

# IPARVAN Monitoring and Evaluation Framework

NSW Ministry of Health

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# ACRONYMS



Term	Description
AH&MRC	Aboriginal Health and Medical Research Council
HREC	Human Research Ethics Committee
IPARVAN	Integrated Prevention and Response to Violence, Abuse and Neglect
LHD	Local Health District
PARVAN	Prevention and Response to Violence Abuse and Neglect
PDO	Program Delivery Office
RBA	Results-based accountability
SSA	Site Specific Approval
SHN	Specialty Health Network
VAN	Violence, abuse and neglect



# GLOSSARY



Term	Description
Integrated / Integrated service responses	<p>Integrated service responses to violence, abuse and neglect are defined as the provision of service responses in accordance with a person-centred approach that provides seamless care across multiple services, adopts a multidisciplinary and trauma informed approach, and is designed around the holistic needs of the individual throughout the life course.</p> <p>An integrated, public health approach recognises that people affected by violence, abuse and neglect and their families often have complex needs requiring multiple interventions provided by a range of services.</p>
IPARVAN Framework	<p>The Integrated Prevention and Response to Violence, Abuse and Neglect Framework.</p> <p>The IPARVAN Framework outlines the vision, guiding principles, objectives and strategic priorities to strengthen NSW Health services in responding to violence, abuse and neglect in NSW.</p>
Violence, abuse and neglect	<p>An umbrella term used to describe three primary types of interpersonal violence that are widespread in the Australian community. It refers to domestic and family violence, sexual assault and all forms of child abuse and neglect. It also refers to children and young people displaying problematic sexual behaviour or engaging in harmful sexual behaviour, who often have their own experiences as victims of abuse and neglect.</p>
VAN Services	<p>NSW Health services that provide dedicated responses to violence, abuse and neglect generally or a specific form (e.g. sexual assault). Violence, abuse and neglect responses may also be provided by other health services, but this is not their primary responsibility.</p>
VAN Service system	<p>The collection of NSW Health VAN Services across the state, and the underlying systems and processes that support these services.</p>



# 1. INTRODUCTION



# OVERVIEW

The NSW Ministry of Health is committed to the development of evidence-based policies and programs. The Ministry recognises the importance of evaluation in measuring the impacts and outcomes of a policy and program, as well as reflecting on its processes and opportunities for improvement.

Nous Group (Nous) was engaged by the Government Relations Branch, NSW Ministry of Health, to develop a Monitoring and Evaluation Framework to support the evaluation of the implementation of the Integrated Prevention and Response to Violence, Abuse and Neglect Framework (the IPARVAN Framework). The relationship between the IPARVAN Framework and monitoring and evaluation activities and outputs is presented on the [next page](#).

The purpose of this Monitoring and Evaluation Framework is to:

- Document and explain how the implementation of the IPARVAN Framework will be monitored and evaluated.
- Offer stakeholders including the Ministry of Health, LHDs and SHNs, NSW Health Pillar organisations, and NSW Health staff a resource that explains their role in monitoring and evaluation activities.
- Explain how the results of monitoring and evaluation activities will be shared with key stakeholders.

This Monitoring and Evaluation Framework has been developed in consultation with key stakeholders from NSW Health, including IPARVAN Framework governance groups and NSW Ministry of Health and Pillar stakeholders. It provides a high-level overview of the approach to measure and assess ongoing effectiveness of the IPARVAN Framework implementation.

This Monitoring and Evaluation Framework will guide monitoring and evaluation activities over three stages between 2020 and 2026.

**Stage 1** will focus on process and short-term outcomes at 1.5 - 2 years post implementation.

**Stage 2** will focus on medium and longer term outcomes at 4 to 5 years post implementation.

**Stage 3** will focus on assessing the economic benefit of the IPARVAN Framework at 5 to 6 years post implementation.

Results will be presented in an Evaluation Report at each stage. This will enable the NSW Ministry of Health to understand whether the activities and priorities in the IPARVAN Framework are contributing to integration and improved system sustainability and therefore improving the experiences and outcomes for people who experience violence, abuse and/or neglect. Monitoring and evaluation activities will also support improvements to implementation, which is occurring alongside monitoring and evaluation activities.

An Evaluation Plan will be developed for each stage of the evaluation to complement the Monitoring and Evaluation Framework and provide further specific detail relevant to each stage.

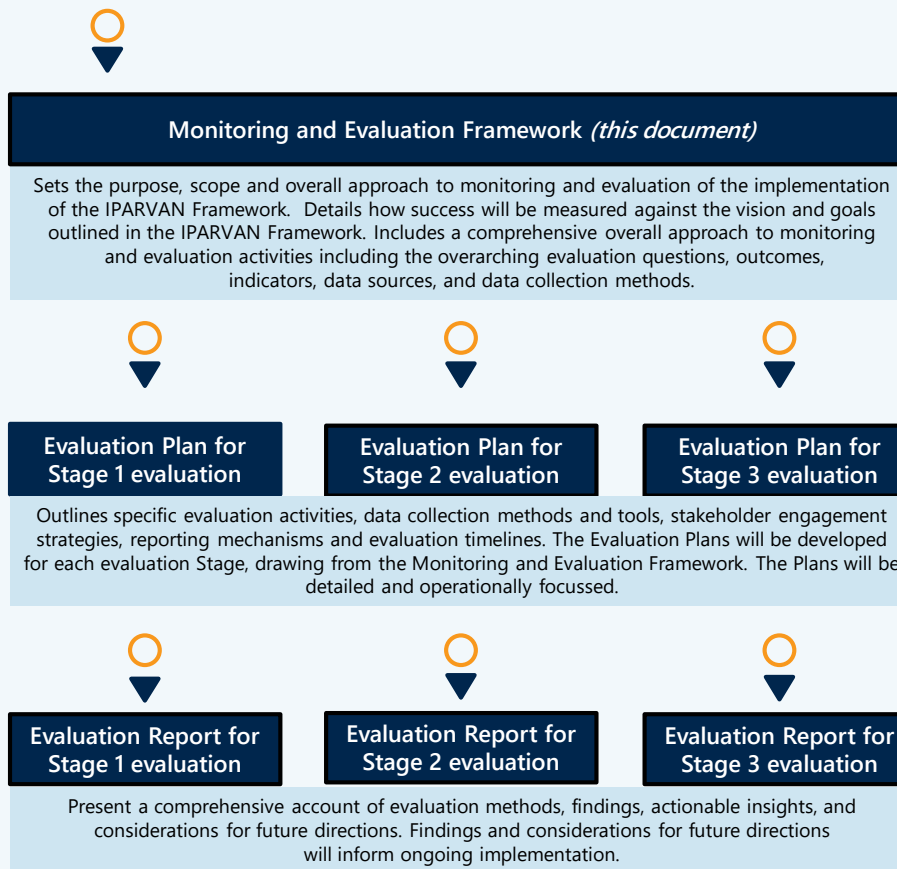
**VAN Redesign Program**

Aims to enhance the capacity of the public health system to provide 24-hour, trauma-informed and trauma-specific, integrated psychosocial, medical and forensic responses to sexual assault, child physical abuse and neglect, and domestic and family violence presentations and to identify people who are experiencing violence, abuse and neglect who present to the health system for other reasons.

**IPARVAN Framework**

Sets the vision and direction for VAN services in NSW, and outlines key activities that will be undertaken to achieve integrated prevention and response to violence, abuse and neglect. Implementation will occur in two phases and commenced in 2019. The final evaluation is scheduled to be completed in 2026.

**Relationships between IPARVAN programs and monitoring and evaluation activities and outputs**



# CONTEXT

This section provides an overview of the background and context for the IPARVAN Framework, and how monitoring and evaluation activities support ongoing implementation.

## Development of the IPARVAN Framework

The serious long-term health impacts of violence, abuse and neglect make it core business for NSW Health, similar to other preventable population health concerns such as alcohol, smoking and obesity. For example, intimate partner violence is the lead risk factor contributing an estimated 5.1% of the burden of disease in women aged 18 to 44 years. This outweighs other risk factors including alcohol (4.1%), tobacco use (2.3%) and overweight/obesity (1.8%)<sup>1</sup>.

As noted in the *Integrated Prevention and Response to Violence, Abuse and Neglect Framework*<sup>2</sup>, there is an extensive body of

<sup>1</sup> NSW Ministry of Health, 2019, Integrated Prevention and Response to Violence, Abuse and Neglect Framework, NSW Health Violence, Abuse and Neglect Redesign Program, available from: <https://www.health.nsw.gov.au/parvan/Publications/iparvan-framework.pdf> accessed: 3 March 2020

<sup>2</sup> *ibid*

research and evidence that demonstrates the high rates of violence, abuse and neglect in the Australian community.

The NSW Government and the NSW Ministry of Health have committed significant additional funding to address the impacts of violence, abuse and neglect and improve the delivery of VAN services. As part of these funding enhancements, the NSW Ministry of Health, in partnership with LHDs, SHNs, and NSW Health Pillar organisation undertook a state-wide VAN Redesign Project.

The IPARVAN Framework is a key component of the VAN Redesign Project. It provides an overarching guiding strategy for LHDs and SHNs to enhance service access, integration and coordination for people who experience violence, abuse and neglect.

The IPARVAN Framework promotes a public health approach to preventing and responding to interpersonal violence. Integral to this public health approach is the promotion of integrated service delivery at system, service and practice levels.

The vision of the IPARVAN Framework is:

“all children, young people, adults and their families are supported by the public health system to live free of violence, abuse and neglect and their adverse impacts.”

Integrated service responses are those that are provided in accordance with a person-centred approach that provides seamless care across multiple services, adopts a multidisciplinary and trauma-informed approach, and is designed around the holistic needs of the individual throughout the life course.

An integrated, public health approach acknowledges that people impacted by violence, abuse and neglect and their families often have complex needs requiring multiple interventions provided by a range of services, and that these services will not all be provided by the health system. Preventing and responding to violence, abuse and neglect requires a comprehensive health, whole of government and community coordination and commitment.

The IPARVAN Framework comprises five key components which outlines the outcome that NSW Health aims to achieve for people, families and communities, and how the NSW health system can be designed and supported to achieve this vision. The five components and the purpose of each are presented to the right.

