

Health New Zealand

Te Whatu Ora

Nelson Marlborough

Position Description	
Position Title:	Violence Intervention Programme Coordinator
Responsible to:	District Chief Allied Health, Scientific and Technical
Professionally reports to:	Relevant Professional Leader
Health NZ Delegation Level:	Nil
Number of direct reports:	Nil
Date:	February 2026

Our Vision			
<p>All people live well, get well, stay well. Kaiao te tini, ka ora te mano, ka noho ora te nuinga.</p>			
Our Mission			
<p>Working with the people of our community to promote, encourage and enable their health, wellbeing and independence</p>			
Our Values - Ā Mātou Uara:			
<p>Respect / Manaakitanga</p>	<p>Innovation / Auaha</p>	<p>Teamwork / Whakarāmemene</p>	<p>Integrity / Ngākau Tapatahi</p>
<p>We care about, and will be responsive to, the needs of our diverse people, communities and health workers.</p> <p style="text-align: center;">kia horahia te manaakitanga ki ngā iwi katoa me nga hāpori, kaimahi hoki</p>	<p>We will provide an environment that generates new ways of working and learning.</p> <p style="text-align: center;">kia auaha me whakahoutia i ngā pūkenga ākongā, me ngā mahi ki tēnei hāpori</p>	<p>We create an environment where teams flourish and connect across Health NZ (Nelson Marlborough).</p> <p style="text-align: center;">kia whakarāmemene i ngā kaipupuni hauora katoa</p>	<p>Openness and honesty in all our dealings.</p> <p style="text-align: center;">kia taea i te ngakau tapatahi i runga i te tika me te pono i ngā mahi katoa</p>
CONTEXT THIS POSITION OPERATES WITHIN			

Health NZ (Nelson Marlborough) is responsible for the effective delivery of health and disability services to people of Nelson, Tasman and Marlborough. This includes hospital-based services, community-based services and referrals to and from appropriate tertiary centres.

Health NZ (Nelson Marlborough) acknowledges that health professionals have a unique opportunity to recognise and respond to family harm concerns. When family harm and child protection issues are identified, health professionals have an obligation to promote safety and appropriate referral.

The Violence Intervention Programme Coordinator (VIP) sits within Health NZ (Nelson Marlborough) Child and Family Safety Services and is accountable for the development and implementation of health systems and service strategies in order to coordinate and implement the comprehensive family harm

interventions and child protection¹ service, which aims at minimising risk, improve recognition within health settings and inter-agency collaborative management of family harm and at risk/vulnerable tamariki, adults and kaumātua

PURPOSE OF ROLE	
<p>To reduce the health impact of family violence within Te Whatu Ora Health New Zealand Nelson Marlborough District through the implementation and maintenance of the Te Whatu Ora Health New Zealand Violence Intervention Programme (VIP) based on the foundation document: Family Violence Assessment and Intervention Guideline; Child abuse and intimate partner violence (2016), and in alignment with the Te Whatu Ora Health New Zealand VIP Service Level Agreement Service Specifications 2023.</p> <p>This role has a specific focus on intimate partner violence, elder abuse, vulnerable adults and kaumātua, whilst also supporting the wider VIP programme as per Appendix 1 – Key Accountabilities VIP.</p>	
General Key Accountabilities:	Examples of successful delivery of duties and responsibilities
Leadership & Management / Te Ārahi me te Whakahaere	
<ul style="list-style-type: none"> • Provides day to day leadership and coordination of the Child and Family Harm Service. • Work in partnership with key stakeholders and team members to clearly communicate the role of the service. • Represents the service at relevant department, clinical and team meetings, leading and facilitating such meetings as required. • Support others with assessment and management of risks. • Fosters and develops an environment of teamwork with positive working relationships and dynamics. • Undertake tasks delegated by their line manager, including, but not limited to quality assurance, complaint and adverse event management. 	<ul style="list-style-type: none"> • Provides reports to the line manager in relation to service area. • Demonstrates negotiation and conflict management skills within the workplace. • Communicates regularly with key stakeholders to inform of relevant family harm and child protection issues.
Service Provision and Coordination	
<ul style="list-style-type: none"> • To co-ordinate and implement Violence Intervention Programme, by developing a positive environment for family harm interventions within health services and settings². • Being an advocate for tamariki and family / whānau members, including the kaumātua and vulnerable adults, who seek health care. • Applying the principles of the Te Tiriti o Waitangi in the development and provision of culturally appropriate services and programmes. • Developing a Health NZ (Nelson Marlborough) generic policy for intervention, identification and 	<ul style="list-style-type: none"> • That wahine attending Health NZ (Nelson Marlborough) services and contracted providers will be screened for partner abuse and wahine disclosing abuse will be responded to safely and appropriately in accordance with guidelines. • That the best interests of any tamariki affected by family harm are the paramount consideration in all such cases. • That maintenance of kaumātua who disclose carer harm will be supported in the provision of safe care.

