HOSPITAL RESPONSIVENESS TO FAMILY VIOLENCE:

60 MONTH FOLLOW-UP EVALUATION

MINISTRY OF HEALTH
MANATŪ HAUORA

Interdisciplinary Trauma Research Unit
Te wairere au noa

VIP violence intervention programme

AUT UNIVERSITY

HOSPITAL RESPONSIVENESS TO FAMILY VIOLENCE: 60 MONTH FOLLOW-UP EVALUATION

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For more information visit www.aut.ac.nz/vipevaluation

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BACKGROUND

Family violence (FV) is recognised to have significant social, economic, and health tolls internationally and in Aotearoa New Zealand.[1-9] With the identification of family violence as a preventable public health problem,[10] the Ministry of Health began a Family Violence Health Intervention Project in 2001 (see Appendix A). In 2007, the Ministry launched the renamed Violence Intervention Programme (VIP) in District Health Boards (DHBs). VIP seeks to reduce and prevent the health impacts of violence and abuse through early identification, assessment and referral of victims presenting to health services. This programme is part of the health sector response which is one component of the multi-agency approach to reduce family violence in New Zealand led by Government's *Taskforce for Action on Violence within Families.*[11]

The Ministry of Health published *Family Violence Intervention Guidelines* addressing child and partner abuse in 2002 and elder abuse and neglect in 2006. These guidelines support health professionals in identifying and responding effectively to cases of family violence. In 2007, the Ministry funded Family Violence Intervention Coordinator (FVIC) appointments to expand the significant progress made by DHBs during the VIP pilot phase. Local programmes are also being supported by individual hospital evaluation reports, a national programme management function and health professional training, all funded by the Ministry of Health.

An external evaluation project operating since 2003 provides information to DHBs and the Ministry about the implementation of family violence programmes.[a] This 60 month follow-up report documents the development of DHB family violence systems response based on five rounds of hospital audits 2004 to 2009. The longitudinal data contribute to the nationwide picture of family violence healthcare initiatives across Aotearoa New Zealand acute care services. The quantitative data are the result of applying an audit tool to measure system indicators at 27 hospitals (21 DHBs).

The evaluation seeks to answer the following two questions:

1. **How are New Zealand District Health Boards performing in terms of institutional support for family violence prevention?**

2. **Is institutional change sustained over time?**

METHODS

SETTING

The 60 month follow-up evaluation site visits were conducted in 27 acute secondary and tertiary public hospitals across Aotearoa New Zealand (see Appendix B). All 27 hospitals participated in both partner abuse and child abuse and neglect programme evaluations. The evaluation project was approved by the Multi-region Ethics Committee (AKY/03/09/218 with annual renewal).

AUDIT TOOL

Quantitative audit data were collected applying the *Delphi Instrument for Hospital-Based Domestic Violence Programmes.*[12, 13] The original tool was modified for the Aotearoa context in 2003, creating a *Partner Abuse (PA) Programme Evaluation Tool* and *Child Abuse and Neglect (CAN) Programme Evaluation Tool*. The audit tools assess programmes against criteria for an ideal programme given current knowledge and expertise.

The *PA tool* has been used without change across all audit periods. In 2007, a Delphi process with a New Zealand expert panel was conducted to revise the *CAN tool* to improve its content validity.[14] This *Revised CAN tool* was subsequently used for the 48 and 60 month follow-up audits.

The audit tools have been available (open access at www.aut.ac.nz/vipevaluation) as interactive excel files since 2008. This format allows users to see measurement notes, enter their indicator data and be provided

[a] For the full series of evaluation reports go to: www.aut.ac.nz/vipevaulation

score results. Users are encouraged to use these interactive excel files to self-audit in preparation for the site visit.

The 64 performance measures in the *Revised CAN tool* and 127 performance measures in the *PA tool* are categorised into nine domains (see Table 1). Each domain is standardised resulting in a possible score from 0 to 100, with higher scores indicating greater levels of programme development. An overall score is generated using a scheme where some domains are weighted higher than others (see Appendix C for domain weights).

TABLE 1. AUDIT TOOL DOMAINS

DOMAINS	BRIEF DESCRIPTION
Policies & Procedures	Policies and procedures outline the assessment and treatment of family violence victims, mandate routine screening and direct sustainability.
Physical Environment	Attention to the physical environment (posters and brochures) lets patients and visitors know that it is OK to talk about and seek help for family violence.
Institutional Culture	Institutional culture indicators herald recognition of family violence as an important issue for the hospital and maturation of a family violence programme.
Training of Staff	A formal plan should be in place to train hospital staff to identify persons exposed to family violence and how to respond appropriately.
Screening & Safety Assessment	(*Partner Abuse Programme Evaluation Tool* only) Standardised partner abuse screening and safety assessment instruments are available. Eligible patients are screened for violence.
Documentation	Standardised family violence documentation forms are used with attention to forensic details.
Intervention Services	Intervention checklists are available, with attention to co-occurrence of partner violence and child abuse.
Evaluation Activities	Evaluation activities monitor whether a programme is working efficiently and achieving its goal of system change.
Collaboration	Family violence programmes call for collaboration throughout their processes, from policy and procedure writing to monitoring programme effectiveness. Partnerships within the hospital as well as with external stakeholders such as Women's Refuge and Child, Youth and Family are important.
Safety & Security	*(Revised Child Abuse and Neglect Tool* only*)* All children and young people are assessed for safety. Safety risks are identified and security plans implemented and attend to all children in a family.

PROCEDURES

Procedures for the 60 month follow-up audit mirrored those of the baseline, 12, 30 and 48 month visits as described below:

1. A letter of introduction was sent to each DHB CEO alerting them that the follow-up audit was due.

2. The person identified to act as a FV Liaison (either a Family Violence Intervention Coordinator [FVIC] or a person identified by the manager) was contacted, after which the general audit process and scheduling of the audit was arranged by e-mail and telephone.

3. Confirmation of the audit date and a detailed checklist of documents that needed to be collated for the audit were sent to the FV Liaison.

4. The FV liaison was asked to coordinate the involvement of others (such as the child protection coordinator) in the site visit as appropriate.

5. A few days prior to the audit, contact was made with the liaison to answer any outstanding questions about the audit.

60 month audit procedures were carried out by Professor Jane Koziol-McLain and Claire Gear. Audits were conducted by Professor Koziol-McLain during a site visit lasting approximately 8 hours.

In addition to the DHB FV liaison person, partner abuse and child protection coordinators; social workers; representatives from the paediatric, maternity and emergency wards; as well as hospital management often contributed to the audit.

On completion of each site visit an audit report was provided to the DHB liaison person, usually within two weeks, to confirm the accuracy of the audit report. Once confirmed, the finalised report was sent to the DHB CEO, with a copy sent to the FV liaison.

TIMEFRAME

Sixty month follow-up hospital audits were conducted between March and October 2009. The average time between the baseline and 60 month follow-up audit was 64 months (see Table 2).

TABLE 2. AUDIT SCHEDULE

	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	-	TOTAL
Baseline Nov 03–Jul 04	1	3	4	8	5	0	1	1	1	-	25
12 Month FU Nov 04–Jul 05	1	1	3[a]	8	8	0	0	2	2	-	25
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	-	
30 Month FU Jul 06-Feb 07	0	0	7	6	5	1	0	3	4[b]	-	26
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
48 Month FU Mar 08-Dec 08	4	4	3	2	7	5	1	0	0	1	27
60 Month FU Mar 09-Oct 09	2	2	4	6	1	7	4	1	-	-	27

ANALYSIS PLAN

DESCRIPTIVE ANALYSIS

In this report we present baseline, 12, 30, 48 and 60 month follow-up scores for each domain and overall Delphi scores. Box plots are used to examine the distribution of scores over time (see Appendix C: *How to Interpret Box Plots*).

Both domain and overall scores may range from 0-100, with higher scores reflecting a greater level of programme development. The reader should note that both mean (mathematical average) and median (middle) scores are used.

In 2004 the 'minimal achievement threshold' (target score) was set at 70 based on international[13] and baseline New Zealand data[15]. The number and proportion of hospitals meeting the threshold over time are reported.

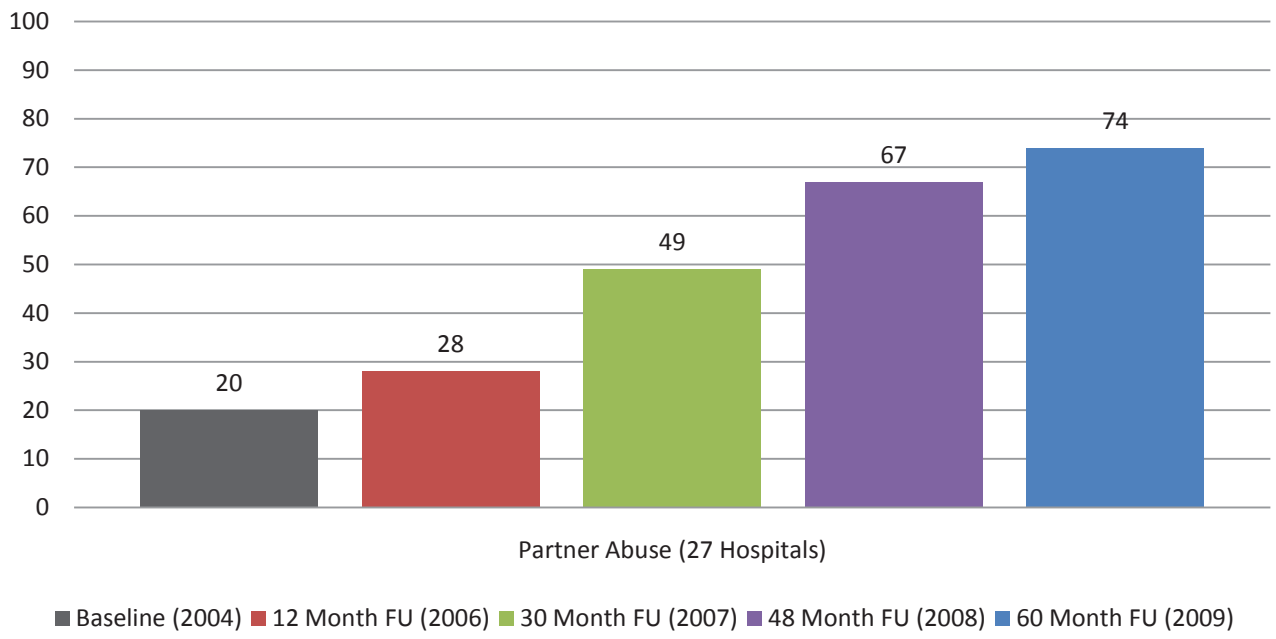
[a] Includes one hospital that had baseline scores carried over, and a second that had delayed audit scores imputed.
[b] The final audit was conducted 1 February 2007.

FINDINGS

PARTNER ABUSE AUDIT FINDINGS

- *Overall partner abuse programme development has steadily increased over the last five audit periods (Figure 2).*
- *At the 60 month follow-up, the overall partner abuse programme score ranged from 34 to 94, with 74 being the typical (median) score.*
- *15 (56%) hospitals have now reached the target score of 70, compared to 13 (48%) hospitals at the 48 month follow-up audit.*

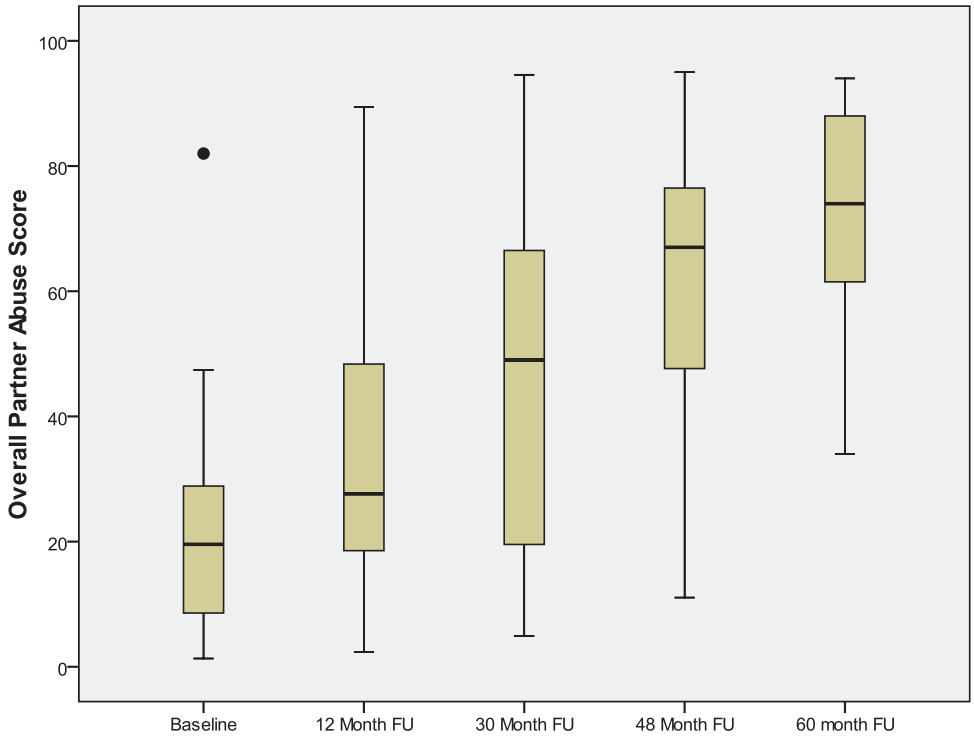
FIGURE 1: MEDIAN HOSPITAL PARTNER ABUSE PROGRAMME SCORES 2004-2009



Boxplots (Figure 2) demonstrate distribution of scores over time. Scores were tightly bunched at the lower range of the scale at baseline. There was wide score variation at 12, 30 and 48 month audits, indicating a period of change. At the 60 month audit, scores are again tightly bunched, but now at the upper range of the scale. There are still, however, some hospitals with scores ranging as low as 34.

Hospital league tables (anonymised) are provided in Figure 4; and median domain scores over time are provided in Figure 3. Table 4 provides the data supporting the displays/figures. Frequencies for individual Partner Abuse Programme Delphi items are provided in Appendix E.

FIGURE 2: OVERALL PARTNER ABUSE SCORE DISTRIBUTIONS OVER TIME



KEY PARTNER ABUSE PROGRAMME INDICATORS

23 (85%) hospitals have instituted partner violence screening in one or more inpatient or outpatient services.

