

Developing Hospital Family Violence Programmes: Challenges and Sustainability

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Background

- Aotearoa New Zealand Ministry of Health Family Violence Project Evaluation
- Included hospital programme focus groups to provide qualitative information on programme enablers and barriers and factors that promote organisational change



Purpose

- Gather information about experiences and opinions regarding programme challenges and what can be done to enhance sustainability



Focus Group Methods

- PROGRAMME SAMPLE SELECTION (4 of 25)
 - Programme maturity (high and low)
 - Improvement over time (high and low)
- PARTICIPANT SELECTION
 - Internal & external programme members
 - Invited by family violence coordinator (12-14)
 - Informed Consent
- PROCESS
 - Hospital site
 - Moderator & assistant moderator
 - Focus group guide
 - Standard procedures (Krueger 1998; Krueger & Casey 2000)
 - Audiotape recorded
 - Kai
- LENGTH
 - 1 ½ to 2 hours



Focus groups guide

1. Description of programme (context)
2. Enablers
3. Barriers
4. Sustainability
5. The Future



Focus Group Guide: Sample questions

- Describe the family violence intervention programme in your hospital: Where is it situated in the organisation? Which groups are involved?
- To what extent does the hospital integrate services with other agencies in the community?
- Thinking about the elements of a successful programme, to what extent has such a programme been achieved in your setting?
- Thinking about the programme here, what has helped to get things going?
- What has got in the way?

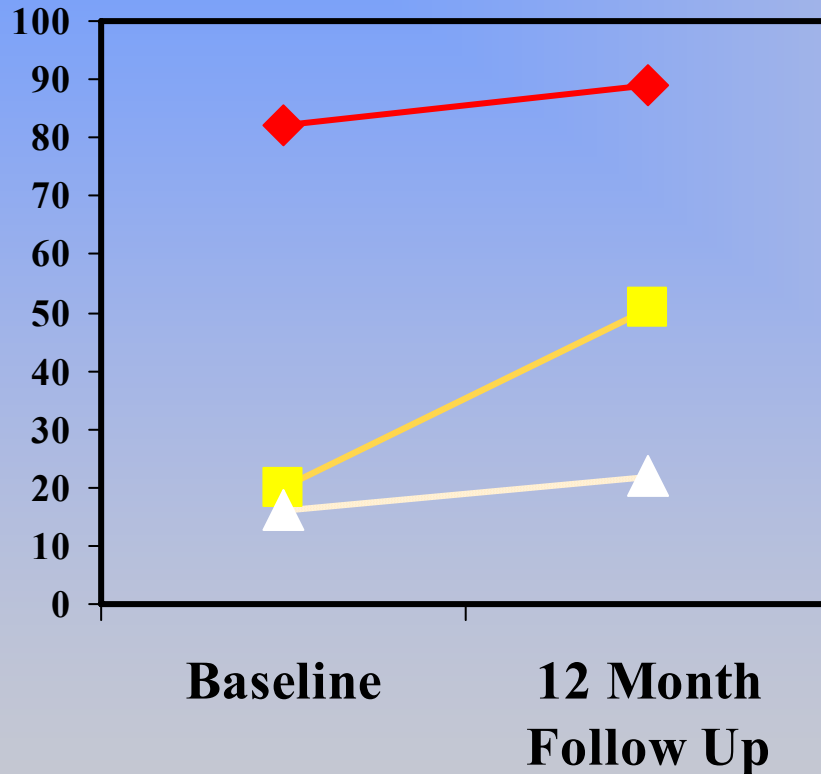


Data management & analysis

- Audiotapes transcribed and audited
- Content analysis with categories related to focus group guide
- Delphi category review
- Descriptive summary provided to participants to check for accuracy and feedback



Selected Sites (3)



- ◆— Large regional hospital; 4 years
- Medium provincial hospital; 22 months
- ▲— Small rural hospital; no programme



