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Overall median VIP scores exceeded 90 for both partner abuse and child abuse and neglect programmes (Figure 2).
Improved leadership, coordination, quality monitoring and evaluation activities are required to enhance programme integration and intersectoral 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).

### 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.

### 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 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.

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).

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.

**Figure 5. Number of DHBs achieving VIP cultural responsiveness indicators**
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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.

### Cultural Responsiveness and Whānau 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).

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Partner Abuse Programmes</th>
<th>Table 2</th>
<th>Child Abuse and Neglect Programmes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rank</td>
<td>Target</td>
<td>Change from 84M</td>
<td>Rank</td>
</tr>
<tr>
<td>1</td>
<td>Auckland (S)</td>
<td>100</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>Waitemata (S)</td>
<td>92</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>Hawke’s Bay (S)</td>
<td>89</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Bay of Plenty (S)</td>
<td>87</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>Wellington (S)</td>
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<td>2</td>
</tr>
<tr>
<td>6</td>
<td>Counties Manukau</td>
<td>82</td>
<td>4</td>
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<tr>
<td>7</td>
<td>Waikato</td>
<td>86</td>
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</tr>
<tr>
<td>8</td>
<td>Taranaki</td>
<td>82</td>
<td>1</td>
</tr>
<tr>
<td>9</td>
<td>Northland</td>
<td>89</td>
<td>4</td>
</tr>
<tr>
<td>10</td>
<td>Auckland (S)</td>
<td>82</td>
<td>4</td>
</tr>
<tr>
<td>11</td>
<td>Whanganui</td>
<td>87</td>
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</tr>
<tr>
<td>12</td>
<td>Lakes</td>
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<td>13</td>
<td>Taranaki</td>
<td>82</td>
<td>2</td>
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<tr>
<td>14</td>
<td>Nelson Marlborough (S)</td>
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<tr>
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<td>West Coast (S)</td>
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<td>82</td>
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<td>18</td>
<td>Northland</td>
<td>89</td>
<td>4</td>
</tr>
<tr>
<td>19</td>
<td>Auckland (S)</td>
<td>82</td>
<td>2</td>
</tr>
<tr>
<td>20</td>
<td>Hutt Valley</td>
<td>72</td>
<td>18</td>
</tr>
</tbody>
</table>

Note: S scores reflect infrastructure development not VIP diffusion across or within services.

<table>
<thead>
<tr>
<th>Partner Abuse Programme</th>
<th>Indicator</th>
<th>Child Abuse and Neglect Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>1. Conduct staff assessment of knowledge &amp; attitude about Māori and family violence</td>
<td>17</td>
</tr>
<tr>
<td>12</td>
<td>2. Evaluate whether services are effective for Māori initiatives</td>
<td>9</td>
</tr>
<tr>
<td>6</td>
<td>3. Set aside funding specifically for Māori initiatives</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>4. Include in training team a non-Māori non-Pākehā representative</td>
<td>9</td>
</tr>
</tbody>
</table>

VIP focuses on addressing the four indicators identified as performing poorly across audit periods (Figure 5).
PROGRAMME MONITORING

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

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.

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).

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Figure 1. VIP Systems Support Model

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