

Health Response to Family Violence

VIOLENCE INTERVENTION PROGRAMME EVALUATION

2025–2026



CENTRE FOR INTERDISCIPLINARY
TRAUMA RESEARCH



AUT Evaluation Team Members

Jane Koziol-McLain, Sarah Herbert (Ngāti Kahu ki Whangaroa), Nick Garrett (Ngāti Maniapoto), Kathy Lowe, Sarah Ngawati (Ngāti Kahungunu) and Tepora Pukepuke (Whakatōhea, Ngāi Tūhoe).

Acknowledgements

The evaluation team would like to thank all Violence Intervention Programme (VIP) coordinators, managers, champions and kaimahi who facilitate and support the VIP evaluation process. We are grateful for the manaakitanga, whanaungatanga and engagement in learning shown during evaluation team site visits to VIP district teams in 2026.

Ethics

The Multi-Region Ethics Committee (AKY/03/09/218/AM11) approved the evaluation project for meeting ethical standards. Most recent approval by the Northern A Health and Disability Ethics Committee on 25 April 2025 (2025PR1293). Text from previous Health Response to Family Violence reports is included with permission. For more information visit: www.aut.ac.nz/vipevaluation.

Disclaimer

Health New Zealand | Te Whatu Ora (Health NZ) commissioned this report. The views expressed in this report are those of the authors and do not necessarily represent the views of Health NZ.

Citation: Koziol-McLain, J., Herbert, S., Garrett, N., Lowe, K., Ngawati, S., Pukepuke, T. (2026). Health response to family violence: Violence Intervention programme evaluation 2025–2026. (Report No. 21). Centre for Interdisciplinary Trauma Research, Auckland University of Technology. <https://citr.aut.ac.nz/>

Health Response to Family Violence
**VIOLENCE INTERVENTION
PROGRAMME EVALUATION**
2025–2026

CONTENTS

PREAMBLE	6
BACKGROUND	6
MEASURING SYSTEM INFRASTRUCTURE	7
FINDINGS	8
Infrastructure Delphi Overall Scores 2025	8
Infrastructure Delphi Overall Change Scores 2022 – 2025	8
Domain Scores 2025	10
DISCUSSION	11
REFERENCES	13
Appendix A. Evaluation Team Uaratanga and Tikanga	15
Appendix B. VIP Delphi Tool Domain Definitions and Scoring Weights	16
Appendix C. VIP Evaluation Information Pack 2025	17
Appendix D. District Infrastructure Change Scores 2022 and 2025	20
Appendix E. Infrastructure (Delphi) Domain Scores 2025	21
Appendix F. Infrastructure (Delphi) Indicator Scores 2022 and 2025	23

LIST OF TABLES AND FIGURES

Figure 1. The Nine Delphi System Infrastructure Domains	7
Figure 2. Median VIP Delphi Infrastructure Score 2025	8
Figure 3. 2025 VIP District Infrastructure Overall Delphi Scores	9
Figure 4. Change in Infrastructure Overall Delphi Scores (2025 – 2022)	9
Figure 5. 2025 Infrastructure Delphi Domain Performance	10
Figure A1. Evaluation Team Uarantanga and Tikanga	15
Table B1. Delphi Domain Definitions and scoring weights	16
Table D1. Delphi Infrastructure Overall Change Scores (2022 and 2025) by District	20
Table E1. 2025 Delphi Domains Score Distribution (N=20)	21
Figure E1. 2025 Delphi Median Domain Scores (N=20)	21
Figure E2. 2025 Infrastructure Domain Score Distributions (Boxplot)	22
Table F1. Delphi Indicator Scores	23

Building on the Violence Intervention Programme (VIP) evaluation conducted between 2020 and 2024,^a this report presents findings from an assessment of health system infrastructure supporting programme delivery in 2025. Data were collected through administration of the Delphi Tool during site visits undertaken across all 20 districts in Aotearoa New Zealand in 2026.

BACKGROUND

Our evaluation work is driven by a commitment to supporting health system transformation that advances the moemoeā of Te Aorerekura; Aotearoa New Zealand’s national strategy to eliminate family violence and sexual violence that is:

“

All people in Aotearoa New Zealand are thriving; their wellbeing is enhanced and sustained because they are safe and supported to live their lives free from family violence and sexual violence.¹

The national strategy places responsibility on Health New Zealand | Te Whatu Ora (Health NZ) to deliver safe, integrated, and coordinated responses that are accessible, understandable, and easy to navigate, while empowering those affected by family violence and sexual violence to lead their own healing journeys.

Decades of research evidence makes clear that family violence drives health demand and impacts lifelong health and wellbeing outcomes for individuals, and whānau, with significant inequities for Māori.^{2,3} This clearly positions responsiveness to family violence as a core health system responsibility.⁴

A quality, sustainable and equitable health response to family violence is reliant on quality systems, where “provider intention and actions are supported by a strong health system equipped to manage family violence”⁵. Therefore, Health NZ directed evaluation activities in 2025–2026 to monitor the infrastructure supporting development of a consistent and quality response to family violence.

The guiding questions for the 2025–2026 evaluation were:

- (a) What is the extent of institutional health system support (infrastructure) for family violence responsiveness?
- (b) Has institutional health system support (infrastructure) for family violence responsiveness changed since last measured in 2022?
- (c) What infrastructure gaps remain?

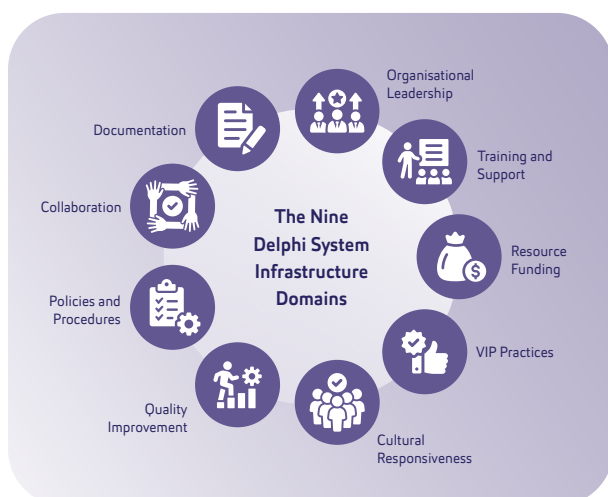
In this report we focus on 2025–2026 infrastructure findings, extending discussion begun in our 2020–2024 report. We consider health system performance, outcomes and equity given the current Guidelines^b and level of resourcing. Detailed evaluation methods and previous reports are available at <https://www.aut.ac.nz/vipevaluation>.^{6–19} Evaluation team activities are grounded in our team uaratanga (values), tikanga and Te Tiriti o Waitangi (see Appendix A), with a strong commitment to advancing Māori health.

MEASURING SYSTEM INFRASTRUCTURE

We assessed organisational performance across Health NZ districts in delivering the VIP for the 2025 calendar year. This was the second application of the revised Delphi Tool (2017) involving independent external assessment through site visits. The first such assessment was undertaken in relation to 2022 performance. In the 2025 application, minor tool changes included removing reference to District Health Boards and improving measurement notes for consistency. Response options changed for four items (see Appendix F, table notes). The Delphi tool reflects the VIP systems approach integrating intimate partner violence (IPV) and child abuse and neglect (CAN) responsiveness, consistent with the Ministry of Health's 2016 Family Violence Assessment and Intervention Guideline²⁰. The tool aims to highlight achievement as well as areas for development and improvement.

Across nine domains (see Figure 1), the tool includes 56 items indicative of an ideal programme, rather than being all inclusive. Indicators are not scored unless fully attained, with evidence of process and implementation. Each Delphi domain score is standardised, resulting in a possible score from 0 to 100 with higher scores indicating greater levels of programme development. An overall score may range from 0 to 100 and is generated using a weighting scheme (Appendix B).

