



**MINISTRY OF SOCIAL  
DEVELOPMENT**  
TE MANATŪ WHAKAHIATO ORA

# Family Violence Funding Approach

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**Building a sustainable future for family  
violence services**

**July 2019**



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## Introduction

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New Zealand has some of the highest levels of family violence in the world, which has a devastating impact on people and communities across the country.

Providers of family violence services have been working in difficult circumstances for many years to help people who are affected by family violence.

Over the last few years the sector has increasingly been working together to reduce the prevalence and impact of family violence in New Zealand.

As the Ministry of Social Development (MSD) is a major funder of family violence services, we are keen to build on this momentum. We would like to see a future where providers are sustainably funded and services are whānau-centred, outcomes-focused and integrated.

To move towards that future, we have worked with providers and communities on this new approach to strengthen the funding and delivery of family violence services for whānau and families.

This approach is based on the themes we heard from providers in the sector about what needs to change in the current system to allow services to go beyond crisis management to support long term recovery, helping to enable communities everywhere in New Zealand to eliminate family violence for the next generation.

MSD is a committed member of the wider cross-government joint venture to develop new ways of working across government, and with iwi and communities, to reduce family violence and sexual violence through an integrated response – this new funding approach is part of, and will remain responsive to, the work of the joint venture.

# It's everyone's right to live a life free from violence

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## The situation today for New Zealand

If we prevented all family violence deaths in New Zealand, we could almost halve our homicide rate. From 2009 to 2015, family violence deaths accounted for between 31 to 47 percent of all homicides and related offences<sup>1</sup>. This equates to a total of 194 deaths from family violence in this period: 92 deaths were due to intimate partner violence (IPV); 56 were child abuse and neglect; and 46 were intra-familial violence<sup>2</sup>.

Across New Zealand, one in seven children grow up in violent homes<sup>3</sup>. Exposure to violence during childhood heightens the risk of intergenerational violence, with girls more likely to become victims and boys more likely to use violence as adults<sup>4</sup>.

It is everyone's right to live a life free of violence, however, this isn't the case for many New Zealanders. New Zealand's family violence statistics don't paint a positive picture about life for some of our communities. One in four New Zealand women, and around one in seven New Zealand men, has experienced one or more incidents of violence at the hands of their intimate partner, at some point of their lives<sup>5</sup>. Current data estimates half a million New Zealanders (12 percent of the total New Zealand population) are directly impacted by family violence every year<sup>6</sup>.

Family violence is a broad term and includes: intimate partner violence, child abuse and neglect, and elder abuse. For MSD, family violence refers to any violence inflicted against someone by a person who is, or has been, in a family relationship. Family violence can involve any pattern of behaviour, including physical, sexual, financial or psychological abuse. The predominant focus of MSD's family violence services is IPV, which is best understood in terms of entrapment<sup>7</sup>. With IPV the coercive control of a partner makes it extremely difficult for victims to remove themselves and their children safely from the relationship. Seldom is just one form of abuse used in family violence contexts, and the combination of abusive forms has a cumulative, harmful effect.

## The gendered nature of family violence

The potential to use violence is human, not male or female. However, while both females and males can use violence, women are twice as likely as men to suffer intimate partner violence, including repeat victimisation<sup>8</sup>. Around 35 percent of ever-partnered women in New Zealand have experienced physical or sexual violence at the hands of a partner, and this figure increases to 55 percent when psychological and emotional abuse is included<sup>9</sup>. In 2015, there were 5,264 applications for Protection Orders, 89 percent of which were made by women (almost 14,000 more Protection Safety Orders were issued by Police)<sup>10</sup>.

Children are often present during family violence incidences and witness the violence of their parents and caregivers. Of the IPV deaths between 2009 and 2015, 84 out of 91 involved children. These deaths resulted in 254 children losing a parent, 65 of whom were present at the event<sup>11</sup>. Outcomes for children exposed to this level of violence are generally as severe as for children directly abused. A 2017 study showed that children reported the effect of witnessing adult violence as slightly more distressing than the direct experience, with the harm being long-lasting<sup>12</sup>.

A key to understanding men's violence and sexual violence against their intimate partners and children may lie in the high rate of perpetrators' own victimisation and exposure to family violence and/or sexual violence as children or adolescents. Exposure to violence during childhood heightens the risk of intergenerational violence<sup>13</sup>. Recognising the intergenerational nature of family violence, does not excuse the behaviour of those using violence, but recognises the complexity of family violence. In order to prevent escalation we must respectfully challenge those using violence to accept responsibility and start a journey to using behaviour their whānau wants and needs.

