HOSPITAL RESPONSIVENESS TO FAMILY VIOLENCE

96 MONTH FOLLOW-UP EVALUATION (2011/12) SUMMARY

The Ministry of Health (MOH) **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 designated District Health Board (DHB) services.

Ministry-funded national resources support a comprehensive, systems approach (Figure 1).

This evaluation summary documents the result of applying an audit tool to measure system indicators at 27 hospitals (20 DHBs), providing information on VIP implementation.

Based on previous audit scores and programme maturity, 10 DHBs transitioned to self audit only for the 96 month follow-up audit. All other data is based on external audit scores for 2011/2012.

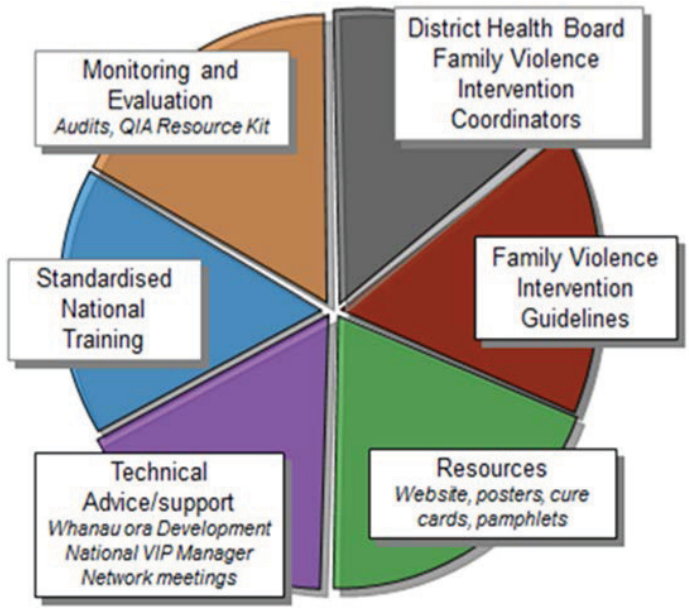

Figure 1. VIP Systems Support Model

FINDINGS

- All DHBs have VIP systems in place to support an efficient, safe response to those experiencing partner abuse and child abuse and neglect.
- Roll out of staff training and delivery of VIP services is occurring across designated services (emergency, maternity, child health, sexual health, mental health and alcohol and drug).
- At the time of the audit:
  - 100% (n=20) of DHBs had a dedicated VIP coordinator position.
  - 75% (n=15) of DHBs had been approved to deliver the Ministry-approved standardised National VIP Training Package.

- **100% of DHBs achieved the target score** (≥ 70) for both partner abuse and child abuse and neglect intervention programmes at 30 June 2012, exceeding the 2012 MOH goal of 90%.
- Overall median VIP scores exceeded 90 for both partner abuse and child abuse and neglect programmes (Figure 2).

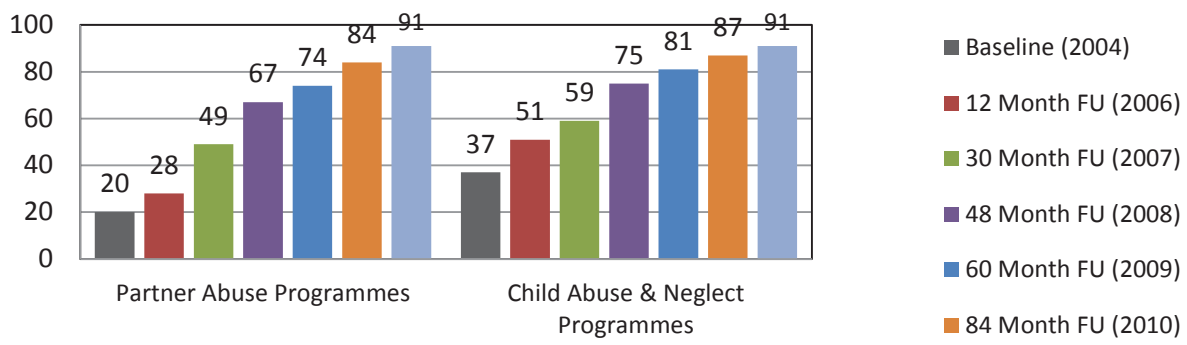

Figure 2. Median Hospital (n=27) VIP Programme Scores (2004-2012)

Improved leadership, coordination, quality monitoring and evaluation activities are required to enhance programme integration and inter-sectoral collaboration.