Figure 1. The Nine Delphi System Infrastructure Domains



The evaluation process included firstly, the 20 districts submitting completed interactive Excel Delphi workbook self-assessment data to the evaluation team. Instructions (see Appendix C) highlighted the evaluation activity as a learning opportunity for the VIP team, with specific items to be completed by the VIP senior manager or sponsor. The interactive excel file allowed users to view measurement notes, input indicator data and instantly see their overall and domain scores in real time, supporting targeted improvement planning. Districts were expected to submit the completed self-assessment by the 15th of December 2025. All 20 districts submitted a Delphi self-audit between 4 December 2025 and 20 January 2026.

Following receipt of a district's self-assessment, a site visit was scheduled to conduct an external, independent assessment. An evaluation team member(s) visited districts to review the Delphi indicator evidence, review progress and discuss solutions and action plans. Site visits took place at the 20 districts across Aotearoa New Zealand between 12 February 2026 and 30 June 2026. The one-day site visits concluded with a PowerPoint presentation including national and local context, external auditor scores and identified programme strengths and opportunities for improvement. Districts were invited to confirm whether the presentation provided an accurate summary of their programme, and their feedback was incorporated when drafting the final district reports.

All Delphi score results provided in this report, including 2022 and 2025, are based on the external audit scores. There was closer alignment between district self-audit scores and external audit scores in 2025. On average, self-audit scores were 2 points higher than external scores, compared with an average difference of 11 points in 2022. This may indicate improved shared understanding of the Delphi tool following 2022 site visits and updated measurement notes.

FINDINGS

Infrastructure Delphi Overall Scores 2025

The 2025 median overall infrastructure Delphi score achieved was 66/100, indicating a moderate level of achievement (Figure 2). Individual district scores ranged from 26 to 91 (Figure 3). The two highest scoring districts were Te Tai o Poutini West Coast (91) and Waitematā (90), indicating achievement in both a small and large population district. Long periods of unfilled VIP coordinator and manager roles were commonly associated with low Delphi scores.

Infrastructure Delphi Overall Change Scores 2022 – 2025

The 2025 median overall score of 66 represented an increase from the 2022 median score of 57. While there was a trend for improvement nationally, improvement was uneven across districts (Figure 4 and Appendix D). The overall Delphi score change from 2022 to 2025 ranged from an increase of 38 to a decrease of 24. The wide range of scores indicates substantial variation in district-level infrastructure and points to the need for targeted improvement support. At the same time, several districts showed marked gains, the largest improvement occurred in the Waitematā district (+38), demonstrating that meaningful improvement is achievable.

Figure 2. Median VIP Delphi Infrastructure Score 2025

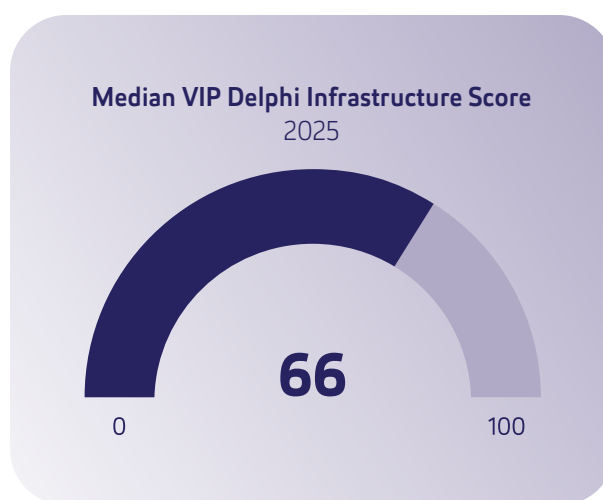


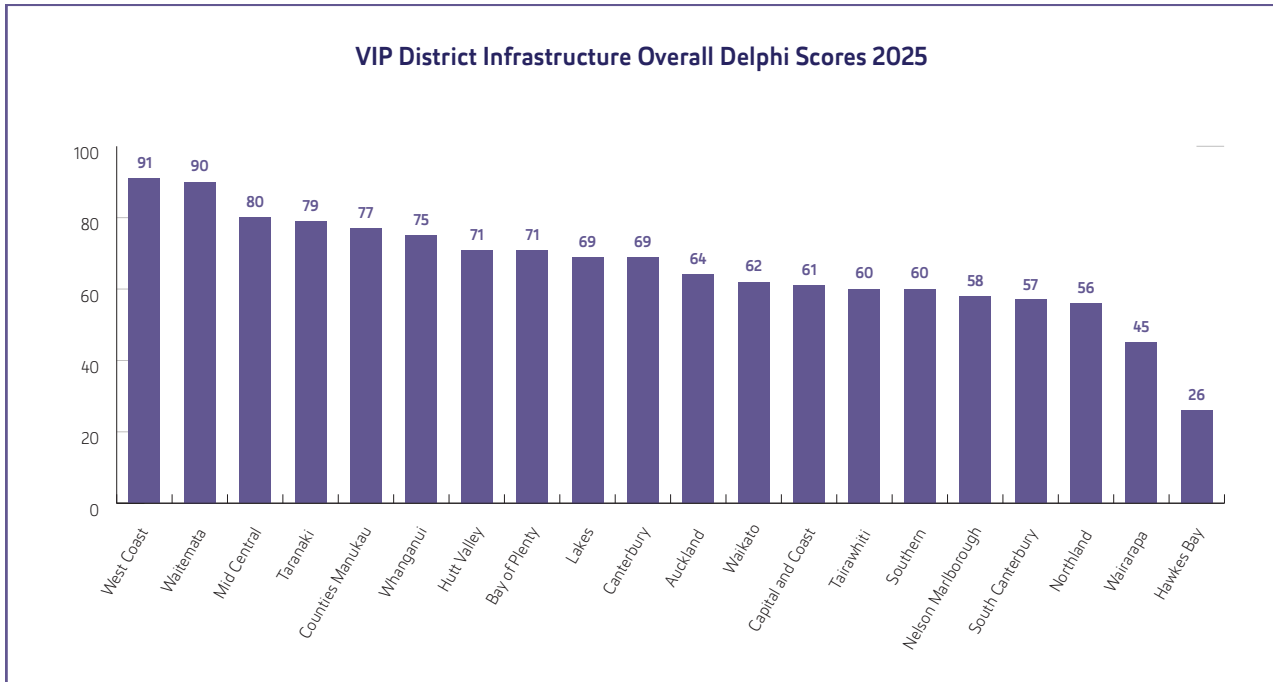
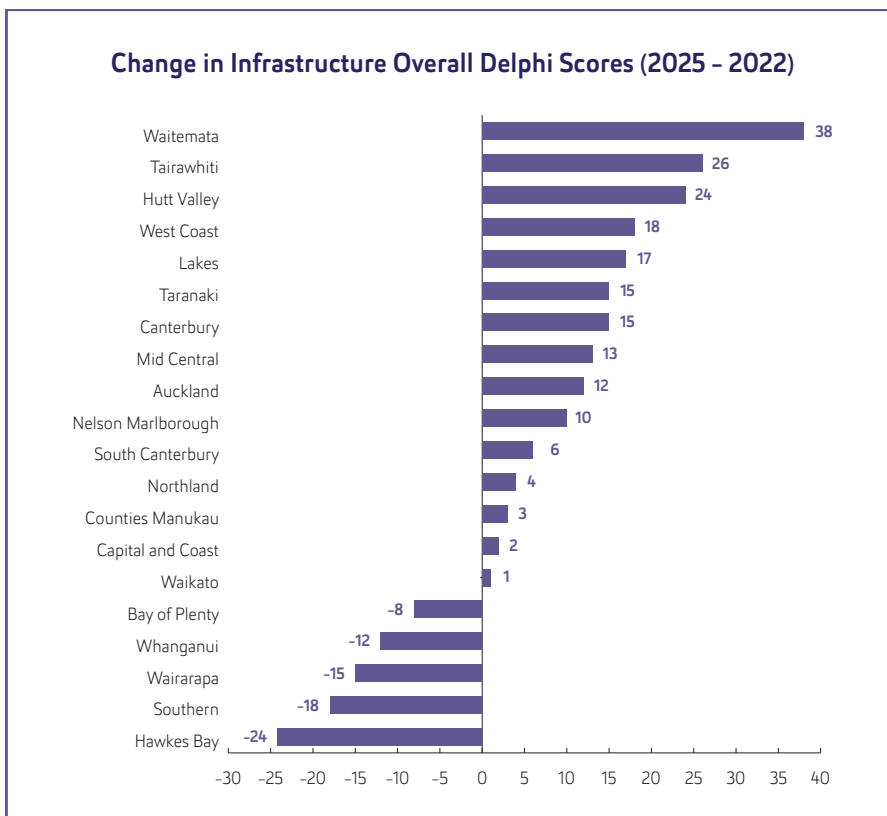
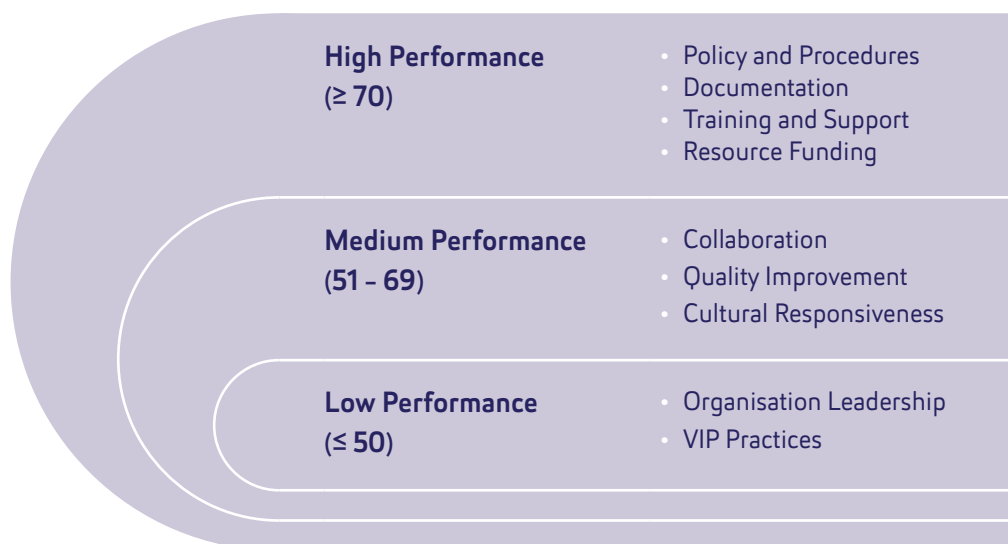
Figure 3. VIP District Infrastructure Overall Delphi Scores 2025**Figure 4.** VIP Change in Infrastructure Overall Delphi Scores (2025 – 2022)