Framework component	Purpose
Vision	The outcome that NSW Health aims to achieve for people, families and communities across NSW
System design principles	How NSW Health will deliver its services
Enablers	The supports NSW Health will need to deliver
Partners	Who NSW Health will work with to deliver an integrated system
Objectives and strategic priorities	What NSW Health will deliver and how it will be achieved
<p>Taken together, these five components:</p> <ul style="list-style-type: none"> <li>bring an evidence-based approach to VAN services and VAN service delivery,</li> <li>create consistent practices and a consistent approach across the health system,</li> <li>improve access to health services for those impacted by violence, abuse and neglect,</li> <li>ensure that the health system is responsive to the needs of those impacted by violence, abuse and neglect, and</li> <li>work towards a whole-of-health and whole-of-government approach to preventing and responding to violence, abuse and neglect.</li> </ul>	

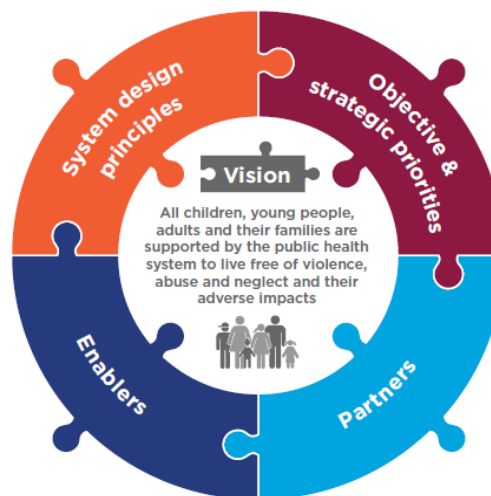
## NSW Health Integrated Prevention and Response to Violence, Abuse and Neglect Framework

### System design principles

- 1. Prevention and response to violence, abuse and neglect is a central role of NSW Health**
- 2. Person and family-centred, holistic and seamless care** is provided by NSW Health that prioritises the safety, well-being and unique needs and preferences of the person and their family
- 3. Minimising the impact of trauma and supporting recovery from trauma** are recognised and valued by NSW Health as primary outcomes of responses
- 4. Early intervention** is prioritised by NSW Health because it can change the long term trajectory of chronic disease and adverse health outcomes for people who have experienced violence, abuse or neglect
- 5. Equitable, accessible and consistent** service responses are provided by NSW Health
- 6. 'No wrong door'** — NSW Health workers will collaborate to support people and their families to access the most appropriate service responses
- 7. The best available** evidence is used to guide NSW Health's prevention of and response to violence, abuse and neglect

### Enablers

- Learning & development
- Clinical networks & evidence-based models of service delivery
- Quality & safety
- Technology & infrastructure



### Partners

- **Premier and Cabinet:** Aboriginal Affairs; Department of Premier and Cabinet; NSW Ombudsman
- **Treasury**
- **Education**
- **Primary Healthcare Networks**
- **Private health Sector**
- **Aboriginal Community Controlled Organisations**
- **NGO community-based services**

### Objectives & strategic priorities

Making integrated prevention and response to violence, abuse and neglect happen in NSW Health:

#### 1. Strengthen leadership, governance, and accountability

- 1.1 Leadership driving NSW Health system reform and service improvement
- 1.2 Strong governance
- 1.3 Robust system for monitoring NSW Health service performance

#### 2. Enhance the skills, capabilities and confidence of the NSW Health workforce

- 2.1 Increasing the workforce to meet demand
- 2.2 Education, training and professional development to equip NSW Health workers with the right knowledge, skills, attitudes and values
- 2.3 NSW Health workers receiving appropriate supervision and support

#### 3. Expand Violence, Abuse and Neglect (VAN) services to ensure they are coordinated, integrated and comprehensive

- 3.1 Integrated VAN service models
- 3.2 Enhancement and expansion of VAN services
- 3.3 Improving VAN services quality and consistency, and reducing clinical variation across NSW
- 3.4 VAN services improving the patient journey and empowering people and families to be partners in their care

#### 4. Extend the foundations for integration across the whole NSW Health system

- 4.1 System improvement - trauma-informed care and child safe organisations
- 4.2 Identification, response, referral and coordination
- 4.3 Integrated electronic clinical information systems

Moving towards integrated prevention and response to violence, abuse and neglect across the NSW Health system

Enhanced service responses & improved client experiences and outcomes

## The IPARVAN Framework on a page

Additional information on the development of the IPARVAN Framework, and the research and evidence that underpins the IPARVAN Framework approach can be found in the *Integrated Prevention and Response to Violence, Abuse and Neglect Framework*<sup>1</sup> and *The Case for Change: integrated prevention and response to violence, abuse and neglect in NSW Health*<sup>2</sup>.

1 NSW Ministry of Health, 2019, *Integrated Prevention and Response to Violence, Abuse and Neglect Framework*, NSW Health Violence, Abuse and Neglect Redesign Program, available from: <https://www.health.nsw.gov.au/parvan/Publications/iparvan-framework.pdf> accessed: 3 March 2020

2 NSW Ministry of Health, 2019, *The Case for Change: integrated prevention and response to violence, abuse and neglect in NSW Health*, available from: <https://www.health.nsw.gov.au/parvan/Publications/case-for-change.pdf>, accessed: 3 March 2020

## Implementation of the IPARVAN Framework

Implementation of the IPARVAN Framework occurs over two phases. Implementation of Phase 1 commenced in January 2019, with implementation of Phase 2 to commence in mid-2020.

Implementation of Phase 1 and Phase 2 is proceeding in a staggered but overlapping manner. For example, all LHDs and SHNs commenced some integration-related activities prior to the formal start of Phase 1 implementation in 2019 and local implementation of Phase 1 is expected to continue beyond June 2020 for many LHDs/SHNs. Likewise, some LHDs and SHNs have, and will continue to, commence activities related to Phase 2 prior to mid-2020.

### Phase 1

The focus of statewide efforts during January 2019 to June 2020.

### Phase 2

The focus of statewide efforts during January 2019 to June 2020.

### Phase 1 will focus on the specific efforts required to strengthen integrated responses within NSW VAN services.

Phase 1 focuses on VAN services, which have principal responsibility for responding to violence, abuse and neglect, and children and young people displaying problematic sexual behaviours or engaging in harmful sexual behaviours (i.e. this is their key focus or activity).

Social workers and the medical workforce that provide specialist VAN services are also included, although these are technically second responses. This is because these responses have such an integral and critical role to play in the delivery of integrated VAN services that they need to be considered as part of Phase 1.

### Phase 2 will focus on broadening the integrated response for violence, abuse and neglect across the whole NSW Health system and with partner agencies.

This is anticipated to include priority health areas such as mental health, alcohol and other drugs, Aboriginal health, maternity, child and family health, youth health and services for people with disabilities. These longer-term reforms, supported by VAN services, will provide a cultural shift across NSW Health services towards person-centred and trauma-informed care and practice, based on the recognition that all NSW Health workers have a responsibility to contribute to the prevention and response to instances of violence, abuse and neglect.

Phase 2 will involve engagement with other government agencies and non-governmental partners, as noted under 'Partners' on the IPARVAN Framework on a [Page 8](#). These include, for example, the Department of Premier and Cabinet the Department of Communities and Justice, Police, the Department of Education, Aboriginal Community Controlled Organisations, the private health sector and NGO community-based services.

Phase 2 implementation will commence in mid-2020. Lessons learned during implementation of Phase 1 will be used to inform Phase 2 implementation of the IPARVAN Framework.



## The importance of monitoring and evaluation activities and how they support continuous improvement and long-term system change

The NSW Ministry of Health’s commitment to an evaluation of the IPARVAN Framework demonstrates its focus to support continuous improvement during implementation, as well as influence long-term system change.

The evaluation must successfully gather information and evidence to provide a clear picture of effectiveness of implementation to inform future direction and investment in NSW Health and the NSW Government more broadly.

Both monitoring and evaluation serve distinct purposes and are both essential elements of the implementation of the IPARVAN Framework.

Monitoring and evaluation activities will enable the Ministry of Health, Pillars, LHDs and SHNs and other key stakeholders to understand the extent to which the implementation of the IPARVAN Framework is contributing to achieving its purpose, and whether and how implementation can be enhanced to achieve the vision.

**Monitoring** is the continuous collection and analysis of data to allow implementation teams to track their progress and make any early changes that can assist with ongoing implementation and support accountability and continuous improvement.

**Evaluation** is a rigorous, systematic and objective process that uses scientific methods to assess a program or policy’s effectiveness, efficiency, appropriateness and sustainability. Results from evaluations are used to improve ongoing implementation, and to decide whether to continue, end or make changes to a program.





## **2. APPROACH TO MONITORING AND EVALUATION**



# APPROACH TO MONITORING AND EVALUATION

This section describes the key elements of the evaluation approach including:

- Good practice principles that underpin the design and delivery of monitoring and evaluation activities
- Evaluation components
- Key lines of enquiry (KLEs) which structure monitoring and evaluation activities
- Conceptual approach for monitoring and evaluation, informed by the IPARVAN program logic and guided by a Results Based Accountability framework

## Good practice principles

A set of good practice principles will guide the design, conduct and analysis throughout all monitoring and evaluation activities, as shown to the right.



### INTEGRITY

We will seek the honest thoughts and opinions of everyone involved in the evaluation.

We will remain true to what we hear and our analysis and reporting will be driven by what stakeholders tell us, even if that means having difficult conversations.

We will be transparent in our conduct and reporting. Considerations will be clearly based on robust evaluation findings.



### PERSON & FAMILY-CENTRED

We will design, conduct and report evaluation activities in a manner that places the voices of people and families at the centre.

We will respect the rights, privacy, dignity and entitlements of all stakeholder groups.

All activities will be conducted to the highest ethical standards.



### TRAUMA INFORMED

We recognise the prevalence of trauma and its impact on the emotional, psychological and social wellbeing of people and communities.

Throughout the evaluation we will follow the principles of trauma informed care in our work. These are Trust, Collaboration, Empowerment, Choice and Culture, Gender and History.



### PRAGMATIC

We understand the complexities of system-wide change, so we will be flexible and pragmatic when collecting and using data.

Our activities and considerations will be practical, solutions-focused and designed to improve ongoing implementation.

We will ensure there are opportunities for capability development within the evaluation team and more broadly.

## Monitoring and evaluation components

Monitoring and evaluation of the IPARVAN Framework will consist of four components – process, outcome and economic evaluations and monitoring to support continuous improvement.