¹ Ministry of Health Violence Intervention Programme

² including but not limited to Emergency Department, Paediatric Services, Maternity Services, Sexual Health and Gynaecology, Alcohol and Drug and Mental Health service

<p>safe management of family harm and child protection and to assist services to develop specific policies and clinical guidelines.</p> <ul style="list-style-type: none"> • Ensuring appropriate co-ordination and collaborative relationships are maintained with Health NZ (Nelson Marlborough) Services, government and relevant community agencies. • Ensuring that all health workers who work with tamariki , wahine, kaumātua and vulnerable adults and their families/whānau receive education in screening for, and management of, partner abuse/elder abuse, can advocate for the wahine and her tamariki in a professional and safe manner and that health workers are supported through this process. • Positive and pro-active relationships and information dissemination are developed with relevant services internally and externally to Intervention Policy requirements. • Establish regular contact and partnership working with key community child protection and family harm intervention agencies. • Clear referral pathways are established for health referrals to community agencies. • Support the implementation of national family violence and child protection related programmes within Health NZ (Nelson Marlborough), for example Shaken Baby, Maternity Care, Wellbeing and Child Protection Multi Agency Group, National Child Protection Alert System. • Demonstrates provision of and support others with culturally safe / bicultural practice for tamariki, wahine, kaumātua and vulnerable adults and their whānau. • Demonstrates an awareness of health inequalities, with evidence of implementing actions within own clinical practice and identifying solutions for wider service delivery that will contribute towards reducing inequalities for tamariki, wahine, kaumātua and vulnerable adults and whānau. 	<ul style="list-style-type: none"> • A culturally appropriate and physically safe environment is secured for tamariki, rangatahi, wahine and whānau wherever possible. • Generic and service level Health NZ (Nelson Marlborough) Family Violence Intervention Policies (aligned to the policy for Management of Child Abuse and Neglect policy) are developed. • Develops an integrated and co-operative approach to the support of wahine, tamariki and the kaumātua and vulnerable adults affected by family harm and health workers are supported through the process. • Health workers are confident in the identification and management of partner abuse, child abuse, vulnerable adults and elder abuse and the education programmes and support are appropriately provided. • Health workers and relevant others have access to appropriate advice and information if, or when, concerned about potential harm. • Completes documentation consistent with legal and organisational requirements and reports are completed on time and information is shared in an appropriate and timely manner. • Emergent patterns, or changes in notification, are identified and where appropriate public awareness campaigns instigated or supported in liaison /consultation with health workers and other agencies.
Teaching & Learning / Ako Atu, Ako Mai	
<ul style="list-style-type: none"> • To liaise with trainers, to upskill the health workers skill base. • Co-ordinate with health workers and external referral agencies, to ensure safe referral paths are implemented and in collaboration with the Family Safety Service Co-ordinators, implement policy and administrative systems within Health NZ (Nelson Marlborough) so as to ensure that victims of family 	<ul style="list-style-type: none"> • Regular meetings with core family harm /child protection community agency representatives. • Completes core training as applicable for the role. • Participates in an annual performance review and associated clinical assurance activities. • Contributes to the training needs analysis for the team / service / profession.

<p>harm accessing Health NZ (Nelson Marlborough) services receive appropriate and effective care.</p> <ul style="list-style-type: none"> • Leads and fosters a learning environment for health workers including teaching process and quality improvement. • Develops clinical and leadership skills of others by supporting and providing learning opportunities and supporting clinical leaders/ champions in services. • Promotes awareness of current developments in the service area. • Maintains competency to practice through identification of learning needs and continuing professional development activities. This should comply with professional body requirements. 	
Service improvement and Research / Te Whakapai Ratonga me te Rangahau	
<ul style="list-style-type: none"> • Develops a quality assurance programme that ensures the programme complies with Ministry of Health contracted specifications. • Health NZ (Nelson Marlborough) policies and clinical guidelines related to family harm are understood and complied with by all relevant services, and services have a policy / procedure in place, and this is understood by all health workers. • Developing, researching and evaluating information and data, and providing appropriate and timely reports. • Promotes professional practice that is based on best practice and research that supports organisational strategic aims. • Takes the lead on development of quality improvement activities for service delivery. This may include referral pathways, care pathways / treatment protocols, standards of practice etc. • Promotes and supports shared learning across services and Health NZ (Nelson Marlborough), where shared learning and standardisation in systems / processes would be beneficial for tamariki, wahine, kaumātua and vulnerable adults and whānau. • Contributes to Health NZ (Nelson Marlborough) annual planning process (strategic and operational) including identifying gaps in service and capital expenditure. • Practises in a way that utilises resources (including health workers) in the most sustainable and cost-effective manner. 	<ul style="list-style-type: none"> • Evaluation plans are developed and implemented in partnership with health workers and the Ministry of Health’s contracted evaluators. • Health workers report increased confidence to screen for and manage family harm and to assess the risk to tamariki experiencing family harm. • Barriers to change in practice will be identified and addressed. • The proportion of health workers who screen for family harm will increase over time and the number of wahine/ kaumātua disclosing harm will increase. • Abused wahine/vulnerable adults and kaumātua will report an increased understanding of their options, an increase in safe behaviours and experience less family harm. • Referrals to appropriate support agencies will increase, tracked and monitored. • Community agencies report assessments and referrals of wahine, vulnerable adults, kaumātua and tamariki of a consistently high standard. • Tamariki at risk of family harm will be identified and referred to the Oranga Tamariki. • That published papers and conference presentations demonstrate the above outcomes have been achieved.

Professional Competencies	
<ul style="list-style-type: none"> Maintain own professional registration requirements as directed by the legislation relevant to the incumbent's profession. 	<ul style="list-style-type: none"> You maintain your professional registration. You have an up-to-date professional development plan
Other Duties	
<ul style="list-style-type: none"> Undertaking duties from time to time that may be in addition to those outlined above but which fall within your capabilities and experience. Act as a role model for the Health NZ (Nelson Marlborough) Organisational Values. 	<ul style="list-style-type: none"> You respond positively to requests for assistance in own and other areas, demonstrating adaptability and willingness. Live and support the Health NZ (Nelson Marlborough) values in everything you do.
Professional Development – self	
<ul style="list-style-type: none"> Identifying areas for personal and professional development. Participates in professional supervision in line with the organisation's requirements and/or professional body. 	<ul style="list-style-type: none"> Training and development goals are identified/agreed with your manager. Performance objectives reviewed annually with your manager. You actively seek feedback and accept constructive criticism.
General Responsibilities of an Employee of Health NZ (Nelson Marlborough) – Appendix 3	

