

The Ministry of Health's (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 results of the inaugural **Snapshot audits** of VIP implementation in three selected services as well as the Delphi Audit of VIP System indicators.

VIP contributes towards the Ministry's Statement of Intent 2014 to 2018 and Government's other priority actions by supporting vulnerable children and reducing the number of assaults on children.

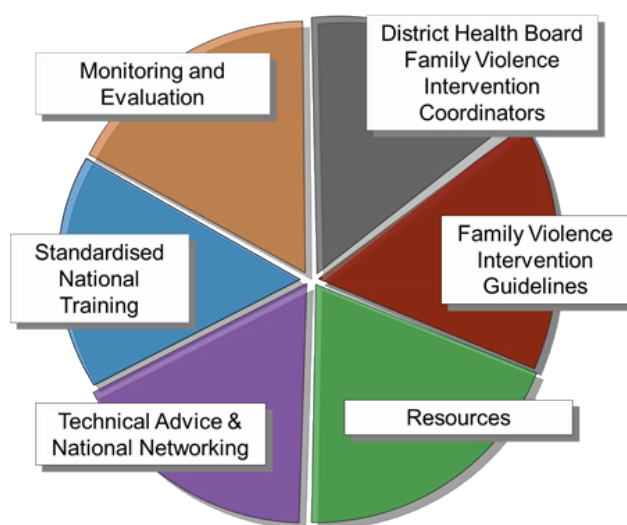


Figure 1. VIP Systems Support Model

VIP SNAPSHOT AUDITS

VIP Snapshot audits were introduced into the VIP Evaluation Programme for the first time in 2014. They indicate a shift in national VIP evaluation focus from DHB infrastructure development to accountability and improvements in the delivery of services to vulnerable children and their whānau. The Snapshot audits used a standardised reporting process implemented by DHBs nationwide, allowing pooling of data to estimate (1) VIP output – women and children assessed for violence and abuse – as well as (2) VIP outcomes – women and children with a violence concern who received assistance.

Three services were selected: Partner Abuse (PA) clinical audits occurred in Postnatal Maternity and Child Health Inpatient services, and Child Abuse and Neglect (CAN) clinical audits in the Emergency Departments (ED) for children aged under two presenting to ED for any reason. The Snapshot audits were retrospective from 1 April to 30 June 2014 and provide baseline data for future VIP Snapshot audits. Figure 2 outlines the number of women receiving health care who were screened for partner abuse, who disclosed and received referrals to onsite and offsite specialist services. Figure 3 outlines the number of children under the age of two years who received health care in the Emergency Department and who were assessed for child abuse and neglect, had child protection concerns identified and were the subject of specialist consultations.

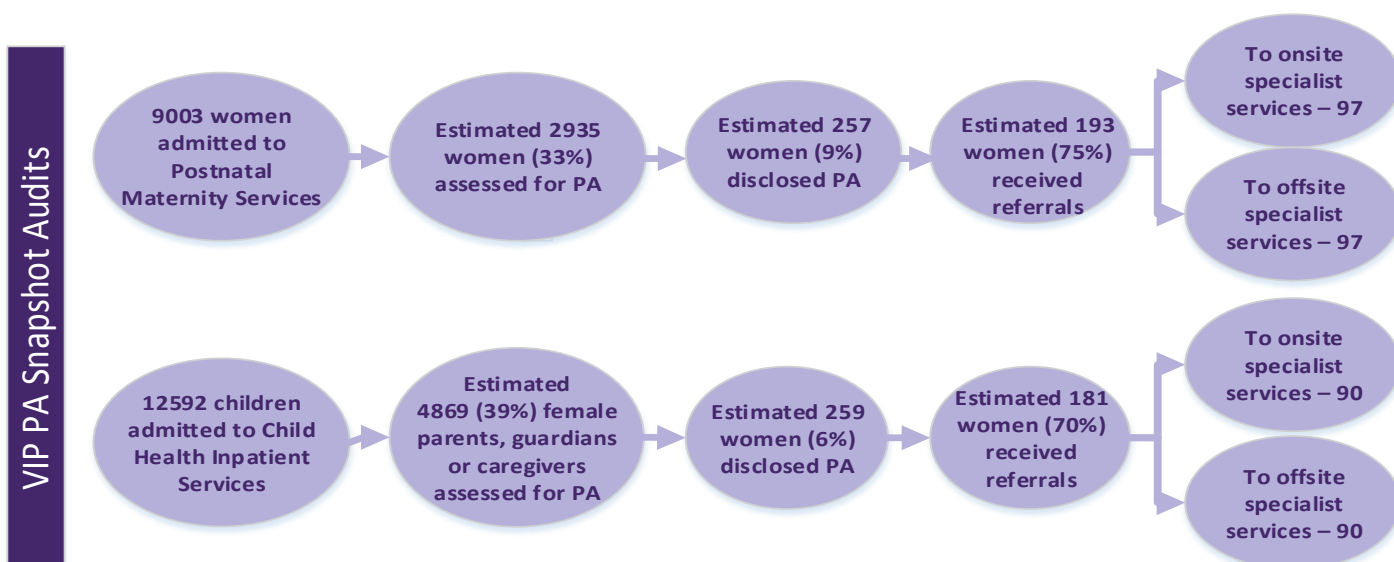


Figure 2. Reported Partner Abuse Screening, Disclosure and Referral Rates from 3 month period 1 April – 30 June 2014.