These components appear throughout different stages of the evaluation (as explored further in the evaluation methodology), such that;

**Stage 1** will involve process, immediate outcomes and monitoring components

**Stage 2** will involve intermediate and longer-term outcomes and monitoring components

**Stage 3** will involve longer-term outcomes and impacts on individuals and economic and monitoring components.

The purpose of all components are presented following.





### Process evaluation

To investigate how the implementation of the IPARVAN Framework is delivered. This includes the activities that were implemented within each LHD and SHN under the IPARVAN Framework, how well these activities were implemented, and reported stakeholder satisfaction of activities.

The process evaluation will enable NSW Health and the PARVAN unit and Program Delivery Office (PDO) to understand whether:

- implementation of the IPARVAN Framework is proceeding as planned and is achieving the desired outputs and immediate outcomes
- if implementation is not proceeding as planned, why this is occurring and identify where changes can be made to support enhanced implementation.



### Outcomes evaluation

To investigate the extent to which the implementation of the IPARVAN Framework has contributed to changes in client outcomes and experience and system sustainability.

The outcome evaluation will look at outcomes at three points in time:

- immediate outcomes – at 1.5 to 2 years after implementation has commenced
- intermediate outcomes – at 4 to 5 years after implementation has commenced
- long-term outcomes – at 5 to 6 years after implementation has commenced.

The outcomes evaluation will enable NSW Health and the PARVAN unit and the PDO to understand:

- whether implementation of the IPARVAN Framework had a demonstrable effect on changes in outcomes of interest
- if changes occurred for specific stakeholder groups or in specific circumstances
- whether there were any positive or negative unintended consequences
- whether implementation of the IPARVAN Framework should be continued, adapted, or terminated.



### Economic evaluation

To understand the efficiency of the IPARVAN Framework and determine value for money and cost-effectiveness to support future investment decisions.

The primary approach to the economic appraisal is cost consequence analysis, an economic evaluation technique that catalogues differences in costs and in outcomes attributable to the policy initiative in comparison to treatment as usual. The technique does not provide a cost-outcome ratio and instead provides disaggregated costs and outcomes to empower decision-makers to exercise informed judgement when deciding between alternatives<sup>1</sup>.



### Ongoing: Monitoring for continuous improvement

To enable NSW Health and the PARVAN unit and the PDO to understand:

- how implementation is progressing within and across NSW Health (and interagency partners)
- any challenges faced by NSW Health (and interagency partners) during implementation and actions to address these challenges.
- any areas where NSW Health, either individually or collectively, need additional support.

<sup>1</sup> Encyclopedia of Public Health, 2008, Cost-Consequence Analysis, available at: [https://doi.org/10.1007/978-1-4020-5614-7\\_582](https://doi.org/10.1007/978-1-4020-5614-7_582) accessed: 5 March 2020

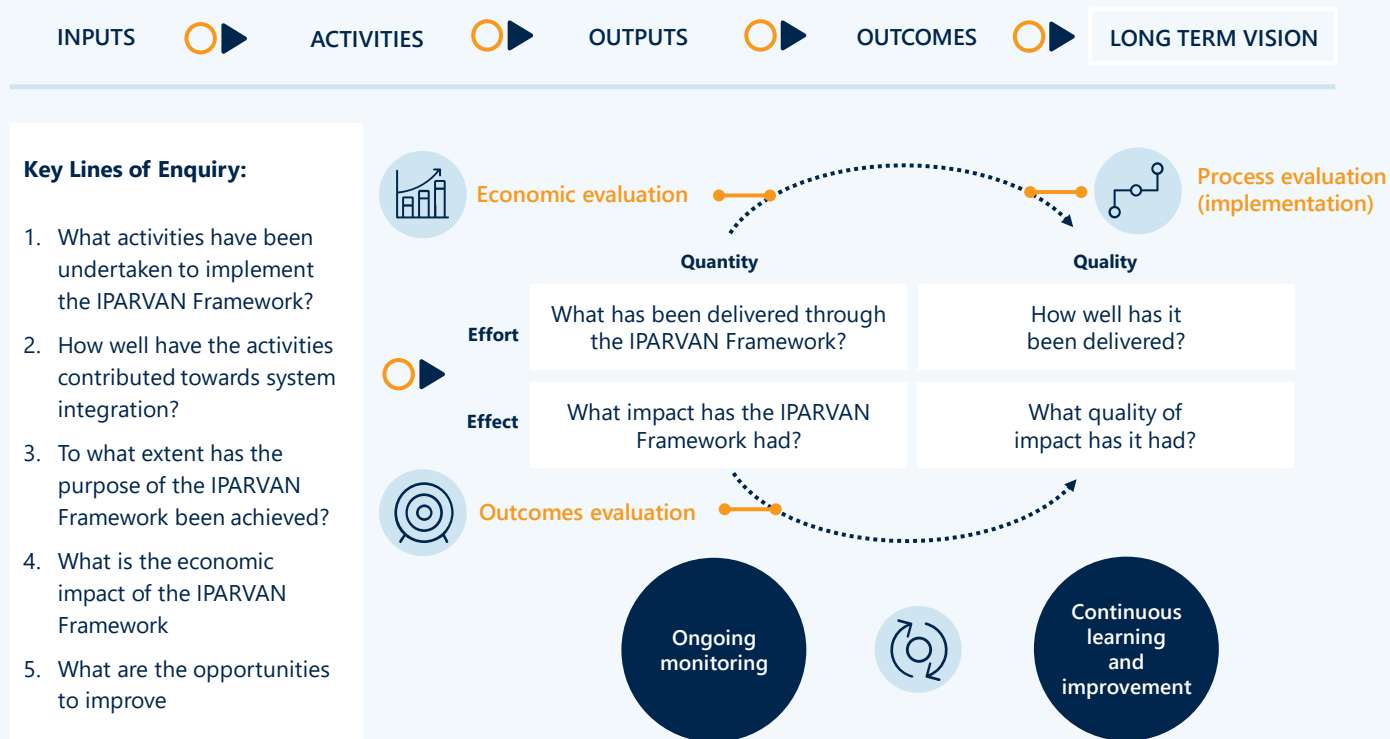
### Conceptual approach to monitoring and evaluation

The approach to monitoring and evaluation is based on a Results Based Accountability (RBA) framework and is guided by a program logic model.

This approach allows for the evaluation to:

- assesses the relationship between outcomes and required inputs, activities and outputs through the program logic
- understand what was implemented, how well it was implemented, the extent to which the Framework’s purpose has been achieved and its economic impact.

The conceptual approach showing how the program logic, KLEs and RBA are linked is outlined to the right.



## Key lines of enquiry

Five key lines of enquiry (KLEs) will guide and structure monitoring and evaluation activities. Each KLE is mapped to an evaluation or monitoring component and supported by research questions.



**Process evaluation**



**Outcomes evaluation**



**Economic evaluation**



**Monitoring for continuous improvement**

### KLE 1.

**What activities have been undertaken to implement the IPARVAN Framework?**



#### 1.1

At a system level, and within each LHD/SHN and at the service provider level:

- What implementation activities were planned to achieve the IPARVAN Framework's objectives?
- What was the rationale for each activity?
- Were activities undertaken as planned and, if not, why not?

### KLE 2.

**How well have the activities contributed towards system integration (within and external to NSW Health)?**



#### 2.1

Overall and within each LHD/SHN, how integrated is the VAN service system?

#### 2.2

Overall and within each LHD/SHN, to what extent has system integration changed since implementation of the IPARVAN Framework commenced?

#### 2.3

To what extent have the implementation activities contributed to change in VAN service system integration (for Phase 1 implementation) and integration more broadly (for Phase 2 implementation)?

#### 2.4

How have other factors contributed to changes in integration?

- ⋮ This will be assessed across three timeframes:
- Immediate (1-2 years)
  - Intermediate (4-5 years)
  - Long-term (5-6 years)

**KLE 3.**



**To what extent has the purpose of the IPARVAN Framework been achieved?**

**3.1**

Overall and within each LHD/SHN, what are the current levels of clinical, patient experience and system sustainability outcomes in the VAN service system?

**3.2**

Overall and within each LHD/SHN, how have levels of clinical, patient experience and system sustainability outcomes in the VAN service system changed since implementation of the IPARVAN Framework commenced?

**3.3**

To what extent has VAN service system integration and integration more broadly contributed to change in outcomes?

**3.4**

Are there specific integration elements or sets of integration elements necessary for change?

**3.5**

Have other factors contributed to changes in outcomes?

**KLE 4.**



**What is economic impact of the IPARVAN Framework?**

**4.1**

What are the economic costs associated with implementing and maintaining the IPARVAN Framework?

**4.2**

What are the economic benefits associated with the outcomes achieved through implementation of the IPARVAN Framework?

**4.3**

What are the relative benefits and costs of the IPARVAN Framework over 4, 10 and 20 year time frames?

**4.4**

How do these costs and benefits accrue to particular provider groups and patient cohorts?

**KLE 5.**



**What are the opportunities to improve?**

**5.1**

What are the opportunities to improve implementation (at the Ministry, LHD/SHN and provider level)?

**5.2**

Which opportunities should be prioritised to cost-effectively achieve the IPARVAN Framework's purpose?

- Overall and within specific LHDs and SHNs
- Within VAN services
- Within the wider health service system





### **3. MONITORING AND EVALUATION METHODOLOGY**



# MONITORING AND EVALUATION METHODOLOGY

This section describes the key elements of how monitoring and evaluation activities will be organised and conducted including:

- the mixed methods approach to data collection and analysis
- high level activities, outcomes and deliverables by each evaluation stage
- data sources, and
- stakeholder groups and engagement in data collection activities

## Mixed methods approach

Monitoring and evaluation activities will take a robust mixed methods approach. This approach triangulates multiple data sources to develop evaluation findings and considerations for future directions.

The mixed methods approach will establish a credible estimate of the change that can be attributed to the implementation of the IPARVAN Framework, through triangulating data from three main sources:

## Quantitative estimation of the relationship between integration and outcomes.

The evaluation will assess the change in level

of integration within each LHD/SHN and outcomes as one mechanism to assess the relationship between integration and outcomes of interest. An assessment of the relationship between changes in integration and outcomes of interest will be done in two ways:

- a. Cross-sectionally (to understand whether the LHDs and SHNs who are further along integration have correspondingly higher changes in outcomes)
- b. Prospectively (to understand whether change in integration is associated with change in outcomes over time)

## Qualitative insights from stakeholders.

The evaluation will ask stakeholders (both practice leaders and sector experts) for their views on the impact of changes in integration on any observed changes in outcomes of interest, as well as their views on the impact of the IPARVAN Framework on changes in integration.