KEY RELATIONSHIPS AND AUTHORITIES	
Key Relationships within Health NZ:	Key Relationships outside Health NZ
<ul style="list-style-type: none"> VIP Coordinators Designated services staff within VIP Service Level Agreement VIP Steering Group and/or Advisory group Human Resources Staff Support Services Te Whatu Ora Health New Zealand District staff 	<ul style="list-style-type: none"> Local agencies and/or Government Ministries who provide services to reduce family violence National VIP Manager for te Whatu Ora Districts & Special Projects Manager, Health Networks Ltd National VIP Evaluation Team, Auckland University of Technology National VIP Trainer, Shine Te Whatu Ora Health New Zealand District VIP Coordinators

NB: Allied Health Professional - The role coordinates programme/s or specific activity, of which may have a direct or indirect impact on Allied Health practice, though will lead to an impact on patient / population health outcomes along the health continuum in partnership with other clinicians. This role requires the post holder to have a health qualification, though may not provide direct clinical care i.e., dementia pathway coordinator. This role has no delegated health workers management.

PERSON SPECIFICATION		
	ESSENTIAL	DESIRABLE
Education and Qualifications (or equivalent level of learning)	<ul style="list-style-type: none"> Recognised qualification, (e.g. RGON, RCompN, Social Worker³). Current drivers Licence A registered professional, relevant to role with a current practising certificate and a minimum 	<ul style="list-style-type: none"> Evidence of ongoing personal educational development e.g. undertaking further tertiary level education Sound understanding of

³ Allied health profession working at advanced level (appendix 3)

	<p>of 6 years clinical experience, three of which must be current.</p> <ul style="list-style-type: none"> • Member of relevant Professional Association 	<p>dynamics of child abuse and neglect; and intimate partner violence</p>
Experience	<ul style="list-style-type: none"> • Clinical credibility in the identification and management of family harm, preferably in a health setting. • Demonstrated experience in policy development. • Proven skills in change management and/or project development, preferably in family harm. • Experience in training health workers in a health environment. • Demonstrated skills in quantitative and qualitative research methodologies skills. • Experience in working with different cultural and socio-economic groups. Proven clinical leadership abilities. 	
Knowledge and Skills	<ul style="list-style-type: none"> • Ability to work alongside a range of professionals in the health and disability system. • Operational knowledge of resource and financial management. • Knowledge of and commitment to biculturalism and the Te o Tiriti of Waitangi • Up to date with the current research findings about family violence and trends programmes. • Knowledge of Nelson Marlborough region community resources an advantage • Contributing to the development of others • Advanced speciality knowledge • Leading and facilitating clinical improvements • Continual improvement focus. • Broad understanding of relevant practice areas • Experience of working with other professions i.e. experience of multidisciplinary-inter-professional settings. • Skills in facilitation of groups and professional development competencies • Committed to the ideals of research and evidence-based best practice. • Have a sound knowledge of IT systems and applications. • Ability to work both as a member of a team and independently. • Established and active community networks. • Ability to manage time effectively and to work under pressure. • Excellent written and verbal communication competencies including skills in coaching, education and supporting colleagues. • Patterns of experience that demonstrate motivation and innovative practice. Is open and responsive to customer needs and demonstrate an understanding of continuous quality improvement. 	

Note: the above example measures are provided as a guide only. The precise performance measures for this position will require further discussion between the job holder and manager.

VIP Specific Competencies

	Description
Leadership	<ul style="list-style-type: none"> • Ability to develop and communicate a vision and strategy, inspiring commitment to the goals of the organisation/team. • Ability to operationalise the vision and strategy and help to facilitate change • Able to work with others to draw together perspectives, address challenges and achieve outcomes
Teamwork and Cooperation	<ul style="list-style-type: none"> • Collaborates and cooperates with other key people and work groups to achieve objectives • Responds to opportunities to support others in achieving goals • Actively contributes to and accepts consensus decisions • Recognises and respects individual differences
Honouring Treaty of Waitangi obligations	<ul style="list-style-type: none"> • Understands the significance of the Treaty of Waitangi • Demonstrates commitment to the principles of partnership, participation and proactive protection
Self-Management	<ul style="list-style-type: none"> • Sets high personal standards and strives to achieve goals • Displays drive and energy and persists in overcoming obstacles • Is proactive and displays initiative • Is resilient to change • Understands personal limitations and is willing to challenge same (as appropriate) • Prioritises and coordinates work schedule to achieve outcomes within specified timeframes
Communication/ Interpersonal skills	<ul style="list-style-type: none"> • Expresses information effectively, both orally and in writing, adjusts language and style to recipients and considers their frame of reference • Actively listens, drawing out information and checking understanding • Creates opportunities to network internally and externally
Planning and Monitoring	<ul style="list-style-type: none"> • Uses appropriate plans (e.g. service strategy, training etc.) to accomplish goals, establishes timeframes and can realistically allocate resources • Identifies and removes barriers • Monitors progress and addresses issues to achieve outcomes
Flexibility	<ul style="list-style-type: none"> • Ability to adapt and work effectively within a variety of situations and with various individuals or groups
Initiative	<ul style="list-style-type: none"> • Performs activities which will improve or enhance job results and avoid problems • Finds and creates new opportunities • Applies skilled analysis and sound reasoning in problem solving/ decision making