18 (67%) hospitals monitored their partner violence screening effort, *Of eligible patients:*
5 (19%) hospitals screen less than 10%
6 (22%) hospitals screen 11 to 25%
5 (19%) hospitals screen 26 to 50%
2 (7%) hospitals screen 51 to 75%

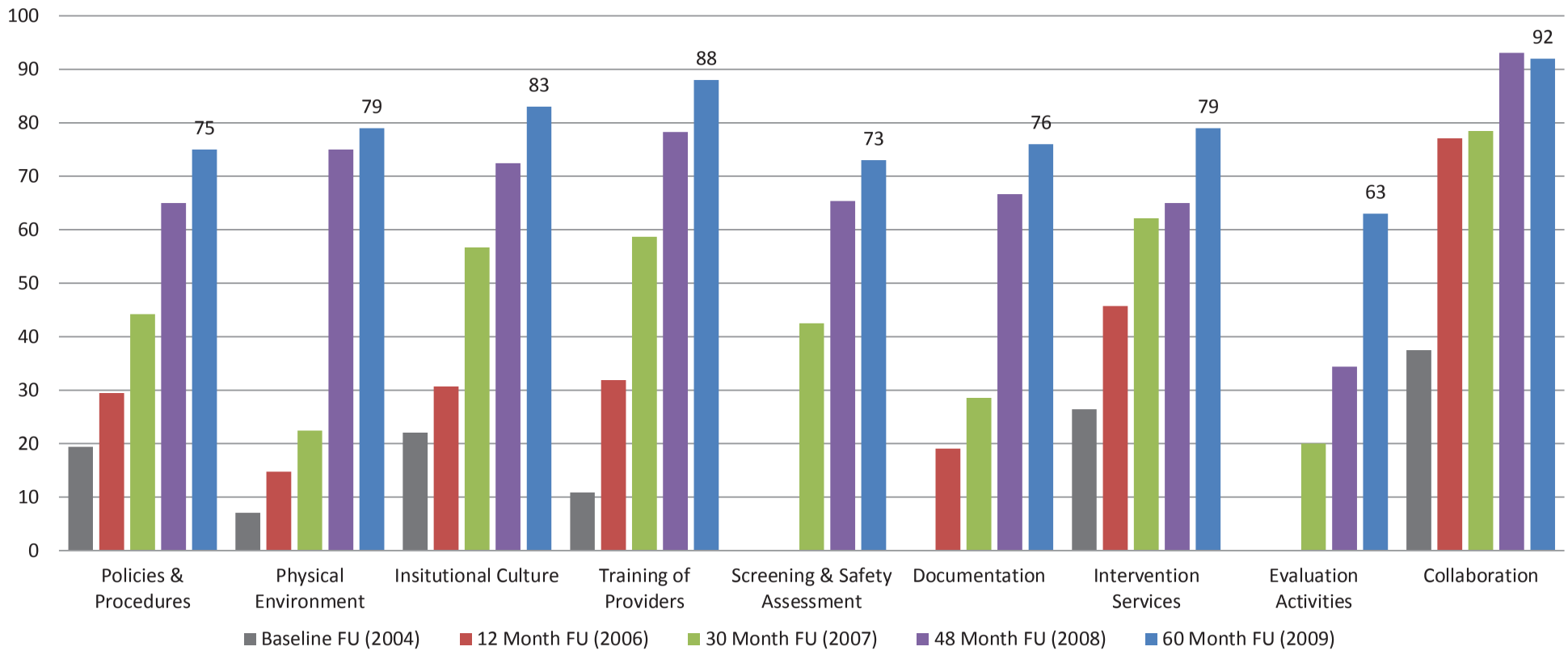
26 (96%) hospitals employ an identifiable partner violence intervention programme coordinator.

24 (89%) hospitals have a formal partner violence response staff training plan.

21 (78%) hospitals had conducted quality improvement activities evaluating their partner abuse intervention programme.

22 (82%) hospitals have implemented official policies regarding the assessment and treatment of victims of partner abuse.

FIGURE 3. PARTNER ABUSE DOMAIN MEDIAN SCORES



- Partner Abuse domain scores continue to steadily increase across audit periods.
- Eight partner abuse domain scores increased between the 48 and 60 month audits.
- Evaluation Activities have historically lagged behind other programme developments. With provision of the Ministry of Health *Quality Improvement Toolkit (2009)* scores have increased significantly at the 60 month follow-up nearly doubling since the prior audit from 34 to 63.

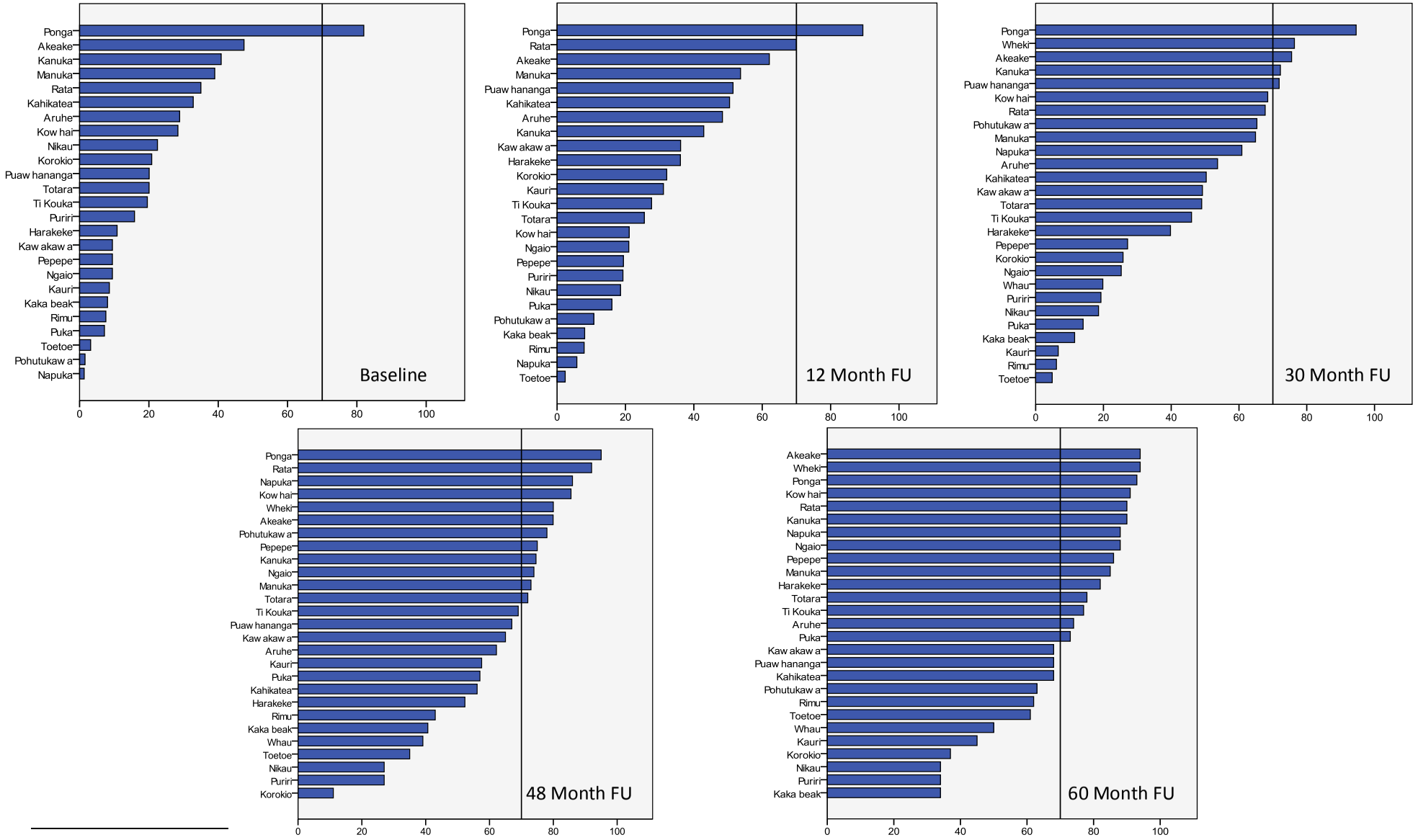
TABLE 4. PARTNER ABUSE BASELINE AND FOLLOW-UP SCORES

	Mean (SD)					*Median*					*Hospitals Achieving Target Score (≥70) n (%)*				
	B	***F_{12}***	***F_{30}***	***F_{48}***	***F_{60}***	***B***	***F_{12}***	***F_{30}***	***F_{48}***	***F_{60}***	***B***	***F_{12}***	***F_{30}***	***F_{48}***	***F_{60}***
OVERALL SCORE	21.2	32.3	45.9	61.9	**70.6**	19.6	27.6	49.2	66.9	**74.4**	1 (4%)	2 (8%)	5 (20%)	13[a] (48%)	**15 (56%)**
Standard Deviation	*18.1*	*21.9*	*26.2*	*21.6*	***20.1***										
DOMAIN SCORES															
Policies & Procedures	22.3	31.5	47.0	59.3	**66.2**	19.4	29.5	48.8	62.0	**75.1**	1 (4%)	2 (8%)	7 (28%)	11 (41%)	**16 (59%)**
Physical Environment	10.2	20.6	36.6	68.2	**71.6**	7.1	14.7	23.1	75.0	**78.8**	0 (0%)	1 (4%)	4 (16%)	16 (59%)	**16 (59%)**
Institutional Culture	27.9	35.3	51.3	63.9	**73.0**	22.1	30.7	59.0	72.4	**83.4**	2 (8%)	5 (20%)	8 (32%)	15 (56%)	**16(59%)**
Training of Providers	23.7	37.0	46.9	64.6	**77.5**	10.9	31.9	58.7	78.2	**88.4**	1 (4%)	5 (20%)	8 (32%)	15 (56%)	**18 (67%)**
Screening & Safety Assessment	14.3	17.1	34.5	55.8	**60.2**	0.0	0.0	42.5	65.3	**73.2**	1 (4%)	2 (8%)	5 (20%)	13 (48%)	**15 (56%)**
Documentation	6.5	18.9	35.2	62.2	**68.2**	0.0	19.1	28.6	66.6	**76.1**	0 (0%)	0 (0%)	2 (8%)	12 (44%)	**14 (52%)**
Intervention Services	33.6	46.3	57.1	62.1	**76.3**	26.4	45.7	62.1	65.0	**79.2**	4 (16%)	6 (24%)	9 (36%)	11 (41%)	**17 (63%)**
Evaluation Activities	11.5	14.3	30.0	40.2	**53.6**	0.0	0.0	20.0	34.4	**63.2**	1 (4%)	1 (4%)	4 (16%)	6 (22%)	**11 (41%)**
Collaboration	35.4	66.3	71.6	84.6	**89.9**	37.5	77.1	78.5	93.0	**91.6**	1 (4%)	15 (60%)	19 (76%)	23 (85%)	**25 (93%)**

Notes: ***B*** =Baseline; ***F_{12}*** =12 month follow-up; ***F_{30}*** = 30 month follow-up; 70 is selected benchmark score

[a] Includes one hospital score which was rounded up during analysis

FIGURE 4: PARTNER ABUSE INTERVENTION HOSPITAL LEAGUE TABLES[a]

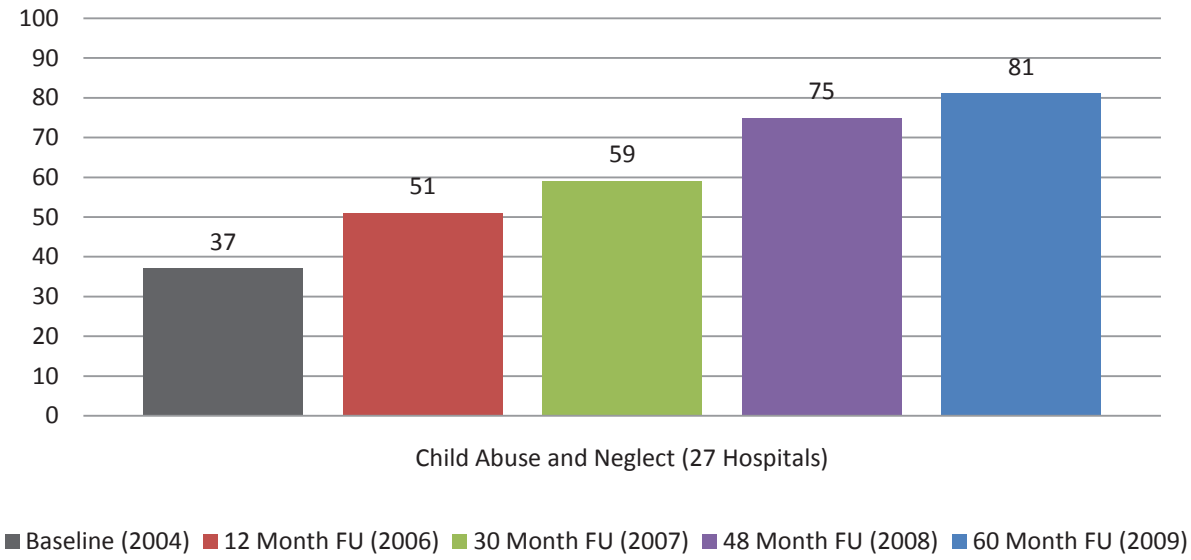


[a] Note Hospitals have been randomly allocated code names from a selection of native Aotearoa New Zealand plants to protect confidentiality during this period of programme development.