This is a variation of the Qualitative Impact Assessment Protocol (QuIP).<sup>1</sup>

<sup>1</sup> Remnant, F. and R. Avard, 2016, 'Qualitative Impact Assessment Protocol (QuIP)', BetterEvaluation, available at: <https://www.betterevaluation.org/en/plan/approach/QUIP>, accessed: 2 March 2020.

The QuIP approach gathers evidence of impact through narrative causal statements and uses these accounts to establish causal mechanisms linking factors – for instance linking increases in integration to changes in patient experience – rather than relying on statistical inference.

## Review of published literature.

A review of literature regarding the impact of services on outcomes with a specific focus on VAN services, and in similar contexts, will support attribution. For example, if there is published literature indicating attribution or a causal link between increased integration in a specific domain and positive changes in outcomes (for example improved client experiences or enhanced clinical outcomes), this can provide an additional level of confidence that a similar causal link can be established with regards to the IPARVAN Framework.

For more information on the rationale for a mixed methods approach, please see [Appendix A](#).



**High level overview  
of the mixed  
methods approach**

**WITHIN EACH LHD AND SHN**





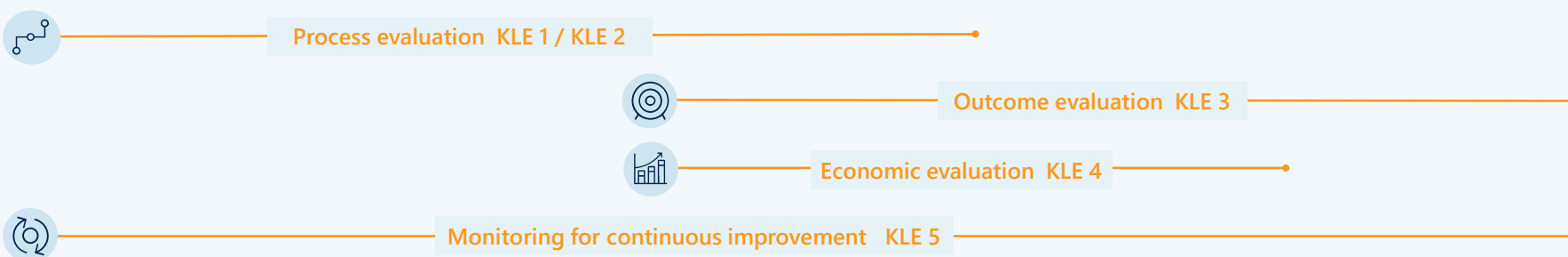
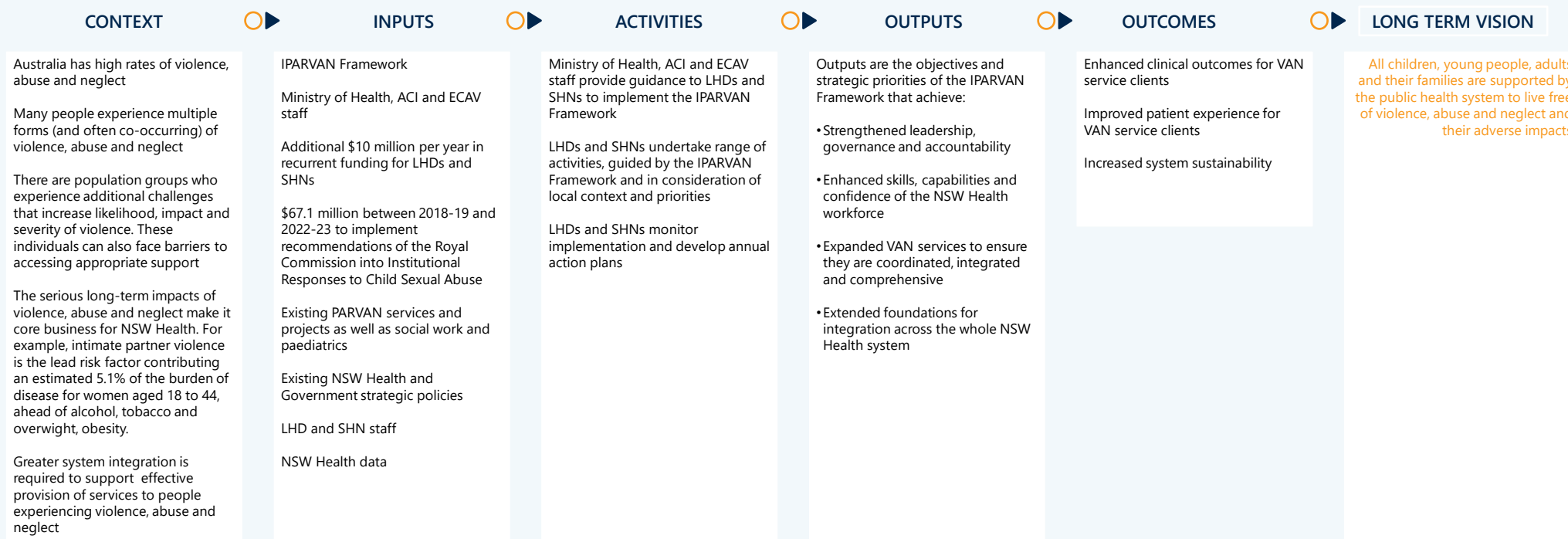
### How the program logic guides the approach to each stage

The IPARVAN Framework program logic (presented on the [next page](#)) depicts how implementation inputs and activities, will lead to intended outputs and outcomes.

The Monitoring and Evaluation Framework is concerned with the extent to which the inputs and activities of the IPARVAN Framework are having an effect on client outcomes, patient experience and system efficiencies.

As mentioned earlier, the five KLEs and research questions are informed by the program logic. This is shown in the diagram, where KLEs are mapped to elements of the Program logic as well as to the four components of the evaluation (process, outcome, economic and monitoring for continuous improvement).

The Data Collection Plan and Measurement Strategy tools (which accompany this document) also draw on the program logic, ensuring that data collection activities and stakeholder engagement are measuring the right indicators to assess whether activities are leading to outputs which lead to outcomes.



**KLE 1:**  
What activities have been undertaken to implement the IPARVAN Framework?

**KLE 2:**  
How well have the activities contributed towards system integration?

**KLE 3:**  
To what extent has the purpose of the IPARVAN Framework been achieved?

**KLE 4:**  
What is the economic impact of the IPARVAN Framework?

**KLE 5:**  
What are the opportunities to improve?

### Key activities by evaluation stage





Monitoring and evaluation activities will be implemented over six years (2020-2026) and are broken into three stages:

**Stage 1** will focus on process and short-term outcomes at 1.5 - 2 years post implementation.

**Stage 2** will focus on medium and longer term outcomes at 4 to 5 years post implementation.

**Stage 3** will focus on assessing the economic benefit of the IPARVAN Framework at 5 to 6 years post implementation.

A description of activities, outcomes and deliverables for each stage is provided on the following pages.

<b>STAGE 1</b>   March 2020 – December 2021	<b>STAGE 2</b>  January 2024 – December 2025	<b>STAGE 3</b>  January 2026 – December 2026
<b>Key activities</b>		
Rapid desktop review Quantitative analysis of self-assessment tool and other data Provider survey Targeted consultations, teleconference focus groups and multi-stakeholder workshops Deep dive site visits	Updated desktop review Quantitative analysis of self-assessment tool, and other data Provider survey Targeted consultations, teleconference focus groups and multi-stakeholder workshops Deep dive site visits	Updated desktop review of program documentation to report costs and summative evaluation results to determine outcomes attributable to the IPARVAN Framework relative to treatment as usual Economic evaluation. For more information on the analytic procedure for economic analysis, see Appendix B.
<b>Summary of outcomes</b>		
At the end of this Stage, NSW Health will understand the activities that have been carried out under the IPARVAN Framework and how well these have been carried out; any <b>immediate</b> outcomes; and lessons learned and considerations for future directions to support ongoing implementation	At the end of this Stage, NSW Health will understand the activities that have been carried out under the IPARVAN Framework and how well these have been carried out; any <b>intermediate and long-term</b> outcomes; lessons learned and considerations for future directions to support ongoing implementation	At the end of this Stage, NSW Health will understand the activities that have been carried out under the IPARVAN Framework; how these activities have changed over time; the economic impact of the implementation of the IPARVAN Framework; and lessons learned and impact on future implementation activities
<b>Deliverables</b>		
<ul style="list-style-type: none"> <li>Evaluation Plan</li> <li>Initial assessment, mid-point assessment and final assessment reports</li> </ul>	<ul style="list-style-type: none"> <li>Evaluation Plan</li> <li>Initial assessment, mid-point assessment and final assessment reports</li> </ul>	<ul style="list-style-type: none"> <li>Evaluation Plan</li> <li>Final report</li> </ul>

### CONTINUOUS MONITORING FOR ONGOING IMPROVEMENT

March 2020 – December 2026

<b>Key activities</b>
Monitoring is ongoing across the implementation of the IPARVAN Framework. The PARVAN unit and PDO will use data collected through the self-assessment tool, bi-annual progress reports and NAP data, as well as evaluation findings to support ongoing implementation within and across LHDs and SHNs

## STAGE 1

March 2020 – December 2021



**Process evaluation**  
(KLE 1, KLE 2)



**Immediate outcomes**  
(KLE 3)

### Activities

- Undertake rapid desktop review (March 2020)
- Quantitative analysis of self-assessment tool, program and service usage data and other data as required (March 2020, August 2020, February 2021)
- Distribute and analyse provider survey (March 2020, August 2020, March 2021)
- Undertake targeted consultations (March 2020, March 2021)
- Undertake teleconference focus groups (April 2020, September 2020)
- Facilitate multi-stakeholder workshops (May 2020, April 2021)
- Undertake deep dive site visits (October 2020)
- How well activities have been carried out, and where there are opportunities to improve implementation
- The impact of activities on enhanced integration within each LHD and SHN
- Any immediate changes in levels of integration within each LHD and SHN, as well as trends in integration across the system
- Any immediate changes in outcomes of interest
- Lessons learned from the first 1.5 -2 years of implementation, and considerations for how these lessons can be used to enhance ongoing implementation, including additional data collection to measure changes in outcomes over time

### Deliverables

- Evaluation Plan for Stage 1 (March 2020)
- Baseline report (June 2020)
- Mid-point assessment report (January 2021)
- Final report on Stage 1 evaluation (December 2021)

### Outcomes

At the end of this Stage of the evaluation, NSW Health and the PARVAN unit and the PDO will understand:

- The activities that have been undertaken across NSW Health (including within each LHD and SHN) under the IPARVAN Framework.