Figure 5. Infrastructure Delphi Domain Performance 2025 (Based on mean domain scores)

Concerning are the two low performing domains of Organisational Leadership and VIP Practices. Only 12 of 20 districts had an active governance group with a strategic VIP leadership role that met in 2025. While additional districts had re-instituted governance groups at the time of the site visit in 2026 compared to 2022, there remained challenges given senior leadership uncertainty due to ongoing restructuring and introduction of new district clinical governance models. In addition, it was rare for service managers to have responsibility for reporting key VIP performance indicators to their senior leaders, present in only 5 districts. These, and other organisational leadership indicators, represent a persistent gap in health system leadership, prioritisation, and accountability for addressing family violence.

The VIP Practices domain includes reporting of 2025 clinical audit data. Results indicate that service delivery across districts and audited services continues to be inconsistent and below expectation. Nationally, one in eight service locations (13%) reported IPV enquiry among at least 80% of eligible women. In addition, one in seven (15%) districts reported completed child protection checklists amongst at least 90% of children under the age of two years who present to the Emergency Department.

With standardisation of policy and training, cultural responsiveness was present in both VIP policy (19, 95%) and training (20, 100%). Other indicators, however, continued to evidence insufficient Māori resource to inform VIP service practice. Only 7 (35%) districts had a governance group with one or more active Māori leaders, a reduction from 12 (60%) in 2022. Only Taranaki, Bay of Plenty, Waitematā, West Coast and Whanganui districts demonstrated any processes reflecting Māori quality review of service response for Māori (in Cultural Responsiveness and Quality Improvement domains).

DISCUSSION

Assessment of institutional health system support for family violence responsiveness indicates moderate overall achievement, with the median Delphi score increasing from 57 in 2022 to 66 in 2025. This improvement, together with closer agreement between self-assessment and external audit scores, suggests strengthening of some programme infrastructure and a more consistent understanding of the requirements measured by the Delphi Tool. However, district scores ranging from 26 to 91, and changes ranging from a 24-point decrease to a 38-point increase, demonstrate that progress has been uneven. The high performance of both a small and a large district indicates that strong infrastructure is achievable across different service contexts, although sustained programme leadership and staffing appear important to maintaining it.

Higher achievement in Policies and Procedures, Documentation, Training and Support, and Resource Funding reflects the value of nationally supported programme components. Standardised guidance, templates, training resources, and external support have established important foundations for a consistent health response. These foundations have not, however, translated reliably into clinical practice. Low rates of routine enquiry and child protection checklist completion represent a significant clinical safety risk, increasing the likelihood that family violence and child protection needs remain unidentified and opportunities for timely intervention and safety planning are missed. This underperformance contributes to unmet need and systemic inequities. Limited attainment of expected IPV enquiry and child protection checklist indicators suggests a continuing gap between the presence of programme infrastructure and its routine implementation. Infrastructure scores should therefore be considered alongside evidence of clinical practice and outcomes when assessing system performance.

Persistent weaknesses in Organisational Leadership are particularly concerning. Inconsistent governance, limited reporting of VIP indicators to senior leaders, leadership uncertainty, and vacancies in key programme roles constrain accountability and the capacity to sustain improvement. The marked gains achieved by some districts show that improvement is possible, but the wide variation across districts indicates that reliance on local capability alone is unlikely to produce an equitable national response. More explicit national and district-level accountability, stable programme leadership, routine performance monitoring, and targeted support for lower-performing districts are needed to embed family violence responsiveness as a core health system responsibility.

Although cultural responsiveness was widely reflected in policies and training, Māori leadership and Māori quality review were not consistently embedded in programme governance or improvement processes. The reduction in districts with active Māori representation in governance is especially important given the disproportionate burden of family violence and associated health inequities experienced by Māori. Advancing Māori health equity requires more than the inclusion of cultural content in programme documents and training. It requires adequately resourced Māori leadership, meaningful and power sharing influence over governance and decision-making, and systematic Māori-led review of the accessibility, quality, and outcomes of health responses for Māori. Moreover, at a systems level accountability levers should be embedded to enable ongoing refinement in programme governance and improvement processes that enable advancement of Hauora Māori.

Large increases and decreases in infrastructure over time may reflect real infrastructure change, differences in evidence availability, or the local service context. While each locality operated within unique conditions, strong performance across the district site visits was often associated with engaged and informed senior leadership, effective programme management, experienced coordinators, strong relationships within the district and with communities, and a learning environment that supported reflection and adaptation. Districts experiencing senior leadership changes, prolonged coordinator vacancies, fragmented roles, or organisational uncertainty sometimes faced challenges in maintaining programme momentum. Programme sustainability may also be affected by the availability of Māori leadership and administrative support, and by the extent to which programme knowledge, relationships, and delivery rely on key individuals. These organisational and relational characteristics were not measured systematically, and their contribution to performance cannot be established from this evaluation. Nevertheless, the findings indicate the importance of workforce arrangements that support leadership, continuity, shared capability, and learning at both organisational and operational levels.

