HOSPITAL RESPONSIVENESS TO FAMILY VIOLENCE:

- July 2010 -

60 MONTH FOLLOW-UP EVALUATION

BACKGROUND

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. VIP is part of a multi-agency approach to reduce family violence in New Zealand led by Government's *Taskforce for Action on Violence within Families*.

In 2002, the Ministry of Health published *Family Violence Intervention Guidelines: Child and Partner Abuse* to 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 District Health Boards during the VIP pilot phase. These appointments have proved vital to the continued progress and sustainability of family violence intervention programmes. Local programmes are also supported by individual hospital evaluation reports, a national programme management function and health professional training, all funded by the Ministry of Health.

This evaluation summary documents five rounds of hospital evaluations from 2004 to 2009, providing Government, Ministry of Health and District Health Boards with information on family violence intervention programme implementation. The data are the result of applying an audit tool to measure system indicators at 27 hospitals (21 DHBs).

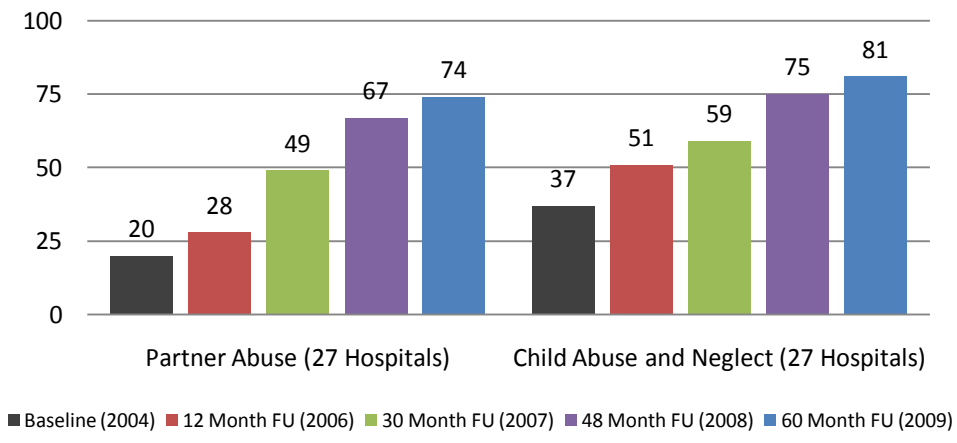
The evaluation seeks to answer the following two questions:

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?**

KEY RESULTS

MEDIAN HOSPITAL VIP PROGRAMME SCORES[1] 2004-2009



60 Month follow-up findings reflect continued growth of family violence programmes.

14 (52%) hospitals have achieved the target score[2] in both Partner Abuse and Child Abuse and Neglect programmes.

[1] Overall programme scores may range from 0 to 100 with higher scores indicating greater development.

[2] The minimal achievement threshold (target score) was set at 70 in 2004 based on international and New Zealand baseline data.

KEY PROGRAMME INDICATORS: 60 Month Follow-Up

PARTNER ABUSE

- 18 (86%) DHBs have endorsed official policies regarding the assessment and treatment of victims of partner abuse.
- 18 (67%) hospitals monitored their partner violence screening. Of eligible patients:

