Public Health. These discussions focussed on informing staff that some work was going to be taking place

rather than comprehensive information gathering. Concerns raised around implementing the guidelines were consistent. A summary of the issues is as follows:

a) *Policy:*

CDHB does not have an organisation wide policy regarding the implementation of Family Violence Guidelines. This has resulted in an uncoordinated approach to implementation, uptake of training and lack of clear direction in relation to process for supporting staff to incorporate the guidelines in to practice.

b) *Training:*

The Ministry of Health are offering free 'Train the trainer' sessions to enable DHBs to implement this policy. Some staff from CDHB have attended training offered last year and another free session is currently on offer for May 2003. There has been no coordination of attendances for these sessions across the organisation. Feedback from attendees at these sessions has been that there is an expectation that the individuals attending will implement the guidelines across the DHB. The training registration form requires managers to sign off on the form committing to implement the guidelines within a 6-month period. Thought needs to be given to who and when CDHB send to attend these session and who can sign off on such a commitment.

c) *Staff support:*

Some staff have attended MOH sponsored training. A clear expectation that staff will take responsibility for implementation of the guidelines within their respective DHBs has been communicated at these sessions. This has resulted staff concern regarding their own responsibility and risk management.

Feedback from other providers implementing initiatives around this indicates that the subject of family violence raised many issues for staff regarding their own experience that the trainers were not equipped to cope with.

d) *Data:*

There is no centralised collection of data relating to identification of potential victims, (reporting requirements will require assessment of the organisation capabilities in this area).

CDHB has 3 SCAN¹ teams operating, all with stand alone databases which are unable to exchange data. This increases the risk of non-identification of victims of violence who can present to three different parts of the provider arm.

e) *CDHB, NGO and Other providers*

The CDHB will be expected to work into contracts with external providers the requirements to implement the Family Violence Guidelines. It is unclear in the

¹ 'Screening and Coordination of Abuse Notification', these teams are known by different names depending on the area of location.

absence of a CDHB policy currently what this means, the timeline for achieving it, data issues and resources needed.

f) Funding:

Funding support for the implementation of these guidelines has not been provided by the Ministry of Health. While some service areas and divisions have some resources in place for existing violence protection/detection/notification processes, none of these encompass the comprehensive scope described in the guidelines. It is essential to identify what can be done within resources and scope potential costs of full implementation.

g) Impact of implementation:

There is an expectation that CDHB services will be able to refer people to external providers. Anecdotal feedback suggests that external agencies (eg. Women's Refugee Centre) have not been informed regarding this policy development or the potential for increased referrals from DHB services. It is unclear at this point how these services might approach managing an increase in referrals from this source.

h) Other DHBs

We have been in correspondence with a number of other DHBs, who are at various stages of implementing the Family Violence Guidelines. For example the Waitemata DHB have established a Family Violence Project steering group and developed a project plan, we see ourselves working closely with them to avoid duplication of effort. They held a successful community agency forum as a forerunner to developing their policy.

6. THE WAY FORWARD

The way forward is for the CDHB to take an evolutionary approach to the implementation of the Family Violence Guidelines (1998), putting in place processes as soon as possible in selected areas while a policy, including identification of data/resource requirements is agreed.

Once a policy is agreed then an implementation plan for its rollout across the CDHB can be put in place, including putting a relevant clause in the National Service Framework/CDHB contracts.

The responsibility and coordination for this project (short and medium term) needs allocating.

7. RECOMMENDATIONS

PHASE ONE

- 7.1. Assign responsibility for project short term and long term
- 7.2. Fast track development of an organisation wide policy (July 2003)
- 7.3. Establish interim process requirements within targeted areas:
 - Paediatrics
 - Child Health
 - Emergency Department
 - Sexual Health
 - Women's Health
 - Older Persons Health
- 7.4. Coordinate attendance at sponsored training
- 7.5. Clarify Ministry of Health expectations on staff sign off for 'implementation of guidelines within 6 months'
- 7.6. Support staff who have attended training making CDHB expectations of ongoing role clear
- 7.7. Confirm cost to coordinate 3 SCAN databases and implement (approximate cost \$2500)

PHASE TWO

- 7.8. Once a policy is adopted (July 2003) action:
 - Embed Family Violence identification process in targeted areas
 - Roll out of policy and processes to other areas of DHB provider arm
 - Introduction of requirement into external contracts as contracts come up for negotiation
 - Establish simple data collection and monitoring processes
 - Support staff training and debriefing
 - Identify what can be funded within resources

It is expected that EMT receive an update on progress is July 2003.