Overall, the findings point to a health system with stronger programme foundations than in 2022, but with substantial variation in capability, leadership, implementation, and cultural responsiveness. The next phase of improvement should focus on converting established infrastructure into consistent clinical practice, strengthening governance and accountability, sustaining the specialist workforce, and embedding Māori leadership and quality review. Without these elements, national policy and training infrastructure alone are unlikely to deliver a consistently safe, effective, and equitable response to family violence across Aotearoa New Zealand.

REFERENCES

1. **Te Aorerekura The National Strategy to Eliminate Family Violence and Sexual Violence.** Wellington, New Zealand: Board for the Elimination of Family Violence and Sexual Violence, 2021.
2. **Mellar BM, Hashemi L, Selak V, et al.** Association Between Women's Exposure to Intimate Partner Violence and Self-reported Health Outcomes in New Zealand. *JAMA Netw Open* 2023;6(3):e231311. doi: 10.1001/jamanetworkopen.2023.1311 [published Online First: 2023/03/04]
3. **Fanslow JL, Gulliver PJ, Mellar BM, et al.** Women's lifetime interpersonal violence exposure and associations with hospitalization at the national level: Results from a New Zealand population-based study. *Scandinavian Journal of Public Health* 2025;53(6):626–37. doi: 10.1177/14034948251355143
4. **Eppel E, Gear C, Hape H, et al.** Te Aorerekura towards eliminating family violence – reflections from the Atawhai project. *Policy Quarterly* 2025;21(1):96–103. doi: 10.26686/pq.v21i1.9730
5. **Hegarty K, McKibbin G, Hameed M, et al.** Health practitioners' readiness to address domestic violence and abuse: A qualitative meta-synthesis. *PLoS One* 2020;15(6) doi: 10.1371/journal.pone.0234067
6. **Koziol-McLain J, McLean C.** Hospital Responsiveness to Family Violence: 120 Month Follow-up Evaluation. Auckland NZ: Auckland University of Technology, 2015.
7. **Koziol-McLain J, McLean C, Garrett N.** Hospital Responsiveness to family violence: 108 month follow-up evaluation. Auckland, New Zealand: Interdisciplinary Trauma Research Centre, Auckland University of Technology, 2013.
8. **Koziol-McLain J, Gear C.** Hospital responsiveness to family violence: 96 month follow-up evaluation. 2012
9. **Koziol-McLain J, Gear C, Garrett N.** Hospital Responsiveness to Family Violence: 84 Month Follow-Up Evaluation. Auckland, NZ: Interdisciplinary Trauma Research Centre, Auckland University of Technology, 2011.
10. **Koziol-McLain J, Gear C, Garrett N.** Hospital responsiveness to family violence: 60 month follow-up evaluation report. In: Unit ITR, ed.: Interdisciplinary Trauma Research Unit, Auckland University of Technology, 2010.
11. **Koziol-McLain J, Garrett N, Gear C.** Hospital responsiveness to family violence: 48 month follow-up evaluation Auckland, NZ: Interdisciplinary Trauma Research Unit, Auckland University of Technology, 2009.
12. **Koziol-McLain J, Adams J, Garrett N, et al.** Hospital responsiveness to family violence: 30 month follow-up evaluation Commissioned by the New Zealand Ministry of Health. Auckland: Interdisciplinary Trauma Research Unit, Auckland University of Technology, 2007.
13. **Adams J, Giddings L, Koziol-McLain J, et al.** Hospital Responsiveness to Family Violence: Enablers, Barriers and Sustainability. ITRU Report No 5. Auckland, NZ: Interdisciplinary Trauma Research Unit, 2007.
14. **Koziol-McLain J, Adams J, Neitzert E, et al.** Hospital Responsiveness to Family Violence: Baseline Audit Findings. Auckland: Auckland University of Technology, 2004.

15. **Koziol-McLain J, Herbert S, Garrett N, et al.** Health response to family violence: violence intervention programme evaluation 2020–2024. Auckland NZ: Centre for Interdisciplinary Trauma Research , Auckland University of Technology, 2026.
16. **Gear C, Koziol-McLain J, Henry N, et al.** Health response to family violence: 2019 violence intervention programme evaluation. Auckland, New Zealand: Auckland University of Technology, 2020.
17. **Koziol-McLain J, Howson M, Shun BV, et al.** Health response to family violence: 2018 violence intervention programme evaluation. Auckland: Centre for Interdisciplinary Trauma Research, Auckland University of Technology, 2019.
18. **McLean C, Koziol-McLain J, Howson M.** Health Response to Family Violence: 2017 Violence Intervention Programme Evaluation. Auckland, New Zealand: Centre for Interdisciplinary Trauma Research, 2018.
19. **McLean C, Koziol-McLain J, Garrett N.** Health response to family violence: 2015 violence intervention programme evaluation. Auckland NZ: Centre for Interdisciplinary Trauma Research, Auckland University of Technology, 2016.
20. **Fanslow J, Kelly P.** Family violence assessment and intervention guideline: Child abuse and intimate partner violence. 2nd ed. Wellington: Ministry of Health 2016. Available at: <https://static.info.content.health.nz/docs/health-pros/topics/family-harm/family-violence-assessment-intervention-guidelines.pdf>

APPENDICES

Appendix A. Evaluation Team Uaratanga and Tikanga

In November 2024 the National Evaluation team participated in a wānanga to determine the uaratanga (values) and tikanga (actions) that guide our mahi. The uaratanga that inform our collective thinking, processes and decision making are outlined below.

Figure A-1. Evaluation Team Uaratanga and Tikanga



We have sought to apply our uaratanga and tikanga to guide how we work as a team, how we interact with all those who are involved in VIP and how we interpret and report data. Examples include:

- Utilising attentive, caring, empathetic communication styles,
- Relying on strengths-based narratives, while simultaneously avoiding deficit narratives and victim blaming explanations when seeking to understand the impact and context of family violence among whānau Māori,
- Having an appreciation of the various contributions and challenges faced by coordinators, managers, and kaimahi involved across VIP,
- Promoting innovative responses that encourage both individual and team growth and opportunity for improvement in our VIP mahi,
- Positive role modelling,
- Sharing data-informed and evidence-based insights to substantiate our findings,
- Tuakana-Teina modelling to build evaluation capability and capacity both within our team and more broadly across the VIP,
- Socialising our kaupapa to engage and encourage partnership, engagement and contribution among all those involved in VIP,
- Striving for practical and innovative solutions that are applicable in real world contexts.

Appendix B VIP Delphi Tool Domain Definitions and Scoring Weights

Table B-1. Delphi Domain Definitions and Scoring Weights

Domain (Number of items)	Definition	Weight
Organisational Leadership (9)	Ownership, leadership and support evidenced through participation, communication and connection	14
Training and Support (8)	Staff receive the appropriate training, reinforcement and support to effectively implement VIP	11.8
Resource Funding (2)	VIP funding is fully allocated, supporting continuous and sustained coordinator(s), with dedicated cultural resources	11.5
VIP Practices (7)	Intervention services follow the MoH Family Violence Assessment and Intervention Guideline procedures and are implemented at all levels of the district	11
Cultural Responsiveness (7)	Includes education, support and services informed by people's diverse needs: Māori, multicultural, disabled and gender identity when living with family violence	10.9
Quality improvement (9)	Strategic and continuous monitoring to ensure effective programme delivery	10.8
Policies and procedures (5)	Policies and procedures exist, are reviewed, aligned to guidelines and legislation, and are culturally responsive	10.6
Collaboration (6)	Internal and external collaboration throughout programme and practice	10.5
Documentation (3)	Standardised documentation tools are easily accessible, aligned with the MoH Guideline, and are used to record known or suspected cases of family violence	8.8
TOTAL		100

Appendix C VIP Evaluation Information Pack 2025

VIP evaluation provides Health New Zealand | Te Whatu Ora (Health NZ) data to inform improving competence in family violence service delivery as well as measure progress over time. Evaluation processes are guided by a philosophy of supporting programme leaders in building a culture of improvement. The evaluation project is approved by the Health and Disability Ethics Committee (AKY/03/09/218/AM07) and funded by Health NZ.

