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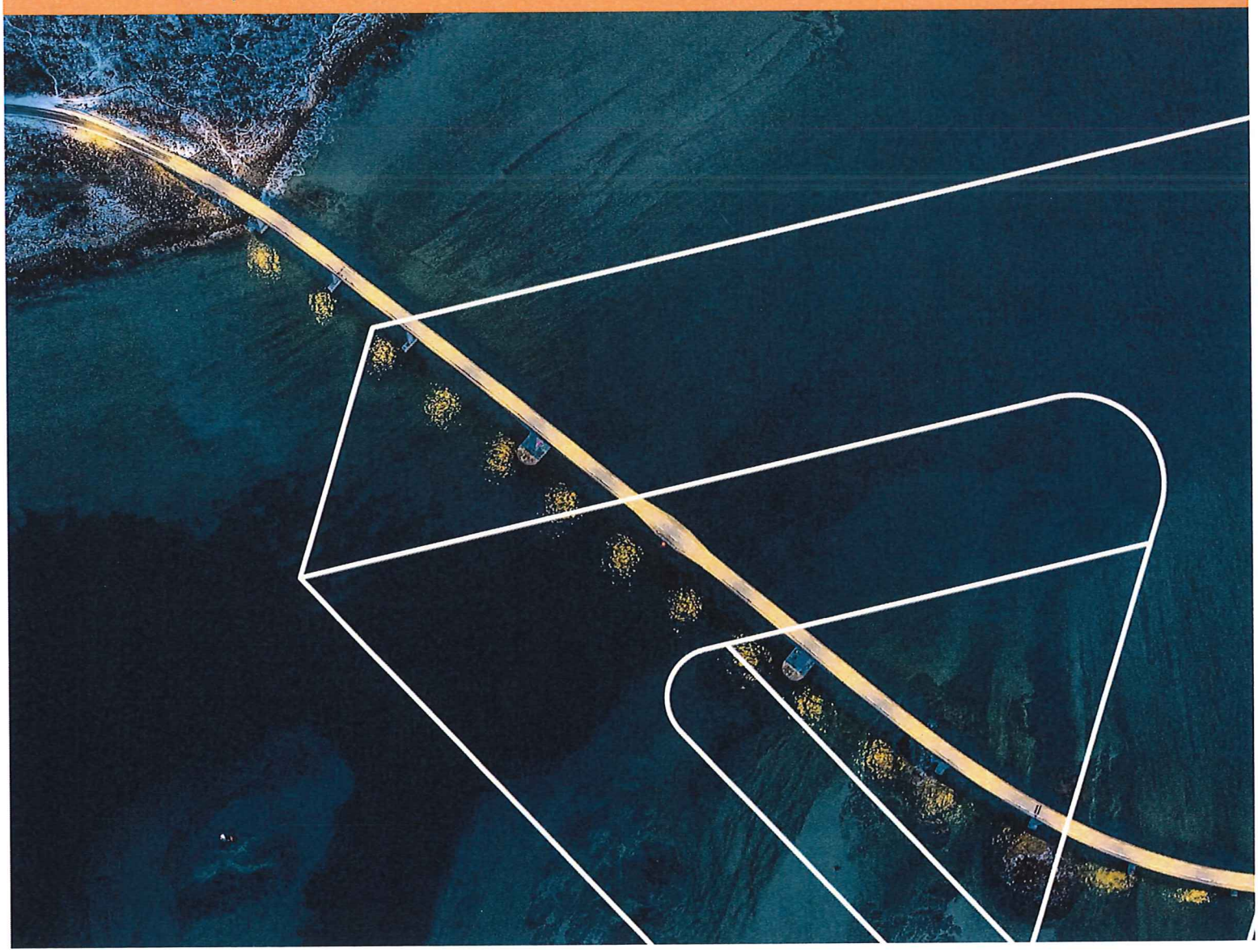
The Western Australian Model for Violence Prevention Pilot Evaluation

Summary mid-term evaluation report – Executive Summary

Final

September 2025



Contents

Abbreviations and key terms

ARPs	Alcohol-related Presentations
Commission	Mental Health Commission
ED	Emergency Department
EDIS	Emergency Department Information System
EMHS	East Metropolitan Health Service
RPH	Royal Perth Hospital
St John WA	St John Western Australia
WA MVP	Western Australian Model for Violence Prevention
Working Group	WA MVP Pilot Working Group
WA Police Force	Western Australia Police Force

Definitions

Frontline staff	Government frontline staff are defined in the evaluation as those with a role that primarily involve direct interaction with the public, such as public health nurses and police officers.
Back-office staff	Government back-office staff are defined as those with a role that mainly involve administrative tasks, policy development, finance, human resources, and other support functions.

