VIP recognises culturally responsive health systems contribute to reducing health inequalities. However, despite advances in some DHBs, further development is needed. For example, 40% (n=8) of DHBs have a quality framework used to evaluate whether services are effective for Māori in the CAN Programme.

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

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

The national VIP Snapshot clinical audits will include Alcohol & Drug and Community Mental Health Services in 2016. Refinement of definitions and processes to ensure standardisation and data reliability continues as new DHB services join the Snapshot clinical audit system.

DHBs continue to self audit programme system indicators in 2016. In addition to submitting audit tools, DHBs will analyse audit results to inform local quality improvement action plans.

Infrastructure Monitoring 2016:
- 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 may be conducted in 2016. This spot-check will assess programme progress and quality of self auditing.
- Quality Monitoring of Programme Delivery:
  - Standardised ‘snapshot’ data will be collated nationally in 2016 for all MoH DHB targeted services.
  - All DHBs will submit two Model for Improvement PDSA (Plan, Do, Study, Act) plans focused on improving their services to children, women and families/whānau experiencing violence in their lives.

PRIORITY FOR 2016 – 2018
- Conduct a Delphi study to update the current VIP Delphi Partner Abuse and Child Abuse and Neglect audit tools. The aim is to identify best practice elements of a health response to family violence informed by current literature, the refreshed Family Violence Assessment and Intervention Guideline: IPV and Child Abuse 2016, the New Zealand health context, and programme innovations (e.g. Elder Abuse, Shaken Baby Programmes).
- DHBs to focus on improving the identification, assessment and responses to vulnerable children, women and their families/whānau to achieve MoH targets of 80% for CAN and IPV assessment rates and CP concern/IPV disclosure rates of 5%.
- Implementation of standardised national IT solutions to enable electronic monitoring of VIP by DHB and services.
- VIP will continue to contribute to and support all government initiatives and interventions to reduce child abuse and neglect and family violence.

For further information about the Violence Intervention Programme (VIP): www.moh.govt.nz/familyviolence

This evaluation work was commissioned by the Ministry of Health to the Auckland University of Technology.

Citation: Jane Kozl-Claus, Christine McLean & Nick Garrett. Health response to Family Violence: 2015 Follow-Up Evaluation Summary. Centre for Interdisciplinary Trauma Research, Auckland University of Technology, Auckland, New Zealand.
VIP snap shot IPV clinical audit findings are presented Figure 2 and Table 2. Sexual Health and Postnatal Maternity services evidenced equal IPV screening rates (48%), but despite more women being seen in Postnatal Maternity services, fewer women received specialist IPV services due to the lower disclosure rate (5% versus 20%). In Emergency Departments, despite lower rates of screening (23%) and disclosure (6%), many more women are served due to the volume of women seen. In the 2015 Snapshot, disclosure rates, as a proxy for screening quality, in Child Health and Postnatal Maternity services dropped below the national prevalence rate of 5%.

VIP Infrastructure Monitoring: DELPHI self-audits

All (20) DHBs completed self audits providing system indicator data.

The Ministry of Health target for Delphi overall and domain scores is 80 and over.

All DHBs achieved the MoH target for CAN system indicators; 19 DHBs achieved the MoH target for PA indicators. Median scores over time are shown in Figure 3.

VIP service implementation increased in all targeted services from 2014 to 2015. (See Figure 4).

Note: There are a total of 17 Alcohol & Drug Services and 15 Sexual Health Services nationally.

VIP Implementation

2015 Follow-Up Results:
- 80% (n=16) of DHBs provide an on-site victim advocacy service at all times; 4 (20%) provide victim advocacy services at certain times.
- 60% (n=12) of DHBs incorporate Screening and Safety Assessment documentation in clinical records for all charts in outpatient and inpatient areas; 8 (40%) incorporate documentation in two or more outpatient areas.
- 80% (n=16) of DHBs have specific policies and procedures for dealing with employees experiencing partner abuse.

Evaluation Activities
- 75% (n=15) of DHBs achieved the MoH Target Score ≥ 80 in the PA Evaluation Activity domain (scores ranged from 14 to 100). All DHBs are encouraged to enhance their VIP service to children, women, families and whānau through evaluation and quality improvement activities.

Child Abuse and Neglect Programmes

2015 Follow-Up Results:
- 95% (n=19) of DHBs have established National Child Protection Alert Systems (NCPAS). One DHB’s patient information system has delayed participation.
- 55% (n=11) of DHBs had a full time identifiable child protection coordinator; 35% (n=7) of DHBs had a part-time coordinator ≥ 0.5 FTE (full time equivalent); 10% (n=2) of DHBs had a part-time coordinator < 0.5 FTE.
- 95% (n=19) of DHBs provide temporary safe shelter for victims of child abuse and their families who cannot go home or cannot be placed in a community-based shelter until CPF or a refuge intervene.

95% (n=19) of DHBs’ child abuse and neglect programme is evident in the DHB quality and risk programme.

70% (n=14) of DHBs use a standardised referral form and process for police notification of child protection concerns.