HOSPITAL RESPONSIVENESS TO FAMILY VIOLENCE

108 MONTH FOLLOW-UP EVALUATION (2012/13) SUMMARY

OCTOBER 2013

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 20 DHBs providing information on VIP implementation.

Based on programme maturity, 16 DHBs undertook the self audit and 4 were independently audited (including site visits) for the 108 month follow-up audit. All data is based on these combined self audit and external audit scores for 2012/2013.

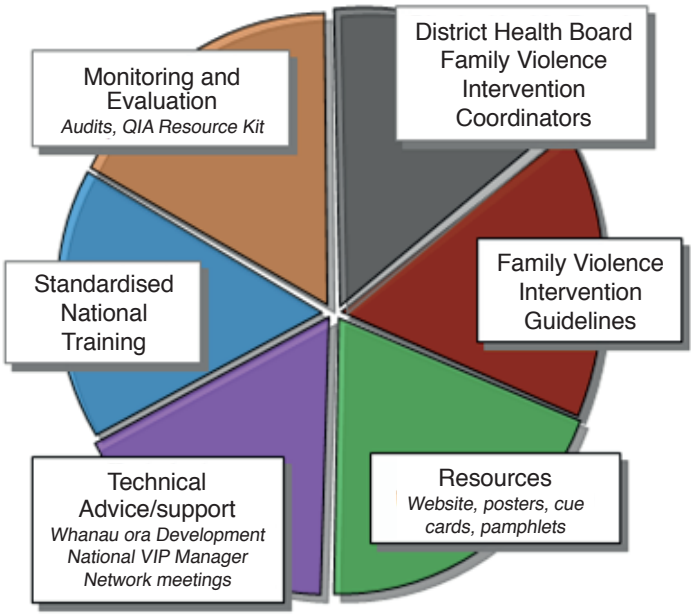

Figure 1. VIP Systems Support Model

FINDINGS

- 95% (n=19) of 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 (at least 1 FTE or equivalent).
  - 95% (n=19) of DHBs had been approved to deliver the standardised Ministry of Health VIP Training Package.

- **95% of DHBs achieved the target score** (≥70/100) for both partner abuse and child abuse and neglect intervention programmes at 30 June 2013
- Overall median VIP scores exceeded 90 for both partner abuse and child abuse and neglect programmes (Figure 2).

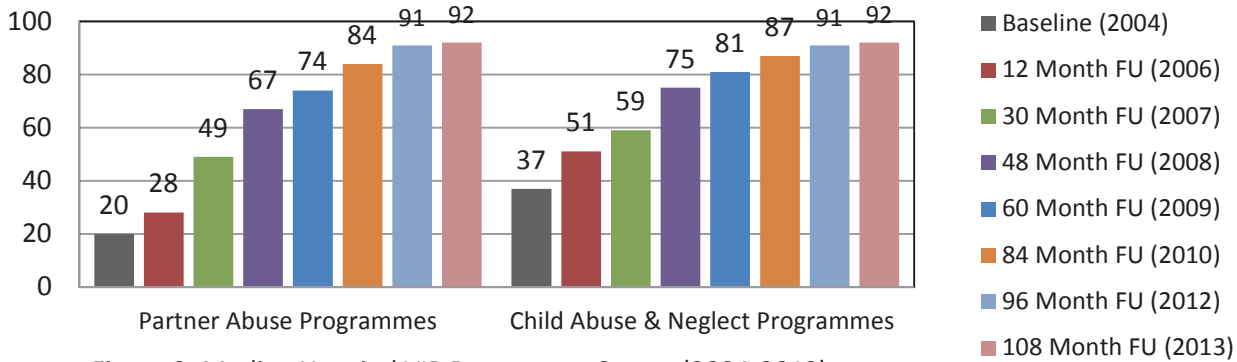

Figure 2. Median Hospital VIP Programme Scores (2004-2013)

- Evaluation activities for VIP are variable across DHBs. 6 DHBs scored <70/100 in Partner Abuse and 9 DHBs scored <70/100 in Child Abuse and Neglect evaluation domains.
- 65% (n=13) of DHBs had a VIP Quality Improvement Plan at the time of the audit.
- Measuring VIP performance as well as improvement remains variable across DHBs, despite the VIP QI Toolkit resource.
- Internal chart review summaries indicated 45% (n=9) of DHBs are screening at least half of all eligible women for partner violence (Figure 3), an increase from 30% (96 month follow-up).