This 2025 calendar year's evaluation activity is measuring VIP system infrastructure using the Delphi tool. This information pack will guide you in the process of completing the tool.

We encourage you to take a Plan-Do-Study-Act (PDSA) approach to the Delphi evaluation activity. This includes planning the evaluation (Plan), conducting it (Do), analysing (Study) the results and acting (Act) on the findings. Ideally the planning will be in collaboration with the VIP team (e.g., steering or governance group, portfolio manager, FVI coordinators, child protection coordinators, Quality & Risk, and local iwi and community). See Appendix A for a PDSA guide.

The 2025 process for Districts is

1. To complete and submit the Delphi Tool (self-audit)
2. To participate in an external site evaluation. The purpose of the site evaluation is to (a) review the Delphi Tool scoring and collated evidence, and (b) understand district context and (c) support local, regional and national programme improvement.

What is the aim of the Delphi audit tool?

The Delphi tool was introduced to measure health system infrastructure, supporting the development of a consistent and quality response to family violence.

The Delphi provides a standardised measurement tool enabling organisations to benchmark themselves against each other and over time.

The tool was revised in 2025 to refine measurement criteria incorporating coordinator feedback from previous audits. The tool remains aligned to the 2016 Family Violence Assessment and Intervention Guideline: Child Abuse and Intimate Partner Violence (2nd ed). The tool is aspirational, highlighting areas for development and improvement. To reduce burden, the tool includes a selection of items indicative of an ideal programme, rather than being all inclusive.

Who completes the Delphi tool self-audit?

Two domains and some further items are to be completed by the most Senior Manager responsible for the VIP. This is because the items concern senior management support and leadership for the VIP, and they are likely to have access to the relevant evidence required. The domains to be completed by the Senior Manager responsible for VIP are:

- Domain 1 – Organisational Leadership (all items)
- Domain 3 – Resource Funding (all items)
- Domain 6 – Quality Improvement (items 1, 8)
- Domain 8 – Collaboration (items 2, 4.1)

The remaining domains and items are to be completed by the VIP team. This may include FVIC, CPC and administrative staff.

How to complete the Delphi?

To complete the tool, we suggest you first watch the video 'How to use the Delphi Tool' available on the Evaluation web-page or <https://www.youtube.com/watch?v=YQZajuy-L3UI>. You can then open the tool, have a read of the tool, and make a timeline plan for collating the evidence and entering the data.

The Delphi tool (2025) is an excel macro enabled worksheet. It is accessible on the Health System Violence Intervention Programme Evaluation webpage (www.aut.ac.nz/vipevaluation). While you may reference your prior Delphi submission (2022), we ask that you use the 2025 tool as some of the items and measurement notes have been updated.

The following may help you in managing the file:

- You will need access to Microsoft Excel.
- When you open the file, you will need to 'enable macros' to make the tool interactive (your ability to enter responses and see your scores). There are instructions on the 'Instructions & Help' page to walk you through the 'enable macros' should you have an older version of Excel.
- We suggest you save the file for your work (e.g., Delphi2025_District name). It is ideal to save it to a shared folder so all VIP team members have access.
- 'Links to resources' are provided for some items. If you have trouble accessing VIP drop box links, contact miranda@healthnetworks.co.nz.
- When entering your responses, please double check that all items have been answered.

Most of the items are scored 'Yes' or 'No'. On some items, you may be unsure of how to score, or that you are 'almost there'. In this situation, you should select 'No' remembering that the tool is aspirational and the 'No' rating serves to highlight areas needing further resources and enhancements.

What evidence is required for the Delphi audit?

- As you read through the tool items and measurement notes, you will be able to identify what evidence is needed to 'achieve' an item. Examples of required evidence are provided in Appendix B.
- The measurement notes appear in the tool when you hover your mouse over the small red triangle in the upper right-hand corner of the item (see below). There is also a 'Measurement Notes' sheet at the back of the workbook. This can be printed out to help you complete the tool.

4	strategic (family violence and child protection) quality improvement process plan. There is a regular formal process whereby the evaluation and quality improvement findings are discussed, reviewed and acted on with respective services.	Evidence must to show that findings are regularly reviewed and acted upon as part of a quality improvement process (e.g. biannual or annual review). This includes documentation outlining a process, frequency, types of input considered, and who is involved. Examples of acceptable evidence include:
5	Evaluation includes health care providers receiving feedback relevant to their involvement with the VIP.	• An annual meeting between FVIPC and clinical sponsors to review findings with recommendations discussed and agreed upon.
6	Parent/carer or community agency feedback regarding VIP service delivery is gathered and analysed on a regular basis (at least annually).	• Discussions held at governance group meetings with documented outcomes. This demonstrates that improving responsiveness to family violence is a shared responsibility and not solely the role of the VIP coordinator.
7	Staff in designated services where VIP is implemented are asked to provide feedback including ideas for programme enhancement in	

Hover over the red triangle to view the measurement note

- Enter the source and location of information in the 'Please provide evidence' column. For example, 'FV Policy, January 2025, page 12' or 'VIP Governance meeting notes 12 February 2025, agenda item 4'.
- Options for collating the evidence include: hard copy in a binder or URL link to evidence location written in the Delphi 'Please provide evidence' column. You are not able to embed a 3 document file directly into the Delphi tool, however you may use the provided 'measurement notes' file that allows digital files to be inserted/embedded.
- The evidence should be available and accessible for external evaluation site visit.

What is the process for submitting?

1. We expect your Delphi audit to be submitted to the AUT evaluation team by the 15 December 2025. Please submit your completed VIP Delphi to aut@vip-eval.ac.nz. Please get in touch with us if an extension is needed.
2. Timing of site visits with the AUT evaluation team will be negotiated with you. We are hoping to complete site visits between November 2025 and 31 March 2026.

What is involved in the site visit?

Site visits are conducted in the spirit of learning and support. One or two AUT VIP evaluation team members will conduct the audit over one day. The details will be provided once a date is set. In general, the agenda will include:

- (a) Welcome and introductions,
- (b) Purpose and process for the day,
- (c) Review of Delphi items and evidence and
- (d) summary of findings.

VIP senior managers and team are expected to attend at the beginning and end of the day. The evaluators will spend the day with FVIC, CPC and where relevant, other team members to work through the programme indicators.

How will the evaluation data be reported?

1. A power point summary of the external audit results and reflections will be shared at the end of the site visit.
2. A district summary report will be provided to the district and shared with Health New Zealand | Te Whatu Ora VIP Portfolio Leader and the national VIP leadership team
3. National VIP evaluation data will be shared in July 2026. District data will be identifiable for benchmarking.

Where can I get help?

The AUT VIP evaluation team wants to hear from you if you get stuck, don't know how to answer an indicator, or want to schedule a site visit.

- You may send general email queries to vip-eval@aut.ac.nz.
- Claudia Mansell will be helping us with scheduling site visits. Claudia can be reached at Claudia.Mansell@aut.ac.nz or (09) 921 9999 ext. 31084 (available Monday & Wednesday).
- For concerns regarding the process or conduct of the audit please contact Professor Jane Koziol-McLain (principal investigator) at jkoziolm@aut.ac.nz or (09) 921 9670 or the Health New Zealand | Te Whatu Ora National Family Violence team at: FVSV@tewhatauora.govt.nz.