## STAGE 2

January 2024 – December 2025



### Intermediate and long-term outcomes evaluation (KLE 3)

#### Activities

- Update desktop review (January 2024)
- Quantitative analysis of self-assessment tool, program and service usage data and other data as required, e.g. interagency data sources (March 2024, August 2024, February 2025)
- Distribute and analyse provider survey (March 2024, August 2024, March 2025)
- Undertake targeted consultations (March 2024, March 2025)
- Undertake teleconference focus groups (April 2024, September 2025)
- Facilitate multi-stakeholder workshops (May 2024, April 2025)
- Undertake deep dive site visits (October 2024)

#### Outcomes

At the end of this Stage of the evaluation, NSW Health and the PARVAN unit and the PDO will understand:

- The activities that have been undertaken across NSW Health (including within each LHD and SHN) under the IPARVAN Framework.

- How well activities have been carried out, and where there are opportunities to improve implementation
- The impact of activities on enhanced integration within each LHD and SHN
- Any immediate changes in levels of integration within each LHD and SHN, as well as trends in integration across the system
- Any immediate changes in outcomes of interest
- Lessons learned from over the last 4-5 years of implementation, and considerations for how these lessons can be used to enhance ongoing implementation
- Opportunities to continue to enhance monitoring, including additional data collection

#### Deliverables

- Evaluation Plan for Stage 2 (January 2024)
- Baseline report (June 2024)
- Mid-point assessment report (January 2025)
- Final report on Stage 2 evaluation (December 2025)



### STAGE 3

January 2026 – December 2026



#### Economic evaluation (KLE 4)

#### Activities

- Update desktop review of program documentation to report costs and summative evaluation results to determine outcomes attributable to the IPARVAN Framework relative to treatment as usual (January 2026)
- Economic evaluation – January 2026 to December 2026. For more information on the analytic procedure for economic analysis, see Appendix D.

#### Outcomes

At the end of this Stage of the evaluation, NSW Health and the PARVAN unit and the PDO will understand:

- The activities that have been undertaken since March 2020, and relative costs, across NSW Health (including within each LHD and SHN) under the IPARVAN Framework
- How activities have changed over time, and the impact these changes have had on outcomes of interest
- The impact of activities on enhanced integration within each LHD and SHN

- Changes in levels of integration within each LHD and SHN, as well as trends in integration across the system
- The economic impact of the implementation of the IPARVAN Framework to support decision-making regarding future investment
- Lessons learned to date and impact on any future implementation activities

#### Deliverables

- Evaluation Plan for Stage 3 (January 2026)
- Final report on Stage 3 evaluation (December 2026)

**ONGOING**

March 2020 – December 2026

**Continuous monitoring  
for ongoing  
improvement (KLE 5)****Activities**

Monitoring is ongoing across the implementation of the IPARVAN Framework. The PARVAN unit and PDO will use data collected through the self-assessment tool, bi-annual progress reports and NAP data, as well as evaluation findings to support ongoing implementation within and across LHDs and SHNs.

## Data sources

Monitoring and evaluation will make use of both primary and secondary data sources.

The approach to monitoring and evaluation acknowledges that additional data will become available throughout the evaluation period, and the recommendations will consider prioritisation of additional data collection to support improvements to evaluation of the IPARVAN Framework implementation.

An overview of evaluation data sources, as at 5 March 2020 is presented in this section.

Further information on data sources mapped to KLEs, research questions and stage, can be found in the Data Collection Plan and Measurement Strategy that accompany this Framework.

Quantitative



Qualitative



**Primary data** refers to data that is collected by the evaluation team directly from first-hand sources such as interviews and survey tools.

**Secondary data** refers to data that is not directly collected by the evaluation team for the evaluation, but which can be used to answer evaluation questions. This includes sources such as academic literature and existing NSW Health and NSW government administrative data sets.

### Primary data sources



#### Self assessment tool

Distributed annually by the PARVAN team to LHDs and SHNs to request information on activities implemented, as well as self-assessed levels of integration



#### Provider survey

Distributed by the evaluation team to PARVAN senior managers and VAN service managers at distinct points in time to gather views on the process of implementation and any short-term outcomes, as well as assess levels of integration



#### Targeted consultations

Conducted by the evaluation team, these consultations will expand on the self-assessment tool and provider survey responses to collect additional data against specific indicators under each strategic objective

## Primary data sources



### Teleconference focus groups

Conducted by the evaluation team to test key findings in the provider survey and understand VAN service staff perspectives on the process of implementation and implementation outcomes.

The focus group questions will also explore expected and unexpected reasons why activities were/were not implemented and whether activities have had the intended outcomes.



### Multi-stakeholder workshops

Facilitated by the evaluation team to validate key findings arising from other data collection methods and to test considerations for future directions. The workshops could also explore additional data collection, to better understand outcomes as well as the economic benefits of the Framework.

At least 2 multi-stakeholder workshops will be conducted during each evaluation Stage.



### Deep dive site visits

Conducted by the evaluation team, site visits will include one to two-day visits to at least five LHDs and/or SHNs (3 from regional locations and 2 from metropolitan locations) during each Stage of the evaluation.

The deep dive site visits will produce rich insights to unpack lessons learned from implementation, and the impact that implementation activities are having in different contexts.

The evaluation team will work in consultation with the PARVAN unit and the PDO, using the results of early findings on implementation, engagement and outcomes to identify a mixed group of LHDs/SHNs for the 'deep dive' site visits.

Multi-stakeholder workshop attendees will be confirmed with the PARVAN team and will likely include representatives from:

- NSW Ministry of Health branches
- NSW Health Pillar organisations
- LHD and SHN executives
- VAN service managers
- VAN service staff
- Interagency staff (Department of Communities and Justice, Police, Education etc)
- Consumer peak bodies (e.g. peak bodies consisting of domestic and family violence survivors, individuals who have experienced the out of home care system)
- Primary health services peak bodies (e.g. GPs)

Deep dive site visits will likely include:

- Interviews with senior LHD/SHN stakeholders
- Interviews with VAN clients
- Small group interviews with VAN service managers and staff

## Secondary data sources



### Routinely collected NSW Health administrative data

Information collected and analysed by the evaluation team to provide an understanding of how clinical outcomes, patient experience and system efficiencies have changed over time.

Throughout the evaluation, NSW Health data will inform recommendations for future data collection protocol towards a more comprehensive dataset tracking standardised progress in achieving outcomes aligned to the Framework program logic.



### Ministry of Health and Pillar documents (e.g. Service Profiles)

Data reviewed and analysed by evaluation team to further understand implementation activities, including governance arrangement, organisation structures and clinical models.



### Published literature

Synthesis of knowledge and meta-analysis

Literature reviewed and analysed by the evaluation team to draw on examples where there is attribution or causal links between increased integration in a specific area and positive change in outcomes (for example improved patient experience or enhanced clinical outcomes).



Specific data sources to be used:

- NSW Ambulance Data Collection
- NSW Emergency Department Data Collection
- NSW Admitted Patient Data Collection
- NSW Non-Admitted Patient Data
- NSW Perinatal Data Collection
- NSW Mental Health Ambulatory Data Collection
- Allied Health data set
- Patient Reported Experience Measures (estimated availability 2023-2025)
- ECAV/HETI Training Data
- VAN program/service specific data collections
- ChildStory – NSW Health Child Wellbeing Unit dataset
- Domestic Violence Routine Screening reports
- Domestic Violence Routine Screening Data Set Extension
- Sexual Assault Services and JCPR data warehouse
- LHD and SCHN Service Profiles (2016)
- People Matter Employee Survey
- Workforce data (tbd)

## Stakeholder groups and engagement in data collection activities

Various groups of stakeholders will be engaged across the course of this evaluation. These include:

- PARVAN senior executives (in LHDs and SHNs)
- PARVAN senior managers
- VAN service managers
- VAN service staff
- Other NSW Health staff and groups of staff including:
  - Directors of Allied Health
  - Social Work Advisors Network
  - Psychology Advisory Group
  - PARVAN Learning and Development Group
- People who have experienced violence, abuse and neglect and their families
- PARVAN unit and PDO
- NSW Ministry of Health senior executives
- NSW Health Pillar organisations
- Relevant VAN state-wide governance groups
- Relevant peak bodies
- Other NSW government agencies



An overview of the type of data collection activities these stakeholders will be engaged in through the evaluation is presented here.

Stakeholder group	Self-assessment tool	Provider survey	Targeted consultations	Teleconference focus groups	Deep dive site visit interviews	Multi-stakeholder workshops
PARVAN senior executives	●		●		●	●
PARVAN senior managers and VAN service managers	●	●		●	●	●
VAN service staff		●		●	●	●
Other NSW Health staff and groups of staff					●	●
People who have experienced violence, abuse and neglect and their families					●	●
PARVAN unit and the PDO			●			●
NSW Ministry of Health senior executives			●			●
NSW Health Pillar organisations						●
Relevant VAN state-wide governance groups						●
Relevant peak bodies						●
Other NSW government agencies			●			●





## 4. EVALUATION MANAGEMENT



# EVALUATION MANAGEMENT

This section outlines how the evaluation will be managed, including key risks and mitigation strategies and the project timeline.

Each stage of the evaluation will have an Evaluation Plan that will provide a detailed description of the methodology for that stage including data sources, data analysis plans, stakeholder engagement plans and detailed timelines.

Evaluation Plans will be complemented by project management processes and tools including:

- a decision log that tracks the mitigation and resolution of design and methodological concepts
- a risk management plan
- ethics approach including submissions
- governance arrangements.

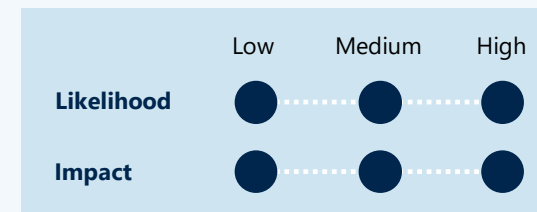
An outline of the contents page for Evaluation Plans is provided in [Appendix C](#).