WA MVP pilot – summary mid-term evaluation report

This infographic summarises the findings from the mid-term evaluation of the WA MVP Pilot. This report focuses on KEQ1 and KEQ2 based on interviews with stakeholders.

KEQ 1: Across key activities and outputs of the WA MVP Pilot implementation, what worked well and what didn't – and why?
KEQ 2: How do different stakeholders understand, experience, and support the WA MVP Pilot?

18 x stakeholder interviews conducted between March 2025 – April 2025

WA MVP Pilot Working Group members	9
WA MVP Pilot senior agency executives	5
Royal Perth Hospital Emergency Department staff	3
Community stakeholders	1

1 KEQ1 Positive findings

- **Collaborative structure** of the Working Group
- **The dashboard** was praised for its **usability** and **functionality**
- Most stakeholders were **motivated and enthusiastic** about the pilot

__The pilot's achieved a significant amount__ just by creating a database and helping us understand exactly where the gaps are. [Working Group member]

I think __it's operating really well.__ I think you've got all the key important people in the room. I think they're super passionate. [Working Group member]

1 KEQ1 Limitations

- **Delays to implementation** of prevention strategies
- **Challenges in data collection** and **preparation** and **access to the dashboard**
- **Leadership** and **decision-making bottlenecks**

There's been a __lot of staff movement__ across the Working Group, and I think that __reduces momentum__. [Working Group member]

We're doing it at triage, and really, __we've only got three minutes to triage and put this information in...__ that's the difficulty [RPH Nursing Staff]

2 KEQ2 Positive findings

- All stakeholders indicate **support for the pilot's objectives**
- All stakeholders **recognise the impact of alcohol-related incidences** on staff, services and the community
- **Widespread enthusiasm for multi-agency collaboration** to the reduce pressure on the public health system and the general community
- A **universally welcomed opportunity** to contribute to potential solutions for harm reduction
- Working Group members being **mostly well-informed** about the Pilot

As [the Pilot is] being discussed more around the table at different meetings... __they're starting to connect that this project could help them with their strategic goals as well.__ [Working Group member]

2 KEQ2 Limitations

- **RPH frontline staff** had **mixed views on their role** in collecting data
- **Variability in understanding** and **positioning of roles** and **responsibilities**
- Implicit **reliance** or **deterrence to the Commission**

__There could be more interagency collaboration__ outside of the Working Group. __[Working Group member]__

There is such a workload on the triage nurses at the moment... __I do still think that staff see it as a burden__ [RPH ED Nursing Staff]

Executive summary

Background and Methodology

The Western Australian Model for Violence Prevention (WA MVP) Pilot is a collaborative initiative led by the Western Australian Mental Health Commission (hereafter "the Commission") in partnership with the East Metropolitan Health Service (EMHS). The WA MVP Pilot aims to prevent alcohol-related violence and injuries, reduce alcohol-related presentations (ARPs) to Royal Perth Hospital (RPH) Emergency Department (ED) and impacts on frontline services and community safety. The WA MVP Pilot is a four-year (2022-2026) pilot and is operated through the WA MVP Pilot Working Group (Working Group) including representatives from the Commission, RPH, EMHS, the Western Australia Police Force (WA Police Force), St John Western Australia (St John WA), and Lived Experience members.

To achieve its aims, the WA MVP Pilot will:

- Use aggregated and deidentified information from RPH ED about alcohol use, harm and injury to inform local prevention strategies;
- Use local data to develop targeted, collaborative, and effective alcohol-related injury and violence prevention strategies with partner agencies;
- Inform community leaders about the need for changes in the places people work and live and encourage relevant stakeholders, including business owners and residents to prevent violence by using evidence-based solutions; and
- Identify, develop, and facilitate tailored prevention and harm minimisation strategies, including alcohol-related harm, supply, and demand reduction.

The evaluation of the WA MVP Pilot was contracted to Verian in 2023 to conduct a process, outcome, and economic evaluation. The overall evaluation aims to answer four Key Evaluation Questions (KEQs). Only KEQs 1 and 2 are explored in this report as the WA MVP Pilot has to date, yet to trial or implement any prevention strategies.

The four Key Evaluation Questions are:

> **KEQ1 Across key activities and outputs of the WA MVP Pilot implementation, what worked well and what didn't – and why?**
>
> **KEQ2 How do different stakeholders understand, experience, and support the WA MVP Pilot?**
>
> KEQ3 What are the health and criminal justice impacts of the WA MVP Pilot? Are there any broader impacts or potential negative impacts?
>
> KEQ4 Do the benefits of the WA MVP Pilot outweigh the costs?