Appendix D District Infrastructure Change Scores 2022 and 2025

Table D-1. Delphi Infrastructure Overall Change Scores (2022 and 2025) by District

	2022	2025	Change (2025 - 2022)
Auckland	52	64	12
Bay of Plenty	79	71	-8
Canterbury	54	69	15
Capital and Coast	59	61	2
Counties Manukau	74	77	3
Hawkes Bay	50	26	-24
Hutt Valley	47	71	24
Lakes	52	69	17
Mid Central	67	80	13
Nelson Marlborough	48	58	10
Northland	52	56	4
South Canterbury	51	57	6
Southern	78	60	-18
Tairāwhiti	34	60	26
Taranaki	64	79	15
Waikato	61	62	1
Wairarapa	60	45	-15
Waitemata	52	90	38
West Coast	73	91	18
Whanganui	87	75	-12
MINIMUM	34	26	-24
MAXIMUM	87	91	38
MEDIAN	57	66	8
AVERAGE	60	66	6

Appendix E Infrastructure (Delphi) Domain Scores 2025

Table E-1. Delphi Domains Score Distribution 2025 (Note: External Auditor Scores)

	Minimum	Maximum	Median	Mean
Organisational Leadership	2	98	53	50
Training and Support	35	100	81	81
Resource and Funding	15	100	78	72
VIP Practices	6	74	48	46
Cultural Responsiveness	30	90	57	57
Quality Improvement	0	100	60	58
Policies and Procedures	60	100	100	90
Collaboration	18	96	63	61
Documentation	33	100	100	89
OVERALL	26	91	66	66

Figure E-1. 2025 Delphi Median Domain Scores (N=20)

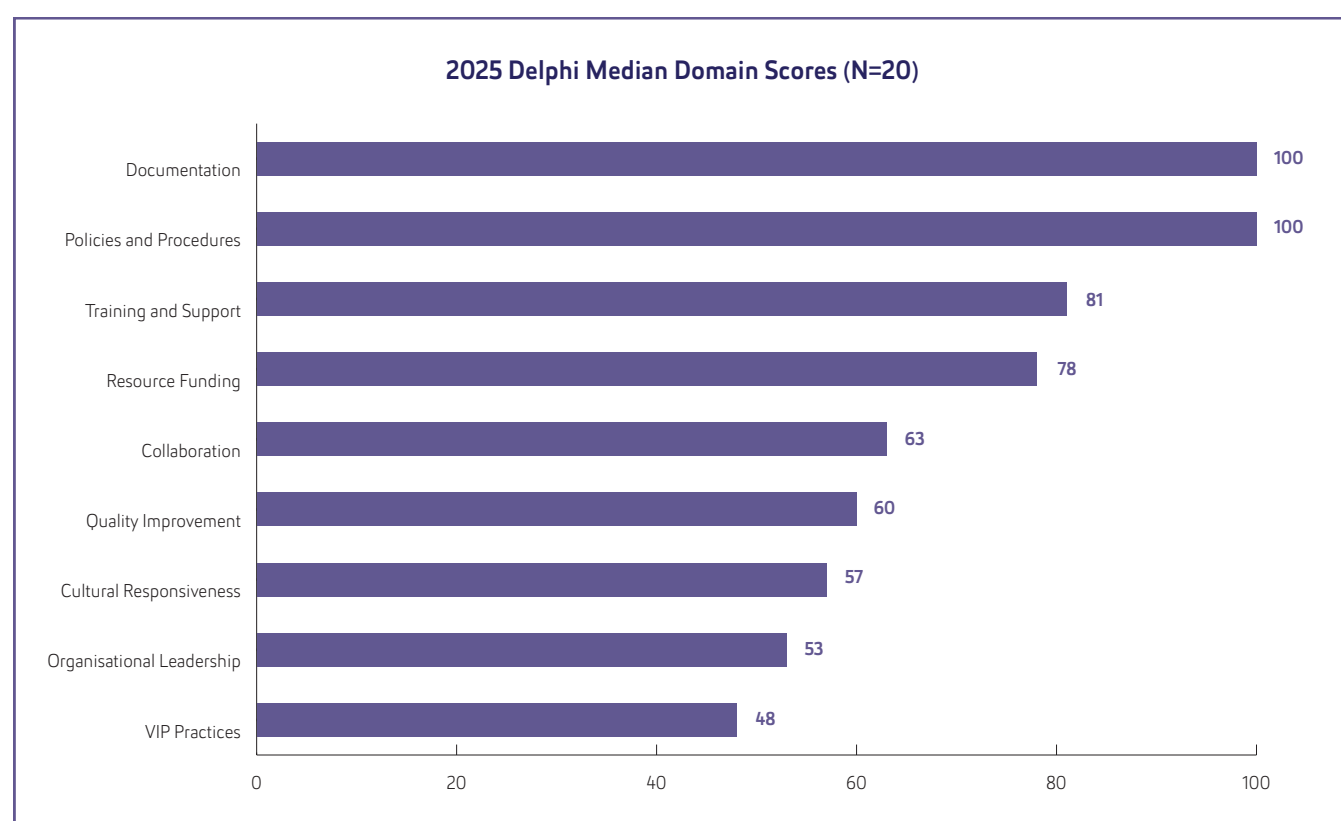
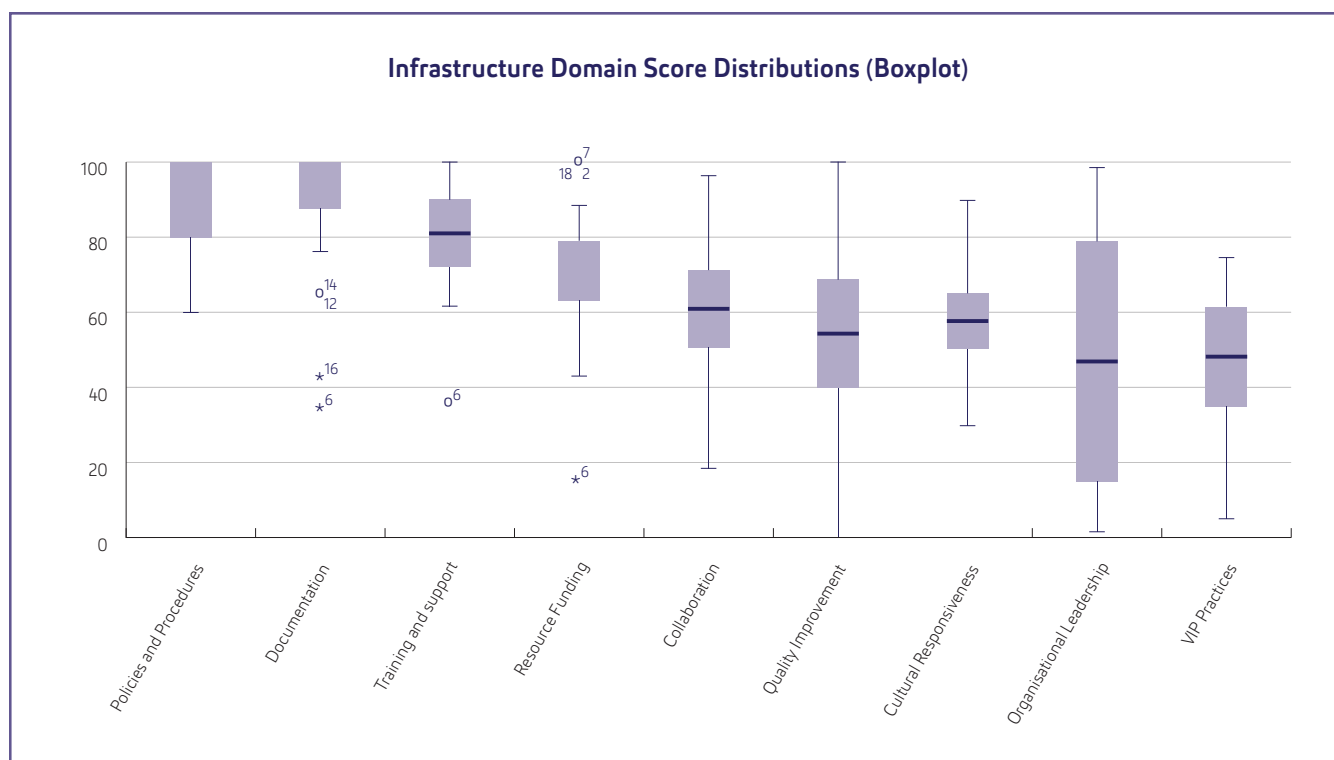