## Risk management

The following information outlines how key risks in evaluation and monitoring activities will be identified, mitigated and addressed via a risk management plan.







Risks and issues will be tracked and discussed and/or escalated through the governance arrangements outlined the [Governance section](#). The likelihood and impact of risks will provide guidance on the level of mitigation, management, escalation, intervention or resolution required.







Detailed risk management plans will be developed for each stage of the evaluation and included in the relevant Evaluation Plan for that stage.







Risk source and specific risks	Mitigation strategies
<p><b>Monitoring and evaluation scope and delivery</b></p> <p><b>Monitoring and evaluation does not meet the needs and requirements of NSW Health</b></p> <p>Likelihood  Impact </p>	<ul style="list-style-type: none"> <li>• Development of clear and detailed Monitoring and Evaluation Framework (this document) to ensure consistent application of appropriate methods across all three evaluation stages.</li> <li>• Development of comprehensive Evaluation Plan for each evaluation stage to ensure that evaluations will gather and analyse relevant data to provide the insights needed for ongoing implementation of the IPARVAN Framework.</li> <li>• Commitment to work closely with PARVAN and relevant PARVAN statewide governance groups to ensure these groups and other key stakeholders provide input into Evaluation Plans and are kept informed of progress, obstacles, mitigation strategies and ongoing plans.</li> <li>• Delivery of monthly (or as agreed) progress reports throughout monitoring and evaluation projects to ensure PARVAN and relevant governance groups are kept informed of evaluation progress.</li> <li>• Quarterly progress reports will be provided to the Deputy Secretary, Health System Strategy and Planning and Director of Government Relations</li> </ul>
<p><b>Failure to deliver on time</b></p> <p>Likelihood  Impact </p>	<ul style="list-style-type: none"> <li>• Use of sound project management discipline, which includes a full risk assessment that considers timeframes at project commencement with PARVAN.</li> <li>• Clear communication to keep PARVAN and relevant governance groups informed of challenges, risks and mitigation strategies.</li> <li>• As above, delivery of progress reports throughout monitoring and evaluation projects to ensure PARVAN and relevant governance groups are kept informed of evaluation timing.</li> </ul>

Risk source and specific risks	Mitigation strategies
<p><b>Ethics</b></p> <p><b>Consultations are not conducted in an ethical manner</b></p> <p>Likelihood  Impact </p>	<ul style="list-style-type: none"> <li>• An agreed set of principles guide and inform the scope of monitoring and evaluation activities.</li> <li>• Evaluation team will seek approval from the Sydney Children’s Hospital Network Research Ethics Committee, as well as other appropriate bodies (e.g. Aboriginal Health and Medical Research Council (AH&amp;MRC) prior to commencement of stakeholder engagement.</li> <li>• Adherence to advice and guidance provided as part of formal ethics approval.</li> <li>• Evaluation team will develop interview protocols, aligned to a trauma informed approach and ethical conduct to guide each interview.</li> <li>• Evaluation team to undergo training on trauma informed approaches and interviewing people who have experienced trauma</li> </ul>
<p><b>Delay in obtaining ethics and/or Site-Specific Approvals</b></p> <p>Likelihood  Impact </p>	<ul style="list-style-type: none"> <li>• The ethics application will occur alongside the development of the evaluation plan for Stage 1.</li> <li>• If there are unexpected delays, project team to undertake consultation preparation and other planning activities where possible.</li> </ul>

Risk source and specific risks	Mitigation strategies
<p><b>Stakeholder engagement</b></p> <p><b>Key stakeholders are engaged multiple times, resulting in 'consultation burn out'</b></p> <p>Likelihood  Impact </p>	<ul style="list-style-type: none"> <li>• Use of a trained, empathetic evaluation team that are sensitive and understanding of the unique context of each stakeholder group.</li> <li>• Development of comprehensive stakeholder engagement strategy for each evaluation stage.</li> <li>• Provision of multiple mechanisms through which to engage stakeholders – including face-to-face interviews, small group interviews, surveys, and self-assessment tools – depending on needs of each evaluation stage.</li> <li>• Effort directed in a proportional way towards issues and/or engagement that are of the greatest importance at each Stage of the evaluation.</li> <li>• Consultation with the PARVAN unit and the PDO to understand other projects or initiatives that may be contacting similar stakeholders, and potential areas for collaboration or cooperation.</li> </ul>
<p><b>Inability to access data on specific client cohorts</b></p> <p>Likelihood  Impact </p>	<ul style="list-style-type: none"> <li>• Work closely with data specialists within NSW Health to understand data availability and limitations.</li> <li>• Proactively reach out to specific client cohorts ahead of site visits.</li> </ul>
<p><b>Limited sample size for specific client cohorts</b></p> <p>Likelihood  Impact </p>	<ul style="list-style-type: none"> <li>• Work closely with data specialists within NSW Health to understand data availability and limitations.</li> <li>• Use of statistical techniques to account for small sample sizes.</li> </ul>

Risk source and specific risks	Mitigation strategies
<p><b>Data availability and integrity</b></p> <p><b>Mismanagement of sensitive data</b></p> <p>Likelihood  Impact </p>	<ul style="list-style-type: none"> <li>Development of and adherence to strict privacy and data accessibility protocols, as per ethics requirements.</li> </ul>
<p><b>Limited availability and quality of outcomes data to measure changes in clinical outcomes, patient experience and system efficiencies</b></p> <p>Likelihood  Impact </p>	<ul style="list-style-type: none"> <li>The evaluation team will work with PARVAN to identify the data sources available now to measure immediate outcomes and additional data that can be used to measure medium to long-term outcomes</li> </ul>
<p><b>Study design</b></p> <p><b>The phased and staggered approach means that some LHDs and SHNs will be further along implementation than others during evaluations, limiting the ability to measure impact across the entire NSW health system.</b></p> <p>Likelihood  Impact </p>	<ul style="list-style-type: none"> <li>Progress towards integration will be measured at the LHD and SHN level.</li> </ul>



Risk source and specific risks	Mitigation strategies
<p><b>Study design (continued)</b></p> <p><b>The ability of the evaluation to demonstrate causal linkages is limited by the availability and quality of data.</b></p> <p>Likelihood  Impact </p>	<ul style="list-style-type: none"> <li>• Use of a robust mixed methods approach that acknowledges the difficulties with assigning attribution and balances design with practical limitations such as phasing of implementation and local variation amongst LHDs/SHNs.</li> <li>• Use of statistical approaches (for example control of confounding variables) to assist with facilitation of attribution.</li> <li>• Triangulation multiple sources of qualitative and quantitative data, and of administrative and evaluation-specific data.</li> <li>• Use of wider academic literature and experts to complement inferences made from analyses.</li> </ul>
<p><b>Emerging insights do not inform ongoing implementation and quality improvement</b></p> <p><i>New evidence or information may emerge during the evaluation that should inform either Phase 2 implementation or latter stage evaluations, particularly given the dynamic nature of cross-government reforms.</i></p> <p>Likelihood  Impact </p>	<ul style="list-style-type: none"> <li>• Adoption of a flexible and pragmatic approach that recognises that evaluation of the IPARVAN Framework will require insights on what is happening before outcomes can be measures – and that insights on what is working and for whom should inform changes and adjustments.</li> <li>• Commitment to information sharing and continuous learning between the evaluation team, PARVAN and other key stakeholders to ensure that findings are used to inform on-going implementation.</li> </ul>

## Data management

Collection and analysis of data as part of monitoring and evaluation activities will align with the *National Statement on Ethical Conduct in Human Research (2007) – Updated 2018*<sup>1</sup> and with the good practice principles described. Data will be managed to the highest ethical standards at all times and activities will include stringent processes related to data management, collection and sharing, analysis, storage and access and destruction.

Further detailed information will be included in the Evaluation Plan that is developed for each stage.

<sup>1</sup> National Health and Medical Research Council, 2018, National Statement on Ethical Conduct in Human Research 2007 (Updated 2018), The Australian Research Council and Universities of Australia. Commonwealth of Australia: Canberra.

## Communications plan

This section details how monitoring and evaluation progress, key findings and considerations for future directions will be communicated to key stakeholders.

Mechanisms include:

**Project progress report** developed by the evaluation team and sent to the PARVAN unit and the PDO fortnightly or as agreed. Progress reports may also be sent to PARVAN statewide governance groups as appropriate.

**Quarterly update report** sent to the Deputy Secretary, Health System Strategy and Planning to provide an update on evaluation progress, emerging risks and mitigation strategies, and other relevant information.

**Ad hoc project presentations** providing an update on evaluation methodology, progress, key findings and considerations for future directions.

**Regular meetings** with the PARVAN unit and the PDO and PARVAN statewide governance groups to provide updates on evaluation progress and gain advice and guidance as necessary.

**Evaluation Framework** (this document) which outlines the overall evaluation purpose including methodology, key stakeholders, ethical considerations, data collection methods, data analysis plan, and key stakeholders.

**Evaluation Plan** for each stage of the evaluation which complements the Monitoring and Evaluation Framework and provides greater detail on methodology, data collection and data analysis.

**Evaluation Report** for each stage of the evaluation which provides the evaluation findings and key considerations for future directions. Interim reports may be produced during each stage and will present emerging findings and can be used to inform ongoing implementation of the IPARVAN Framework.

**Evaluation Summary ‘Two Pager’** for each Stage of the evaluation which provides a brief overview of evaluation findings and key considerations for future directions, and is designed to be used as a communications tool.

An overview of key stakeholders and communication mechanisms for each over the course of the evaluation.

Stakeholder group	Project progress report	Quarterly update report	Project	Regular meetings	Evaluation Framework	Evaluation Plan/s	Evaluation report/s	Evaluation summary
PARVAN unit and the PDO	●			●	●	●	●	
PARVAN statewide governance groups	●			●	●	●	●	
NSW Ministry of Health senior representatives		●	●		●		●	●
NSW Health Pillar organisations			●		●	●	●	
LHD/SHN senior executives			●		●	●	●	●
PARVAN senior managers			●			●	●	●
VAN service managers			●			●	●	●
VAN staff			●			●		●
People who have experienced or are experiencing VAN and their families							●	●
Other NSW Health staff			●				●	●
Other NSW government agencies			●				●	●
Australian federal government			●				●	●



## 5. ETHICS



# ETHICS

This section outlines the proposed approach to ensure ethical approaches for the evaluation, including the specific actions to be undertaken to ensure ethical conduct and approval.

Further specific detail is provided in the Evaluation Plan for each stage.

