

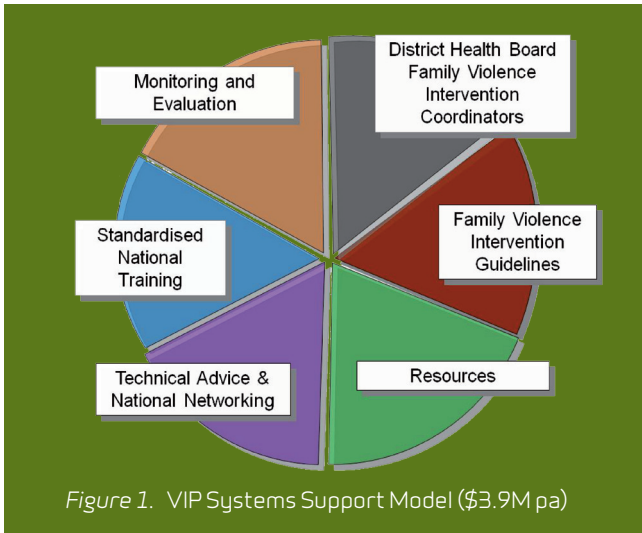
84 MONTH FOLLOW-UP EVALUATION SUMMARY

The Ministry of Health's **Violence Intervention Programme (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.

Figure 1 outlines Ministry-funded national resources supporting VIP in DHBs since 2007.

This evaluation answers the following 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?
3. Do self audit scores accurately represent programme system development?



The 84 month follow-up evaluation was the sixth audit monitoring family violence programme development; the first was in 2003/2004.

FINDINGS

- Seventeen of twenty DHB VIP programmes have policies and procedures in place, leadership and governance systems, and established collaboration with local government and non-government specialist family violence services that meet or exceed agreed programme implementation targets (compared to one DHB in 2004).
- More DHBs are providing standardised one day training programmes for health professionals, supported by clinical and service level champions and Family Violence Intervention Coordinators.
- Whānau Ora Workforce Development Plans are being developed or are already underway to improve programme responsiveness to Māori.
- Programme implementation scores continue to increase in DHB acute and community health services (Figure 2).

- **24 of 27 (89%) hospitals have achieved the target score (≥ 70) in both partner abuse and child abuse and neglect programmes.**
- **VIP expects 100% of DHBs to achieve the target by June 2013.**

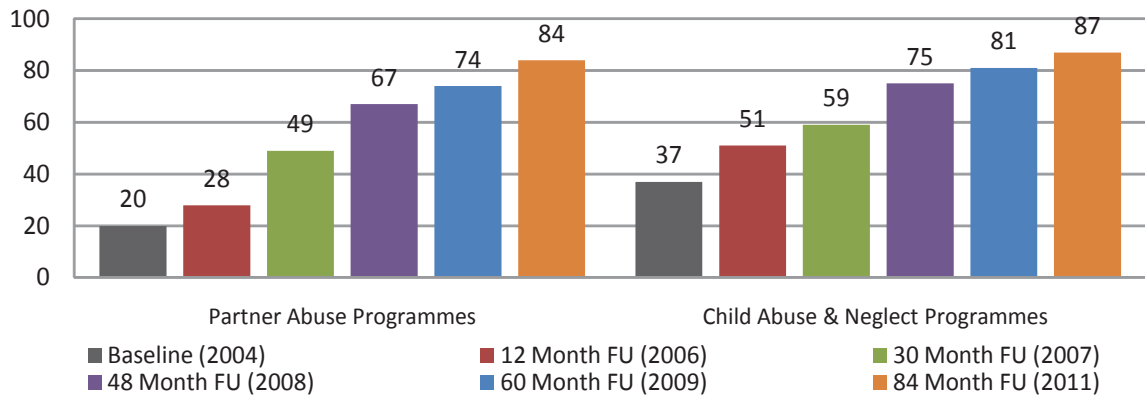


Figure 2. Median Hospital VIP Programme Scores (2004-2011)

Note: Programme scores may range from 0 - 100 with higher scores indicating greater development.

Partner Abuse Programmes

Most DHBs now have the infrastructure in place to support a systems response to partner abuse.