A mixed methods design was utilised for this mid-term summary evaluation and hence the report uses two sources of data; it primarily draws on qualitative data from in-depth discussions with 18 stakeholders, conducted between March 2025 – April 2025. Where

appropriate, a second data source has been added for context; this is quantitative data from the stakeholder survey undertaken by Verian as part of the evaluation, conducted between 10 – 24 February 2025.

Stakeholder Familiarity and Engagement

Communication and engagement with stakeholders have been central to embedding the WA MVP Pilot. This has included staff training, on the floor clinical research support and education (in the form of newsletters and staff information sessions). There is also ongoing collaboration with other areas at RPH as well as external service providers such as the Homeless Healthcare team, the Aboriginal Health Liaison Unit, the hospital Social Work team, the Alcohol and Other Drug clinical support team and the Salvation Army Sobering Up Centre.

Stakeholders' familiarity with the WA MVP Pilot varied. Working Group members were mostly well-informed, although newer members showed some lack of clarity about the WA MVP Pilot's objectives and scope. Frontline RPH nursing staff (who have responsibility for collecting patient intake data in regard to alcohol-related admissions) unsurprisingly had less familiarity with the details of the WA MVP Pilot due to competing pressures in a high-stress and busy environment; senior RPH staff worked hard to continue to raise the profile of the WA MVP Pilot and emphasise the importance of collecting the data from patients at triage in ED. Senior agency executives had less detailed knowledge of the WA MVP Pilot due to limited direct involvement and information transfer.

The Working Group itself was reported as well-run and well-organised, with the right organisations and agencies involved. Nonetheless, participation in the Working Group (and hence, the WA MVP Pilot itself) across all agencies was noted as inconsistent; the reasons for this included individual staff changes, organisational restructures, resourcing difficulties, prioritisation challenges and a concern at times that the WA MVP Pilot was not progressing at the expected rate (in terms of moving towards identifying and trialing interventions to reduce ARPs and violence).

However, overall stakeholders expressed strong support for the WA MVP Pilot's objectives, recognising the impact of alcohol-related harm on staff, services, and the community. However, some also raised concerns about the feasibility of the WA MVP Pilot at its current stage mainly due to unanticipated delays in establishment, challenges with inter-agency data sharing, system and staffing issues which meant that at the time of the mid-term review no interventions had been implemented (although planning was underway).

Data Collection and Usage

Data collection by RPH ED triage nurses has contributed to the development of the WA MVP Pilot data dashboard. However, there have been some challenges in data collection and cleaning which resulted in the dashboard taking longer than anticipated to be fully operational. By January 2025, the dashboard contained 12 months of data (1 October 2023 – 30 September 2024).

Difficulties encountered in establishing the fully operational dashboard primarily related to the quality of the data collected (notably gaps in data related to patients' unwillingness to

answer the questions, and incorrect data, which required manual cleaning) and the difficulty of accessing paper-based medical records (after the patient is discharged) to complete missing data (or correcting the free text data) retrospectively. Furthermore, initial delays in recruitment hampered progress in the database being fully operational and some triage nurses also faced challenges in entering the data due to time constraints, and lack of familiarity with the WA MVP Pilot requirements and objectives.

However, the dashboard data collected was now largely reported to be relevant and reliable for identifying hotspots and causes of injury, despite the gaps identified. Efforts to access data from St John WA ambulance service continued; and efforts to bring the dashboard more up to date continued (albeit with resourcing issues given the part-time roles supporting these activities). Greater access to the dashboard (which is currently restricted to only those with a WA health email address) would be beneficial and allow for more time in Working Group meetings to discuss and plan intervention strategies.

Identification and Implementation of Strategies

The identification of evidence-based prevention strategies has been limited by the time of this mid-term review but there were several options under consideration by mid-2025, including coordinated responses by WA Police Force to alcohol-related harm identified in the data dashboard, presentations to key stakeholder agencies, diverting patients to the Salvation Army's Sobering Up Centre, establishing alcohol and other drug outreach workers and processes required for implementing a patient text message containing information about alcohol-related harm and help seeking.

Overview and Recommendations

In summary, there was positive progress including:

- All stakeholders indicating support for the WA MVP Pilot's objectives;
- All stakeholders recognising the impact of alcohol-related incidences on staff, services and the community;
- Widespread enthusiasm for the potential for multi-agency collaboration to contribute to the reduction of pressure on the public health system and the general community;
- A universally welcomed opportunity to contribute to potential solutions for harm reduction; and
- Working Group members being mostly well-informed about the WA MVP Pilot.

However, areas that were progressing less well included the implementation of prevention strategies, detailed and up-to-date real-time (within two weeks) data collection and access to the dashboard.

Based on the insights from stakeholders, the following recommendations are made:

1. Clarification on WA MVP Pilot intent to Working Group members, particularly to newer members.

2. Review of the timing and structure of the Working Group to enable the development and facilitation of interventions to be piloted; this could include dedicated sub-groups or dedicating more time in the existing Working Group meetings to focus on implementation strategies.