Appendix 1 - Key Accountabilities

Output 1: VIP Management	Activities (How it is achieved)	Key Performance Indicators (How it will be measured)
<p>1.1 The Coordinator will support the management of the Violence Intervention Programme (VIP) including the implementation of the Ministry of Health (MoH) Family Violence Assessment and Intervention Guideline; Child abuse and intimate partner violence (IPV) within the District.</p>	<p>The coordinator will actively coordinate the VIP within the District and demonstrate the role the health sector has in addressing violence. Activities will include:</p>	<p>Reporting processes will include internal reporting via monthly report to manager and biannual reporting to Te Whatu Ora Health New Zealand in accordance with the VIP Service Level Agreement service specification (2023).</p>
	<ul style="list-style-type: none"> Establishing and ensuring ongoing effective relationships with key internal and external stakeholders. 	<ul style="list-style-type: none"> Regular meetings established with manager and clinical leaders within designated services Report on activity achieved (and planned).
	<ul style="list-style-type: none"> Maintaining excellent communication and relationships between internal and external key stakeholder groups. 	<ul style="list-style-type: none"> Scheduled regular visits with designated services which are stated in monthly/biannual reports. Clinical leaders/champions in services are identified and supported.
	<ul style="list-style-type: none"> Establishing and maintaining regular contact with key community child protection, IPV and family support agencies. 	<ul style="list-style-type: none"> Regular meetings (minimum six monthly) conducted with core family violence community agency representatives. Report on activity achieved (and planned).
	<ul style="list-style-type: none"> Supporting the establishment/maintenance and effective management of a Steering Group in accordance with Terms of Reference (TOR). 	<ul style="list-style-type: none"> VIP Steering Group meets regularly. TOR developed and endorsed by group; review coordinated and conducted as indicated. Meetings arranged, VIP activity report provided to group and minutes recorded in accordance with TOR.
	<ul style="list-style-type: none"> Developing, agreeing and implementing a VIP strategic plan that integrates child abuse and IPV intervention. 	<ul style="list-style-type: none"> Strategic plan developed, implemented and reviewed. Report on activity achieved. Agreed recovery plan implemented in the event the plan/aspects of the plan are undelivered. Activity will be reported in monthly and biannual reports.
	<ul style="list-style-type: none"> Producing programme reports that will profile activities, outcomes and events with an action plan as indicated. 	<ul style="list-style-type: none"> Written reports provided to line manager. Written reports provided to Steering Group meetings. Biannual reports provided to Senior Manager (utilising MoH VIP reporting template) for review two weeks prior to report being due to MoH.
	<ul style="list-style-type: none"> Applying the principles of the Treaty of Waitangi in the development, implementation and review of the VIP. Activities will include: 	<ul style="list-style-type: none"> A culturally appropriate and physically safe environment is available for tamariki, rangatahi, wahine and whanau wherever possible. Reports identify Māori staff that participate on the VIP steering

Output 1: VIP Management	Activities (How it is achieved)	Key Performance Indicators (How it will be measured)
	<ul style="list-style-type: none"> ○ Whanau ora principles that underpin activities within VIP. ○ Early engagement with the District Māori Health Unit Services ○ Presence of Māori representatives on VIP Steering Group ○ Presence of Māori representatives on VIP Training team. 	<ul style="list-style-type: none"> group. ● Reports indicate Māori staff engagement in staff training. ● VIP training appropriately addresses cultural components. ● Interpreters and translators are provided to patients as required. ● Reports indicate Māori staff engagement in development and implementation of audit processes. ● Actions taken to improve/maintain cultural competency indicator scores for VIP programme; cultural indicators score more than 80 on national evaluation audit. ● Coordinator training includes attendance at cultural training, including Whanau ora training. ● Cultural supervision engaged as indicated. ● Coordinator communicates appropriately with tamariki /rangatahi women/wahine and their Whanau. ● Coordinator demonstrates knowledge, respect and sensitivity for the cultural expectations, lifestyle, spiritual beliefs and choices of others within day to day practice. ● Cultural competencies are developed to increase responsiveness to Pacific people. ● Competencies are developed to meet the needs of refugees and migrants.

Output 2: VIP Coordination	Activities (How it is achieved)	Key Performance Indicators (How it will be measured)
2.1 The Coordinator will engage in workforce development.	<ul style="list-style-type: none"> ● The Coordinator actively engaging in activities to keep informed of new initiatives within VIP. 	<ul style="list-style-type: none"> ● Coordinator has participated in regional and national VIP Coordinator meetings and other workforce development opportunities. ● Coordinator has utilised existing resources including MoH websites, such as Dropbox site. ● Coordinator has consulted with National VIP Manager via phone and email (as required). ● Coordinator has organised and participated in site visits.

Output 2: VIP Coordination	Activities (How it is achieved)	Key Performance Indicators (How it will be measured)
2.2 The Coordinator will ensure programme coordination/integration of child abuse and IPV intervention (All aspects of the programme will demonstrate integration)	<ul style="list-style-type: none"> Developing, agreeing and implementing planning documents including the strategic plan and training plan with evidence that child abuse and IPV intervention are integrated. 	<ul style="list-style-type: none"> Activity is reported in monthly and biannual reports.
2.3 VIP Coordinator supervision The VIP Coordinator will have access to support supervision; this may include peer-support/supervision and or advocacy training	<ul style="list-style-type: none"> Establishing a VIP Coordinator support system Identifying support required and learning needs and developing a plan to achieve same 	<ul style="list-style-type: none"> Activity is reported in monthly and biannual reports.