CHILD ABUSE AND NEGLECT AUDIT FINDINGS

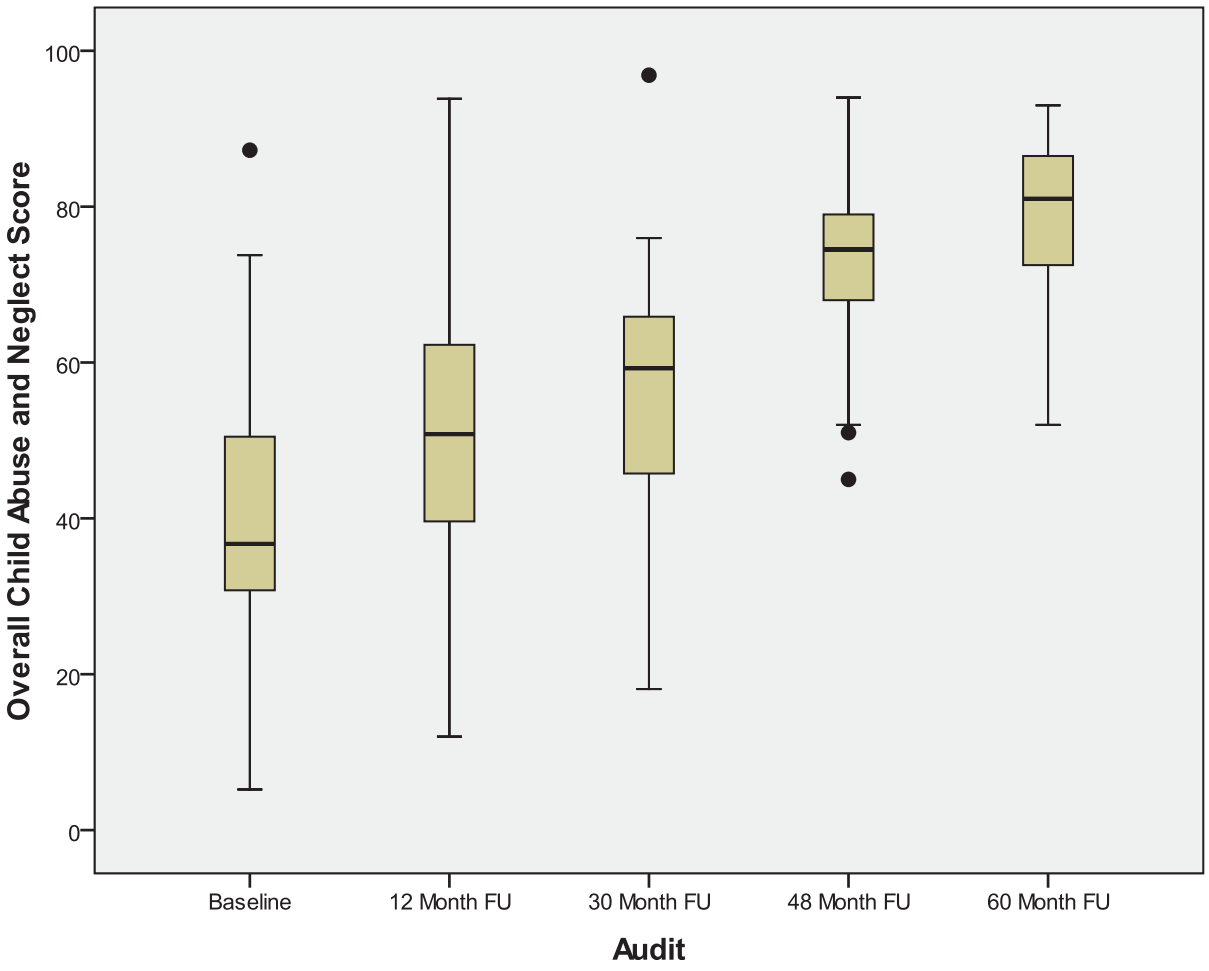
- *Overall child abuse and neglect programme development has steadily increased over the last five audit periods (Figure 5)*
- *At the 60 month follow-up, the child abuse and neglect intervention programme score ranged from 52 to 93, with 81 being the median score.*
- *21 (78%) hospitals reached the target score of 70, compared to 17 (65%) at the 48 month follow-up audit.*

FIGURE 4: MEDIAN HOSPITAL CHILD ABUSE AND NEGLECT PROGRAMME SCORES (2003-2009)



In Figure 8, box plots display the change in Child Abuse and Neglect scores over time; hospital league tables are provided in Figure 9; and median domain scores over time are provided in Figure 10. Table 6 provides the data supporting the figures. Frequencies for individual Delphi items are provided in Appendix F.

FIGURE 5: OVERALL CHILD ABUSE AND NEGLECT SCORE DISTRIBUTIONS OVER TIME



KEY CHILD ABUSE & NEGLECT PROGRAMME INDICATORS

26 (96%) hospitals have implemented official policies regarding the clinical assessment, appropriate questioning, and treatment of suspected abused and neglected children.

24 (89%) hospitals have a clinical assessment policy for identifying signs and symptoms of child abuse & neglect and for identifying children at risk.

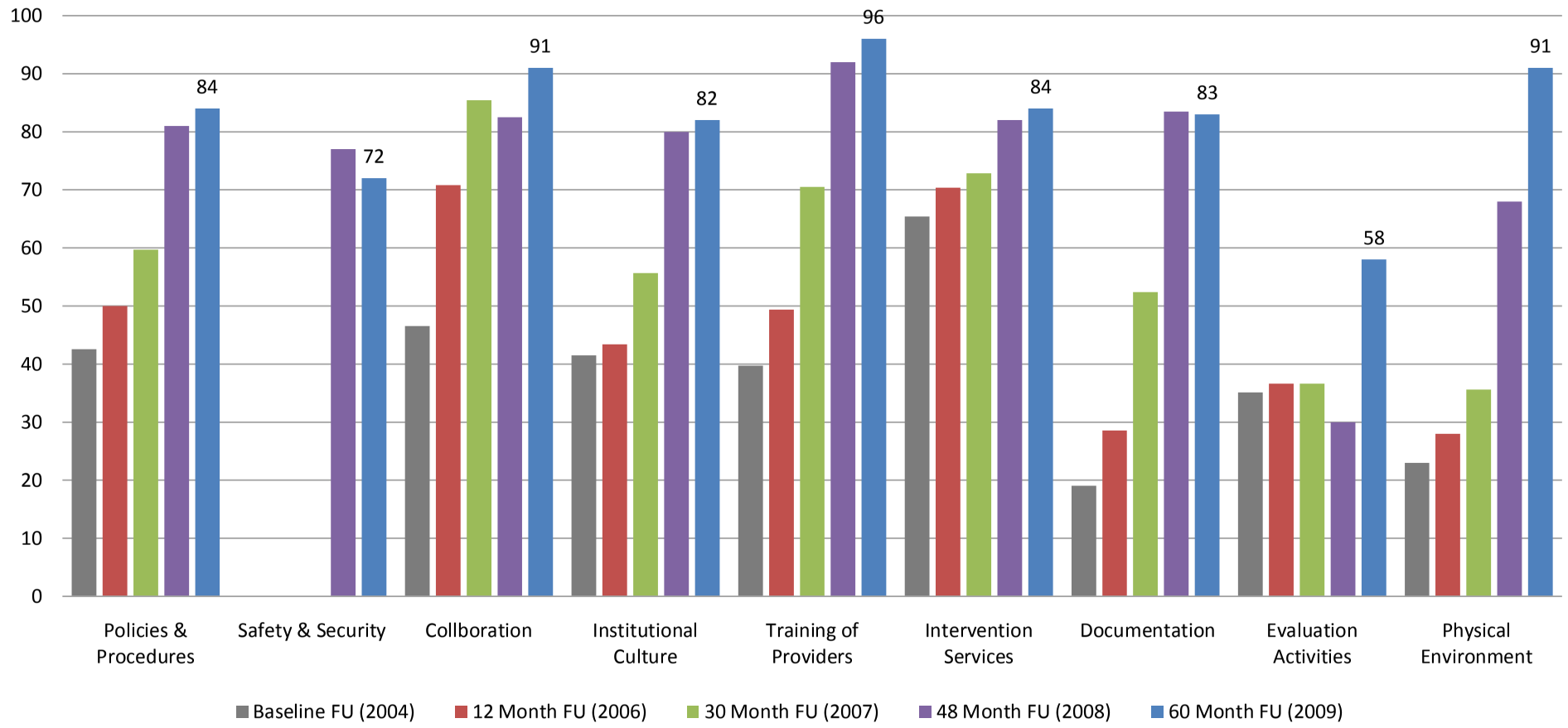
22 (82%) hospitals employ an identifiable child protection programme coordinator.

23 (85%) hospitals have a formal child abuse & neglect response staff training plan.

24 (89%) hospitals had conducted quality improvement activities to evaluate their child protection programme since the last audit.

17 (63%) hospitals conduct formal written assessments of staff knowledge and attitudes about child abuse and neglect.

FIGURE 6. CHILD ABUSE AND NEGLECT DOMAIN SCORES (MEDIAN SCORES)



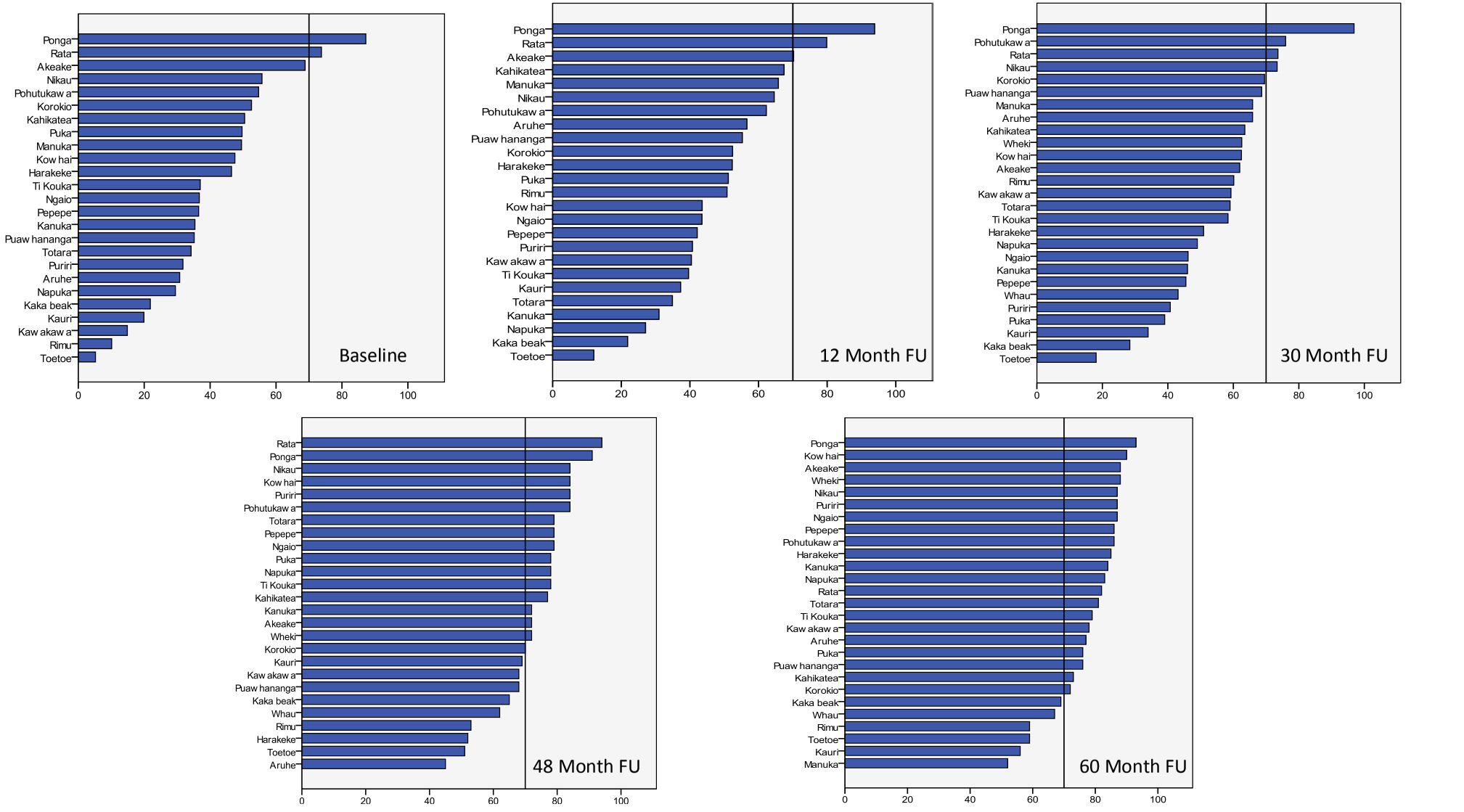
- Seven median domain scores increased since the last audit, particularly 'Physical Environment' and 'Evaluation Activities'.
- The highest scoring domain is 'Training of Providers', with 82% of hospitals achieving the target score of 70.
- The median score for 'Evaluation Activities' domain was 32, with 11% of hospitals achieving the target score of 70.

TABLE 5. CHILD ABUSE AND NEGLECT PROGRAMME SCORES

	Mean					*Median*					*Hospitals Achieving Target Score ≥70*				
	B	***F_{12}***	***F_{30}***	***F_{48}***	***F_{60}***	***B***	***F_{12}***	***F_{30}***	***F_{48}***	***F_{60}***	***B***	***F_{12}***	***F_{30}***	***F_{48}***	***F_{60}***
Overall Score	40.6	49.5	56.5	72.62	**77.8**	36.7	50.8	59.3	74.5	**80.9**	2 (8%)	3 (12%)	4 (16%)	17 (65%)	**21 (78%)**
Standard Deviation	*19.4*	*18.4*	*16.6*	*12.4*	***11.1***										
DOMAIN SCORES															
Policies & Procedures	44.6	51.1	58.5	78.9	**78.4**	42.5	50.0	59.7	81.0	**84.0**	3 (12%)	5 (20%)	7 (28%)	23 (89%)	**19 (70%)**
Safety & Security	-	-	-	75.0	**71.9**	-	-	-	77.0	**72.0**	-	-	-	17 (65%)	**17 (63%)**
Collaboration	45.1	70.4	78.3	81.5	**86.8**	46.5	70.8	85.4	82.5	**91.0**	5 (20%)	15 (60%)	20 80%)	21 (81%)	**25 (93%)**
Institutional Culture	40.9	46.2	55.0	73.8	**76.3**	41.5	43.4	56.6	80.0	**82.0**	3 (12%)	5 (20%)	6 (24%)	18 (69%)	**20 (74%)**
Training of Providers	36.8	51.5	58.4	78.4	**86.3**	39.7	49.4	66.7	92.5	**96.0**	2 (8%)	9 (36%)	12 48%)	19 (73%)	**22 (82%)**
Intervention Services	62.4	67.7	70.0	77.8	**81.5**	65.4	70.4	72.8	82.0	**84.0**	12 48%)	13 (52%)	13 52%)	21 (81%)	**22 (82%)**
Documentation	30.9	35.6	49.1	79.9	**80.0**	19.0	28.6	58.4	83.5	**83.0**	5 (20%)	5 (20%)	7 (28%)	22 (85%)	**19 (70%)**
Evaluation Activities	31.9	35.1	37.7	34.6	**49.1**	35.1	36.6	36.6	29.8	**58.5**	1 (4%)	1 (4%)	5 (20%)	3 (12%)	**7 (26%)**
Physical Environment	23.2	30.6	39.5	68.6	**88.3**	23.0	28.0	35.6	68.0	**91.0**	1 (4%)	2 (5%)	2 (8%)	12 (46%)	**26 (96%)**

Notes: ***B*** =Baseline; ***F_{12}*** =12 month follow-up; ***F_{30}*** = 30 month follow-up; 70 is selected benchmark score

FIGURE 7: CHILD ABUSE AND NEGLECT HOSPTIAL LEAGUE TABLES[a]



[a] Note Hospitals have been randomly allocated code names from a selection of native Aotearoa New Zealand plants to protect confidentiality during this period of programme development.