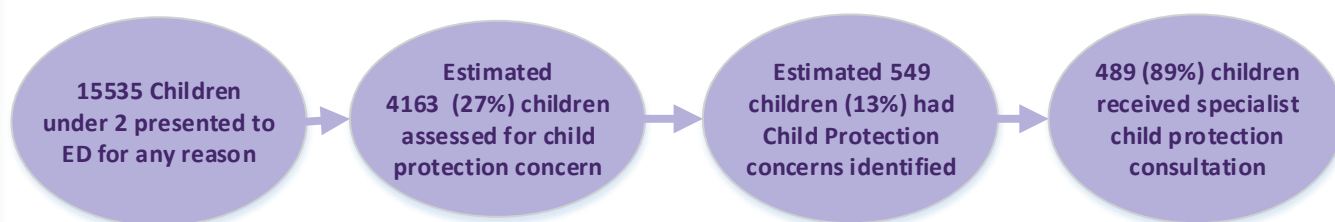


Figure 3. Reported Child Abuse and Neglect Risk Assessment, Concern and Consultation Rates from 3 month period 1 April – 30 June 2014.

VIP is not fully implemented throughout all DHBs nationally. Seventeen DHBs have fully implemented VIP in Postnatal Maternity Inpatient services and eighteen DHBs have fully implemented VIP in Child Health Inpatient services. In the Emergency Department / Children's Emergency Department, 18 DHBs have implemented VIP. The unit of analysis for 18 DHBs was DHB; 2 DHBs provided data for two hospitals. One DHB was unable to identify 25 random files from their ED for children under two. In order to reduce the wide variability of previous audits, all DHBs were requested to randomly select 25 files from Postnatal Maternity and Children's /Emergency Department for children under two and 50 files from Child Health Inpatient Services.

The national PA Screening rate in Postnatal Maternity Services is estimated at 33% (95% Confidence Interval (CI) 26%, 39%). In Child Health the estimated PA screening rate is 39% (95% CI 31%, 48%). The screening rate ranged from 0% to 72% in Postnatal Maternity Services and 0% to 100% in Child Health Inpatient services across all DHBs. The estimated national Child Protection Risk Assessment rate in Children under two years was 27% (95% CI 20%, 34%) and ranged from 0% to 61%.

VIP DELPHI AUDITS

System indicator data was provided by self audit (16 DHBs) or independent audit (4 DHBs). All data is based on these combined self audit and external audit scores for 2014. Indicators have remained constant to facilitate monitoring change over time.

- 100% (n=20) of DHBs had a dedicated VIP coordinator position at the time of the audit. However, turnover of Family Violence Coordinators and Child Protection Coordinators, their managers, VIP champions, and subsequent vacancies are impacting on VIP sustainability and outcomes for children and women experiencing violence and abuse.
- Scores > 80 were achieved by 100% of DHBs in the CAN Intervention Programme; and by 95% of DHBs (n=19) in the PA Intervention Programme as at 30 June 2014.
- Overall median VIP scores exceeded 90 for both partner abuse and child abuse and neglect programmes (Figure 4).

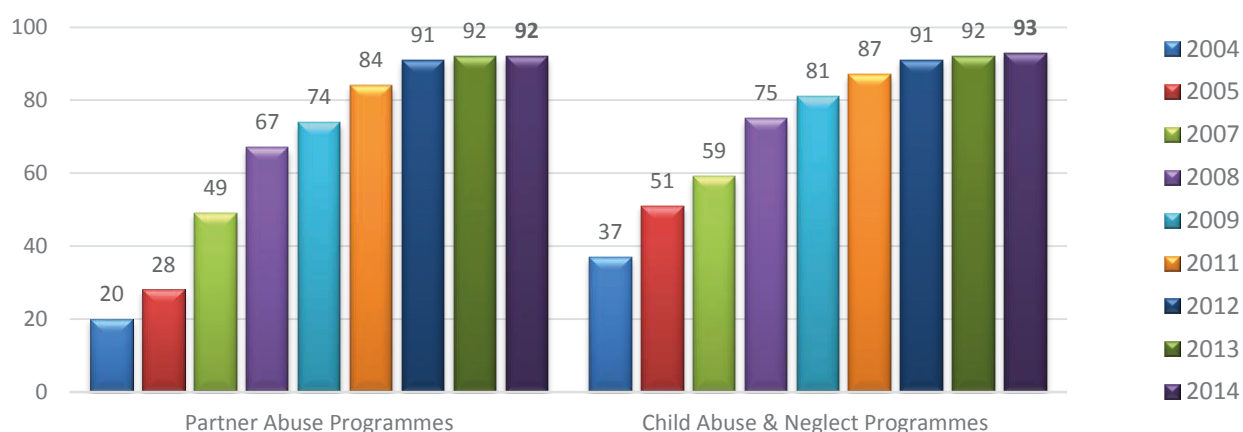


Figure 4. Median VIP Programme Scores (2004-2014)

VIP Implementation

VIP service implementation increased in all targeted services from 2013 to 2014. (See Figure 5).