## Ethics approach

It is important that the highest standards of ethical conduct apply to monitoring and evaluation activities. This includes appropriate arrangements to protect the privacy of key stakeholders being consulted and the importance of designing engagement approaches that do not cause distress for vulnerable populations.

The team(s) undertaking the Stage 1, 2 and 3 evaluations, as well as the PARVAN unit and the PDO who are responsible for ongoing monitoring, will ensure that the design of the evaluation is consistent with National Health and Medical Research Council (NHMRC) advice and the ethical requirements for evaluation specified in the Guidelines for the Ethical Conduct of Evaluations published by the Australasian Evaluation Society.

In particular, given that Aboriginal and Torres Strait Islander people may be over-represented in some VAN services and cohorts, monitoring and evaluation activities may collect specific data on Aboriginal and Torres Strait Islander people, communities and services. Monitoring and evaluation activities will therefore be guided by the NHMRC Ethical conduct in research with Aboriginal and Torres Strait Islander People<sup>1</sup>, in addition to adhering to a trauma informed approach.

Data collection activities where Aboriginal and Torres Strait Islander communities may be engaged will align with the six core values that underpin the Guidelines:

1. Spirit and integrity
2. Cultural continuity
3. Equity
4. Reciprocity
5. Respect
6. Responsibility

<sup>1</sup> National Health and Medical Research Council, 2018, Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders. Commonwealth of Australia: Canberra.

Ethics approval for each Stage of the evaluation will be sought from a Human Research Ethics Committee (HREC) and the Aboriginal Health and Medical Research Council. This will also include site specific assessment (SSA) for each site where the evaluation will collect data.



## Ethics plan

To ensure that the evaluation approach meets the necessary ethical requirements, the evaluation team will implement the processes outlined following.

Ethics requirements	Actions
<p><b>Confidentiality of information and respect for privacy</b></p>	<p>The evaluation team will implement the following regime to ensure the highest levels of privacy and confidentiality of collected evaluation data:</p> <ul style="list-style-type: none"> <li>• Members of the evaluation team will sign confidentiality undertakings. Management will ensure there are no breaches of these.</li> <li>• SurveyGizmo will be used to collect and export de-identified survey data. SurveyGizmo data is stored securely on servers located in the European Union and governed by strict European cybersecurity legislation.</li> <li>• Secondary data (from NSW Ministry of Health, LHDs/SHNs or other stakeholders) will be provided to the evaluation team via secure transfer.</li> <li>• Whilst hard copy notes may be taken during interviews, all notes will be transcribed and stored electronically. Hard copy papers will be securely shredded. Individual names will not be recorded on notes.</li> <li>• All data collected during the evaluation will be stored in secure project workspaces with role-based access rights, including password-only access to online material. Hard copy data will be transcribed electronically or will be scanned into secure project workspace and then shredded. Any hard copy data that is required to be kept will be kept in locked storage in locked offices.</li> </ul>

Ethics requirements	Actions
<p><b>Separation and de-identification of all project data</b></p>	<p>All participant responses will be de-identified.</p> <p>The evaluation team will only collect the minimum amount of personal information required to organise consultations.</p> <p>Following consultations VAN service clients, participant contact details will be erased from electronic records at completion of the evaluation or as agreed.</p> <p>No information will be included in reports or publications that could be used to identify individuals.</p>
<p><b>Complaints process</b></p>	<p>The evaluation team will work with NSW Health to ensure there are appropriate processes in place for: (i) stakeholders to provide any complaints about the consultation process; and (ii) any complaints to be addressed and resolved.</p> <p>The evaluation team will also work with NSW Health and VAN services staff to ensure there are appropriate processes to manage and support client disclosures, including feedback on individual services or staff.</p>
<p><b>Informed consent for participation in consultations</b></p>	<p>All recruitment will be through a voluntary opt-in process. Potential participants will be given information that clearly outlines the objectives of the consultation activity, what their participation will involve, and any potential risks to the participant. Participants will be able to withdraw consent at any time.</p> <p>If participants choose to opt-out after consultations have commenced, the evaluation team will offer participants the opportunity to withdraw responses from the overall analysis.</p>

Ethics requirements	Actions
<p><b>Design of survey and interview materials</b></p>	<p>The evaluation team will design interview materials and survey questions to ensure minimal burden on participants. Both the data collection methods and questions will be aligned to KLEs and selected for the most appropriate information source. This will focus each consultation to the most relevant topics.</p> <p>The evaluation team will ensure interviews are conducted using respectful questioning and active listening.</p>
<p><b>Management of participant distress</b></p>	<p>The evaluation team will ensure that, during consultations with clients who are or have accessed VAN services, access to a counsellor is available if required by the participant due to unforeseen distress. Where a counsellor may not be immediately available, the evaluation team will ensure that the participant is referred to an appropriate individual or service.</p>
<p><b>Clarification of value to the participant</b></p>	<p>The evaluation team will ensure that participants have access to information in advance of their consultation that outlines the expected benefits of the evaluation to those who are impacted by violence, abuse and neglect and their families. Summary information about the project purpose and value will be made available for all participants and interested parties throughout the evaluation.</p>
<p><b>Ease of participation</b></p>	<p>The evaluation team will make it as easy as possible for all participants (including those who identify as Aboriginal and/or Torres Strait Islander, or culturally and linguistically diverse) to engage in the evaluation by ensuring questions are reviewed for cultural appropriateness and that access is made as easy as possible (for example direct links to surveys that can be accessed from any mobile device). Most importantly, the team will give all clients who agree to an in-depth interview the option of a telephone or written interview. This: (i) maximises the flexibility for participants to make suitable arrangements for the interview; and (ii) provides all participants the opportunity to be involved, regardless of preferences and linguistic requirements.</p>
<p><b>Participant access to evaluation findings</b></p>	<p>Final evaluation findings may be made available by NSW Health on their website. Key findings can be made available to participants with endorsement from NSW Health.</p>





## **6. GOVERNANCE**



# GOVERNANCE

This section outlines key aspects related to governance of monitoring and evaluation activities.

The information contained in this section of the Monitoring and Evaluation Framework is correct as at time of publication (5 March 2020). This section may need to be updated during the evaluation if this information changes, for example if governance structures are revised or refined.

## Independence

One of the principles of the NSW Government Evaluation guidelines is that evaluations 'should be conducted with the right mix of expertise and independence'.<sup>1</sup> In many instances, a partnership between an independent consultant and internal managers is an effective way of delivering robust and credible findings that consider relevant context and that draw from extensive internal expertise.

<sup>1</sup> NSW Government, 2020, 'Evaluation in the NSW Government', Evaluation Toolkit, available from: <https://www.dpc.nsw.gov.au/tools-and-resources/evaluation-toolkit/evaluation-in-the-nsw-government/> accessed 27 February 2020

Similarly, the NSW Health evaluation guidelines emphasise the importance of independence of the evaluation team, particularly where there has been a reasonable investment or where programs are being assessed for continuation, modification and scaling up.<sup>2</sup>

The evaluation of the implementation of the IPARVAN Framework will take a partnership approach that aligns with NSW Government and NSW Health guidelines.

**Nous as an expert independent evaluation team has been commissioned to:**

- Develop the Monitoring and Evaluation Framework (this document) outlining the high-level methodology for each stage of the evaluation.
- Provide guidance on data collection methods used by NSW Health for monitoring and evaluation activities, such as the LHD/SHN self-assessment tool throughout all stages of the evaluation.

<sup>2</sup> NSW Health Centre for Epidemiology and Evidence, 2019, Commissioning Evaluation Services: A Guide, Evidence and Evaluation Guidance Series, Population and Public Health Division, available from: <https://www.health.nsw.gov.au/research/Publications/evaluation-guide.pdf> accessed 27 February 2020

- Conduct a process and immediate outcome evaluation of the implementation of the IPARVAN Framework (Stage 1 evaluation):
  1. develop a detailed Evaluation Plan for this stage of the evaluation
  2. conduct stakeholder consultations, so that stakeholders are assured that their responses are confidential
  3. develop insights, key findings and considerations for future directions, drawing from expertise within and outside the NSW health system. Insights, findings and considerations for future directions will be developed through triangulating analysis of data sources. This is aligned with NSW Government guidelines and ensures credibility of the evaluation findings<sup>3</sup>
  4. deliver a final evaluation report.
- Act as a 'trusted advisor' and provide advice to NSW Health and the PARVAN unit and the PDO on ongoing implementation, bringing an external perspective to issues.

<sup>3</sup> NSW Government, op cit.