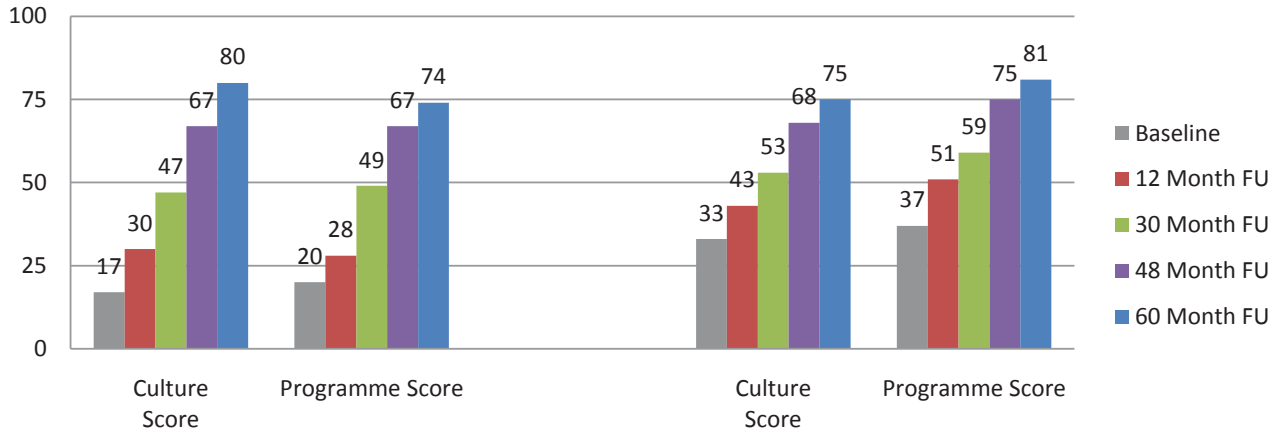
KEY INSIGHT
VIP CULTURAL RESPONSIVENESS

Health systems in Aotearoa New Zealand face significant challenges if they are to respond effectively to the populations they serve. Culturally responsive practice is essential.

The current Partner Abuse and Child Abuse and Neglect evaluation tools include 30 and 28 socio-cultural indicators respectively. The indicators are integrated across the nine domains and address Māori, non-Māori/non-Pakeha (e.g., Pacific Island, Asian, migrant and refugee) and general cultural issues for planning and implementing a family violence response in the health sector.

The following data summarise the sub-set of indicators evaluating cultural responsiveness within Partner Abuse and Child Abuse and Neglect programmes since 2004. Figure 8 illustrates VIP cultural responsiveness scores alongside overall programme scores across the five evaluation periods.

FIGURE 8: MEDIAN HOSPITAL VIP CULTURAL RESPONSIVENESS SCORES 2004-2009



- Cultural responsiveness scores have steadily increased over time, mirroring the increase in overall programme scores.
- 60 Month Follow-up Partner Abuse programme culture scores ranged from 37 to 93.
- 60 Month Follow-up Child Abuse & Neglect programme culture scores range from 29 to 93.

There has been steady improvement in the cultural responsiveness of hospital VIP programmes. Many cultural indicators have existed within hospitals for years (such as translator accessibility for persons who speak English as another language and the provision of Māori health advocacy services) and would be expected to be high performing. Other indicators, such as displaying family violence prevention posters with Māori images, are easily achieved. Despite advances, there remains wide variation across hospitals and the following indicators remain poorly developed across audit periods and nationwide.

11 (44%) hospitals include a non-Māori non-Pakeha representative on the training team.

3 (12%) hospitals have evaluated whether their programme services are effective for Māori.

7 (28%) hospitals set aside funding specifically for Māori programmes and initiatives.

7 (28%) hospitals assess staff on their knowledge and attitude about Māori and family violence.

DISCUSSION

60 month follow-up evaluation results indicate DHBs are well placed to accomplish the Ministry of Health expectation that three quarters (75%) of hospitals will achieve the target score in both Partner Abuse and Child Abuse and Neglect VIP programmes by June 2011. Currently, 14 of 27 hospitals (11 DHBs) have achieved the target score, following three years of Violence Intervention Programme (VIP) resourcing. While this is significant, it indicates that there is still work to be done.

As VIP programmes progress, we expect system developments to translate into better care for clients. Currently, only 2 (7%) hospitals report that more than half of all eligible women are screened for partner abuse. This is in contrast to the New South Wales Domestic Violence Program Snapshot[16], where all targeted programmes exceeded a 50% screening rate. It is recommended VIP programmes focus on increasing screening rates across services, providing better options and care for women, and consequently children, who are victims of violence.

Building relationships with referral services is an essential step in the screening pathway. Effective collaborative VIP relationships with referral services such as social work, Child Youth and Family, Women's Refuge and NGOs will further support and increase effective, collaborative interagency responses to family violence.

As system developments are achieved, it is appropriate to focus attention on programme quality improvements. To that end, the VIP *Quality Improvement Toolkit* (2009) has contributed significantly. The *Evaluation Activities* domain increased significantly over the past audit period for both partner abuse and child abuse and neglect. We would expect to see this trend continue in future audits.

This report has included an analysis of cultural responsiveness within VIP programmes. While cultural responsiveness scores mirror the increase in overall programme scores, particular indicators remain poorly addressed nationwide. Funding provided by the Ministry of Health in 2010 to develop a national Whānau Ora Workforce Development Plan is expected to result in improved DHB responsiveness to Māori, whānau, and other minority populations over the next two years.

2010 represented the third year of VIP resourcing for District Health Boards. Programme supports including the national training programme, national programme manager, VIP website and resources, and the evaluation all continue to support a safe and effective response to women, children and families suffering the effects of violence in the home. As advanced development is achieved, the future is bright for focusing on specific service delivery and quality.

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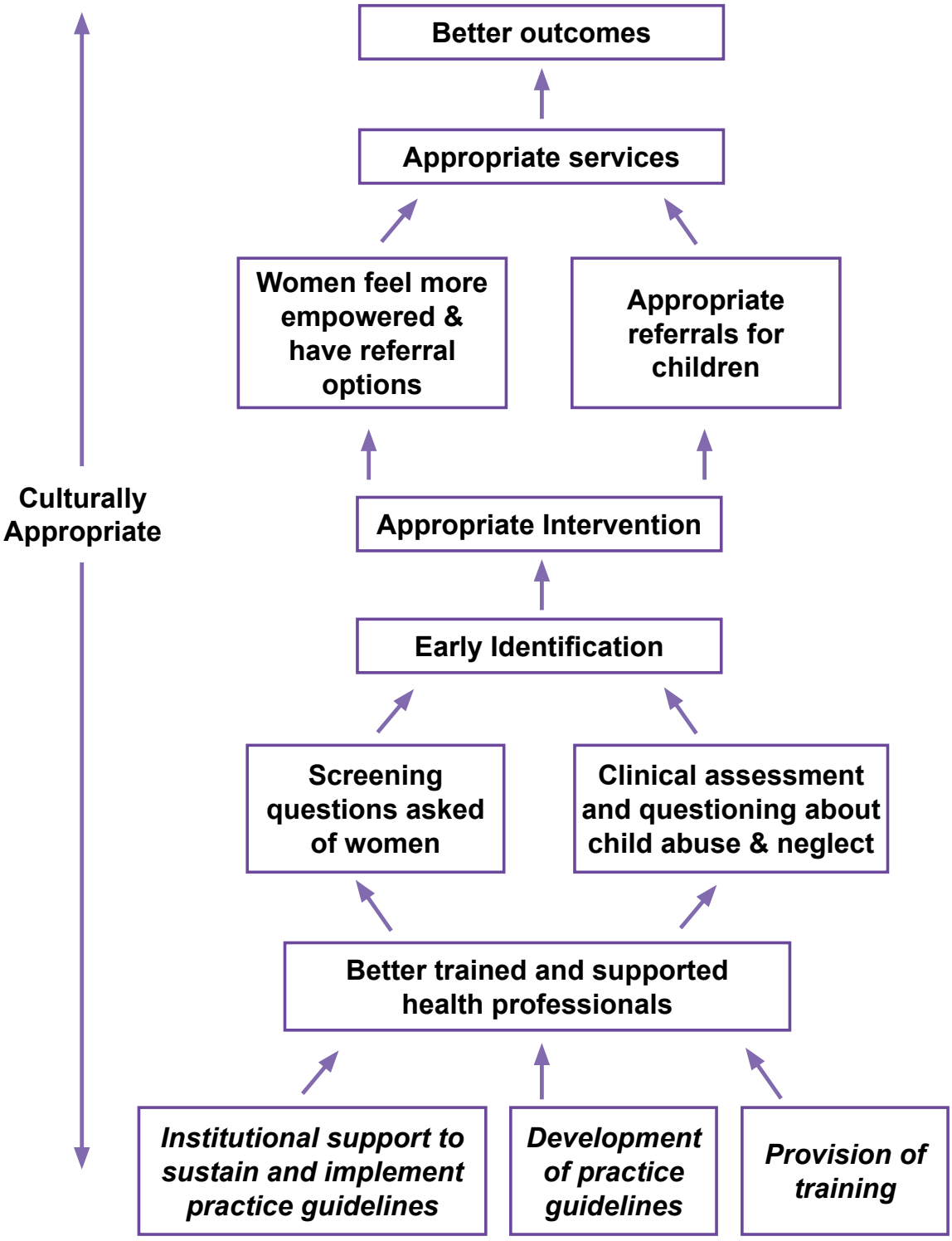
APPENDICES

APPENDIX A: FAMILY VIOLENCE PROJECT PROGRAMME LOGIC[a]



[a] MOH Advisory Committee; modified from Duignan, Version 4, 16-10-02

APPENDIX B: DISTRICT HEALTH BOARD HOSPITALS

District Health Board	Hospital	Level of care
Northland	Kaitaia	S
	Whangarei	s
Waitemata	North Shore	S
	Waitakere	S
Auckland	Auckland/Starship	T
Counties Manukau	Middlemore	T
Waikato	Hamilton	T
	Thames	S
Bay of Plenty	Tauranga	S
	Whakatane	S
Lakes District	Rotorua	S
Tairawhiti	Gisborne	S
Taranaki	New Plymouth	S
Hawkes Bay	Hawkes Bay	S
Whanganui	Wanganui	S
Midcentral	Palmerston North	S
Capital and Coast	Wellington	T
Wairarapa	Masterton	S
Hutt Valley	Lower Hutt	S
Nelson-Marlborough	Nelson	S
	Wairau	S
Canterbury	Christchurch	T
	Ashburton	S
West Coast	Greymouth	S
South Canterbury	Timaru	S
Otago	Dunedin	T
Southland	Invercargill	S

S = secondary service, T = tertiary

Links to DHB Maps:

http://www.moh.govt.nz/dhbmaps

APPENDIX C: DELPHI SCORING WEIGHTS

The reader is referred to the original Delphi scoring guidelines available at: http://www.ahcpr.gov/research/domesticviol/.

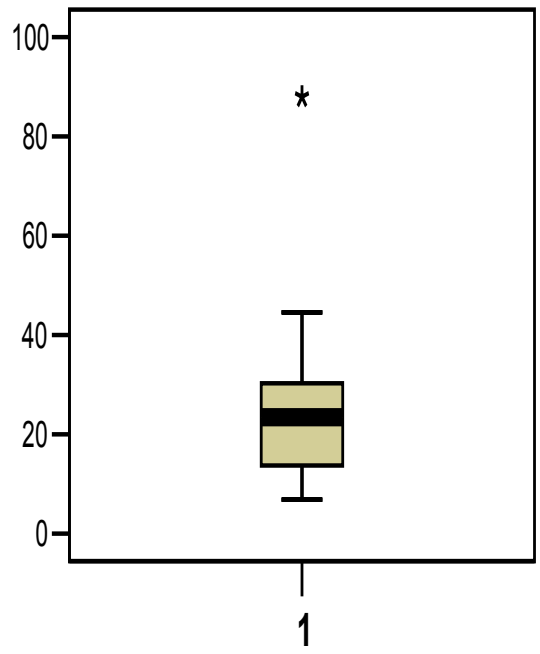
The weightings used for this study are provided below.

Domain	Partner Abuse	Child Abuse & Neglect	Revised Child Abuse & Neglect
1. Policies and Procedures	1.16	1.16	**1.21**
2. Physical Environment	0.86	0.86	**.95**
3. Institutional Culture	1.19	1.19	**1.16**
4. Training of staff	1.15	1.15	**1.16**
5. Screening and Safety Assessment	1.22	N/A	**N/A**
6. Documentation	0.95	0.95	**1.05**
7. Intervention Services	1.29	1.29	**1.09**
8. Evaluation Activities	1.14	1.14	**1.01**
9. Collaboration	**1.04**	**1.04**	**1.17**
10. Safety and Security	**N/A**	**N/A**	**1.20**

Total score for Partner Abuse= sum across domains (domain raw score * weight)/10

Total score for Child Abuse & Neglect = sum across domains (domain raw score*weight)/8.78

APPENDIX D: HOW TO INTERPRET BOX PLOTS



- The length of the box is important. The lower boundary of the box represents the 25th percentile and the upper boundary of the box the 75th percentile. This means that the box includes the middle half of all scores. So, 25% of scores will fall below the box and 25% above the box.
- The thick black line indicates the middle score (median or 50th percentile). This sometimes differs from the mean, which is the arithmetic average score.
- A circle indicates an 'outlier', a value that is outside the general range of scores (1.5 box-lengths from the edge of a box).
- A star indicates an 'extreme' score (3 box-lengths from the edge of a box).
- The whiskers or needles extending from the box indicate the score range, the highest and lowest scores that are not outliers (or extreme values).