In some cases, services are shared across DHBs such as in sexual health and alcohol and drug services.

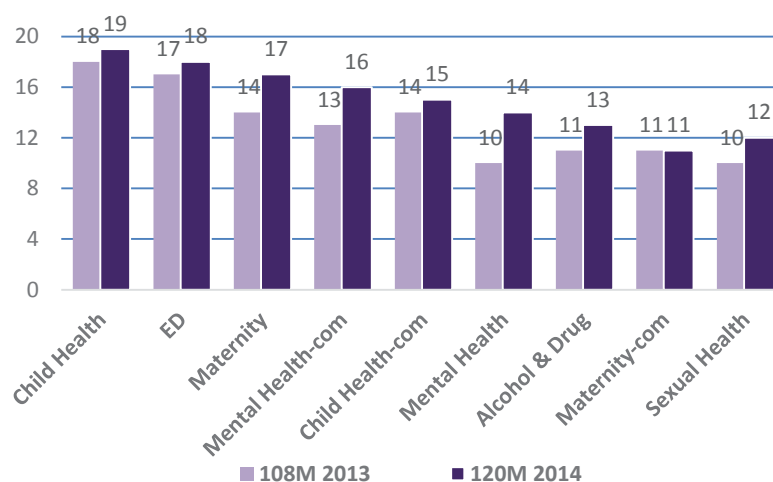


Figure 5. VIP Service Implementation for Partner Abuse.

Partner Abuse Programmes

120 Month Follow-Up Results:

- 20 (100%) DHBs have agreements with regional refuge services or similar to support health professional training.
- 18 (90%) DHBs conducted performance monitoring of screening and disclosure of partner abuse among women in the Emergency Department.
- 15 (75%) DHBs measure client and/or community satisfaction with the partner abuse programme. More gathering of client satisfaction data is needed.

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

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

Child Abuse and Neglect Programmes

120 Month Follow-Up Results:

- Fifteen (75%) DHBs had been approved to implement the National Child Protection Alert Systems (NCPAS) at the time of the evaluation.

100% (n=20) of DHBs include primary health care providers in discharge planning and report coordinated referral processes.

CULTURAL RESPONSIVENESS

VIP recognises culturally responsive health systems contribute to reducing health inequalities. Programme infrastructure for cultural responsiveness has improved over time. However, despite advances, further development is needed. There is variation across DHBs and some indicators continue to under-achieve. For example, in the VIP PA programme 50% (n=10) of DHBs evaluate whether their services are effective for Māori and in the VIP CAN Programme this reduces to 40% (n=8) of DHBs in 2014.

Partner Abuse Programme DHB cultural responsiveness scores ranged from 80 to 100 with 93 as the median.

Child Abuse and Neglect Programme DHB cultural responsiveness scores ranged from 71 to 100 with 91 as the median.

PROGRAMME MONITORING

The inaugural national VIP Snapshot results for 2014 provide the baseline data against which future VIP Snapshot surveys will be compared. Anomalies within and between DHBs, refinement of definitions and processes to ensure standardisation and data reliability, will be addressed in the next Snapshot audit proposed for 2015. The number of DHB services audited via Snapshot surveys will be increased incrementally to include all of the six MoH targeted services within the VIP Programme.

Quality improvement activities need to be increased to improve VIP service delivery reliability and quality.

DHBs will continue to self audit programme system indicators in 2015. The PA and CAN Delphi audit tools will undergo review during 2015/16 to update the tools to reflect the key indicators that will improve services delivered to vulnerable children, and their families and whānau (screening/assessment, disclosure & referral services).

PRIORITIES FOR 2015 and 2016

- VIP to be fully implemented in all MoH targeted services in all DHBs.
- VIP to support DHBs to update their processes aligned to the expected revised MoH Family Violence Intervention Guidelines: Child and Partner Abuse (*The Guidelines*) in 2015.
- DHBs to focus on improving the identification, assessment and responses to vulnerable children, women and their families/whānau.
- Service delivery for women, children and whānau experiencing family violence to be audited by the VIP Snapshot audit process.
- Quality improvement and evaluation activities evaluated nationally to improve VIP outcomes in all DHBs.
- The National Child Protection Alert System to be implemented in all DHBs.
- Standardised national IT solutions to enable electronic monitoring of VIP by DHB and service to be investigated and implemented over time.
- VIP infrastructure evaluation to be enhanced by a review of the current PA and CAN Delphi tools.

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 Koziol-McLain, Christine McLean (July 2015) Health Response to Family Violence:

2014 Violence Intervention Programme Evaluation Summary. Centre for Interdisciplinary Trauma Research, Auckland University of Technology, Auckland, New Zealand.