84 month follow-up audit results:

- Overall partner abuse programme scores ranged from 40 to 96.
- 25/27 hospitals reached the target score of 70.

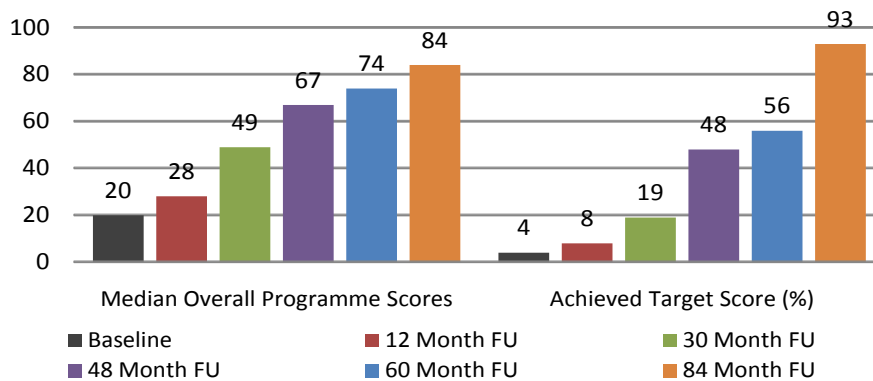


Figure 3. Partner Abuse Programme Scores (2004 - 2011)

26 (96%) hospitals achieved the target score across training indicators, an increase of 44% since the 60 month follow-up audit.

22 (82%) hospitals monitor partner violence screening, yet only 6 (22%) report screening at least half of all eligible women.

Child Abuse and Neglect Programmes

Most DHBs have a systems response to child abuse and neglect that meet or exceed agreed targets.

84 month follow-up audit results:

- Overall child abuse and neglect programme scores ranged from 61 to 98.
- 25/27 hospitals reached the target score of 70.

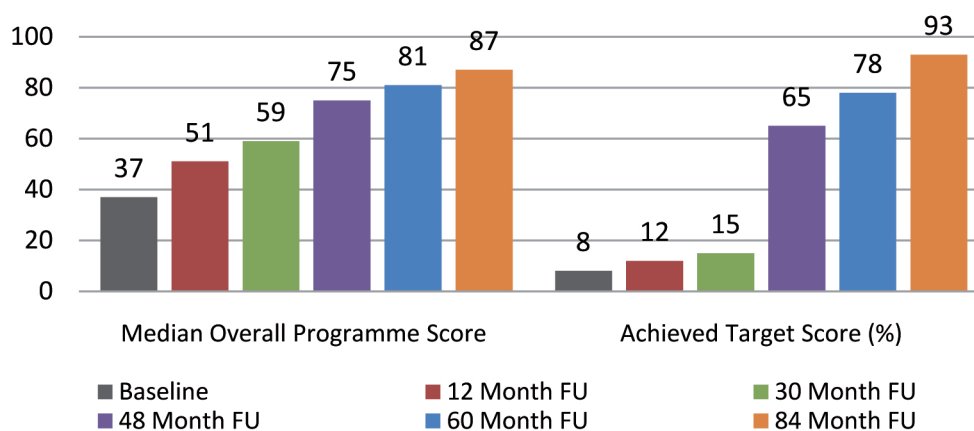


Figure 4. Child Abuse and Neglect Programme Scores (2004 - 2011)

26 (96%) hospitals achieved the target score across training indicators, an increase of 18% since the 60 month follow-up audit.

25 (93%) hospitals have a local alert system in the acute care setting recording concerns about children at risk for abuse and neglect.

NATIONAL OVERVIEW

Tables 1 and 2 provide the 84 month follow-up District Health Board ranking for overall Partner Abuse and Child Abuse and Neglect programme scores.