Figure E-2. 2025 Infrastructure Domain Score Distributions (Boxplot)



Appendix F Infrastructure (Delphi) Indicator Scores 2022 and 2025

Table F-1. Delphi Indicator Scores			
Organisational Leadership		Response (Yes)	
Item		2022	2025
1	There is a governance group with clearly defined roles and responsibilities for strategic leadership of the Violence Intervention Programme (VIP).	10 (50%)	12 (60%)
2	The following people with FV understanding are active participants in the VIP governance group:		
2.1	The following people with FV understanding are active participants in the VIP governance group:	12 (60%)	10 (50%)
2.2	At least one member of Health New Zealand ITe Whatu Ora (Health NZ) Executive Leadership Team.	11 (55%)	12(60%)
2.3	At least one directorate leader (or equivalent) from corporate services.	9 (45%)	8(40%)
2.4	A Māori leader within Health NZ or community.	12 (60%)	7(35%)
2.5	Senior manager(s) responsible for services implementing VIP.	12 (60%)	12(60%)
2.6	Senior VIP team leader.	11 (55%)	12(60%)
3	There is a two-way communication pathway between the governance group and the VIP team (includes VIP sponsor, VIP manager(s) and FV intervention programme coordinator (FVIPC)).	12 (60%)	12(60%)
4	Consistent with interagency MOU, there are at least biannual meetings at the senior leadership level on FV between Health NZ, Police and Oranga Tamariki [both Police and Oranga Tamariki]	13 (65%)	14(70%)
5	Executive leadership of VIP demonstrated by:		
5.1	Regional or District key planning documents specify VIP.	18 (90%)	8(40%)
5.2	VIP status reporting to Health NZ Regional Deputy Chief Executive at least annually.	9 (45%)	8(40%)
5.3	VIP contract deliverables and KPIs are reported to district leadership quarterly.	6 (30%)	10(50%)
5.4	Current, endorsed Health NZ policy that includes compulsory 8 hour VIP core training for all clinical staff in designated services.	11 (55%)	16(80%)
5.5	Implementing and monitoring the key performance indicators (KPIs) reporting by services.	5 (25%)	5(25%)
5.6	Evidence of acting on non-attained KPI(s), noting recommendations for improvement, necessary resourcing and follow up.	6 (30%)	8(40%)
6	Senior clinical leaders communicate the expected VIP standard of clinical practice to their professional group(s)		
6.1	Clinical Director (Chief Medical Officer)	3 (15%)	5(25%)
6.2	Director of Nursing	6 (30%)	6(30%)
6.3	Director of Midwifery	4 (20%)	9(45%)
6.4	Director of Allied Health	6 (30%)	7(35%)

Table F-1. Delphi Indicator Scores – Continued

Organisational Leadership		Response (Yes)	
Item		2022	2025
7	Service Leaders report on the following key performance indicators (KPIs) to their senior managers at least quarterly.		
7a	Please enter how many of the six designated services the Health NZ district provides (range from 4 to 6; total of 111 nationally in 2025)		
7.1	How many of these services report on the proportion of staff trained in VIP? (Average percent of services reporting/eligible services)	69%	21%
7.2	How many of these services report on the number of VIP clinical champions? (Average)	10%	32%
7.3	How many of these services report on assessment and intervention compliance with policy? (Average)	41%	25%
7.4	How many of these services report on actions taken to address any non-compliance? (Average)	8%	23%
8	The implications of Health NZ initiatives on VIP service delivery, where relevant, are considered (e.g., design, documentation forms, alert systems).	15 (75%)	11(55%)
9	At least 80% of senior leaders have received VIP training in the past two years. This includes VIP sponsor, governance group members; and senior executives of targeted VIP services.	2 (10%)	3(15%)

Domain Training and Support		Response (Yes)	
Item		2022	2025
1	Health NZ VIP core training package and any updates have been signed off by the national training provider.	13 (65%)	19(95%)
2	Health NZ training programme has been observed by the national training provider in the past two years.	12 (60%)	20(100%)
3	There are positive reinforcement practices in place to encourage staff in designated services to conduct routine IPV enquiry and child protection assessment. [See Table Note]	16 (80%)	16(80%)
4	Follow-up support occurs within one week of training.	13 (65%)	14(70%)
5	Information about VIP is included in the orientation for all staff.	12 (60%)	12 (60%)
6	The family violence training programme includes responsiveness to Māori and other priority population groups.	19 (95%)	19(95%)
7	Staff are evaluated/surveyed on their knowledge and attitude to FV and its impact on Māori. [may be met by kōrero during training]	4 (20%)	12(60%)
8	There are support services available for Health NZ staff who are impacted by family violence.	20 (100%)	20 (100%)

Table F-1. Delphi Indicator Scores – Continued			
Resource Funding		Response (Yes)	
Item		2022	2025
1	Health NZ funding and any extra funding for VIP is spent on the programme and not diverted elsewhere.	18 (90%)	18 (90%)
1.1	There is extra funding provided for people and resources specifically to reduce the impact of family violence on Māori.	7 (35%)	5(25%)
1.2	There is allocated administrative resources and support for the VIP.	16 (80%)	13(65%)
2	The FV intervention programme coordinator (FVIPC) roles for IPV and CAN are currently filled [someone in place for both roles/independent or shared]	14 (70%)	19(95%)
2.1	How many months in the past 12 months has the coordinator role been filled? Please enter a number between 0 and 12 [districts with role(s) filled for 12 months]	9 (45%)	14(70%)

VIP Practices		Response (Yes)	
Item		2022	2025
1	How many of the designated services reach the target of at least 80% IPV routine enquiry rate among eligible women. [See table note]	0 (0%)	14/111(13%)
2	How many of the designated services reach the target of at least 5% IPV disclosure rate. [See table note]	3 (15%)	48/111(43%)
3	How many of the designated services reach the target of at least 90% of women who disclosure IPV have documented referral to a specialised service or agency. [See table note]	8 (40%)	48/111(43%)
4	A Child Protection Checklist is completed for all children under the age of two years who present to the Emergency Department.	2 (10%)	3(15%)
5	There is evidence of consultation with someone who has child protection specialist knowledge for all cases when child protection concerns are identified.	11 (55%)	15(75%)
6	For all children in whom a Report of Concern (ROC) is made to Oranga Tamariki, child protection concerns are identified and safety plans documented in the health record.	12 (60%)	13(65%)
7	Assessments of child safety are conducted for all children in the care of women who disclose IPV.	10 (50%)	14(70%)