- 60% of DHBs (n=12) had a VIP Quality Improvement Plan at the time of the audit.
- Internal audit processes monitoring policy implementation remain variable across DHBs, despite the VIP QI Toolkit resource.
- Internal chart reviews suggest that 30% of DHBs (n=6) are screening at least half of all eligible women (Figure 2).

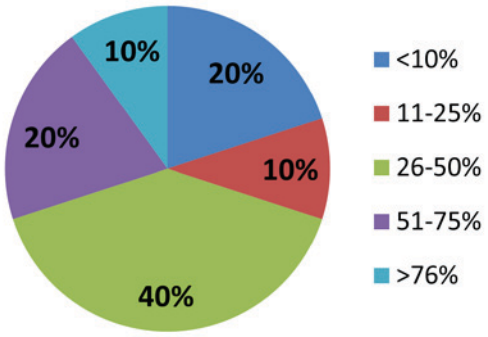

Figure 2. Indicative DHB Partner Violence Screening Rates

Partner Abuse Programmes

96 Month Follow-Up Results:

- 19 DHBs have agreements with regional *refuge services or similar to support health* professional training.

75% (15) of DHBs measure community satisfaction with the partner abuse programme, however, more gathering of client satisfaction data is needed.

All DHBs monitor **intimate partner violence screening** among eligible women in one or more services.

Monitoring of screening, however, remains uneven. More rigour and standardisation across DHBs is needed.

Child Abuse and Neglect Programmes

96 Month Follow-Up Results:

- Two DHBs had established National Child Protection Alert Systems (NCPAS). Five DHBs were working to join NCPAS.
- All DHBs have signed the national MOU between CYF, Police and DHBs for interagency collaboration.

All DHBs collaborate with primary health care providers in addressing vulnerable children. 70% include primary health care providers in discharge planning; 75% report coordinated referral processes.

All DHB Emergency Departments have a **child injury form** available to assess indicators that warrant child protection consultation.

Across DHBs, several versions are in use with varying upper age limits.

Tables 1 and 2 provide the 96 month follow-up District Health Board ranking for overall Partner Abuse and Child Abuse and Neglect programme scores. ***Note: Scores reflect infrastructure development not VIP diffusion across or within services.***

Table 1. Partner Abuse Programmes

Rank			Target (70)	Change from 84M
1	Hawke's Bay (S)	98		4
2	Bay of Plenty (S)	97		6
3	Waitemata (S)	96		1
4	MidCentral (S)	95		3
5	Northland	93		11
6	Counties Manukau	92		2
7	Canterbury	92		12
8	South Canterbury (S)	92		6
9	Southern* (S)	91		4
10	Wairarapa (S)	90		1
11	Auckland (S)	89		-2
12	Whanganui	89		5
13	Lakes	86		16
14	Waikato	85		14
15	West Coast (S)	84		-2
16	Taranaki	83		1
17	Tairawhiti	82		3
18	Nelson Marlborough (S)	81		-1
19	Capital & Coast	79		11
20	Hutt Valley	74		33

Table 2. Child Abuse and Neglect Programmes

Rank			Target (70)	Change from 84M
1	Auckland (S)	100		4
2	Waitemata (S)	100		1
3	Hawke's Bay (S)	96		6
4	Canterbury	94		3
5	Bay of Plenty (S)	94		9
6	Wairarapa (S)	94		4
7	MidCentral (S)	92		5
8	Southern* (S)	92		1
9	Counties Manukau	91		7
10	South Canterbury (S)	91		11
11	Nelson Marlborough (S)	90		4
12	Capital & Coast	89		2
13	Northland	89		3
14	Waikato	89		7
15	West Coast (S)	88		2
16	Whanganui	87		0
17	Taranaki	86		3
18	Lakes	85		20
19	Tairawhiti	81		10
20	Hutt Valley	79		18

(S) Self Audit; * Southern score change based on lowest 84 Month FU hospital score

CULTURAL RESPONSIVENESS AND WHANAU ORA

VIP recognises culturally responsive health systems contribute to reducing health inequalities. Cultural responsiveness scores continue to increase over time. Overall DHB VIP cultural responsiveness scores increased 6% and 3% since the previous audit for partner abuse and child abuse and neglect programmes respectively. VIP has focussed on addressing the four indicators identified as performing poorly across audit periods (Figure 5).