Table 1. Partner Abuse Programmes

	Score	Target (70%)	Change from 60 Month FU
1 Waitemata	96		1.4%
2 Hawke's Bay	94		1.0%
3 Southern* - Southland	93		2.4%
4 MidCentral	92		36.4%
5 Auckland	92		1.3%
6 Bay of Plenty	91		4.6%
7 Counties Manukau	89		4.6%
8 Wairarapa	89		8.2%
9 Southern* - Otago	88		39.8%
10 West Coast	86		-1.9%
11 South Canterbury	86		-5.0%
12 Whanganui	84		24.7%
13 Northland	82		33.0%
14 Nelson Marlborough	81		5.7%
15 Taranaki	81		11.1%
16 Canterbury	80		134.2%
17 Tairāwhiti	79		15.8%
18 Waikato	71		90.2%
19 Lakes	70		-5.5%
20 Capital & Coast	69		105.5%
21 Hutt Valley	40		-9.9%
DHB Median	86		6%

Table 2. Child Abuse and Neglect Programmes

	Score	Target (70%)	Change from 60 Month FU
1 Waitemata	98		11.4%
2 Auckland	95		15.9%
3 Southern* - Southland	92		2.2%
4 Canterbury	91		4.6%
5 Southern* - Otago	91		5.8%
6 Wairarapa	90		5.9%
7 Hawke's Bay	90		-3.2%
8 Capital & Coast	87		26.1%
9 West Coast	87		4.8%
10 MidCentral	87		14.5%
11 Northland	87		47.5%
12 Whanganui	86		17.8%
13 Bay of Plenty	86		-1.1%
14 Nelson Marlborough	85		7.6%
15 Counties Manukau	84		61.5%
16 Taranaki	84		10.5%
17 Waikato	82		13.9%
18 South Canterbury	80		-4.8%
19 Tairāwhiti	71		-9.0%
20 Lakes	66		-14.3%
21 Hutt Valley	61		8.9%
DHB Median	87		7.6%

* Southern DHB VIP scores are reported separately as services have not yet merged across hospitals.

CULTURAL RESPONSIVENESS AND WHĀNAU ORA

VIP recognises culturally responsive health systems contribute to reducing health inequalities. Additional Whānau Ora workforce development funding and resources provided for DHBs in 2010 created opportunities for DHBs to improve service delivery for Māori. As these initiatives are developed, it is anticipated VIP responsiveness to Māori victims of family violence will improve and cultural indicator scores will increase (Figure 5).

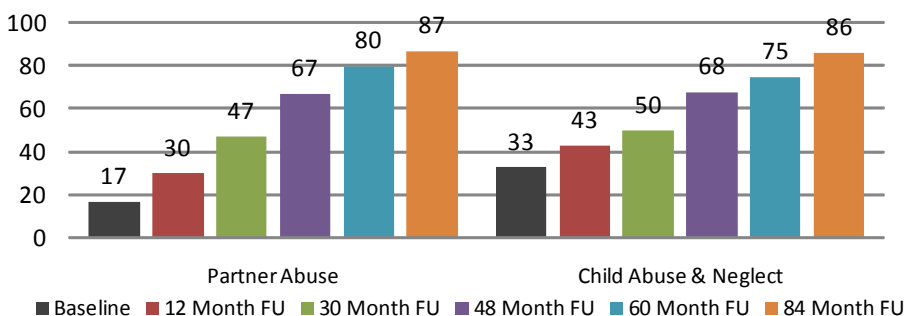


Figure 5. Median Hospital VIP Cultural Responsiveness Scores (2004 - 2011)

84 month follow-up audit results:

- 84 month follow-up VIP cultural responsiveness scores are increasing over time, however variation across hospitals continues.
- DHBs have been asked to prioritise improving cultural responsiveness scores generally, and in particular, the four indicators below.

13 (48%) partner abuse programmes and 16 (59%) child abuse and neglect programmes include a non-Māori non-Pakeha representative on the VIP training team.

10 (37%) partner abuse programmes and 8 (30%) child abuse and neglect programmes have evaluated whether their VIP programme services are effective for Māori.

13 (48%) partner abuse programmes and child abuse and neglect programmes set aside funding specifically for Māori family violence prevention programmes and initiatives.

17 (63%) partner abuse programmes and 15 (56%) child abuse and neglect programmes assess staff on their knowledge and attitude about Māori and family violence.

SELF AUDITS

84 month follow-up audit procedures included a self audit.