  5 (19%) hospitals screen less than 10%

  6 (22%) hospitals screen 11 to 25%

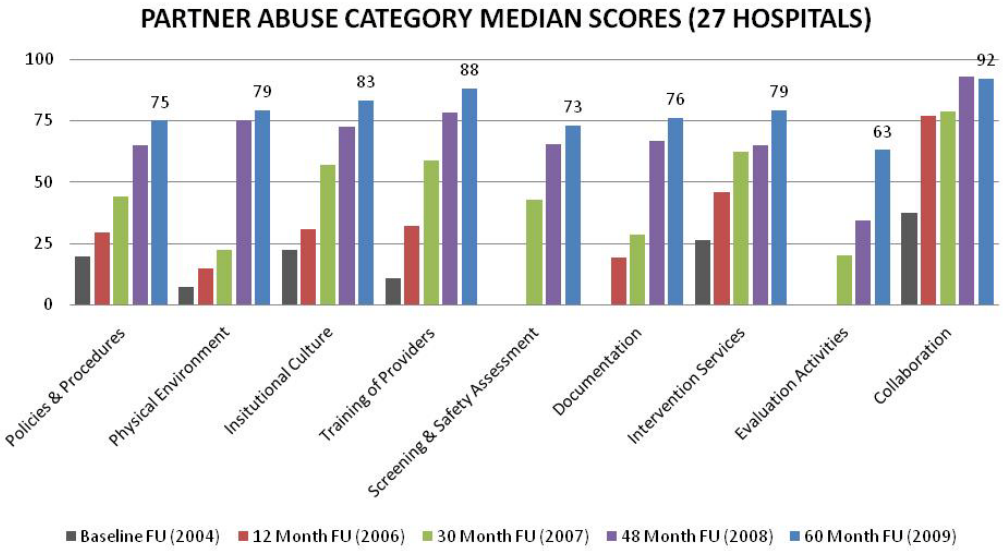
  5 (19%) hospitals screen 26 to 50%

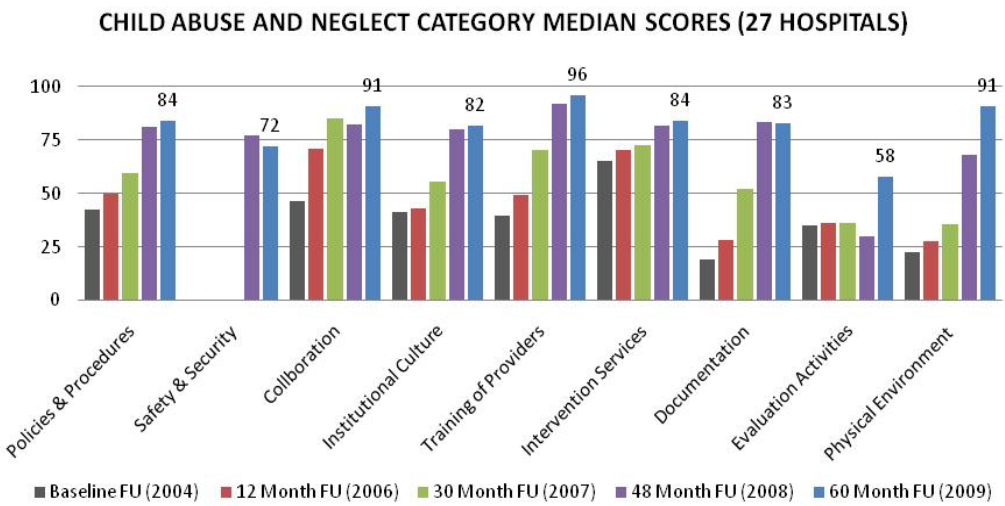
  2 (7%) hospitals screen 51 to 75%.
- 21 (78%) hospitals had conducted quality improvement activities evaluating their partner abuse intervention programme since the last audit.

CHILD ABUSE and NEGLECT

- 20 (95%) DHBs 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 and neglect and for identifying children at risk.
- 24 (89%) hospitals had conducted quality improvement activities to evaluate their child protection programme since the last audit.

PROGRAMME ELEMENTS (Categories)





Steady progress continues to be made across all categories within Partner Abuse and Child Abuse and Neglect programmes.

'Evaluation Activities' have historically lagged behind other programme developments.

With provision of the Ministry of Health *Quality Improvement Toolkit (2009)*, 'Evaluation Activities' scores increased significantly at the 60 month follow-up.

KEY INSIGHT

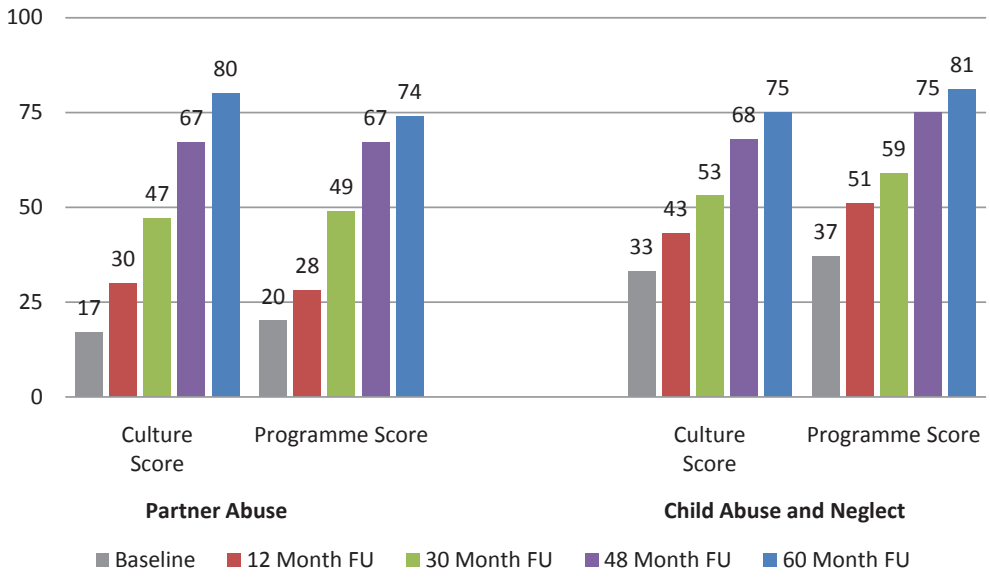
VIP CULTURAL RESPONSIVENESS

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.