APPENDIX E: PARTNER ABUSE DELPHI ITEM ANALYSIS

CATEGORY 1. POLICIES AND PROCEDURES

	"YES" responses	Baseline n %	12 mo FU n %	30 mo FU n %	48 mo FU n %	60 mo FU n %
1.1	Are there official, written hospital policies regarding the assessment and treatment of victims of partner abuse? If yes, do policies:	10 40%	9 36%	21 78%	21 78%	**22** **82%**
	a) define partner abuse?	8 32%	9 36%	20 74%	21 78%	**22** **82%**
	b) mandate training on partner abuse for any staff?	4 16%	5 20%	18 67%	19 70%	**20** **74%**
	c) advocate universal screening for women anywhere in the hospital?	4 16%	6 24%	16 59%	20 74%	**21** **78%**
	d) define who is responsible for screening?	3 12%	4 16%	17 63%	20 74%	**22** **82%**
	e) address documentation?	7 28%	8 32%	19 70%	20 74%	**21** **78%**
	f) address referral of victims?	8 32%	8 30%	21 78%	20 74%	**21** **78%**
	g) address legal reporting requirements?	5 20%	6 24%	16 60%	19 70%	**21** **78%**
	h) address the responsibilities to, and needs of, Māori?	3 12%	6 24%	18 67%	17 63%	**22** **82%**
	i) address the needs of other (non-Māori/non-Pakeha) cultural and/or ethnic groups?	3 12%	5 20%	17 63%	12 44%	**18** **67%**
	k) address the needs of LGBT clients?	2 8%	2 8%	8 30%	11 41%	**15** **56%**
1.2	Is there evidence of a hospital-based partner abuse working group? If yes, does the group:	15 60%	19 76%	19 70%	26 96%	**26** **96%**
	a) meet at least every month?	12 48%	14 56%	16 59%	22 82%	**14** **52%**
	b) include representative(s) from more than two departments? List represented departments:	15 60%	19 76%	18 67%	26 96%	**27** **100%**
	c) include representative(s) from the security department?	0 0%	7 28%	7 26%	15 56%	**16** **59%**
	d) include physician(s) from the medical staff?	12 48%	16 64%	16 59%	24 89%	**24** **89%**
	e) include representative(s) from a partner abuse advocacy organization (eg., Women's Refuge)?	4 16%	9 36%	14 52%	21 78%	**21** **78%**
	f) include representative(s) from hospital administration?	13 52%	16 64%	17 63%	21 78%	**25** **93%**
	g) include Māori representative(s)?	12 48%	17 68%	19 70%	24 89%	**27** **100%**
1.3	Does the hospital provide direct financial support for the partner abuse programme? If yes, how much annual funding? (*Choose one*):	14 52%	18 72%	1867 67%	21 78%	**16** **59%**
	a) < $5000/year	1 4%	1 4%	1 4%	0 0%	**1** **4%**
	b) $5000-$10,000/year	3 12%	3 12%	0 0%	1 4%	**0** **0%**
	c) > $10,000/year	10 40%	14 56%	17 63%	20 74%	**15** **56%**
1.3a	Is funding set aside specifically for Māori programmes and initiatives? If yes, how much annual funding? (*Choose one):*	1 4%	1 4%	2 8%	5 19%	**9** **33%**
	a) < $5000/year	1	1	1	0	**1**

	"YES" responses	Baseline	12 mo FU	30 mo FU	48 mo FU	60 mo FU
		n	**n**	**n**	**n**	**n**
		%	**%**	**%**	**%**	**%**
		4%	4%	4%	0%	**4%**
	b) > $5000/year	0	0	1	5	**8**
		0%	0%	4%	19%	**30%**
	Is there a mandatory universal screening policy in place? If yes, does the policy require screening of all women: (*choose one*)	5	6	9	19	**23**
		20%	24%	33%	70%	**85%**
	a) in the emergency department (ED) or any other out-patient area?	0	3	1	0	**2**
		0%	12%	4%	0%	**7%**
	b) in in-patient units only?	0	0	0	0	**0**
		0%	0%	0%	0%	**0%**
	c) in more than one out-patient area?	0	1	8	1	**0**
		0%	4%	30%	4%	**0%**
	d) in both in-patient and out-patient areas?	5	2	10	18	**21**
	List departments:	20%	8%	37%	67%	**78%**
1.5	Are there quality assurance procedures in place to ensure partner abuse screening? If yes:	5	6	10	16	**20**
		20%	24%	37%	59%	**74%**
	a) regular chart audits to assess screening?	2	3	10	15	**18**
	List departments:	8%	12%	37%	56%	**67%**
	b) positive reinforcers to promote screening?	2	3	5	9	**18**
	List departments:	8%	12%	19%	33%	**67%**
	c) is there regular supervision?	3	6	11	14	**13**
	List departments	12%	24%	40%	52%	**48%**
1.6	Are there procedures for security measures to be taken when victims of partner abuse are identified? If yes, are there:	11	12	10	12	**17**
		44%	48%	37%	44%	**63%**
	a) written procedures that outline the security department's role in working with victims and perpetrators?	3	8	11	10	**15**
		12%	32%	40%	37%	**56%**
	b) procedures that include name/phone block for victims admitted to hospital?	3	6	8	12	**17**
		12%	24%	30%	44%	**63%**
	c) procedures that include provisions for safe transport from the hospital to shelter?	1	4	7	13	**13**
		4%	16%	26%	48%	**48%**
	d) do these procedures take into account the needs of Māori?	3	4	6	9	**8**
		12%	16%	22%	33%	**30%**
1.7	Is there an identifiable partner abuse coordinator at the hospital? If yes is it a: (*choose one*)	12	16	17	21	**26**
		48%	64%	63%	78%	**96%**
	a) part time position or included with other responsibilities?	11	15	15	14	**8**
		44%	68%	56%	52%	**30%**
	b) full-time position with no other responsibilities?	1	1	2	7	**18**
		4%	4%	7%	26%	**67%**

Category 2. Physical Environment

	"YES" responses	Baseline	12 mo FU	30 mo FU	48 mo FU	60 mo FU
		n	**n**	**n**	**n**	**n**
		%	**%**	**%**	**%**	**%**
2.1	Are there posters and/or brochures related to partner abuse on public display in the hospital?	20	25	26	27	**27**
		80%	100%	96%	100%	**100%**
	If yes, total number of *locations* (up to 35):					
	0	5	0	1	0	**0**
		20%	0%	4%	0%	**0%**
	1-5	1	14	4	2	**0**
		44%	56%	15%	7%	**0%**
	6-10	7	6	10	3	**0**
		28%	24%	37%	11%	**0%**
		1	3	6	3	**3**

	"YES" responses	Baseline	12 mo FU	30 mo FU	48 mo FU	60 mo FU
		n	n	n	n	n
		%	%	%	%	%
	11-20	4%	12%	22%	11%	**11%**
	21-35	1 4%	2 8%	6 22%	19 70%	**24** **89%**
	Are there Māori images related to partner abuse on public display in the hospital?	9 36%	17 68%	23 85%	27 100%	**27** **100%**
	If yes, total number *locations (up to 17)*					
	0	16 64%	8 32%	4 15%	0 0%	**0** **0%**
	1-5	9 36%	13 50%	8 30%	6 22%	**3** **11%**
	6-10	0 0%	2 8%	6 22%	6 22%	**4** **15%**
	11-17	0 0%	2 8%	7 26%	15 56%	**20** **74%**
2.2	Is there referral information (eg., local or national phone numbers) related to partner abuse services on public display in the hospital? (Can be included on the posters/brochure noted above).	20 80%	24 96%	26 96%	27 100%	**27** **100%**
	If yes, total number *locations* (up to 35):					
	0	5 20%	1 4%	1 4%	0 0%	**0** **0%**
	1-4	14 56%	12 48%	3 11%	3 11%	**1** **4%**
	5-10	4 16%	8 32%	10 38%	2 7%	**0** **0%**
	11-20	2 8%	2 8%	8 30%	5 19%	**5** **19%**
	21-35	0 0%	2 8%	5 19%	17 63%	**21** **78%**
	Is there referral information related to Māori providers of partner abuse services on public display in the hospital?	8 32%	20 80%	24 89%	24 89%	**24** **89%**
	If yes, total number *locations (up to 17)*					
	0	17 68%	5 20%	3 11%	3 11%	**3** **11%**
	1-4	8 32%	12 48%	7 26%	4 15%	**4** **15%**
	5-10	0 0%	6 24%	9 33%	10 37%	**5** **19%**
	11-17	0 0%	2 8%	6 22%	10 37%	**15** **44%**
	Is there referral information related to non-Māori/non-Pakeha on public display?	4 16%	7 28%	13 48%	23 85%	**21** **79%**
	If yes, total number *locations (up to 17)*					
	0	21 84%	18 72%	14 52%	4 15%	**6** **22%**
	1	4 16%	5 20%	6 22%	0 0%	**2** **7%**
	2-6	0 0%	1 4%	4 15%	9 33%	**7** **26%**
	7-17	0 0%	1 4%	3 11%	14 52%	**12** **44%**
2.3	Does the hospital provide temporary (<24 hours) safe shelter for victims of partner abuse who cannot go home or cannot be placed in a	4 16%	7 28%	10 37%	22 82%	**16** **59%**

	"YES" responses	Baseline n %	12 mo FU n %	30 mo FU n %	48 mo FU n %	60 mo FU n %
	community-based shelter? If yes: (*choose one a-c and answer d*)					
	a) Victims are permitted to stay in ED until placement is secured.	0 0%	1 4%	2 7%	1 4%	**0** **0%**
	b) Victims are provided with safe respite room, separate from ED, until placement is secured.	1 4%	2 8%	0 0%	1 4%	**0** **0%**
	c) In-patient beds are available for victims until placement is secured.	3 12%	4 16%	8 30%	20 74%	**16** **59%**
	d) Does the design and use of the safe shelter support Māori cultural beliefs and practices?	5 20%	6 24%	7 26%	16 59%	**15** **56%**

Category 3. Institutional Culture

	"YES" responses	Baseline n %	12 mo FU n %	30 mo FU n %	48 mo FU n %	60 mo FU n %
3.1	In the last 3 years, has there been a formal (written) assessment of the hospital staff's knowledge and attitude about partner abuse? If yes, which groups have been assessed?	5 20%	11 44%	13 48%	16 59%	**20** **74%**
	a) nursing staff Participating Departments:	5 20%	9 36%	13 48%	16 59%	**19** **70%**
	b) medical staff Participating Departments:	5 20%	7 28%	6 22%	14 52%	**15** **56%**
	c) administration	4 16%	7 28%	7 26%	13 48%	**15** **56%**
	d) other staff/employees	3 12%	8 32%	8 30%	15 56%	**19** **70%**
	If yes, did the assessment address staff knowledge and attitude about Māori and partner abuse?	1 4%	1 4%	1 4%	6 22%	**9** **33%**
3.2	How long has the hospital's partner abuse programme been in existence? (*Choose one*):					
	1-24 months	13 52%	15 60%	7 26%	5 19%	**8** **30%**
	24-48 months	2 8%	3 12%	9 33%	5 19%	**5** **19%**
	>48 months	0 0%	1 4%	3 11%	13 48%	**14** **52%**
3.3	Does the hospital have plans in place for responding to employees experiencing partner abuse? If yes:	15 60%	15 60%	16 59%	21 78%	**22** **82%**
	a) Is there a hospital policy covering the topic of partner abuse in the workplace?	2 8%	1 4%	11 41%	11 41%	**14** **52%**
	b) Does the Employee Assistance programme (or equivalent) maintain specific policies and procedures for dealing with employees experiencing partner abuse?	9 36%	6 24%	13 48%	5 19%	**12** **44%**
	c) Is the topic of partner abuse among employees covered in the hospital training sessions and/or orientation?	10 40%	10 40%	16 59%	22 82%	**25** **93%**
3.4	Does the hospital's partner abuse programme address cultural competency issues? If yes:	24 96%	24 96%	25 93%	22 82%	**25** **93%**
	a) Does the hospital's policy specifically	4	4	17	21	**21**

	"YES" responses	Baseline n %	12 mo FU n %	30 mo FU n %	48 mo FU n %	60 mo FU n %
	recommend universal screening regardless of the patient's cultural background?	16%	16%	63%	78%	**78%**
	b) Are cultural issues discussed in the hospital's partner abuse training programme?	9 36%	10 40%	14 52%	19 70%	**23** **85%**
	c) Are translators/interpreters available for working with victims if English is not the victim's first language?	22 88%	25 100%	26 96%	23 85%	**25** **93%**
	d) Are referral information and brochures related to partner abuse available in languages other than English?	5 20%	6 24%	11 41%	23 85%	**27** **100%**
3.5	Does the hospital participate in preventive outreach and public education activities on the topic of partner abuse? If yes, is there documentation of: (*a or b and answer c*)	14 56%	15 60%	20 74%	23 85%	**24** **89%**
	a) 1 programme in the last 12 months?	9 36%	5 20%	8 30%	1 4%	**4** **15%**
	b) >1 programme in the last 12 months?	5 20%	10 40%	12 44%	22 82%	**20** **74%**
	c) Does the hospital collaborate with Māori community organizations and providers to deliver preventive outreach and public education activities?	8 32%	12 48%	17 63%	21 78%	**24** **89%**

Category 4. Training of Providers

	"YES" responses	Baseline n %	12 mo FU n %	30 mo FU n %	48 mo FU n %	60 mo FU n %
4.1	Has a formal training plan been developed for the institution? If yes:	5 20%	9 36%	16 59%	18 67%	**24** **89%**
	a) Does the plan include the provision of regular, ongoing education for clinical staff?	4 16%	8 32%	15 56%	19 70%	**24** **89%**
	b) Does the plan include the provision of regular, ongoing education for non-clinical staff?	2 8%	7 28%	15 56%	14 52%	**16** **59%**
4.2	During the past 12 months, has the hospital provided training on partner abuse:					
	a) as part of the mandatory orientation for new staff?	3 12%	6 24%	12 44%	16 59%	**19** **70%**
	b) to members of the clinical staff via colloquia or other sessions?	5 20%	15 60%	17 63%	22 82%	**27** **100%**
4.3	Does the hospital's training/education on partner abuse include information about:					
	a) definitions of partner abuse?	10 40%	14 56%	15 56%	24 89%	**23** **85%**
	b) dynamics of partner abuse?	11 44%	14 56%	15 56%	24 89%	**25** **93%**
	c) epidemiology?	9 36%	13 52%	14 52%	25 93%	**25** **93%**
	d) health consequences?	9 36%	13 52%	14 52%	25 93%	**25** **93%**
	e) strategies for screening?	9 36%	12 48%	12 44%	18 67%	**23** **85%**
	f) risk assessment?	7	11	12	21	**22**