**NSW Health, and in particular the PARVAN team, will be engaged to:**

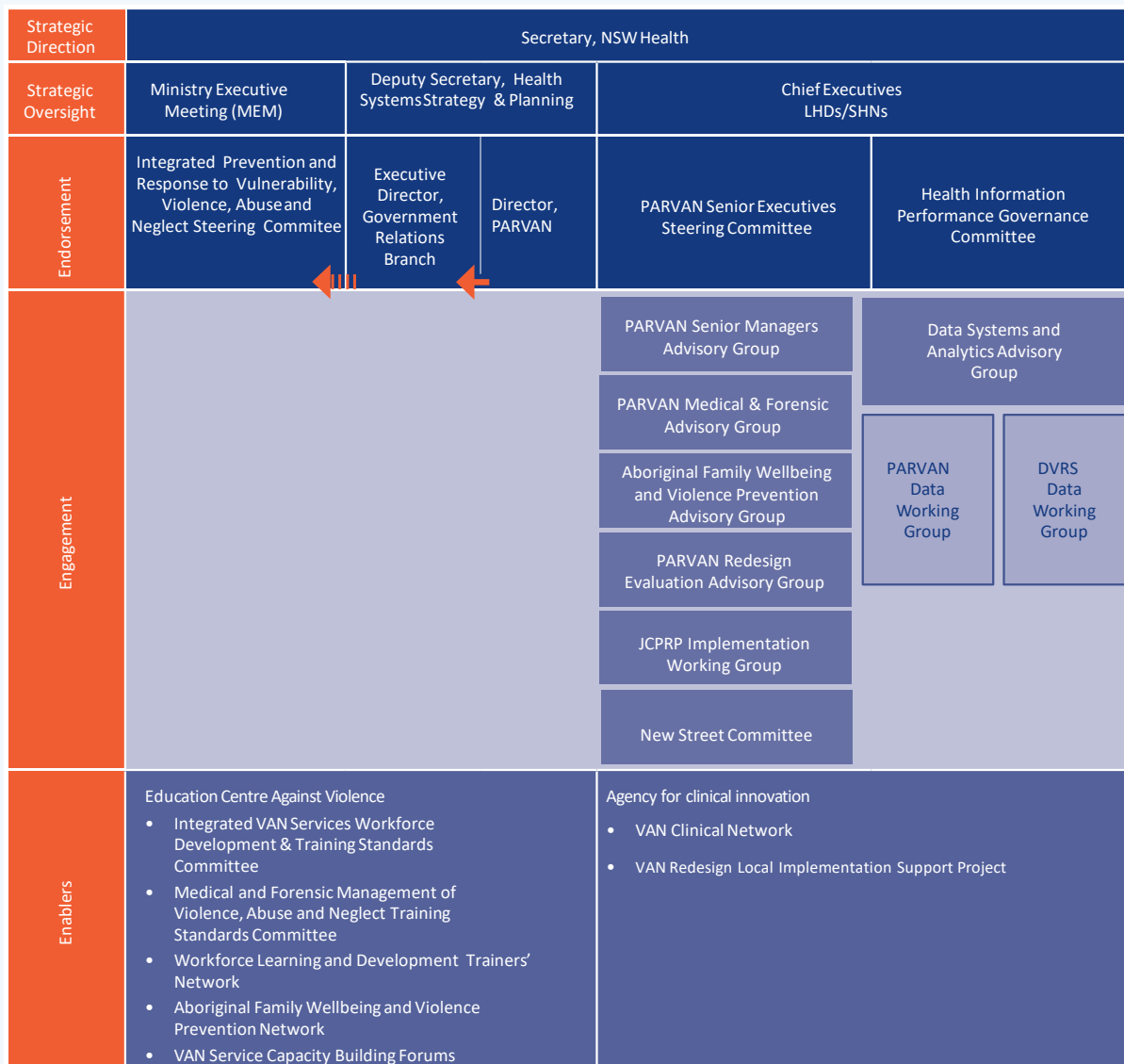
- Undertake on-going monitoring including relevant data collection.
- Provide information on relevant context, for example other strategic policies or initiatives, that may impact evaluation findings.
- Provide expert opinion based on clinical and organisational expertise.
- Test and confirm key findings, drawing from their knowledge of the NSW Health system and NSW Health VAN services.
- Test and provide advice on considerations for future directions, including prioritisation.
- Provide advice on relevant governance arrangements.
- Provide advice and access to administrative data sets.
- Coordinate intra-government arrangements such as relevant stakeholder interviews.

The independence of the evaluation will be assured through adherence to [Good Practice Principles](#), ensuring an ethical approach to the evaluation and through governance bodies and structures.

### Governance and quality assurance

Governance for monitoring and evaluation will be overseen by groups that form part of existing VAN state-wide governance structure.

## Violence, Abuse and Neglect (VAN) Statewide Governance



## VAN Evaluation Advisory Group

Monitoring and evaluation activities are overseen by the VAN Evaluation Advisory Group (EAG). The purpose of the EAG is to provide non-binding technical and strategic oversight for the evaluation of the IPARVAN Framework and other projects that sit within the IPARVAN Framework.

### With regards to the evaluation, the responsibilities of the EAG are to:

- Understand the goals, objectives and desired outcomes of the implementation of the IPARVAN Framework.
- Assist with defining the scope of the evaluation.
- Provide expert technical input with respect to evaluation planning, design, implementation and data analyses to ensure robust and credible evaluation processes.
- Provide feedback on draft reports and endorse any final evaluation reports before circulation to stakeholders, including considerations for future directions within the reports.
- Help identify strategic themes from evaluation findings and mechanisms to facilitate the translation of the evaluation findings into practice.
- Address any issues that may have implications for the project.

### The EAG meets six times per year. The evaluation team will meet with the EAG as necessary to:

- Confirm the Monitoring and Evaluation Framework.
- Confirm the Evaluation Plans for each stage of the evaluation.
- Provide an update on evaluation progress, including any difficulties faced, emerging risks, and potential mitigation strategies.
- Receive advice on evaluation approach and methodology, including data collection methods, potential data sources and data analysis methods.
- Resolve any difficulties encountered during the evaluation. Any difficulties that cannot be resolved by the EAG will be escalated to the PARVAN Senior Executives Steering Committee as appropriate.
- Review, test and confirm evaluation findings and considerations for future directions.



### Other state-wide governance groups

The evaluation will engage with other relevant state-wide governance groups as needed.

An overview of relevant groups and the purpose for engaging with each is presented to the right.

### PARVAN Senior Executives Steering Committee

- Highest level governance for the VAN Redesign project.
- Provide oversight of VAN Redesign Project, including the IPARVAN Framework.
- Resolve any difficulties that may arise between governance groups.
- Endorse key monitoring and evaluation deliverables.

### PARVAN Senior Managers Advisory Group

- Provide advice on the evaluation approach and deliverables, including data collection methods and stakeholder engagement.
- Review evaluation deliverables.
- Resolve difficulties encountered when conducting evaluations.

### PARVAN Medical & Forensic Advisory Group

- Provide monitoring and evaluation advice from a medical and clinical perspective.

### Health Information Performance Governance Committee

- Provide guidance and advice on data needed for the evaluation.

### Other governance groups and mechanisms

- Provide advice on evaluation approach and deliverables, including data collection methods and stakeholder engagement from the perspective of their specific areas of expertise.

### Integrated Prevention and Response to Vulnerability, Violence, Abuse and Neglect Steering Committee (VVAN)

- Provide relevant guidance and advice, particularly for Phase 2 implementation.



# APPENDICIES

# APPENDIX A

## Rationale for mixed methods approach

There are inherent complexities associated with conducting monitoring and evaluation activities associated with the implementation of the IPARVAN Framework.

These include:

### No official 'start date' for implementation.

Some LHDs/SHNs were on the 'integration journey' at the time of the IPARVAN Framework being developed. Furthermore, LHDs and SHNs commenced activities prior to the development of this Monitoring and Evaluation Framework.

### Implementation has occurred at different rates, across LHDs/SHNs.

Since LHDs and SHNs began implementation at different times, some are therefore further along their progression towards integration than others. As a result, there is no baseline or 'non-integration' comparator group.

### Implementation activities vary across the state.

Each LHD and SHN is empowered to invest additional effort and resources in areas that reflect their unique context and priorities. As a result, there is limited consistency of activities or initiatives across the state – beyond three broad areas to which funding is tied:

- 24-hour integrated crisis counselling, medical and forensic responses to sexual assault, child abuse and neglect, and domestic and family violence patients presenting to hospital.
- Additional psychosocial follow-up support to facilitate an integrated patient journey that helps to minimise the impact of trauma and aids patient recovery from trauma in the longer term.
- Two additional New Street Services in Murrumbidgee LHD and Northern NSW LHD in 2018-19, which will be established with co-contributions from LHDs.

As a result, it is difficult for monitoring and evaluation activities to assess causal linkages between the IPARVAN Framework and changes in outcomes of interest.

Given these complexities, the mixed methods approach is the best way to deliver fit-for-purpose findings and considerations for future directions.

The information on the [following page](#) outlines other design options for monitoring and evaluation activities and the rationale for not proceeding with these options.



## Evaluation activities and rationale for not proceeding

### Randomised controlled trial (RCT) or quasi-experimental before and after

Under an RCT, LHDs and SHNs would be randomly assigned to implement or not implement the IPARVAN Framework. All other underlying factors would remain the same across LHDs and SHNs.

Under a quasi-experimental before and after design, LHDs and SHNs that had commenced implementation would be compared against those who had not commenced implementation. This would allow the sites where implementation had not commenced to serve as comparisons.

However, implementation is simultaneous across all LHDs and SHNs. Consequently, there is no comparator group where implementation has not commenced, against which to benchmark the impact of implementation.

In addition, individual LHDs and SHNs have their own unique contexts including different population demographics, service delivery structures, and local policies and strategies. It would not be possible to account for all these variations through data analysis.

Finally, since enhanced integration is believed to lead to improved patient outcomes and experience, it would be unethical to assign LHDs or SHNs to a non-intervention group.

### Interrupted time series

Under an interrupted time series approach, each LHD/SHN serves as its own control – i.e. the intervention effect is estimated based on the change in outcome trends accompanying implementation. For example, prior to implementation, there might be a modest, positive trend in outcomes which – following implementation – increases significantly (i.e. the trend is ‘interrupted’ by the implementation of the IPARVAN Framework).

An interrupted time series is infeasible in this instance as two key requirements are absent:

- Interrupted time series requires measurement of outcomes prior to implementation (i.e. the control period) to establish baseline outcome trajectories – these data are not available for integration or client outcomes in most LHDs and SHNs.
- There is no discrete implementation period where the ‘interruption’ should occur, instead implementation activities evolves according to the needs and priorities of local areas.

### Ethnographic research

Under an ethnographic research approach, the evaluation team would rely solely on qualitative research – interviews, focus groups and observations – to understand changes in integration within LHDs and SHNs, and the impact of this integration on desired outcomes.

However, this does not capture the quantitative information available to inform key outcome measures. It would also not satisfy NSW Health and NSW government reporting requirements or community expectations. Finally, economic impacts cannot be assessed through ethnographic research.

# APPENDIX B

## Methodology for economic appraisal

This presents an overview of the cost-consequence analytic procedure which will be conducted during Stage 3 of the evaluation. Further details will be provided in the Evaluation Plan for Stage 3.

- 1 Determine groups who have 'standing' in the analysis (i.e. those whose costs and benefits are in-scope of the economic evaluation)
- 2 Estimate economic costs of implementing and maintaining the IPARVAN Framework in real dollars
- 3 Estimate quantity of outcomes attributable to the implementation of the IPARVAN Framework (derived from summative evaluation results and literature review)
- 4 Quantify the value of the benefits (CBA only)
- 5 Compare the cost and benefits to estimate economic value over 4, 10 and 20 year time frames (net present value and benefit-cost ratio for CBA; quantity of outcomes for cost for cost-effectiveness)
- 6 Undertake sensitivity testing to model the impact of uncertainties (e.g. magnitude of impact, value of outcomes)
- 7 Undertake distributional analysis to understand how costs and benefits are distributed to specific cohorts
- 8 Test and refine findings based on operational/expert review



# APPENDIX C

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Evaluation management			
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# NSW Ministry of Health