Output 3: VIP Policies	Activities (How it is achieved)	Key Performance Indicators (How it will be measured)
3.1 The Coordinator will lead the development, implementation and review of the District VIP Policy.	<ul style="list-style-type: none"> Ensuring the District has a generic VIP Policy that aligns with the MoH's Family Violence Assessment and Intervention Guideline. Reviewing and updating the District generic VIP Policy to align with revised Guideline (2016) and as required. Assisting operational units to develop unit specific policies and clinical guidelines for staff when indicated. Developing, implementing and reviewing an Emergency Safe Shelter procedure/policy. 	<ul style="list-style-type: none"> A VIP policy is developed in accordance with District policy development e.g. engagement with steering group. The VIP policy is implemented and reported on. The VIP policy is reviewed as indicated e.g. with the release of the revised Guideline (2016). Policy scores more than 80 in national evaluation audit. Operational policies and clinical guidelines developed align with generic policy. Emergency Safe Shelter procedure/policy is developed, implemented and reviewed.
3.2 The VIP Coordinator will collaborate with the District Human Resource Team to develop a policy regarding services for District Staff who are experiencing family	<ul style="list-style-type: none"> Working with the Human Resource Team to develop policy/procedures regarding services for staff that are experiencing FV, including an Employee Assistance Programme (EAP). 	<ul style="list-style-type: none"> Assisted with the development and implementation of a policy /procedure for services for staff experiencing FV. Assisted with the development of support systems for staff who are victims of FV/abuse. Referred any issues regarding support systems for staff who are victims of violence/abuse to the Human Resource Team.

violence (FV).		
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Output 4: VIP Implementation and Support	Activities (How it is achieved)	Key Performance Indicators (How it will be measured)
<p>4.1 The VIP will be implemented in designated services.</p> <p>The VIP Coordinator will support clinical staff to achieve a high standard of violence intervention.</p>	<ul style="list-style-type: none"> • Implementing the VIP in accordance with the strategic plan ensuring all services have the required infrastructure, e.g. policy, documentation, access to consultation prior to training staff. • Ensuring a service-by-service approach is used for the implementation of VIP in the following designated services: <ul style="list-style-type: none"> ○ Mental health ○ Alcohol and drug ○ Child health (including school and home visiting services and paediatric services) ○ Maternity ○ Sexual health ○ Emergency department 	<ul style="list-style-type: none"> • Developed and completed a systems checklist to ensure all services have the required infrastructure prior to the delivery of training for the service. • Reports indicate implementation of VIP in accordance with strategic plan and annual schedules. • Reports include progress against the VIP implementation plan, including rollout to designated services, emerging issues and barriers to implementation. • VIP interventions, including safety assessments, are conducted for patients who are identified as abused. • VIP team provide advice/consultation as requested.
<p>4.2 The VIP Coordinator will ensure structures and resources are available to provide clinical support for staff which enables them to effectively implement VIP into practice.</p>	<ul style="list-style-type: none"> • Developing and updating standardised documentation processes. Ensuring resources, including MoH VIP resources, (posters, cue cards, flowcharts, pamphlets) are available to support staff to implement VIP. • Displaying posters and pamphlets to create an enabling environment. • Ensuring VIP is promoted and referral information for patients is accessible in a confidential manner. 	<ul style="list-style-type: none"> • Standardised documentation forms are developed for child abuse and neglect and intimate partner violence intervention • Standardised documentation forms meet all requirements for national evaluation (score > 80 for documentation items) • Staff are provided with and trained in the use of VIP resources. • Staff are provided with cue cards after training. • Clinical staff report they have access to appropriate advice and information when concerned about potential abuse. • Posters and flowcharts are displayed in clinical areas where VIP is implemented. • VIP posters and pamphlets are provided in public waiting areas and bathrooms. • National evaluation items for physical environment score more than 80 for child abuse and intimate partner violence. • Any issues in accessing MoH funded VIP resources are reported.
<p>4.3 Staff have access to VIP related peer-</p>	<ul style="list-style-type: none"> • Establishing a VIP staff support system for staff following a disclosure of abuse. 	<ul style="list-style-type: none"> • A staff support system is developed and reports provide evidence that there is the opportunity for case consultation,

Output 4: VIP Implementation and Support	Activities (How it is achieved)	Key Performance Indicators (How it will be measured)
support/supervision	<ul style="list-style-type: none"> Identifying and providing a team of self-selected staff with training in provision of peer-support. 	management/peer support/supervision after any FV intervention.
4.4 To establish clinical champions for VIP in each of the designated services where VIP has been implemented	<ul style="list-style-type: none"> Identifying clinical staff who are willing to be clinical champions in the services Providing support (e.g. establishing role description for champion role and providing training on a regular basis) Ensuring that each service implementing VIP has clinical champions within the team (numbers determined by service size); recruiting champions as required (resignation from role) 	<ul style="list-style-type: none"> Clinical champions are available in each service (mutually agreed number depending on the size of the service/department) Clinical champions are provided with appropriate resource for the role Clinical champions provide support in partnership with the VIP team in their designated service
4.5 Child Protection Alert System (CPAS) The CPAS will be implemented in accordance the national standards	<ul style="list-style-type: none"> Ensuring the VIPC receives all Reports of Concern and forwards all alert requests to the CPAS MDT for review (in accordance with Child Protection Alert Policy). Maintaining CPAS documentation; forwarding all alert request documentation to health records as appropriate (request for applying and or removing an alert) VIPC participating in quality review activities for the national CPAS, e.g. quarterly quality review meetings 	<ul style="list-style-type: none"> District CPAS is implemented in alignment with national guidelines, e.g. MOA, including required review processes (every two years). CPAS data is maintained and reported within biannual reports, including reports of concern made by the District (received by VIPC), reports considered by MDT and number or alerts placed and/ or removed.
4.6 To ensure effective referral pathways are established between health and community family violence agencies.	<ul style="list-style-type: none"> Establishing clear referral pathways for health referrals to community agencies. Establishing and reviewing (as indicated) Memorandums of Understanding (MOU) for interagency collaboration regarding referral pathways. Providing feedback on the quality and quantity of interagency communication quarterly as per the Terms of Reference. 	<ul style="list-style-type: none"> Knowledge of agencies and their services is current/ relevant. A community directory of referral agencies is established. Referral pathway guidelines (e.g. flowcharts) are available for clinical staff in all designated services. Reports indicate progression/effectiveness/review of interagency MOU. Positive relationships with agencies providing child protection and family support are established and maintained. Reports indicate quality and quantity of community agency referrals based on agency feedback. An integrated and cooperative approach to the management of specific cases is developed and staff are supported through the

Output 4: VIP Implementation and Support	Activities (How it is achieved)	Key Performance Indicators (How it will be measured)
		process.