In 2003 an international Delphi evaluation tool was modified for use in auditing hospital responsiveness to family violence in Aotearoa New Zealand. The Partner Abuse and Child Abuse and Neglect (revised; 2007) evaluation tools include 30 and 28 socio-cultural indicators respectively. The indicators are integrated across nine categories 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. The figure below illustrates VIP cultural responsiveness scores alongside overall programme scores across the five evaluation periods.

MEDIAN HOSPITAL VIP CULTURAL RESPONSIVENESS SCORES 2004-2009



Culture 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 and Neglect programme culture scores ranged 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 VIP training team.

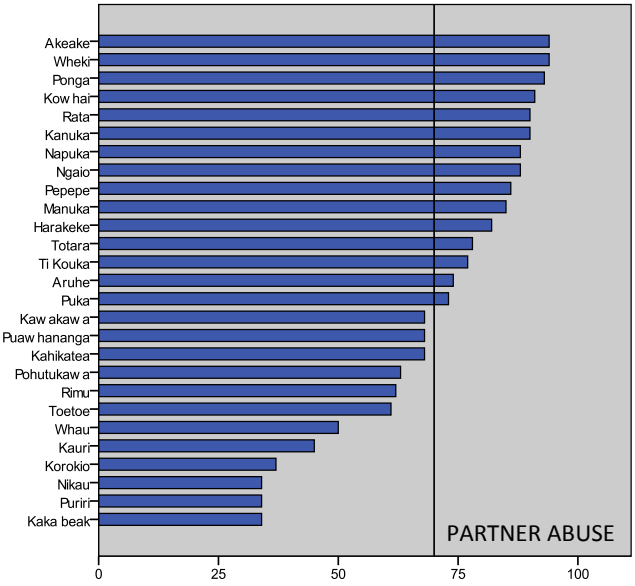
3 (12%) hospitals have evaluated whether their VIP programme services are effective for Māori.

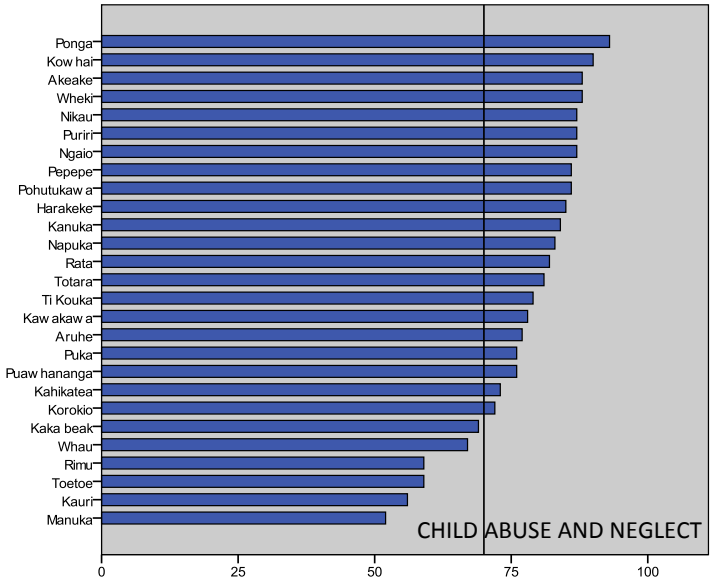
7 (28%) hospitals set aside funding specifically for Māori family violence prevention programmes and initiatives.

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

NATIONAL OVERVIEW

The following league tables rank hospitals by their 60 month follow-up (2009) overall programme scores. Code names from a selection of native Aotearoa New Zealand plants have been allocated to hospitals to protect confidentiality during this period of programme development. Individual hospitals are aware of their code name. All 2011 and subsequent reporting will identify DHBs.





FUTURE DEVELOPMENT

60 Month results indicate Violence Intervention Programmes 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 30 June 2011.

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.

Recommended focus areas for programme development in the next two years include:

- increasing screening rates
- further improving quality improvement activities
- building relationships with referral services such as social work, Child Youth and Family, Women's Refuge and NGOs to further support and increase effective, collaborative interagency responses to family violence.

For further information about the Violence Intervention Programme (VIP): www.moh.govt.nz/familyviolence
The full series of evaluation reports is available from: http://trauma-research.info and navigate to the family violence page

This evaluation work was commissioned by the Ministry of Health to the Auckland University of Technology.
Jane Koziol-McLain, Claire Gear & Nick Garrett (July 2010). Hospital Responsiveness to Family Violence: 60 Month Follow-Up Audit Summary. Interdisciplinary Trauma Research Unit, Auckland University of Technology, Auckland, New Zealand

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Te wairere au noa

MINISTRY OF HEALTH
MANATŪ HAUORA

VIP violence intervention programme