	"YES" responses	Baseline n %	12 mo FU n %	30 mo FU n %	48 mo FU n %	60 mo FU n %
		28%	44%	44%	78%	**82%**
	g) documentation?	10 40%	13 52%	12 44%	23 85%	**24** **89%**
	h) intervention?	8 32%	13 52%	13 48%	23 85%	**23** **85%**
	i) safety planning?	10 40%	9 36%	11 41%	20 74%	**22** **82%**
	j) community resources?	5 20%	14 56%	12 44%	24 89%	**25** **93%**
	k) reporting requirements?	6 24%	10 40%	12 44%	22 82%	**22** **82%**
	l) legal issues?	6 24%	12 48%	12 44%	19 70%	**22** **82%**
	m) confidentiality?	9 36%	12 48%	12 44%	25 93%	**22** **82%**
	n) cultural competency?	7 28%	10 40%	10 37%	21 78%	**21** **78%**
	o) clinical signs/symptoms?	9 36%	14 56%	14 52%	22 82%	**25** **93%**
	p) Māori models of health?	3 12%	6 24%	7 26%	17 63%	**20** **74%**
	q) risk assessment for children of victims?	6 24%	11 44%	12 44%	24 89%	**24** **89%**
	r) social, cultural, historic, and economic context in which Māori family violence occurs?	2 8%	5 20%	6 22%	17 63%	**17** **63%**
	s) te Tiriti o Waitangi?	3 12%	5 20%	4 15%	15 56%	**18** **67%**
	t) Māori service providers and community resources?	7 28%	13 52%	12 44%	24 89%	**25** **93%**
	u) service providers and community resources for ethnic and cultural groups other than Pakeha and Māori?	3 12%	5 20%	7 26%	18 67%	**24** **89%**
	v) partner abuse in same-sex relationships?	3 12%	5 20%	8 30%	21 78%	**22** **82%**
	w) service providers and community resources for victims of partner abuse who are in same-sex relationships?	1 4%	3 12%	5 19%	16 59%	**20** **74%**
4.4	Is the partner abuse training provided by: (*choose one a-d and answer e-f*)					
	a) no training provided	12 48%	11 44%	8 30%	2 7%	**1** **4%**
	b) a single individual?	2 8%	2 8%	8 30%	3 11%	**3** **11%**
	c) a team of hospital employees only? List departments represented:	0 0%	1 4%	1 4%	1 4%	**3** **11%**
	d) a team, including community expert(s)?	11 44%	11 44%	10 37%	21 78%	**20** **74%**
	If provided by a team, does it include:					
	e) a Māori representative?	7 28%	10 40%	8 30%	16 59%	**19** **70%**
	f) a representative(s) of other ethnic/cultural groups?	2 8%	2 8%	1 4%	2 7%	**12** **44%**

Category 5. Screening and Safety Assessment

	"YES" responses	Baseline n %	12 mo FU n %	30 mo FU n %	48 mo FU n %	60 mo FU n %
5.1	Does the hospital use a standardized instrument, with at least 3 questions, to screen patients for partner abuse? If yes, is this instrument (choose one)	3 12%	4 16%	7 26%	21 78%	20 80%
	a) included, as a separate form, in the clinical record?	0 0%	3 12%	5 19%	2 7%	0 0%
	b) incorporated as questions in the clinical record for all charts in ED or other out-patient area?	0 0%	0 0%	0 0%	6 22%	5 19%
	c) incorporated as questions in the clinical record for all charts in two or more out-patient areas?	0 0%	0 0%	0 0%	3 11%	10 37%
	d) incorporated as questions in clinical record for all charts in out-patient and in-patient areas?	1 4%	1 4%	3 11%	10 37%	8 30%
5.2	What percentage of eligible patients have documentation of partner abuse screening (based upon random sample of charts in any clinical area)?					
	Not done or not applicable	23 92%	22 88%	17 63%	13 48%	9 33%
	0% - 10%	0 0%	0 0%	3 11%	7 26%	5 19%
	11% - 25%	2 8%	0 0%	1 4%	1 4%	6 22%
	26% - 50%	0 0%	1 4%	4 15%	2 7%	5 19%
	51% - 75%	0 0%	1 8%	1 4%	3 11%	2 7%
	76% - 100%	0 0%	0 0%	1 4%	1 4%	0 0%
5.3	Is a standardized safety assessment performed and discussed with victims who screen positive for partner abuse? If yes, does this:	8 32%	7 28%	15 60%	20 74%	21 78%
	a) also assess the safety of any children in the victim's care?	7 28%	7 28%	14 52%	20 74%	21 78%

Category 6. Documentation

	"YES" responses	Baseline n %	12 mo FU n %	30 mo FU n %	48 mo FU n %	60 mo FU n %
6.1	Does the hospital use a standardized documentation instrument to record known or suspected cases of partner abuse? If yes, does the form include:	3 12%	5 20%	13 48%	19 70%	**25** **93%**
	a) information on the results of partner abuse screening?	1 4%	9 36%	14 52%	19 70%	**25** **93%**
	b) the victim's description of current and/or past abuse?	2 8%	4 16%	9 33%	15 56%	**15** **56%**
	c) the name of the alleged perpetrator and relationship to the victim?	1 4%	2 8%	10 37%	17 63%	**16** **59%**
	d) a body map to document injuries?	3 12%	6 24%	10 37%	13 48%	**18** **67%**
	e) information documenting the referrals provided to the victim?	1 4%	4 16%	11 41%	18 67%	**20** **74%**

	"YES" responses	Baseline n %	12 mo FU n %	30 mo FU n %	48 mo FU n %	60 mo FU n %
	f) in the case of Māori, information documenting whether the individual was offered a Māori advocate?	0 0%	3 12%	5 19%	11 41%	**9** **33%**
6.2	Is forensic photography incorporated in the documentation procedure? If yes:	8 32%	9 36%	10 37%	16 59%	**20** **74%**
	a) Is a fully operational camera with adequate film available in the treatment area?	1 4%	7 28%	11 41%	23 85%	**24** **89%**
	b) Do hospital staff receive on-going training on the use of the camera?	2 8%	2 8%	8 30%	14 52%	**21** **78%**
	c) Do hospital staff routinely offer to photograph all abused patients with injuries?	1 4%	1 4%	2 7%	15 56%	**8** **30%**
	d) Is a specific, unique consent-to-photograph form obtained prior to photographing any injuries?	5 20%	12 48%	17 63%	21 78%	**23** **85%**
	e) Do medical or nursing staff (not social work or a partner abuse advocate) photograph all injuries for medical documentation purposes, even if police obtain their own photographs for evidence purposes?	0 0%	1 4%	3 11%	16 59%	**19** **70%**

Category 7. Intervention Services

	"YES" responses	Baseline n %	12 mo FU n %	30 mo FU n %	48 mo FU n %	60 mo FU n %
7.1	Is there a standard intervention checklist for staff to use/refer to when victims are identified?	7 28%	7 28%	16 59%	22 82%	**22** **82%**
7.2	Are on-site victim advocacy services provided? If yes, *choose one a-b and answer c-d)*:	13 52%	20 80%	24 89%	25 93%	**25** **93%**
	a) A trained victim advocate provides services during certain hours.	7 28%	8 32%	7 26%	17 63%	**7** **26%**
	b) A trained victim advocate provides service at all times.	6 24%	12 48%	17 63%	8 30%	**18** **67%**
	c) is a Māori advocate is available on-site for Māori victims?	8 32%	14 56%	20 74%	27 100%	**27** **100%**
	d) is an advocate(s) of ethnic and cultural background other than Pakeha and Māori available onsite?	3 12%	6 24%	9 33%	9 33%	**15** **56%**
7.3	Are mental health/psychological assessments performed within the context of the programme? If yes, are they: (*choose one*)	14 56%	15 60%	20 74%	21 78%	**23** **85%**
	a) available, when indicated?	8 32%	13 52%	17 63%	17 63%	**8** **30%**
	b) performed routinely?	6 24%	2 8%	3 11%	4 15%	**15** **56%**
7.4	Is transportation provided for victims, if needed?	3 12%	6 24%	6 22%	20 74%	**15** **56%**
7.5	Does the hospital partner abuse programme include follow-up contact and counselling with victims after the initial assessment?	11 44%	14 56%	12 44%	13 48%	**20** **74%**
7.6	Does the hospital partner abuse programme offer and provide on-site legal options counselling for victims?	13 52%	12 48%	12 44%	7 26%	**13** **48%**
7.7	Does the hospital partner abuse programme offer and provide partner abuse services for the children of victims?	15 60%	17 68%	23 85%	21 78%	**23** **85%**

	"YES" responses	Baseline n %	12 mo FU n %	30 mo FU n %	48 mo FU n %	60 mo FU n %
7.8	Is there evidence of coordination between the hospital partner abuse programme and sexual assault, mental health and substance abuse screening and treatment?	8 32%	13 52%	19 70%	15 56%	**26** **96%**

Category 8. Evaluation Activities

	"YES" responses	Baseline n %	12 mo FU n %	30 mo FU n %	48 mo FU n %	60 mo FU n %
8.1	Are any formal evaluation procedures in place to monitor the quality of the partner abuse programme? If yes:	8 32%	8 32%	15 56%	17 63%	**21** **78%**
	a) Do evaluation activities include periodic monitoring of charts to audit for partner abuse screening?	2 8%	3 12%	9 33%	16 59%	**18** **67%**
	b) Do evaluation activities include peer-to-peer case reviews around partner abuse?	2 8%	5 20%	6 22%	13 48%	**19** **70%**
8.2	Do health care providers receive standardized feedback on their performance and on patients?	1 4%	3 12%	7 26%	10 37%	**13** **48%**
8.3	Is there any measurement of client satisfaction and/or community satisfaction with the partner abuse programme?	2 4%	1 4%	4 15%	6 22%	**14** **52%**
8.4	Is the quality framework *He Taura Tieke* (or an equivalent) used to evaluate whether services are effective for Māori?	2 8%	1 4%	3 11%	4 15%	**4** **15%**

Category 9. Collaboration

	"YES" responses	Baseline n %	12 mo FU n %	30 mo FU n %	48 mo FU n %	60 mo FU n %
9.1	Does the hospital collaborate with local partner abuse programmes? If yes,	22 88%	24 96%	24 89%	26 96%	**27** **100%**
	a) which types of collaboration apply:					
	i) collaboration with training?	9 36%	15 60%	15 55%	21 78%	**24** **89%**
	ii) collaboration on policy and procedure development?	11 44%	17 68%	20 74%	21 78%	**27** **100%**
	iii) collaboration on partner abuse working group?	6 24%	18 72%	21 78%	21 78%	**24** **89%**
	iv) collaboration on site service provision?	10 40%	18 72%	21 78%	24 89%	**21** **78%**
	b) is collaboration with					
	i) Māori provider(s) or representative(s)?	18 72%	23 92%	23 85%	25 93%	**27** **100%**
	iii) Provider(s) or representative(s) for ethnic or cultural groups other than Pakeha or Māori?	4 16%	9 36%	12 44%	14 52%	**22** **82%**
9.2	Does the hospital collaborate with local police and courts in conjunction with their partner abuse programme? If yes,:	16 64%	20 80%	20 74%	26 96%	**26** **96%**
	a) collaboration with training?	4	12	14	22	**20**

		16%	48%	52%	82%	**74%**
	b) collaboration on policy and procedure development?	5 20%	14 56%	16 59%	23 85%	**25** **93%**
	c) collaboration on partner abuse working group?	3 12%	18 72%	19 70%	22 82%	**21** **78%**
9.3	Is there collaboration with the partner abuse programme of other health care facilities? If yes, which types of collaboration apply:	21 84%	22 88%	24 89%	26 96%	**27** **100%**
	a) within the same health care system?	13 52%	19 76%	22 82%	26 96%	**27** **100%**
	If yes, with a Māori health unit?	12 48%	18 72%	21 78%	25 93%	**27** **100%**
	b) with other systems in the region?	18 72%	21 21%	19 70%	26 96%	**26** **96%**
	If yes, with a Māori health provider?	2 8%	13 52%	19 70%	25 93%	**25** **93%**

APPENDIX F: REVISED CHILD ABUSE AND NEGLECT DELPHI TOOL ITEM ANALYSIS

Category 1. Policies and Procedures

	"YES" responses	Baseline n %	12 mo FU n %	30 mo FU n %	48 mo FU n %	60 mo FU n %
1.1	Are there official, written DHB policies regarding the clinical assessment, appropriate questioning, and treatment of suspected abused and neglected children? If so, do the policies:	23 92%	24 96%	27 100%	24 92%	**26** **96%**
	a) Define child abuse and neglect?	17 68%	21 84%	26 96%	24 92%	**25** **93%**
	b) Mandate training on child abuse and neglect for staff?	8 32%	8 32%	21 78%	22 85%	**22** **82%**
	c) Outline age-appropriate protocols for risk assessment?	5 20%	5 20%	11 41%	12 46%	**12** **44%**
	d) Define who is responsible for risk assessment?	19 76%	22 88%	25 93%	20 77%	**21** **78%**
	e) Address the issue of contamination during interviewing?	11 44%	16 64%	20 74%	17 65%	**17** **63%**
	f) Address documentation?	21 84%	23 92%	26 96%	24 92%	**26** **96%**
	g) Address referrals for children and their families?	22 88%	24 96%	27 100%	23 89%	**26** **96%**
	h) Address child protection reporting requirements?	19 76%	19 76%	26 96%	24 92%	**26** **96%**
	i) Address the responsibilities to, and needs of, Māori?	14 56%	16 64%	23 85%	18 69%	**22** **82%**
	j) Address other cultural and/or ethnic groups?	12 48%	15 60%	15 56%	18 69%	**16** **59%**
1.2	Who is consulted regarding child protection policies and procedures?					
	a) Is there evidence of consultation with agencies and groups listed below, which MUST include consultation with Māori and Pacific?				25 96%	**25** **93%**
	Maori and Pacific?				25 96%	**25** **93%**
	CYF?				25 96%	**25** **93%**
	Police?				25 96%	**24** **89%**
	Child abuse and neglect programme and Violence Intervention Programme staff?				26 100%	**26** **96%**
	Plus Other Agencies: such as Refuge; National Network of Stopping Violence Services (NNSVS); Office of the Children's Commissioner (OCC); Community Alcohol & Drug Service (CADS)				25 96%	**25** **93%**
1.3	Is there evidence of a DHB-based child abuse and neglect steering group? If yes, does the:	12 48%	19 76%	24 89%	25 96%	**26** **96%**
	a) Steering group meet at least every three (3) months?				24 92%	**24** **89%**
	b) Include representatives from more than two departments?				25 96%	**25** **93%**
1.4	Does the DHB provide direct financial support for the child abuse and neglect programme? If yes, how much annual funding is allocated:	17 68%	19 76%	23 85%	23 89%	**21** **78%**
	a) No funding allocated?				3 12%	**6** **22%**
	b) <$5000 per year?	2 8%	0 0%	1 4%	0 0%	**1** **4%**
	c) $5000 to $10,000 per year?	1 4%	3 12%	1 4%	1 4%	**0** **0%**