Output 5: Workforce Development	Activities (How it is achieved)	Key Performance Indicators (How it will be measured)
5.1 Training Plan	<ul style="list-style-type: none"> • Developing an annual VIP training plan that includes regular training delivered by a multi-disciplinary and multiagency team. • Endorsement of Training plan by the VIP Sponsor/VIP Steering Group that identifies services to be trained via: <ul style="list-style-type: none"> ○ orientation training ○ core training (child abuse and neglect; and intimate partner violence) ○ bridging training (transition staff previously trained from 2002 to 2016 edition of the MoH Guideline) ○ refresher training ○ advanced training ○ peer-support training • Providing VIP training in accordance with the training plan using service-by service approach. 	<ul style="list-style-type: none"> • The VIP Training Plan, that identifies a coordinated approach to child abuse and neglect; and intimate partner violence, is endorsed by the VIP Sponsor/Steering Group. • A minimum of four hours for child abuse and neglect and four hours for intimate partner violence intervention is indicated for core training in the VIP Training Plan. • Training Plan and reports identify engagement with MoH funded VIP trainer. • Training packages developed include orientation, core, bridging and refresher packages for all staff. Advanced and peer-support training packages developed for designated staff. • District VIP training package for child abuse and neglect; and intimate partner violence scores more than 80 for training items in national evaluation. • Training Plan and MoH biannual reports confirm service-by service approach to training rollout. • MoH biannual reports indicate number of sessions delivered by type. • MoH biannual reports indicate number of clinical staff that have received training (by type) and the proportion of staff from each service trained (core/refresher/advanced).
<p>5.2 National VIP Training</p> <p>The District will deliver VIP training in accordance with the national training package standards.</p> <p>The District will engage the national trainer to support the</p>	<ul style="list-style-type: none"> • Accessing the national VIP training resource and implementing the national package and any update requirements (e.g. alignment to revised Guideline 2016) • Seeking approval from the National VIP Trainer prior to making changes to the training package • Meeting with the National VIP Trainer prior to the delivery of any VIP-related training 	<ul style="list-style-type: none"> • The District VIP training packages align with the national training manual and packages. • Any amendments made are reviewed and approved by the National VIP Trainer prior to confirmed inclusion and delivery • Engagement with the National VIP Trainer will be reported including outcomes of any meetings

Output 5: Workforce Development	Activities (How it is achieved)	Key Performance Indicators (How it will be measured)
<p>orientation of new VIP Coordinators</p> <p>The District VIP Core training will be observed by the national VIP trainer biennially</p>	<ul style="list-style-type: none"> • Inviting the National VIP Trainer to attend a VIP Core training at least biennially to observe the training delivery and provide feedback 	
<p>5.3 VIP training is delivered within designated services.</p>	<ul style="list-style-type: none"> • Ensuring that all staff who work in designated services receive high quality workforce development that allows safe and efficient violence intervention practice. • Providing on-going education for staff on violence intervention through core, refresher, bridging (as indicated), advanced and peer-support training. • Monitoring and recording training attendance in a workforce database. • Monitoring on-going training needs within services. • Providing refresher training annually and as indicated in quality improvement activity findings/audit results. • Coordinating training organisation and delivery 	<ul style="list-style-type: none"> • VIP training is provided by a suitably qualified multi-disciplinary team and is available through a regular schedule. • Community representatives participate on VIP training team. • Database provides evidence that staff from designated services attend mandatory VIP training. • VIP training for other health professionals is supported. • VIP training is incorporated in staffs' core competencies and is monitored by the appropriate Managers. • Results of staff confidence/competence surveys are reported and inform future training needs. • Reports include recommendations for improvement.

Output 6: Evaluation and Monitoring	Activities (How it is achieved)	Key Performance Indicators (How it will be measured)
<p>6.1 To implement quality improvement activities that informs VIP development and implementation.</p>	<ul style="list-style-type: none"> • Utilising quality Improvement activities for both child abuse and intimate partner violence intervention to inform programme development, implementation and review. • Participating in national evaluation assessing District responsiveness to FV via self-audits using the designated tools • Generating a report based on the self-audit • Providing the self-audit to the approved national 	<ul style="list-style-type: none"> • A quality improvement plan is developed and implemented using the national VIP resource kit. • Evaluation activities are reported via programme reporting processes including written reports to Management, Steering Group and MoH. • Self-audits are conducted utilising the tools provided and reported in the required timeframe. • An overall score of 80 is achieved on hospital responsiveness for both child abuse and intimate partner violence in national evaluation • An action plan is developed, implemented and reported on for any