## **For Māori, colonisation has lasting impacts**

The colonisation of Aotearoa left Māori disconnected from their tūrangawaewae and tikanga. With this disconnection came the loss of protective cultural support and structural elements that are inherent in the traditional functioning of whānau. It also meant cultural beliefs that saw women and children as valued and protected members of society were replaced with the colonial, patriarchal culture. Such losses, alongside new laws forcing Māori to conform to other colonial traditions, meant the collective responsibility within tikanga Māori to protect and nurture women and children within whānau and hapū disappeared. Higher rates of family violence for Māori should not be viewed in isolation, because they are social outcomes of this historical condition.

Gender roles within whānau that were traditionally complementary and involved men's active role in the caregiving of children, drastically changed as a result of colonisation. Whānau structures were corroded to conform to the patriarchal structure of European families. Male dominance was introduced and Māori women no longer held equal positions, nor could they rely on the protective korowai of the wider whānau. As a result, in today's society, Māori men are influenced by non-Māori colonial forms of masculinity, while Māori women join all women in being disadvantaged from patriarchal structures both inside and outside the home<sup>14</sup>.

Today, in the post-colonial era, Māori women are twice as likely to be a victim of intimate partner violence, compared to non-Māori<sup>15</sup>. Almost half of all Māori women have experienced IPV in their lifetime, and Māori are four times more likely than non-Māori to be killed by an intimate partner<sup>16</sup>. This disproportionate level of exposure and direct abuse undermines traditional Māori tikanga, feeding into intergenerational patterns of behaviour.

## **Family violence impacts a range of groups inequitably**

We know that family violence affects New Zealanders across all socio-economic and cultural groups. For this reason, it is essential that MSD supports the availability of services for everyone impacted by family violence. However, family violence adversely affects some groups more than others, reflecting and reproducing the inequities in other areas affecting our communities. This means that MSD must ensure that MSD-funded family violence service providers are able to cater to the diverse needs of these different groups.

Evidence suggests younger people, non-legally partnered or single parents, those living in larger households and those who are studying or undertaking home/caring duties, are all populations with greater vulnerability to family violence. We also know that victimisation is likely to occur in families that experience other social issues, such as poverty or material deprivation, substance abuse and low educational achievement. Additionally, these social issues can be influenced by exposure to family violence as children.

**Pacific peoples** have a greater exposure to violence, with young Pacific people three times as likely to report witnessing adults hitting other adults in their home than NZ European students<sup>18</sup>. Pacific children are five times more likely than NZ European children to die from child abuse or neglect<sup>19</sup>. Conversely, Pacific women report a lower rate of incidents of partner violence than Māori women and women of European descent, suggesting a level of under-reporting<sup>20</sup>. For Pacific people, like many other people, religious institutions have the potential to play a negative and positive role in the response and acceptance of family violence.

The data on **Asian populations** in New Zealand is sparse, as it is for **refugee and migrant** populations. Data suggests family violence occurs at lower rates for New Zealand's Asian population<sup>21</sup>; however, under-reporting is considered to be prevalent in these communities. International research indicates that migrant and refugee women are generally more negatively affected by family violence than those within the 'cultural mainstream', as there are fewer realistic options for them to change their situation or escape<sup>22</sup>. Those in these communities who have recently immigrated to New Zealand face a range of other barriers, in addition to the violence they are experiencing, including negotiating their immigration status, different laws to understand and language barriers. All of these barriers add an additional level of complexity when migrant and refugee women seek help when they are experiencing family violence.

Individuals with complex care and support needs, including **disabled people**, are twice as likely to experience family violence than people without a physical or intellectual disability<sup>23</sup>. Disabled people are generally more dependent on their abusers and have less opportunity to remove themselves from abusive situations. Disabled children have a higher risk of maltreatment and other forms of violence than their non-disabled peers. For example, we know that disabled young people are three to four times more likely to be abused than their non-disabled peers. They also experience more types, greater frequency, and greater severity of abuse<sup>24</sup>.

About one in ten people over the age of 65 in New Zealand will experience some kind of **elder abuse** in a year<sup>25</sup>. Around 75 percent of elder abuse is perpetrated by family members. Due to similar issues around dependence that people living with disabilities face, elder abuse is likely to be under-reported. Due to aging populations, conservative projections suggest rates of elder abuse will double in the next 20 years<sup>26</sup>. Although some elements of elder abuse are similar to what is considered the more traditional family violence, this group is more vulnerable to financial abuse and neglect which requires more targeted services for their needs.