Table F-1. Delphi Indicator Scores – Continued

Cultural Responsiveness		Response (Yes)	
Item		2022	2025
1	VIP policy and procedures emphasise cultural responsiveness and provide tailored support for individuals and their whānau when accessing VIP services for:		
1.1	Māori	16 (80%)	18(90%)
1.2	Other cultures	15 (75%)	17(85%)
1.3	Disabled	8 (40%)	11(55%)
1.4	Gender identity	14 (70%)	12(60%)
2	Te Whatu Ora ensures delivering a culturally responsive VIP service and fostering culturally safe practices among staff, with a strong focus on meeting the needs of Māori. Please list some ways this is evident.		
2.1	Cultural responsiveness of the service is evident in VIP policy.	16 (80%)	19(95%)
2.2	Cultural responsiveness is included in VIP training.	20 (100%)	20 (100%)
2.3	Cultural awareness of staff is assessed through staff surveys or guided conversations on their understanding and attitudes towards family violence and its impact for Māori.	5 (25%)	10(50%)
2.4	Quality improvement review of service response for Māori is conducted.	3 (15%)	3(15%)
3	A whānau-centred response is followed when working with victims of FV. “Māori and their whānau remain the central focus of health professionals’ activities, involving them in planning and decision-making activities and when deciding which services are needed to achieve their goals. Identifies both the collective and individual whānau members.” (Wepa, 2015, p.242)	6 (30%)	10(50%)
4	The VIP Coordinator engages with Kaupapa Māori support agencies within the community for the purpose of Family Violence specific referrals.	18 (90%)	18(90%)
5	The delivery of the service for Māori is evaluated by using Kaupapa Māori evaluation methods to ensure it is culturally responsive and safe.	4 (20%)	2(10%)
6	Māori Health Advisors and/or interpreters have been trained in family violence (IPV and CAN) and are utilised to ensure communication in a language appropriate for the person and whānau.	4 (20%)	5(25%)
7	Family violence resources are available and on display in Te Reo Māori.	16 (80%)	20(100%)
7.1	Family violence resources are available and on display in languages (not including English) that reflects Health NZ catchment demographic.	16 (80%)	19(95%)

Table F-1. Delphi Indicator Scores – Continued

Quality Improvement		Response (Yes)	
Item		2022	2025
1	VIP is included in the district Health NZI Te Whatu Ora quality and risk strategic plan.	8 (40%)	9(45%)
2	There is a formal VIP quality improvement plan.	9(45%)	13(65%)
3	Responsibility for acting on quality improvement findings is clearly outlined in VIP policy and formal strategic (family violence and child protection) quality improvement process plan.	10 (50%)	16(80%)
4	There is a regular formal process whereby the VIP evaluation and quality improvement findings are discussed, reviewed and acted on with respective services.	10 (50%)	14(70%)
5	Evaluation includes health care providers receiving feedback relevant to their involvement with the VIP.	18 (90%)	17(85%)
6	Patient/client or community agency feedback regarding VIP service delivery is gathered and analysed on a regular basis (at least annually).	6 (30%)	6 (30%)
7	Staff in designated services where VIP is implemented are asked to provide feedback including ideas for programme enhancement in their services every two years.	15 (75%)	15(75%)
8	A Māori quality framework (such as Whānau Ora) is used by Health NZ leadership to evaluate whether services are effective for Māori.	1 (5%)	3(15%)
8.1	This process includes Māori health service team review of feedback and recommendations for improving the VIP effectiveness for Māori.	4 (20%)	3(15%)
9	There is evidence that changes have been made to the VIP within the past 12 months based on staff, community or user feedback, or audit findings.	8 (40%)	19(95%)
Policies and Procedures		Response (Yes)	
Item		2022	2025
1	Health NZ district has documented policies and procedures on intimate partner violence and child protection that are current and align with the Ministry of Health guideline.	16 (80%)	19(95%)
2	The policies and procedures are aligned with current legislation and relevant national policy initiatives (e.g. MOUs)	17 (85%)	19(95%)
3	The policies and procedures are readily available to staff on the intranet (within 3 clicks).	17 (85%)	19(95%)
4	All family violence policies and procedures have input and are endorsed by Māori leadership.	17 (85%)	14(70%)
5	Additional safety and security measures are specified for suspected cases of child abuse and neglect with perceived immediate risk, and for adults who are identified as high risk or in imminent threat.	15 (75%)	19(95%)

Table F-1. Delphi Indicator Scores – Continued

Collaboration		Response (Yes)	
Item		2022	2025
1	There is clear evidence that a MOU between Te Whatu Ora AND Oranga Tamariki AND Police for FV responses has been operationalised by:		
1.1	Signing of MOU	19 (95%)	20(100%)
1.2	Regular meetings at service level with actions and accountability (at least biannual)	16 (80%)	17(85%)
1.3	Interagency review of cases	15 (75%)	17(85%)
1.4	Participation in or initiation of interagency training	13 (65%)	15(75%)
2	There is evidence of Service Level Agreements (SLA) between Health NZ and FV services with regards to referrals and how on-site services will be provided.	7 (35%)	6(30%)
3	Ongoing partnership between Health NZ and Māori service agencies or health providers, and/or local Iwi or Urban Māori Authority evidenced by:		
3.1	Participation in, or initiation, of training (e.g. involvement in the VIP training) [one or more partnership]	16 (80%)	17(85%)
3.2	Policy review [one or more partnership]	6 (30%)	10(50%)
3.3	Representation on the VIP governance group [one or more partnership]	7 (35%)	7 (35%)
4	There is evidence of engagement and collaboration with external FV services agencies at a senior management and operational VIP level		
4.1	Senior management level (provide examples)	13 (65%)	10(50%)
4.2	Operational VIP level (provide examples)	18 (90%)	18(90%)
5	There is an MOU or SLA with the following agencies regarding the service delivery for victims of sexual assault (adults, adolescents and children).		
5.1	Police	14 (70%)	16(80%)
5.2	ACC	16 (80%)	17(85%)
5.3	Oranga Tamariki	15 (75%)	17(85%)
5.4	Health NZ policies specify the pathway for service delivery including acute response and referral for sexual assault or suspected/alleged sexual abuse of a child.	15 (75%)	19(95%)
6	At least two multiagency case reviews (one for IPV and one for CAN) have been undertaken in the last 12 months, specifically evaluating health actions within the family violence response.		
6.1	At least 1 review for IPV?	11 (55%)	7(35%)
6.2	At least 1 review for CAN?	17 (85%)	11(55%)

Table F-1. Delphi Indicator Scores – Continued

Domain Documentation		Response (Yes)	
Item		2022	2025
1	Standardised documentation instruments /templates are aligned with the Ministry of Health FVAIC are used to record known or suspected cases of FV.	20 (100%)	20 (100%)
1.1	All IPV routine enquiry, disclosures and referrals are documented on the standardised templates (e.g. Intimate Partner Violence (IPV) Assessment and Intervention Documentation)	18 (90%)	18 (90%)
2	The national form (Report of Concern) is used for referral to Oranga Tamariki	20 (100%)	19(95%)
3	Patients with injuries caused by FV are routinely offered a medical photography option, either by Te Whatu Ora or by the police.	12 (60%)	16(80%)

Table Notes:

Training & Support domain (2) indicator re positive reinforcement activities response option changed between 2022 and 2025. In 2022, response option was bivariate yes or no. In 2025 response option was 'no' 'yes 1 activity' and 'yes 2 or more activities'. The indicator had the same weight across the two years. In the table, for consistency, we report the number of districts with one or more activities. In 2025, 2025 the response detail was: 20% no activities, 20% one activity and 60% two or more activities.

VIP Practices domain (4) response options were changed for the first three indicators re IPV assessment, identification and referral. In 2022 districts were required to meet the targeted criteria ($\geq 80\%$ RE, $\geq 5\%$ disclosure, 100% referred respectively) for ALL designated services. In 2025, points were graded based on how many of the district services were able to meet the target. The possible response option changed from bivariate YES, NO to the number of eligible services that met the criteria, thus able to vary between 0 and 6. The 2025 scoring was calculated as a proportion of eligible services that achieved. The total possible score for three indicators remained the same between 2022 and 2025. In the table the 2022 numbers and per cents are those that met the criteria for ALL services.