

In this newsletter we introduce our Evaluation Team members and let you know some of what we have been doing since our last newsletter in March 2024.

### 1. Who are we?

The VIP national evaluation team is funded by Te Whatu Ora and is part of the national leadership group for the Violence Intervention Programme (VIP). Our team supports reflection and analysis of VIP structures, processes and outcomes. We look forward to getting to know you and supporting your important contribution to evaluation and improvement activities for better outcomes.

	<p><b>Jane Koziol-McLain</b> is a professor of nursing and director of the Centre for Interdisciplinary Trauma Research at AUT. She immigrated to Aotearoa New Zealand from the U.S. in 2001. She has led the VIP evaluation teams over two decades. She lives in Auckland with her partner, three adult children and two mokopuna close by.</p>
	<p><b>Dr Sarah Herbert</b> has a background in critical health psychology with a focus on Māori health, Te Tiriti o Waitangi and health equity. She recently worked for Te Whatu Ora in the National Commissioning Team as Chief Advisor Māori health. Sarah is based in Lower Hutt, Wellington with her partner, young son and infant daughter. Sarah joined the VIP Evaluation Team mid-2023 to support Te Tiriti o Waitangi and Māori health responsiveness.</p>
	<p><b>Sarah Ngawati</b> is a registered social worker and currently the Team Leader for Kauika Pūmau situated in the NPHS directorate with four Equity based work programmes. Sarah was a Police Officer for 9 years, a Probation Officer for 6 years and was previously Hawke's Bay Family Violence Programme Coordinator. Sarah joined the VIP Evaluation Team mid-2024 to support Te Tiriti o Waitangi and Māori health responsiveness. Sarah has a special interest in Māori Leadership.</p>
	<p><b>Tepora Pukepuke</b> is a registered social worker currently Māori Programme Advisor for Whāraurau, providing training and support for professionals in the youth mental health and addictions sector. Tepora has worked in care and protection, most recently she was Tairāwhiti violence intervention programme coordinator. Her research interests are in Māori-specific pedagogy and Māori mental health.</p>
	<p><b>Kathy Lowe</b> is a Clinical Nurse Specialist in the Family Violence Intervention team in Te Puaruruhau at Auckland Hospital, Te Toka Tumai. She has been a Violence Intervention Programme coordinator for over 20 years. She lives in Auckland with her husband and has a daughter and a son.</p>

**Eric Wei** is our Centre for Interdisciplinary Trauma Research administrator. He brings information technology expertise to our team and provides administration support for the VIP evaluation mahi.

**Nick Garrett** is an Associate Professor at AUT. As an applied biostatistician and epidemiologist, he has conducted the VIP evaluation data analysis for over two decades.

**James Case** is a software engineer at Johns Hopkins University in the US. His company, Mongoose Projects excels at providing public health informatic solutions. They are the developer, and provide maintenance, of the web-based Snapshot platform.

## 2. Our principles and values

Our team had a hui in October to wānanga about what we believe and what guides our actions. As an evaluation team we identified the following:

### **Mātāpono**

(Principles and values that guide our mahi)

**Whanaungatanga** – building and maintaining trusted and genuine relationships which are mutually supportive and beneficial to the VIP kaupapa

**Pono** – being honest, genuine, sincere, truthful, transparent and working with integrity

**Whakamana** –building and upholding others' mana; uplifting the mana of those around us

**Manaakitanga** -being respectful of others; responding/supporting/leading with care, aroha and warmth/compassion

**Kotahitanga** – working together as one, in unity/solidarity with a common purpose or towards a common goal, understanding our shared kaupapa and vision

**Taonga tuku iho** – nurturing and caring for treasures handed down from our ancestors; recognising each persons' unique strengths, contributions and skills.

### **Tikanga**

(How we evidence our principles and values in our actions; tika; true to ourselves, correct, right, appropriate, authentic)

**Demonstrated through**, for example:

- Attentive, caring, empathetic communication styles
- Strengths based feedback and approaches / avoiding deficit narratives and victim blaming explanations
- Appreciation of challenges faced by coordinators, managers, and kaimahi involved across VIP
- Promoting innovation/innovative responses that encourage growth and opportunity for improvement
- Positive role modelling
- Sharing evidence-based insights
- Tuakana/Teina
- Socialising our Kaupapa

He Toi whakairo, he mana tangata

*Where there is artistic excellence, there is human dignity. Dr Piri Sciascia (1946-2020)*

Our principles and values are also guiding us to identify and refine an accountability framework for evaluation activities which recognise and uphold Te Tiriti o Waitangi and Māori health rights.