Rates of IPV among **same-sex couples** tend to be higher for both men and women, than men and women in opposite-sex relationships, while the limited data available suggests that the **transgender community** appears to be even more at risk<sup>27</sup>. There are abuses of power specific to the LGBTQI+ community, such as threatening to 'out' a victimised partner, or disclose their HIV status, as a form of entrapment and to prevent victims coming forward to report their victimisation<sup>28</sup>.

## **Family violence comes at a cost**

Family violence is not a neatly contained problem that can be easily solved. Its effects often impact a person's life in many ways: education levels, income, health, imprisonment rates and suicide. All of these effects translate into fiscal costs, some of which become fiscal costs to government. However, the brunt of fiscal costs remains the burden of the people and families directly experiencing the violence. Some of these costs can include the disruption to work and

income, as well as health and mental health needs and treatments. Undisrupted, intergenerational family violence locks families in a perpetual cycle not just of violence but often of low socio-economic status<sup>29</sup>.

Calculating the total cost of family violence includes factoring in the emergency response as well as Police, Justice, Corrections, housing, mental health, and alcohol and drug addiction services. A conservative estimate of all these fiscal costs for New Zealand in 2014 came to \$4.1 billion annually<sup>30</sup>. Only a proportion of this is spent by government (\$1.6 billion), most of which is on directly responding to family violence and its impacts after it has occurred. These costs do not include the long-term costs that often arise from the trauma of family violence and therefore the cost of family violence is likely to be much higher over an individual's life once long-term costs are factored in. If these long-term costs were factored in to the total fiscal costs of family violence for New Zealand, then the cost to the Government of not responding would be much higher than the estimated \$4.1 billion annually.

Not everyone in New Zealand is able to enjoy the right to safety. The harm caused by family violence across our society means that there are negative life-long effects for the various groups that carry the burden of higher victimisation. This should be met in kind with investment in services for these groups, to improve their chances of succeeding in the long-term. This includes building their capability to seek help and report their victimisation.

## **MSD's historical role in the family violence system**

The current family violence system in New Zealand was never designed to be an integrated system, but rather developed over time as a piecemeal solution<sup>31</sup>.

MSD's role in the system has evolved over time, resulting in a lack of clarity on what services are selected for funding and why. In the absence of a clear directive on its funding role, MSD has endeavoured to fill gaps and respond to needs for various services. This approach to funding has resulted in a disjointed relationship between underlying need and service provision.

MSD currently contracts almost 200 family violence providers, based on a contributory funding model. MSD's funding accounts for 85 percent of government's total spend on victim support services, and also accounts for 15 percent of government's funding for perpetrator services.

MSD funds providers using a philosophy "no wrong doors", or any door is the right door. This is based on the principle that an integrated family violence system should provide equitable access for anyone, through whichever path they choose. As MSD does not limit access to services through particular paths there is a large demand for services and not enough funding to fully meet that demand.



## Current issues

### ❖ **Current funding is crisis focused due to demand and limited funding**

Current family violence funding is crisis-oriented. Around 90 percent of New Zealand's family violence funding is targeted to the immediate aftermath, rather than to preventing violence, or healing from the trauma<sup>32</sup>. Due to the urgent and overwhelming need for crisis response, funding often ends up being used to support these services. Most MSD funding is focused primarily on very short-term interventions (<15 weeks). This restrictive timeframe does not allow providers to easily work with whānau to overcome their trauma and break the cycle of intergenerational violence.

### ❖ **The current system is focused on programmes rather than outcomes**

MSD's current family violence spend is distributed across a plethora of programmes and services. Contracted programmes tend to be inflexible, and do not always cater to whānau presenting with complex and compounding needs. While some of the funded programmes are evidence-based, high-quality and innovative, there is variance in the quality of services available across the country. Current reporting requirements and resources make it difficult to assess the effectiveness of current interventions. Understanding the effectiveness of funded services is a crucial step to enabling us to work with providers to deliver high-quality services.

Contracts are often not designed to accurately reflect the reality of the providers' workloads. This obstructs providers' capacity to fulfil the purpose of the contract. Providers are impacted by the onerous reporting requirements associated with having multiple contracts with multiple government agencies, which between government agencies ask providers to report on different measures, with different reporting periods<sup>33</sup>.

Standard contracting methods create a highly competitive funding environment, encouraging organisations to compete against each other for funding and volumes while providing similar or identical services<sup>34</sup>. Contracts are also considered too short, with many being for only one year and very few for longer than three years<sup>35</sup>. The practice of one year contracts has occurred in recent years while MSD has worked on gaining additional funding to stabilise and develop services. We are aware of the adverse effects of short-term contracts on providers, particularly their inability to plan long-term work programmes, trial and evaluate pilots, or retain high-quality staff due to the lack of income stability.