	d) >$10,000 per year?	14 56%	16 64%	21 78%	23 89%	**20 74%**
	e) Is funding set aside specifically for Māori programmes and initiatives (choose one):	5 20%	2 8%	4 15%	8 31%	**8 30%**
	f) <$5000 per year?	3 12%	1 4%	1 4%	0 0%	**1 4%**
	g) >$5000 per year?	2 8%	1 4%	3 11%	8 31%	**7 26%**
1.5	Is there a policy for identifying signs and symptoms of child abuse and neglect and for identifying children at high risk? If yes, does the policy include children (choose one):	23 92%	24 96%	24 89%	26 100%	**24 89%**
	a) In the Emergency Department or other outpatient area?	1 4%	3 12%	3 11%	3 12%	**0 0%**
	b) Inpatient units only?	0 0%	0 0%	0 0%	0 0%	**0 0%**
	c) In more than one outpatient area?	1 4%	1 4%	1 4%	0 0%	**0 0%**
	d) In both inpatient and outpatient areas?	21 84%	20 80%	20 74%	23 89%	**24 89%**
1.6	Are there procedures for security measures to be taken when suspected cases of child abuse and neglect are identified and the child is perceived to be at immediate risk? If yes, are the procedures:	12 48%	12 48%	17 63%	21 81%	**26 96%**
	a) written?	4 16%	10 40%	13 48%	21 81%	**26 96%**
	b) include name/phone block?	1 4%	3 12%	6 22%	9 35%	**12 44%**
	c) provide for safe transportation?	2 8%	5 20%	3 11%	12 46%	**15 56%**
	d) account for the needs of Māori?	2 8%	4 16%	7 26%	15 58%	**15 56%**
1.7	Is there an identifiable child protection coordinator at the DHB? If yes, is the coordinator position (choose one):	14 56%	16 64%	19 70%	23 89%	**22 82%**
	a) part-time <0.5 FTE				5 19%	**2 7%**
	a) part-time >0.5 FTE?				11 42%	**11 41%**
	b) full-time?	5 20%	4 16%	4 15%	7 27%	**9 33%**
1.8	Are there policies that outline the minimum expectation for all staff:					
	a) to attend mandatory training?				20 77%	**23 85%**
	b) to identification and referral children at risk?				24 92%	**27 100%**
	c) to reporting child protection concerns?				24 92%	**25 93%**
1.9	Do the child abuse and neglect policies and procedures indicate collaboration with government agencies and other relevant groups, such as the Police, CYF, refuge, and NNSVS ('men's programme provider')?					
	a) government agencies?				25 96%	**27 100%**
	b) community groups?				22 85%	**23 85%**

1.10	Are the DHB policies and procedures easily accessible and user-friendly?		26 100%	**25** **93%**
	a) they available on the DHB intranet?		26 100%	**25** **93%**
	b) there supporting and reference documents appended to the appropriate policies and procedures?		24 92%	**27** **100%**
	c) there translation materials to facilitate the application of policy and procedures, such as flowcharts and algorithms?		25 96%	**27** **100%**
1.11	Are the DHB policies and procedures cross-referenced to other forms of family violence, such as partner abuse and elder abuse?		20 77%	**20** **74%**

Category 2. Safety & Security

	"YES" responses	**48 mo FU** **n** **%**	**60 mo FU** **n** **%**
2.1	Does the DHB have a policy in place that all children are assessed when signs and symptoms are suggestive of abuse and/or neglect?	24 92%	**26** **96%**
2.2	Does the DHB have a protocol for collaborative safety planning for children at high risk?	22 85%	**25** **93%**
	a) are safety plans available or used for children identified at risk? Which types of collaboration apply:	22 85%	**21** **78%**
	b) within the DHB?	23 89%	**26** **96%**
	c) with other groups and agencies in the region? Tick those collaborated with: ○ Police? ○ CYF? ○ Others:	23 89%	**25** **93%**
	d) with Māori and Pacific health providers?	22 85%	**23** **85%**
	e) with other relevant ethnic/cultural groups?	13 50%	**19** **70%**
	f) with the primary health sector?	15 58%	**11** **41%**
2.3	Does the DHB have a protocol to promote the safety of children identified at risk of abuse or neglect while in the DHB?	24 92%	**25** **93%**
	a) within the DHB alone?	24 92%	**25** **93%**
	b) with relevant primary health care providers as part of discharge planning?	16 62%	**13** **48%**
	c) by accessing necessary support services for the child and family to promote ongoing safety of the child?	23 89%	**17** **63%**
2.4	Do inpatient facilities have a security plan where people at risk of perpetrating abuse, or who have a protection order against them, can be denied entry?	22 85%	**24** **89%**
	a) 1-2 departments? OR	1 4%	**0** **0%**
	b) >3 departments?	21 81%	**25** **93%**
2.5	Do the DHB services have an alert system or a central database recording any concerns about children at risk of abuse and neglect in place?	14 52%	**21** **78%**
	a) no alert system in place	9 35%	**9** **33%**

	b) a local alert system in acute care setting	16 62%	**21** **78%**
	c) a local alert system in community setting, including PHO	2 8%	**2** **7%**
	d) a process for notification of alert placements to relevant providers	9 35%	**8** **30%**
	e) participation in a national alert system	6 23%	**3** **11%**
	f) clear criteria for identifying levels of risk, and process that guides the use of the alert system	8 31%	**6** **22%**
2.6	Is there evidence in protocols of processes to assess or refer to CYF and/or other appropriate agencies all children living in the house when child abuse and neglect or partner violence has been identified?	24 92%	**26** **96%**
	a) process that includes the safety of other children in the home are considered?	25 96%	**26** **96%**
	b) process for notifying CYF and/or other agencies?	25 96%	**26** **96%**
	c) referral form that requires the documentation of the risk assessed for these children?	22 85%	**9** **33%**

Category 3. Collaboration

	"YES" responses	Baseline n %	12 mo FU n %	30 mo FU n %	48 mo FU n %	**60 mo FU** **n** **%**
3.1	Does the DHB collaborate with CYF and NGO child advocacy and protection?	23 92%	24 96%	27 100%	26 100%	**27** **100%**
	a) which types of collaboration apply:					
	i) collaboration with training?	15 60%	19 76%	21 78%	24 92%	**26** **96%**
	ii) collaboration on policy and procedure development?	17 68%	17 68%	23 85%	25 96%	**25** **93%**
	iii) collaboration on child abuse and neglect task force?	5 20%	19 76%	20 74%	22 85%	**19** **70%**
	iv) collaboration on site service provision?	16 64%	22 88%	22 82%	25 96%	**27** **100%**
	v) collaboration is two-way?				24 92%	**26** **96%**
	b) is collaboration with:					
	i) CYF?				26 100%	**27** **100%**
	ii) NGOs and other agencies such as Women's Refuge?				26 100%	**26** **96%**
	i) Māori provider(s) or representative(s)?	19 76%	21 84%	22 82%	26 100%	**26** **96%**
	ii) Provider(s) or representative(s) for ethnic or cultural groups other than Pakeha or Māori?	6 24%	8 32%	8 30%	15 58%	**23** **85%**
	c) services, departments and between relevant staff within the DHB evident?				25 96%	**27** **100%**
3.2	Does the DHB collaborate with police and prosecution agencies in conjunction with their child abuse and neglect programme? If yes, which types of collaboration apply:	23 92%	24 96%	25 93%	26 100%	**26** **96%**
	a) collaboration with training?	5 20%	11 44%	17 63%	24 92%	**25** **93%**
	b) collaboration on policy and procedure development?	10 40%	11 44%	18 67%	26 100%	**25** **93%**
	c) collaboration on child abuse and neglect task force?	4 16%	18 72%	20 74%	23 89%	**16** **59%**

3.3	Is there collaboration of the child abuse and neglect programme with other health care facilities? If yes, which types of collaboration apply:	20 80%	21 84%	25 93%	26 96%	**27** **100%**
	a) within the DHB?	17 68%	23 92%	26 96%	26 96%	**27** **100%**
	b) with a Māori unit?	11 44%	22 88%	23 85%	26 100%	**27** **100%**
	c) with other groups and agencies in the region?	20 80%	20 80%	21 78%	26 100%	**27** **100%**
	d) with a Māori health provider?	6 24%	17 68%	23 85%	25 96%	**26** **96%**
	e) with the primary health care sector?				21 81%	**27** **100%**
	f) with national network of child protection and family violence coordinators?				26 100%	**27** **100%**
3.4	Do relevant staff have membership on, or attend:					
	a) the interdisciplinary child protection team?				22 85%	**25** **93%**
	b) Child abuse team meetings?				22 85%	**23** **85%**
	c) Sexual abuse team meetings?				16 62%	**17** **63%**
	d) CYF Care and Protection Resource Panel?				21 81%	**24** **89%**
	e) National Network of Family Violence Intervention Coordinators?				26 100%	**27** **100%**
3.5	Does the DHB have a Memorandum of Understanding that enables the sharing of details of children at risk for entry on their database with the Police and/or CYF?				18 69%	**24** **89%**
	a) CYF?				18 69%	**24** **89%**
	b) the Police?				15 58%	**22** **82%**
3.6	Does the DHB have a Memorandum of Understanding or service agreement that enables timely medical examinations to support:				14 54%	**15** **56%**
	a) CYF?				11 42%	**15** **56%**
	b) Police?				10 39%	**12** **44%**
	c) DSAC?				6 23%	**12** **44%**

Category 4. Institutional Culture

	"YES" responses	**Baseline** **n** **%**	**12 mo FU** **n** **%**	**30 mo FU** **n** **%**	**48 mo FU** **n** **%**	**60 mo FU** **n** **%**
4.1	Does the DHB senior management support and promote the child abuse and neglect programme?				26 100%	**27** **100%**
	a) child protection is in the DHB Strategic Plan?				16 62%	**20** **74%**

	b) child protection is in the DHB Annual Plan?				18 69%	**21** **78%**
	c) the chid protection programme is adequately resourced, including dedicated programme staff? FTE:_____				18 69%	**6** **22%**
	d) a working group of skilled and trained people who operationalises policies and procedures, in addition to the child protection coordinator?				22 85%	**27** **100%**
	e) attendance at training as a key performance indicator (KPI) for staff?				6 23%	**9** **33%**
	f) roles of those in the child abuse and neglect working team are included in position descriptions?				13 50%	**12** **44%**
	g) DHB representation on the CYF Care and Protection Resource Panel?				22 85%	**25** **93%**
	h) the Child Protection Coordinator is supported to attend the Violence Intervention Programme Coordinator Meetings?				25 96%	**25** **93%**
4.2	In the last 3 years, has there been a formal (written) assessment of the DHB staff's knowledge and attitude about child abuse and neglect?	6 24%	11 44%	11 41%	11 42%	**17** **63%**
	a) nursing staff Participating Departments:	6 24%	10 40%	11 41%	11 42%	**16** **59%**
	b) medical staff Participating Departments:	5 20%	7 28%	7 26%	11 42%	**15** **56%**
	c) administration	2 8%	8 32%	6 22%	9 35%	**12** **44%**
	d) other staff/employees	2 8%	9 36%	9 33%	9 35%	**16** **59%**
	If yes, did the assessment address staff knowledge and attitude about Māori and child abuse and neglect?	0 0%	1 4%	1 4%	5 19%	**8** **30%**
4.3	How long has the hospital's child abuse and neglect programme been in existence? (*Choose one*):					
	a) 1-24 months	7 28%	5 20%	2 7%	2 8%	**3** **11%**
	b) 24-48 months	5 20%	7 28%	5 19%	4 15%	**4** **15%**
	c) >48 months	9 36%	13 52%	20 74%	20 77%	**20** **74%**
4.4	Does the DHB's child abuse and neglect programme address cultural issues?	23 92%	25 100%	27 100%	24 92%	**27** **100%**
	a) does the DHBs policies specifically require implementation of the child abuse and neglect clinical assessment policy regardless of the child's cultural background?	18 72%	18 72%	27 100%	23 89%	**25** **93%**
	b) does the child protection coordinator and the steering group work with the Māori health unit and other cultural/ethnic groups relevant to the DHBs demographics?				25 96%	**27** **100%**
	b) Are cultural issues discussed in the hospital's child abuse and neglect training programme?	17 68%	16 64%	19 70%		**27** **100%**
	c) are cultural issues discussed in the DHB's child abuse and neglect training programme?	23 92%	25 100%	27 100%	21 81%	**27** **100%**
	d) are translators/interpreters available for working				26	**27**

	with victims if English is not the victim's first language?				100%	**100%**
	d) Are referral information and brochures related to child abuse and neglect available in languages other than English?	8 32%	8 32%	12 44%	24 92%	**25** **93%**
4.5	Does the DHB participate in prevention outreach and public education activities on the topic of child abuse and neglect?	19 76%	15 60%	8 30%	22 85%	**21** **78%**
	a) 1 programme in the last 12 months?	9 36%	4 16%	9 33%	0 0%	**1** **4%**
	b) >1 programme in the last 12 months?	10 40%	11 44%	10 37%	22 85%	**20** **74%**
	c) Does the DHB collaborate with Māori community organisations and providers to deliver preventive outreach and public education activities?	9 36%	9 36%	14 52%	20 77%	**19** **70%**
4.6	Do policies and procedures indicate the availability of supportive interventions for staff who have experienced abuse and neglect, or who are perpetrators of abuse and neglect?				15 58%	**20** **74%**
	b) is a list of supportive interventions available? List...				14 54%	**23** **85%**
	c) are staff aware of how to access support and interventions available?				19 73%	**24** **89%**
4.7	Is there evidence of coordination between the DHB child abuse and neglect programme in collaboration with other violence intervention programmes?				26 100%	**27** **100%**
	b) is there is a referral mechanism?				26 100%	**27** **100%**
4.8	Does the child protection policy require mandatory use of DHB approved translators when English is not the victim's or caregiver's first language?				19 73%	**23** **85%**
	a) DHB approved translators being used?				22 85%	**23** **85%**
	b) a list of translators is accessible?				22 85%	**24** **89%**
	c) translators used that are gender and age appropriate?				16 62%	**12** **44%**
4.9	Does the DHB support and promote child protection and intervention within the primary sector.				25 96%	**25** **93%**
	a) involvement of primary health care providers in the planning and development of child abuse and neglect and child protection programmes?				17 65%	**20** **74%**
	b) access to child abuse and neglect training?				24 92%	**23** **85%**
	c) coordination of referral processes between the DHB and primary health care sectors?				17 65%	**14** **52%**
	b) ongoing relationships and activities that focus on prevention and promoting child protection?				19 73%	**19** **70%**