Output 6: Evaluation and Monitoring	Activities (How it is achieved)	Key Performance Indicators (How it will be measured)
	evaluator <ul style="list-style-type: none"> • Participating in national snapshot evaluation using the instructions provided. • Providing Plan-do-study-act cycles (model for improvement), with completed objectives and worksheets to the national evaluator as per the service specification 	components of the evaluation that score less than 80 <ul style="list-style-type: none"> • Snapshot audits are conducted utilising the tools provided within the required process including timeframe • Results obtained are used to inform future programme planning and development • Plan-do-study-act cycle (objectives and worksheets) are provided to the national evaluator in the required format and within the specified timeframe.
	<ul style="list-style-type: none"> • Providing the approved pre-post training evaluation to each attendee at each training session to evaluate training effectiveness • Reviewing and analysing the evaluations and ensuring the findings inform future programme delivery 	<ul style="list-style-type: none"> • Pre-post training questionnaires are used to assess effectiveness of training. Training evaluation reports indicate training is effective in providing staff with the knowledge and skills to implement VIP into practice.
	<ul style="list-style-type: none"> • Completing policy/chart audits for VIP related documents, using a quality improvement approach, e.g. plan do study act cycle. • Ensuring MoH Quality Improvement Activity resources are used to support auditing. • Providing Plan-do-study-act cycles to the national evaluator 	<ul style="list-style-type: none"> • Terms of Reference are established for VIP policy/clinical audits for child abuse and intimate partner violence in designated services. • Policy/chart audits are conducted as per TOR and results reported to the VIP Steering Group, Service being audited and via programme reporting processes. • Reports provide evidence of appropriate intervention including: <ul style="list-style-type: none"> ○ screening rates for IPV ○ disclosure rate for IPV abuse ○ completion of child protection checklist (in the Emergency Department for children up to 2 years) ○ number of referrals, reports of concern and referrals to specialist services IPV • Results used to inform future programme development including service training.
	<ul style="list-style-type: none"> • Being open and responsive to customer needs and demonstrating an understanding of continuous quality improvement. 	<ul style="list-style-type: none"> • Programme coordination and reporting demonstrate a commitment to customer service and continuous quality improvement. • Opportunities for quality improvement are identified and suggestions offered.

Output 6: Evaluation and Monitoring	Activities (How it is achieved)	Key Performance Indicators (How it will be measured)
6.2 Child Protection Alert System (CPAS) The CPAS will be implemented in accordance the national standards	<ul style="list-style-type: none"> Maintaining a database of alerts considered, placed and removed. 	Reports will include the: <ul style="list-style-type: none"> Number of Reports of Concern and open cases presented to the CPAS Multidisciplinary Team for consideration of an alert Number of alerts placed (conversion rate of cases presented to alerts placed) Number of alerts removed and indication of why Number of cases considered that already had an alert placed

Output 7: Future Pathways	Activities (How it is achieved)	Key Performance Indicators (How it will be measured)
7.1 Elder abuse and neglect intervention and violence prevention programme is developed and implemented.	<ul style="list-style-type: none"> Developing and implementing programmes based on the MoH's Family Violence Intervention Guidelines: Elder Abuse and Neglect. 	<ul style="list-style-type: none"> Reports indicate the activity regarding the planning, implementation and evaluation of programmes pertaining to the elder abuse guidelines
7.2 VIP are developed and implemented in Primary Care	<ul style="list-style-type: none"> Developing and implementing the VIP programmes to improve integrated care pathways between primary and secondary care services. 	<ul style="list-style-type: none"> Reports indicate activity regarding the planning, implementation and evaluation of integrated care pathways between primary and secondary care services
7.3 VIP will support the establishment/ and or participate in a District facilitated Maternity Care, Wellbeing and Child Protection Multiagency Group (MAG) aligned to the national resource documents (available via the VIP Dropbox).	<ul style="list-style-type: none"> Supporting the establishment and implementation of Maternity Care, Wellbeing and Child Protection MAG Attending meetings in accordance with Terms of Reference for Maternity Care, Wellbeing and Child Protection MAG Providing national resources to support the Maternity Care, Wellbeing and Child Protection MAG process that are available via the VIP Dropbox 	<ul style="list-style-type: none"> Reports indicate the support provided to establish the Maternity Care, Wellbeing and Child Protection MAG. Reports indicate subsequent participation in the Maternity Care, Wellbeing and Child Protection MAG in the District.

Output 8: Financial Reporting	Activities (How it is achieved)	Key Performance Indicators (How it will be measured)
8.1 Support the financial reporting process related to VIP	<ul style="list-style-type: none"> Providing assistance in the development of a VIP budget (as appropriate). 	<ul style="list-style-type: none"> Data is provided (upon request) to Managers and/ or Funding and Planning to enable reporting of expenditure against core VIP activities or specific funding e.g. Whanau ora and primary care initiatives.

Output 9: Professional Standards	Activities (How it is achieved)	Key Performance Indicators (How it will be measured)
9.1 Promote and actively support FV related legislation and meet professional standards	<ul style="list-style-type: none"> • Maintaining contractual, ethical and organisational standards by knowing and understanding what the applicable standards are and undertaking any steps necessary to remedy shortfalls in practice and knowledge. 	<ul style="list-style-type: none"> • Professional standards are met. • The risk of harm to consumers, staff and others is minimised. • MoH team, Coordinators from other Districts, other government agencies and other community agencies have confidence in the employee's standard of care delivery.

APPENDIX 2

General Responsibilities of an Employee of Health NZ | Te Whatu Ora Nelson Marlborough

1. Professional Responsibilities

As an employee of Health NZ Nelson Marlborough, you are required to:

- Maintain any qualifications, including registrations and practising certificates, required for legal and safe practice.
- Keep yourself up to date on knowledge, best practices and legislation relating to your work.
- Make a personal contribution towards effective and efficient working relationships within your team and with other Health NZ Nelson Marlborough departments.
- Ensure you carry out your work in a way that is customer-focused and meets professional standards.
- In conjunction with your manager, identify your own training needs and plan to meet these needs.
- Manage your own time and prioritise your work effectively.