“Short term contracting, contributory funding (which has decreased due to lack of CPI increases over 8 years) plus competitive tendering and unrealistic expectations of providers to demonstrate significant change improvement to long standing community issues result in stretched and stressed leaders and agency workers. It takes time, trust and relationship to work productively with other agencies and with the above being the reality this is often not achievable because it is quicker and more cost effective to just get on and do things independently as an agency. If the systemic and long standing issues as above could be resolved, it would help to support a way forward towards greater collaboration and working partnerships.”

MSD Family Violence Service Provider

Current MSD contracts are output based without meaningful results-based measures. This includes counting volumes served and does not provide us with an understanding of the effectiveness of services in helping whānau to become violence free nor the need for services in an area. Furthermore, once a case is closed there is currently no funding or requirement for organisations to try to sustain engagement with whānau, leading to a lack of knowledge about the long-term outcomes of our services. To shift to a better understanding of effectiveness, we need to better understand and measure the outcomes for families and whānau, rather than the outputs of service delivery. To enable providers to achieve positive outcomes for whānau we need to allow more time and flexibility for providers in how they deliver services and we need to recognise that working in a holistic way means that one service cannot alone provide all the support an individual or whānau need to heal and live a violence free life. MSD must also work with providers to better evaluate what works and strengthen and improve services that are not as effective.

#### ❖ **The current allocation of funding does not consider community need**

There is wide variance across the country and within funding lines as to how much we fund providers for specific services. Different communities and different regions of New Zealand have nuanced service needs, but MSD has relied on the initiative of providers to seek additional funding, rather than on understanding and addressing the needs of communities themselves. Over time, this approach has left some populations better provided for than others and has meant that there are geographical gaps in service provision.

MSD's total spend for family violence is greater in some regions compared to others. While the current distribution of spend attempts to approximate need, current funding is based on estimated need identified a number of years ago. This approach to estimating need lacks robust data to support the current distribution of funding. Moreover, within individual funding lines there are significant geographical gaps in coverage, highlighting the inadequacy of this approach to funding, such as funding for non-mandated perpetrator services.

For other vested government agencies funding family violence services, the level of investment in an area is likely less to do with the underlying need of an area, and more about the presenting demand for a service (e.g. number of protection orders for the Ministry of Justice).

#### ❖ **Government has not enabled the strategic and consistent capability development of the family violence sector**

Most people's experiences of family violence are unique: there's no single linear path to long-term recovery. Responses for those experiencing family violence need to be tailored and flexible to enable whānau to achieve desired positive outcomes. Currently, the ability to work this flexibly is not a feature of all services or contracts<sup>36</sup>. The sector is not adequately funded or supported by government to sustainably build its staff capability, to ensure crisis response is consistently high quality and the workforce have the skills to tailor services for individuals with complex needs. Service users report varying experiences with staff in family violence NGOs. This is a significant risk when we know an individual's poor first experience with a service affects their willingness to further engage with any service<sup>37</sup>.

A well-functioning system relies on a high quality workforce. The *Family Violence, Sexual Violence and Violence within Whānau Workforce Capability Framework* was released in 2017

and aims to build the workforce and community sector capability to respond safely and respectfully to people experiencing family violence. However, many across the sector are not in a position to implement the framework without additional government support. Frontline services report being under-resourced while at the same time facing increasing demand and therefore, in some cases, do not have the opportunity to focus funding on workforce training<sup>38</sup>. We need to ensure that with any future work in this area that we have consistent capability building for the sector to ensure that we can collectively work towards the best outcomes for whānau.

### ❖ How we commission, fund and contract services is part of the problem

MSD funding partially contributes towards the cost of service delivery for a family violence service provider. This contributory model of funding is based on a rationale that assumes communities across New Zealand have equitable resources to invest in services they need

“Sustainability is vital when working with longer term social / mental health needs such as family violence - this can't happen if Providers are not fully funded and cannot provide the multi-faceted needs and time or length of time spent with client, then clients' partner, then both partners' children - and then the extended whānau who feed into the wellbeing and or otherwise of a family unit. If we want it to work we need to work with all the whānau. This takes skill, energy, time and strategies are always moving and developing..”

MSD Family Violence Service Provider

and want. One aspect of contributory-funding is that providers are not completely bound to a government agency; instead, providers are encouraged to seek out other sources of funding that they can use to deliver certain components of their services. Having multiple funding sources permits providers to be more flexible with the service delivered. Not being solely funded by MSD to deliver services means providers won't be seen solely as an extension of government. However, these benefits rely on the presumption that communities can afford to, and will prioritise, funding family violence service providers in their local area. Furthermore, the contributory model does not recognise that disadvantaged

communities, experiencing higher deprivation rates, are less likely to have spare capital to invest in social services and that communities are already funding these services through the taxes they pay.