### 3. Tuakana Teina

As we presented the five Snapshot webinars (available on the [eval team website](#) under 'resources'), our team recognised the difficulty for new coordinators to get their head around what the Snapshot audits were all about. Rather than providing additional 'expert' support, the team considered how we might apply the Te Ao Māori concept of Tuakana Teina (older and younger sibling) relationship.



Tuakana Teina is a Māori values-based principle of ako (two-way learning), which draws upon shared experience, knowledge and support. Three evaluation team members, Sarah Ngawati, Tepora Pukepuke and Kathy Lowe served as tuakana to:

- Support new coordinator learning about the Snapshot audit,
- Provide a listening ear,
- Identify further needs and
- Refer technical questions to other team members as needed.

True to the tuakana teina model, the evaluation team has also learned from the engagement. The coordinators were appreciative of the contact and shared frustrations about the Snapshot that will inform data interpretation and future innovations.

### 4. Snapshot responses to date

THANK YOU FOR YOUR ENGAGEMENT WITH THE SNAPSHOT CLINICAL AUDIT!  
HAVING THIS IMPORTANT EVIDENCE IS ONLY POSSIBLE WITH YOUR HELP.

Across 20 districts, with between 5 and 7 services offered in each district, there are a potential of approximately 131 services reporting Snapshot data. We recognise some districts have more than one 'main' hospital eligible for reporting. The standardised methods used for collection of data are available at [www.aut.ac.nz/vipevaluation](http://www.aut.ac.nz/vipevaluation) (scroll to Resources > Snapshot).

As of the 4<sup>th</sup> of November, data has been entered for approximately 95% of services. With the majority of data in, our team is now beginning data quality assessments. With that caveat, we share tentative data that is likely indicative of national service delivery in the table below. In our report to Te Whatu Ora in 2025 we will provide final data summaries.

Tentative data indicates that among eligible visits by women during the audit period, from 26% (ED) to 75% (Sexual Health) received an IPV assessment (routine enquiry). The rate of IPV disclosure ranged from 2% (child health in patient) to 25% (community mental health). Over half of the women who disclosed received a specialist referral. A child protection checklist was evident, on average, for approximately half (48%) of ED visits by children under 2 years. Approximately 2% recorded a child protection concern, and among those, 89% had documentation of a specialist consultation.

**Table: Tentative Snapshot clinical audit data as of 04 November 2024**

	<b>IPV PN MAT</b>	<b>IPV ED</b>	<b>IPV SH</b>	<b>IPV CH</b>	<b>IPV A&amp;D</b>	<b>IPV CMH</b>	<b>CAN CP ED</b>
Number districts with service data	20	20	14	19	15	19	19
Number eligible districts with service	20	20	15	19	16	20	20
<b>RATES (PERCENTS)</b>							
<b>RE/CP checklist</b> range (min – max)	0-76	0-84	36-96	0-96	0-91	0-88	0-96
RE/CP checklist average	28	26	75	36	50	37	48
<b>Disclosure /concern</b> range	0-100	0-50	0-39	0-11	0-59	0-56	0-17
Disclosure /concern average	11	9	13	2	19	25	2
<b>Referral /consultation</b> range	0-100	0-100	0-100	0-100	0-100	0-100	67-100
Referral /consultation average	80	81	59	75	64	65	89

Notes:

- RE – Routine Enquiry. IPV – Intimate Partner Violence, CAN - Child abuse and neglect. PN MAT – postnatal maternity; ED – emergency department; SH – sexual health; CH – child health inpatient; CAN/CP ED – children under 2 years in the emergency department; A&D – alcohol and drug service; CMH – community mental health service.
- Some districts report data for 2 main hospitals, numerator and denominator likely to change slightly following quality assurance process.
- Referral is based on those who have disclosed abuse; consultation is based on cases in which a child protection concern was identified. This means estimates are based on a small number of cases.

## 5. Where to next

Between now and June 2025 we will:

- Complete Snapshot quality checks and finalise analysis
- Prepare national report to include 2023 Delphi and 2024 Snapshot evidence
- Continue to improve evaluation activity tools and disseminate
- Finalise revised Delphi tool and disseminate
- Learn from our tuakana teina pilot assisting new coordinators
- Support Te Whatu Ora, VIP Leadership and coordinators in promoting evidence-based practice to realise Te Aorerekura vision.
- Refine and apply an accountability model for the evaluation team

Thank you for your contribution in evaluating the Violence Intervention Programme.

We look forward to hearing from you!

[vip-eval@aut.ac.nz](mailto:vip-eval@aut.ac.nz)