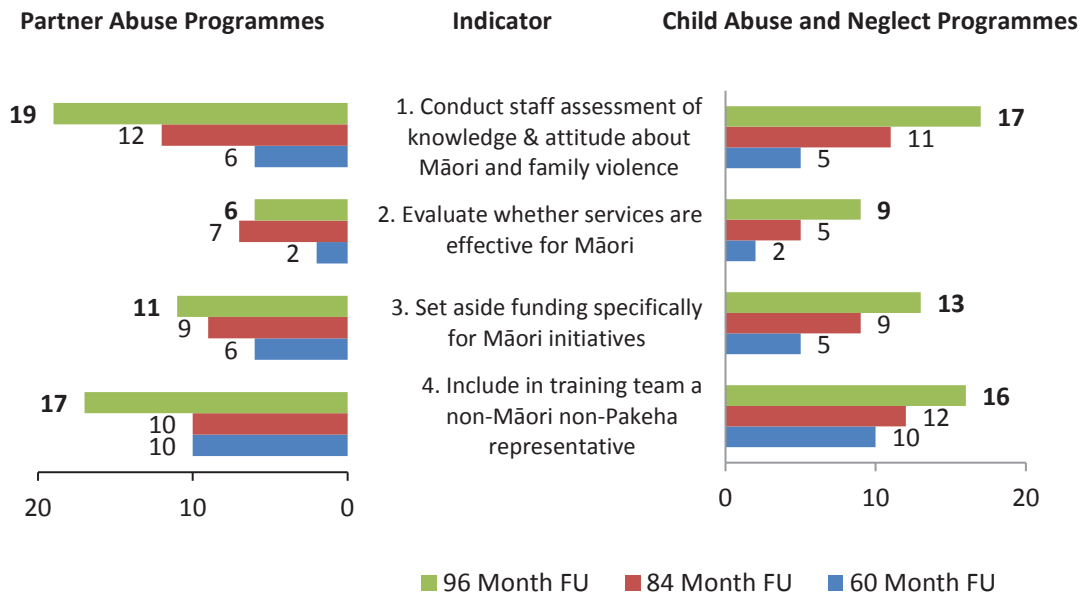

Figure 5. Number of DHBs achieving VIP cultural responsiveness indicators

Partner Abuse Programme DHB cultural responsiveness scores ranged from 77 to 100 with 92 as the median.

Child Abuse and Neglect Programme DHB cultural responsiveness scores ranged from 68 to 100 with 89 as the median.

PROGRAMME MONITORING

VIP programme funding is continuing and will support DHBs in transitioning to self audit of programme system indicators by July 2014. In addition to submitting audit tools, DHBs will analyse audit results to inform local quality improvement action plans.

There is a need to increase implementation and value of quality improvement activities.

Variation in internal quality monitoring was noted across DHBs. A need for clearer standards, resources and quality monitoring skills and knowledge was identified. Future monitoring will focus on activities such as monitoring partner abuse screening, assessment and disclosure rates, with national 'snapshot' evaluations planned for 2013/14 and 2014/2015.

Infrastructure Monitoring 2012/2013:

- All DHBs will submit a self audit with data collated by external evaluators. External evaluators will also provide comment on self audit documents.
- External audits will be conducted at four DHBs identified with development and sustainability risks in 2013.
- External audits will be conducted in two randomly selected DHBs in 2014. This spot-check will assess quality of self auditing.

Internal Quality Monitoring of Programme Delivery:

- Standards and resources for VIP will be reviewed and refined in 2012.
- Workforce training in quality improvement will be provided to VIP staff focusing on standardised methods, data reliability and quality improvement action cycles.
- Standardised 'snapshot' data will be collated nationally in 2013 and 2014.

PRIORITIES FOR 2012-2015

- Improving identification, assessment and responses to vulnerable children and their families/whānau
- Improving service delivery for women, children and whānau experiencing family violence evidenced by quality improvement data
- Supporting integration of safety planning for vulnerable families across primary, community and acute health services
- Contributing to better integration across health and social services for vulnerable families
- Supporting government priorities to reduce assaults on children by 2017
- Increasing the number of DHBs that have implemented National Child Protection Alert Systems
- Supporting DHB implementation of Shaken Baby Prevention Programmes
- Further development of DHB *Whānau Ora Workforce Development* activities that improve VIP responsiveness to Māori
- Supporting DHB implementation of elder abuse and neglect programmes

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.
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MINISTRY OF HEALTH
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VIP
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Te wairere au noa

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