2. Health, Safety and Wellbeing

- Compliance with all health and safety legislative requirements.
- Compliance with the ACC Partnership Programme requirements.
- Compliance with all organisation-wide health and safety policies and procedures.
- Compliance with the Health and Safety Manual, any relevant chemical information and the emergency plan.
- Work is carried out in a healthy and safe manner and others are encouraged and assisted to work in the same way.
- Unsafe workplace conditions/practices (hazards) are identified, reported and mitigated/rectified early.
- Knowledge of identified hazards is kept up to date.
- Reportable event form is completed (via *Safety First*) for any accident or injury which has taken place at work, ensuring, in the case of injury, that your supervisor or manager is notified within 24 hours.
- Co-operation, support and promotion of occupational health and safety actions and initiatives in the workplace.

3. Right to Raise Concerns

- All employees of Health NZ Nelson Marlborough are expected and encouraged to immediately ask questions and raise any concerns/issues with their colleagues at their place of work, particularly if the care of a patient could potentially be compromised.
- All staff are expected to act professionally and to actively listen to the concerns or opinions of others being raised at the time.

4. Child Wellbeing and Protection

- Health NZ Nelson Marlborough is committed to identifying, supporting and protecting vulnerable children. The prevention of abuse and enhancing the wellbeing of children and their families aims to keep vulnerable children safe before they come to harm so they can thrive, achieve and belong. As an employee you are required to comply with all relevant legislation e.g. the Vulnerable Children Act 2014 and the Children, Young Persons and their Families Act 1989. You are also required to:
- Contribute to and support the organisation's strong commitment to a child centred approach to protect children across the region.
- Act at all times in the best interest of the children and young people, putting their interests first.
- Ensure collaborative working practices and recording and sharing of information to address abuse, suspected abuse or disclosure of abuse in a timely and appropriate fashion.

5. Legislation, Regulations and Board Policies

You are required to be familiar with and adhere to the provisions of:

- All relevant acts and regulations
- All Board, hospital and department policies
- All relevant procedure manuals
- The “Employee Obligations” within Health NZ Nelson Marlborough’s Disciplinary Policy.

6. Confidentiality

You are required to:

- Adhere to the Privacy Act 1993, the Health Information Privacy Code 1994 and subsequent amendments in regard to the non-disclosure of information.
- Maintain strict confidentiality of patient, applicant and employee information at all times.

7. Risk Management

You are required to:

- Support and promote actions and initiatives in your work area which enable risks to be identified and eliminated or reduced.
- Be especially aware of those risks which have high cost or safety implications.
- Complete an accident/incident report for any accident, incident or near miss which has taken place at work.
- Respond to complaints according to appropriate policies.

8. Security

You are required to:

- Wear your identification badge at all times when on site or when carrying out official duties.
- Notify Human Resources of any changes required for your ID badge.
- Report any suspicious or unusual occurrence to the security officer, orderly or telephone operator.
- Complete an incident report for any incident which has or might have compromised the safety of staff, patients and visitors.

9. Treaty of Waitangi

Health NZ Nelson Marlborough is committed to its obligations under the Treaty of Waitangi. As an employee you are required to give effect to the principles of the Treaty of Waitangi: Partnership, Participation and Protection.

10. Smokefree

Health NZ Nelson Marlborough is a Smokefree Organisation. This applies to all staff and contractors working within Health NZ Nelson Marlborough buildings, grounds and vehicles. Staff are required to comply with the policy and ensure all visitors, patients and others are informed of the policy. This also applies to Health NZ Nelson Marlborough staff employed on Board business in the community.

APPENDIX 3

The preferred candidate is required to complete a Pre-Employment Health Questionnaire. The table below outlines the tests to be carried out - depending on the nature of the position applied for.

Condition	Information to include in Position Description
TB Active	No person with active pulmonary or laryngeal tuberculosis (TB) is allowed to be at work in Health NZ Nelson Marlborough
TB Latent	Staff who expect to have contact with patients or infectious materials must have assessment of previous TB exposure at the time of employment
BBV	No person who is susceptible to hepatitis B is allowed to have contact with patients or human materials (e.g., blood) unless they have taken part or agree to take part in a blood-borne virus education, prevention and vaccination program
MRSA	No person colonised or infected with methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) is allowed to work in clinical areas ¹ New staff who will be working in clinical areas should be screened for MRSA if they have: <ul style="list-style-type: none">• a chronic skin condition• been working in an overseas healthcare facility in the last year• been MRSA-positive in the last year
Skin	No person with a skin condition that by virtue of its site and type could be an infection risk is allowed to have contact with patients, food, microbiology samples or sterile items
Measles/Rubella	No person who is susceptible to measles or rubella is allowed to have contact with pregnant women.
VZV	No person susceptible to varicella-zoster virus (chickenpox) is allowed to have contact with newborn babies or pregnant women
EPP	No person who has detectable hepatitis B e antigen or high levels of hepatitis B virus DNA in their serum is allowed to undertake or assist with exposure-prone surgical procedures ²

¹Clinical areas include inpatient medical and surgical wards (includes Medical Units, AT&R Units, Surgical Wards, Paediatrics, Day Stay, Neonates and Women's Health). Screening does not apply to staff working in outpatient areas (e.g., clinics, Radiology, Respiratory Function lab) or in DSS, Mental Health or Drug and Alcohol services (transmission of MRSA is less likely and infection is rare in these sites.)

²Exposure-prone surgical procedure = a procedure where there is the potential for direct contact between the skin (usually finger or thumb) of the health care worker and sharp surgical instruments, needles, or sharp tissues (spicules of bone or teeth) in a blind or highly confined anatomic site such as a body cavity or in poorly visualised and/or confined body sites. Such sites include body cavities encountered during emergency and trauma procedures, abdominal, cardiothoracic, obstetric/gynaecological, orthopaedic and oral surgery.