As programmes mature, DHBs are being supported to transition to self audit. This aims to increase evaluation transparency and build VIP leader quality improvement expertise. All DHBs are scheduled to conduct another self audit in the 96 month follow-up evaluation (2011-2012).

Figure 6 outlines the 2011-2012 Evaluation Plan

- DHBs with consistent programme score achievement (≥ 70) in both partner abuse and child abuse and neglect programmes in Round One will shift to self audit only.
- DHBs achieving target scores but not yet reaching programme sustainability will submit a self audit and have the option of an additional external audit.
- DHBs that have not yet achieved sustainable target scores will be supported by external audit as well as self audit.

PRIORITIES FOR 2011 - 2012

Shift focus from compliance to improving performance quality, including use of the VIP Quality Improvement Toolkit, to evaluate:

- Partner abuse routine inquiry and disclosure rates
- Multi-disciplinary and multi-agency child protection team reviews
- Client and community partnership outcomes
- Service innovations and integrations (e.g. elder abuse and neglect, primary health care).
- Health professional training.

Other programme development needs identified in this evaluation are:

- Quality improvement workforce development training
- Embedding VIP within other health and DHB system initiatives such as Whānau Ora, Well Child/Tamariki Ora, clinical network development, quality and risk management, interagency collaboration and information-sharing
- Increasing identification and provision of quality services to families at risk
- Improving and integrating health care transitions for victims between secondary and primary sectors and community services in DHB regions.

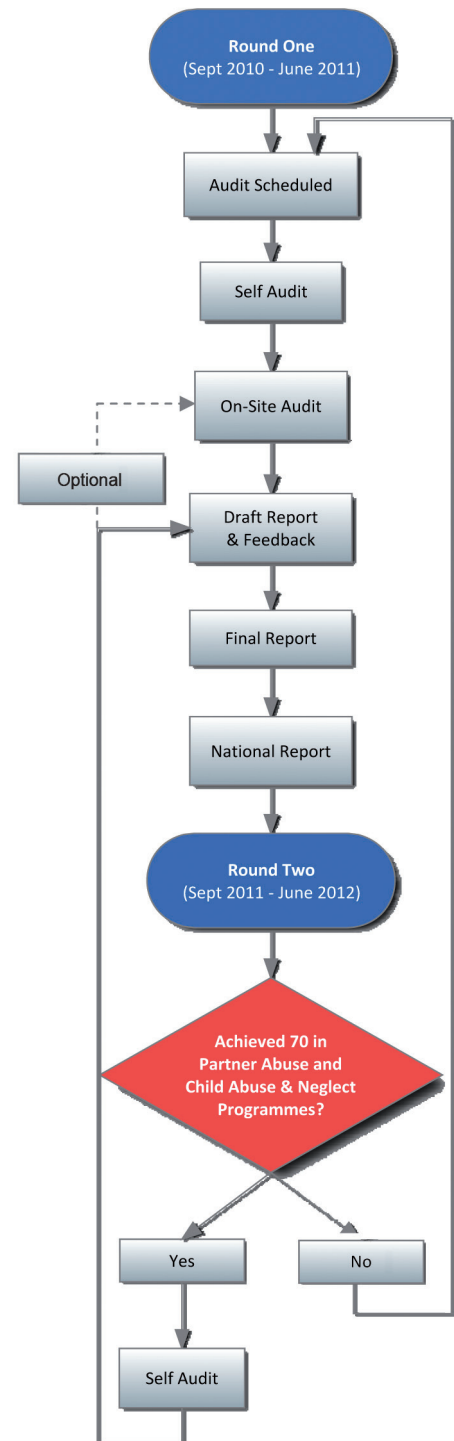


Figure 6. 2010 - 2012 Evaluation Plan

For further information about the Violence Intervention Programme (VIP): www.moh.govt.nz/familyviolence
The full series of evaluation reports is available from: www.aut.ac.nz/vipevaluation

This evaluation work was commissioned by the Ministry of Health to the Auckland University of Technology.
Citation: Jane Kozioł-McLain & Claire Gear (2011). Hospital Responsiveness to Family Violence: 84 Month Follow-Up Audit Summary. Interdisciplinary Trauma Research Centre, Auckland University of Technology, Auckland, New Zealand.