Attendees

- N=6, 8, 9
- Included programme representatives:
 - family violence coordinators
 - social workers
 - physicians
 - charge nurses
 - child protection workers
 - managers
 - local community stakeholders such as women's advocates
 - Maori health



1. Programme Description

- Programmes initially driven by responding to child abuse and neglect
 - Children’s Commissioner Report (2000)
- Programmes resided in child and women’s health
- 2 programmes had FVC (0.6-0.7 FTE);
1 did not



2. Key Enablers

- Senior management support
- Dedicated Family Violence Coordinator
- Building on prior structures
- Working with family violence 'friendly' units
- Good internal relationships within the hospital
- Clear policies and procedures
- Gradual rolling out of programme
- Close networking with NGOs (eg. Women's Refuge) and other agencies in the community (police, CYFS)
- Audit



3. Key Barriers

- Lack of institutional support
- Lack of long term commitment
- Relying on individuals (rather than embedded in systems)
- Competing demands
- Pre-existing attitudes



4. Sustainability

- Gradual roll out
 - Doing things well
 - Embedding before expanding
- Need for ongoing training
- Network of resource people
- Secure, ongoing funding



5. The Future

- Need for ongoing commitment and funding
- Communicating the programme to the community - stronger links
- Expanding programme (services, abuses)
- Positioning of FVC: need for authority across services



Delphi: Enablers

Delphi Domain	Programme Maturity		
	LOW	MED	HIGH
Policies & Procedures	2	6	3
Collaboration	1	3	2
Training		1	1
Intervention Services		1	1
Cultural environment			1
Screening & Safety Assessment			1
Documentation			



Delphi: Barriers

Delphi Domain	Programme Maturity		
	LOW	MED	HIGH
Policies & Procedures	4	2	2
Collaboration	2		
Training	1		1
Cultural environment	1	2	1



- Domains most frequently mentioned as both enabler and barrier: Policies and Procedures and Collaboration
- Domains not mentioned as either barriers or enablers included Physical Environment and Evaluation Activities



Quote (↑ maturity, ↑ score)

- *I think the programme remains fragile. Even within the services with high screen rates, it would take only a few key staff to leave, and I think that it would be at risk of falling over... So we need to put time and effort into supporting the key practice leaders in those services who are asking the questions... I think it would be a mistake to assume that everybody is doing well, take the pressure off.*



Quotes (→ maturity; > score)

- *But I find I've grown through this process and I've learned a lot more about the real value of what we're trying to do and how important it is...just about every family in the region has somebody contact[ing] our services through the year...the screening function, I think we've just got this amazing capacity.*
- *I was told at this training about two social workers who did excellent work, and the emergency department staff wanted me, they were very explicit, they clearly wanted me to go back to social work and tell them what they did and how much they appreciated and respected their involvement ...and I think that then kind of creates a culture of goodwill and good interpersonal...and professional relationships.*



Quotes (↓maturity; ↓score)

- *The implementation of the family violence guidelines was very much influenced by funding and resources to be able to do that. For example [we would need a] family violence coordinator so...we are very much awaiting the...lead from the DHB.*
- *We're still struggling obviously with the partner abuse side because there's no one ...it needs a DHB approach and they need to employ someone in the family violence area, the partner abuse area, ... there [are] initiatives everywhere but ... they don't have enough support for the initiatives.*



Conclusions

- Significant differences across programmes
 - Maturity
 - Style of Coordinator (philosophy, way of working)
 - Health system and community contexts
- Resources & organisational support are needed
- Supported outputs included in the Delphi tool
- Valuable information about programme development learned



Limitations

- Small sample (limited to 3 programmes)
- We didn't hear from everybody (some 'players' not there)
- Influence of having fv coordinator present
- Analysis continuing



Implications

- Provide resources and guidance specific to where programmes are in their development
- Advocate politically for long term commitment to family violence
 - District Health Boards
 - Ministry of Health
 - Government (cross-sector; cross-party)