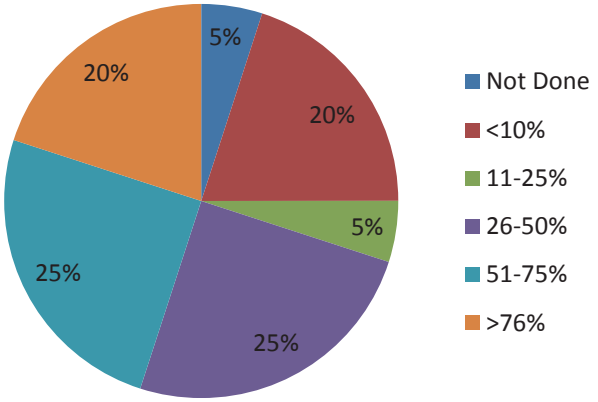

Figure 3. Indicative DHB Partner Violence Screening Rates of Eligible Women

Partner Abuse Programmes

108 Month Follow-Up Results:

- 95% (n=19) of DHBs have agreements with regional refuge or similar services to support health professional training.
- 65% (n=13) of DHBs conducted performance monitoring of screening and disclosure of partner abuse among women in the Emergency Department.

80% (n=16) of DHBs measure community satisfaction with the partner abuse programme. More gathering of patient satisfaction data is needed.

95% (n=19) of 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.

Elder Abuse & Neglect Policies
65% (n=13) of DHBs have policies on Older Adult/Elder Abuse and Neglect.

Child Abuse and Neglect Programmes

108 Month Follow-Up Results:

- Eight DHBs had established National Child Protection Alert Systems (NCPAS). Nine DHBs were working to join NCPAS.
- All DHBs have signed the national MOU between CYF, Police and DHBs for interagency collaboration.
- 55% (n=11) of DHBs had Evaluation Activities scores exceeding 70/100. All DHBs had procedures in place to monitor quality.
- 70% (n=14) of DHBs record, collate and report on data related to child abuse and neglect assessments, identifications, referrals and alert status to senior management.

90% (n=18) of DHBs' 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.

All DHBs collaborate with primary health care providers in addressing vulnerable children. 95% (n=19) of DHBs include primary health care providers in discharge planning; 85% (n=17) report coordinated referral processes.

Tables 1 and 2 provide the 108 month follow-up District Health Board ranking for overall Partner Abuse and Child Abuse and Neglect programme scores. ***Scores reflect infrastructure development not VIP diffusion across or within services.*** There remains variation in individual DHB scores over time, with some DHBs improving as a result of increased senior leadership, consistency in VIP Coordinator resource and service innovations. DHBs with VIP Coordinator turn over struggle to maintain achievements over time.

Table 1. Partner Abuse Programmes

Rank		Target (70%)	Change from 96M
1	Hawke's Bay (S)	100	2
2	Bay of Plenty (S)	99	3
3	Waitemata (S)	99	3
4	Counties Manukau (S)	96	5
5	MidCentral (S)	95	0
6	Waikato (S)	95	11
7	Wairarapa (S)	95	6
8	Northland	95	2
9	Tairawhiti (S)	93	10
10	Southern	92	1
11	South Canterbury (S)	92	0
12	Canterbury (S)	91	0
13	West Coast (S)	89	4
14	Hutt Valley	88	15
15	Taranaki (S)	88	5
16	Auckland (S)	88	-1
17	Nelson Marlborough (S)	80	-1
18	Whanganui (S)	79	-10
19	Capital & Coast (S)	76	-3
	DHB Median	92	

Table 2. Child Abuse and Neglect Programmes

Rank		Target (70%)	Change from 96M
1	Waitemata (S)	100	0
2	Hawke's Bay (S)	99	3
3	Auckland (S)	98	-1
4	Counties Manukau (S)	98	7
5	Wairarapa (S)	97	2
6	Bay of Plenty (S)	96	2
7	South Canterbury (S)	96	5
8	Canterbury (S)	94	0
9	MidCentral (S)	93	1
10	Southern	92	1
11	Waikato (S)	92	3
12	Taranaki (S)	91	5
13	Tairawhiti (S)	91	10
14	Capital & Coast (S)	87	-2
15	Hutt Valley	87	8
16	Northland	87	-2
17	Whanganui (S)	85	-1
18	West Coast (S)	85	-4
19	Nelson Marlborough (S)	83	-7
	DHB Median	92	

Table notes: (S) Self Audit; Lakes DHB excluded due to re-forming its VIP in 2013.