Category 5. Training of Providers

	"YES" responses	**Baseline** **n** **%**	**12 mo FU** **n** **%**	**30 mo FU** **n** **%**	**48 mo FU** **n** **%**	**60 mo FU** **n** **%**
5.1	Is there evidence of a formal training plan that is specific to child abuse and neglect for clinical staff and non-clinical staff?	5 20%	10 40%	17 63%	19 73%	**23** **85%**

	a) a strategic plan for training?				18 69%	**21** **78%**
	b) an operational plan that outlines the specifics of the programme of training?				17 65%	**20** **74%**
	c) Does the plan include the provision of regular, ongoing education for clinical staff?	5 20%	11 44%	17 63%	20 77%	**21** **78%**
	d) Does the plan include the provision of regular, ongoing education for non-clinical staff?	2 8%	10 40%	15 56%	17 65%	**17** **63%**
5.2	During the past 12 months, has the DHB provided training on child abuse and neglect?					**27** **100%**
	a) as part of the mandatory orientation for new staff? Participating departments:	7 28%	6 24%	15 56%	19 73%	**23** **85%**
	b) to members of the clinical staff via colloquia or other sessions?	8 32%	20 80%	23 85%	22 85%	**27** **100%**
5.3	Does the training/education on child abuse and neglect include information about:					
	a) definitions of child abuse and neglect?	17 68%	21 84%	22 82%	24 92%	**25** **93%**
	b) dynamics of child abuse and neglect?	16 64%	21 84%	21 78%	24 92%	**26** **96%**
	c) child advocacy?	16 64%	20 80%	17 63%	18 69%	**25** **93%**
	d) appropriate child-centred interviewing?	12 48%	17 68%	14 52%	19 73%	**22** **82%**
	e) issues of contamination?	12 48%	18 72%	17 63%	21 81%	**26** **96%**
	f) ethical dilemmas?	11 44%	19 76%	20 74%	23 89%	**26** **96%**
	g) conflict of interest?	11 44%	17 68%	18 67%	21 81%	**25** **93%**
	h) epidemiology?	15 60%	18 72%	20 74%	23 89%	**26** **96%**
	i) health consequences?	17 68%	20 80%	19 70%	24 92%	**26** **96%**
	j) identifying high risk indicators?	16 64%	21 84%	21 78%	24 92%	**26** **96%**
	k) physical signs and symptoms?	15 60%	21 84%	20 74%	24 92%	**26** **96%**
	l) dual assessment with partner violence?				20 77%	**21** **78%**
	m) documentation?	15 60%	20 80%	20 74%	24 92%	**26** **96%**
	n) intervention?	16 64%	21 84%	20 74%	24 92%	**26** **96%**
	o) safety planning?	13 52%	18 72%	14 52%	24 92%	**25** **93%**
	p) community resources?	14 56%	19 76%	16 59%	22 85%	**25** **93%**
	q) child protection reporting requirements?	17 68%	21 84%	18 67%	24 92%	**26** **96%**
	r) linking with the police and child youth and family?	17 68%	21 84%	20 74%	23 89%	**26** **96%**
	s) limits of confidentiality?	13 52%	18 72%	18 67%	24 92%	**25** **93%**
	t) age appropriate assessment and intervention?	11 44%	18 72%	14 52%	19 73%	**23** **85%**
	u) cultural issues?	11 44%	13 52%	13 48%	23 89%	**26** **96%**

	v) link between partner violence and child abuse and neglect?	15 60%	19 76%	20 74%	22 85%	**26** **96%**
	w) Māori models of health?	13 12%	6 24%	9 33%	12 46%	**17** **63%**
	x) the social, cultural, historic, and economic context in which Māori family violence occurs?	3 24%	9 36%	8 30%	13 50%	**16** **59%**
	y) Te Tiriti o Waitangi?	6 20%	10 40%	7 26%	14 54%	**22** **82%**
	z) Māori service providers and community resources?	5 36%	15 60%	14 52%	21 81%	**23** **85%**
	aa) service providers and community resources for ethic and cultural groups other than Pakeha and Māori?	9 20%	10 40%	8 30%	15 58%	**19** **70%**
	ab) If all sub-items are evident, bonus 1.5				6 23%	**11** **41%**
5.4	Is the child abuse and neglect training provided by: (*choose one of a-d and answer e-f)*					
	a) no training provided	5 20%	3 12%	2 7%	2 8%	**0** **0%**
	b) a single individual?	5 16%	3 12%	6 22%	0 0%	**0** **0%**
	c) a team of DHB employees only? List departments represented:	4 28%	5 20%	2 7%	1 4%	**3** **11%**
	d) a team, including community expert(s)?	7 36%	14 56%	17 63%	23 89%	**24** **89%**
	If provided by a team, does it include:					
	e) a Child Youth and Family statutory social worker?	12 48%	15 60%	18 67%	24 92%	**22** **82%**
	f) a Māori representative?	10 40%	9 36%	15 56%	18 69%	**17** **63%**
	g) a representative(s) of other ethnic/cultural groups?	4 16%	2 8%	1 4%	5 19%	**12** **44%**
5.5	Is the training delivered in collaboration with various disciplines, and providers of child protection services, such as CYF, Police and community agencies?				22 85%	**26** **96%**
5.6	Does the plan include a range of teaching and learning approaches used to deliver the training on child abuse and neglect?				23 89%	**26** **96%**

Category 7. Intervention Services

	"YES" responses	**Baseline n %**	**12 mo FU n %**	**30 mo FU n %**	**48 mo FU n %**	**60 mo FU n %**
6.1	Is there a standard intervention checklist for staff to use/refer to when suspected cases of child abuse and neglect are identified?	17 68%	21 84%	27 100%	26 100%	**26** **96%**
6.2	Are child protection services available "on-site"? If yes, *choose one of a-b and answer c-d*:	23 92%	24 96%	26 96%	26 100%	**26** **96%**
	a) A member of the child protection team or social worker provides services during certain hours.	7 28%	12 48%	10 37%	17 65%	**0** **0%**
	b) A member of the child protection team or social worker provides service at all times.	16 64%	12 48%	16 59%	9 35%	**26** **96%**
	c) A Māori advocate or social worker is available "on-site" for Māori victims.	20 80%	21 84%	23 85%	26 100%	**26** **96%**

	d) An advocate of ethnic and cultural background other Pakeha and Māori is available onsite.	9 36%	10 40%	12 44%	9 35%	**10** **37%**
6.3	Are mental health/psychological assessments performed within the context of the programme? If yes, are they: (*choose a or b and answer c*)	19 76%	20 80%	23 85%	24 92%	**26** **96%**
	a) available, when indicated?	13 52%	16 64%	16 59%	20 77%	**20** **74%**
	b) performed routinely?	6 24%	4 16%	7 26%	4 15%	**7** **26%**
	c) age-appropriate?	19 76%	21 84%	23 85%	21 81%	**23** **85%**
6.4	Do the intervention services for child abuse and neglect include:					
	a) access to physical and sexual examination?				26 100%	**27** **100%**
	b) access to specialised sexual abuse services?				25 96%	**27** **100%**
	c) family focused interventions?				24 92%	**25** **93%**
	d) support services that include relevant NGOs, or acute crisis counsellors/support?				22 85%	**27** **100%**
	e) culturally appropriate advocacy and support?				24 92%	**26** **96%**
6.5	Are Social Workers available?				26 100%	**27** **100%**
	a) Monday to Friday 8 am to 4 pm service, with referrals outside of these hours?				20 77%	**17** **63%**
	b) 0n-call after 4 pm and at weekends?				3 12%	**4** **15%**
	c) as a 24 hour service?				3 12%	**6** **22%**
6.6	Is there a current list of relevant services available to support child and family safety?				24 92%	**23** **85%**
6.7	Is provision made for transport for victims and their families, if needed?	3 12%	9 36%	10 37%	20 77%	**22** **82%**
6.8	Does the DHB child abuse and neglect programme include follow-up contact and counselling with victims after the initial assessment?	17 68%	20 80%	20 74%	17 65%	**18** **67%**
6.9	Does the child abuse and neglect programme assess and provide family violence intervention services and appropriate referral for:				20 77%	**24** **89%**
	a) the mother				23 89%	**20** **74%**
	b) siblings				23 89%	**26** **96%**
6.10	Is there evidence of coordination with CYF and the Police for children identified at risk of child abuse and neglect?				26 100%	**27** **100%**

Category 7. Documentation

	"YES" responses	**Baseline** **n** **%**	**12 mo FU** **n** **%**	**30 mo FU** **n** **%**	**48 mo FU** **n** **%**	**60 mo FU** **n** **%**

7.1	Is there evidence of use of a standardised documentation form to record known or suspected cases of child abuse and neglect, and safety assessments? If yes, does the form include:	13 52%	15 60%	21 78%	24 92%	**27** **100%**
	a) Reason for presentation?				22 85%	**27** **100%**
	a) information generated by risk assessment?	7 28%	9 36%	15 56%	21 81%	**20** **74%**
	b) the victim or caregiver's description of current and/or past abuse?	8 32%	9 36%	13 48%	21 81%	**23** **85%**
	c) the name of the alleged perpetrator and relationship to the victim?	4 16%	5 20%	8 30%	20 77%	**10** **37%**
	d) a body map to document injuries?	11 40%	16 64%	20 74%	21 81%	**19** **70%**
	f) Past medical history?				22 85%	**22** **82%**
	g) A social history, including living circumstances?				21 81%	**23** **85%**
	h) An injury assessment, including photographic evidence (if appropriate)?				20 77%	**20** **74%**
	i) The interventions undertaken?				10 77%	**19** **70%**
	e) information documenting the referrals provided to the victim and their family?	9 36%	10 40%	17 63%	21 81%	**20** **74%**
	f) in the case of Māori, information documenting whether the victim and their family were offered a Māori advocate?	4 16%	4 16%	4 15%	15 58%	**9** **33%**
7.2	Does the DHB have sexual abuse specific forms that include:					
	a) a genital diagram?				17 65%	**21** **78%**
	b) a consent form?				21 81%	**23** **85%**
7.3	Is there evidence of use of a standardised referral form and process for CYF and/or Police notification? If yes, is a referral form and process available for:				23 89%	**27** **100%**
	a) CYF notification?				25 96%	**27** **100%**
	b) Police notification?				15 56%	**15** **56%**
7.4	Are staff provided training on documentation for children regarding abuse and neglect?				24 92%	**26** **96%**

Category 8. Evaluation Activities

	"YES" responses	**Baseline** **n** **%**	**12 mo FU** **n** **%**	**30 mo FU** **n** **%**	**48 mo FU** **n** **%**	60 mo FU n %
8.1	Are any formal evaluation procedures in place to monitor the quality of the child abuse and neglect programme? If yes:	15 60%	17 68%	18 67%	15 58%	24 89%
	a) Do evaluation activities include periodic monitoring of the implementation of the child	6 24%	12 48%	9 33%	11 42%	19 70%

	abuse and neglect clinical assessment policy?					
	b) Is the evaluation process standardised? Participating departments:	11 44%	10 40%	9 33%	10 39%	17 63%
	c) Do evaluation activities measure outcomes, either for entire child abuse and neglect programme or components thereof?	7 28%	9 36%	14 52%	13 50%	18 67%
	d) Does the evaluation of the child abuse and neglect programme include relevant review/audit of the following activities:					
	Identification, risk assessment, admissions and referral activities?				16 62%	21 78%
	Monitoring trends re demographics, risk factors, and types of abuse?				17 65%	19 70%
	Documentation?				20 77%	15 56%
	Referrals to CYF and the Police?				21 81%	21 78%
	Case reviews?				16 62%	17 63%
	Critical incidents?				17 65%	17 63%
	Mortality morbidity review?				13 50%	18 67%
	Policy and procedure reviews?				23 89%	23 85%
	e) Do the evaluation activities include:				21 841%	
	Multidisciplinary team members?				21 81%	23 85%
	The Police?				21 81%	11 41%
	CYF?				21 81%	20 74%
	Community agencies?				21 81%	11 41%
8.2	Is there evidence of feedback on the child abuse and neglect programme from community agencies and government services providers, such as CYF, the Police, refuge, and well child providers?				16 62%	15 56%
8.3	Do health care providers receive standardized feedback on their performance and on patients from CYF?	14 56%	12 48%	12 44%	7 27%	20 74%
8.4	Is there any measurement of client satisfaction and community satisfaction with the child abuse and neglect programme?	2 8%	1 4%	7 26%	7 27%	13 48%
	a) client satisfaction?				3 12%	1 4%
	b) community satisfaction?				8 31%	13 48%
8.5	Is a quality framework used to evaluate whether services are effective for Māori?	2 8%	1 4%	2 7%	3 12%	4 15%
8.6	Are data related to child abuse and neglect assessments, identifications, referrals and alert status recorded, collated and reported on to				16 62%	21 78%

	the DHB?					
8.7	Is the child abuse and neglect programme evident in the DHB quality and risk programme?				9 35%	7 26%
8.8	Is the responsibility for acting on evaluation recommendations specified in the policies and procedures?				1 4%	14 52%

Category 9. Physical Environment

	"YES" responses	**Baseline** **n** **%**	**12 mo FU** **n** **%**	**30 mo FU** **n** **%**	**48 mo FU** **n** **%**	**60 mo FU** **n** **%**
9.1	Are posters and images that are of relevance of children and young people on public display, are they child-friendly, contain messages about child rights and safety, and contain Māori and other relevant cultural or ethnic images?	25 100%	25 100%	27 100%	26 100%	**27** **100%**
	a) <10 posters or images				0 0%	**0** **0%**
	b) 10-20 posters or images				10 39%	**2** **7%**
	c) >20 posters or images				16 62%	**25** **93%**
9.2	Is there referral information (local or national phone numbers) related to child advocacy and relevant services on public display in the DHB? (Can be included on the posters/brochure noted above).	21 84%	21 84%	26 96%	26 100%	**27** **100%**
	a) <10 locations				5 19%	**3** **11%**
	b) 10-20 locations				9 35%	**7** **26%**
	c) >20 locations				12 46%	**17** **63%**
9.3	Are there designated private spaces available for interviewing?				24 92%	**27** **100%**
	a) 1-2 locations?				13 50%	**2** **7%**
	b) 2-4 locations?				3 12%	**3** **11%**
	a) > 4 locations?				8 31%	**22** **82%**
9.4	Does the DHB provide temporary (<24 hours) safe shelter for victims of child abuse and neglect and their families who cannot go home or cannot be placed in a community-based shelter until CYF or a refuge intervene?	15 60%	19 76%	17 63%	25 96%	**26** **96%**
	a) 'Social admissions" mentioned in child abuse and neglect policies?				20 77%	**23** **85%**
	(b) Temporary safe shelter is available?				25 96%	**25** **93%**