3. Revisit Working Group roles and responsibilities, to support members in identifying their roles, how best to engage in the WA MVP Pilot and how they can work collaboratively in implementing strategies for the WA MVP Pilot.

4. Establish timelines and key milestones for the implementation of trial activities.

5. Increasing engagement and education about WA MVP through ongoing education and information-sharing.

6. Pursue an extension of the WA MVP Pilot period to allow sufficient time for strategies to be designed, implemented and evaluated.

7. Increase staffing capacity to support data entry and data cleaning to enable more detailed and up-to-date data dashboard.

8. Consideration of wider access to the dashboard for all Working Group members.

9. Sustained communication about the WA MVP Pilot to frontline nursing staff.

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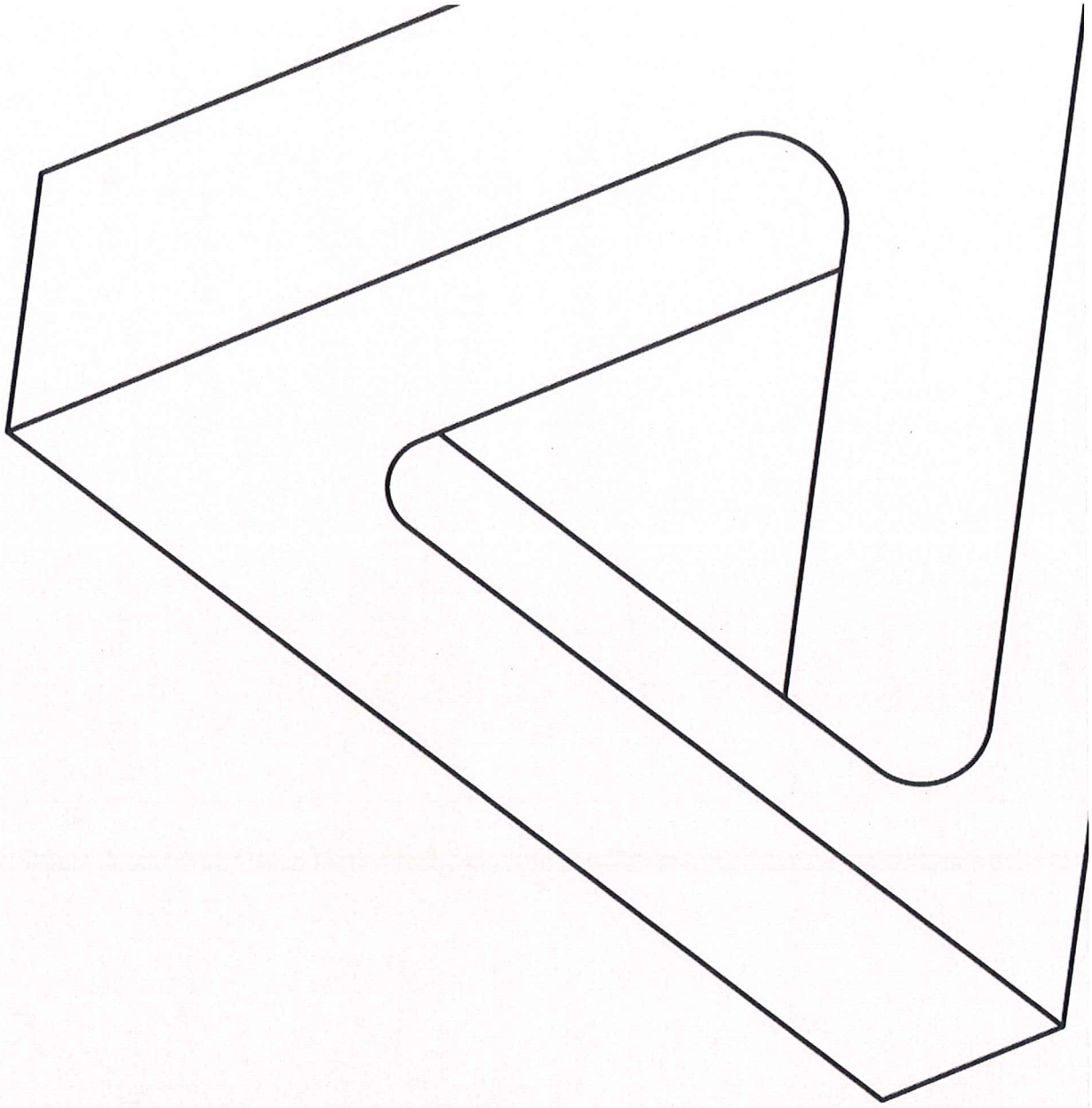

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