CULTURAL RESPONSIVENESS

VIP recognises culturally responsive health systems contribute to reducing health inequalities. Cultural Responsiveness domain scores increased 3% and 2% since the 96 month audit for partner abuse and child abuse and neglect programmes respectively. Despite advances, variation continues across DHBs, and particular indicators continue to under-achieve (Figure 4). Nine (45%) DHBS evaluate whether services are effective for Māori in partner abuse and child abuse and neglect programmes.

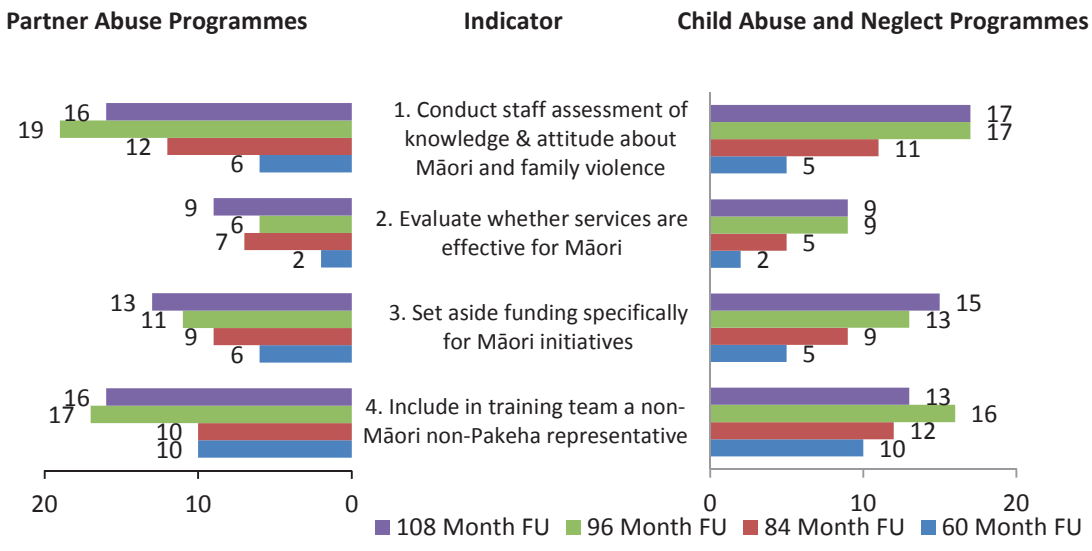

Figure 4. Number of DHBs achieving VIP cultural responsiveness indicators

Partner Abuse Programme DHB cultural responsiveness scores ranged from 53 to 100 with 95 as the median.

Child Abuse and Neglect Programme DHB cultural responsiveness scores ranged from 75 to 100 with 91 as the median.

DHBs will continue to self audit programme system indicators in 2014. In addition to submitting audit tools, DHBs will analyse audit results to inform local quality improvement action plans.

Technical support for both performance monitoring and quality improvement activities based on the Model for Improvement is continuing. A national 'snapshot' of selected deliverables is planned for 2014 and 2015.

During 2013 all DHBs participated in quality improvement training in the IHI Model for Improvement (including rapid PDSA cycles). The VIP infrastructure within DHBs is reaching maturity. The focus is now on increasing the quality of services to vulnerable women and children.

Infrastructure Monitoring 2013/2014:

- 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 (including site visits) will be conducted in four selected DHBs in 2014. This spot-check will assess programme progress and quality of self auditing.

Internal Quality Monitoring of Programme Delivery:

- Standards and resources for VIP monitoring and evaluation will be reviewed in 2014.
- The National VIP Team will continue to support standardised methods, data reliability and quality improvement action cycles.

PRIORITIES FOR 2014-2015

- Improving identification, assessment and responses to vulnerable children and their families and whānau.
- Improving service delivery for women, children and whānau experiencing family violence evidenced by quality improvement data.
- Supporting integration and coordination of safety planning for vulnerable families across primary, community and acute health services.
- Contributing to better coordination across health and social services and better outcomes for vulnerable children and their families and whānau (Children's Action Plan, 2012).
- Supporting government priority to reduce the number of assaults on children by 2017 (Better Public Services Key Result Action Area, 2013).
- Increasing the number of DHBs that have implemented National Child Protection Alert Systems.
- Supporting DHB implementation of Shaken Baby Prevention Programmes.
- Further develop 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.health.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 AUT University.
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