In reality, many organisations find it difficult and time-consuming to seek additional funding, from communities or philanthropic organisations, and so strive to make ends meet on the MSD's contributory payment alone. When organisations do seek additional funding they are often using frontline staff to write these applications, reducing the time that these staff members can spend working directly with whānau. Alternatively, they supplement this contributory payment with other government agency funding, duplicating the administration costs of maintaining a working relationship with government. In the worst-case scenario, organisations are forced to ask their clients to top up funding with direct payments for services. Underfunding leads to a number of poor service outcomes, such as waitlists for service, unpaid hours of work for paid staff or a reliance on volunteers, and no plans for up-skilling staff or upgrading technology to improve data collection.

We also recognise that current procurement processes often have negative unintended consequences. Current processes often end up focusing on how effectively a provider can write a tender application, rather than how effectively they could support whānau. Procurement

processes also often focus on risk-aversion and value for money, rather than what could achieve the best outcomes for whānau. Current processes also do not foster collaboration or learning and are often undertaken for services that have not been designed with communities.

## The need for change

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### Systemic change is underway

In September 2018, the Government announced the creation of a Joint Venture for reducing and preventing family and sexual violence, of which MSD is a key and committed agency.

This means, for the first time, chief executives from across the public service are taking collective responsibility to end family violence and sexual violence in New Zealand. This new way of working brings agencies and their chief executives together across Government to deliver an integrated, whole-of-government approach to family violence and sexual violence.

The work MSD has carried out with providers to develop this approach is part of, and will remain responsive to, this wider cross-government joint venture to develop new ways of working across government, and with iwi and communities, to reduce family violence and sexual violence through an integrated response.

### MSD's commitment to supporting communities to thrive

MSD's purpose is Manaaki tangata, Manaaki whānau – We help New Zealanders to be safe, strong and independent. Helping people, whānau, families and communities is at the centre of what we do, and we work to contribute positively to people's wellbeing.

In the 2018-2022 Statement of Intent MSD introduced a new strategic direction called Te Pae Tawhiti – Our Future. The aim is to become a trusted and proactive organisation, connecting clients to all the support and services that are right for them, to improve the social and economic wellbeing of New Zealanders.

It focuses on three key shifts:

- Mana manaaki – A positive experience every time
- Kotahitanga – Partnering for greater impact
- Kia takatū tātou – Supporting long-term social and economic development

### The opportunity to stabilise and strengthen services

Increased levels of funding for family violence services in Budget 2018 has given us the opportunity now to refresh our current focus, including planning changes to the way we commission and design family violence services, to be in line with the wider cross-government systemic changes underway.

If the system is to provide the structural elements that will empower communities to disrupt violent patterns in their families and whānau, communities must play a role in informing the system's design. This logic is new to some parts of New Zealand government; until now the family violence system's decision-making, management and procurement have been government-led. Our challenge will be planning how to involve providers and communities in partnership across our family violence system, in a meaningful way for them to inform government not just initially but continuously so we can better identify which services need to improve or where success is occurring.

MSD needs to support providers to partner with service users in design, achieving positive outcomes for families and whānau by enabling them to establish violence-free patterns of behaviour. Our treatment of clients in isolation - disregarding their family or whānau context -

is not a culturally grounded approach. Clients need services that work toward the wellbeing of their families and whānau as a whole. MSD needs to consolidate a whānau-centred approach into best practice and invest in workforce capability to ensure consistent best practice delivery.

As part of Budget 2018, \$76.157 million of additional funding over four years was allocated to support the stabilisation and strengthening of MSD funded services for families and whānau affected by violence. Keeping its contributory funding model and lifting contracted cohort volumes proportionately, MSD committed \$6.59 million per annum in 2018/19 and 2019/20 from this new funding, to top up funding for current family violence service providers. MSD recognises that as volumes were increased, this additional funding provided no increase to the contributory amount.

This has left an additional \$15.4 million available from July 2019 to further strengthen MSD-funded family violence services. Any new services will be embedded with a focus on co-design and evaluation. This approach will outline how we intend to allocate the entirety of our service spend - around \$50 million from July 2019, including current spend and additional funding through Budget 18.

	17/18	18/19	19/20	20/21	21/22
Current funding – allocated and contracted	\$28.1m	\$34.69m*	\$34.69m	\$34.69m \$15.379m**	\$50.069m
New Investment		N/A	\$15.379m	N/A	N/A
TOTAL p/a funding	\$28.1m	\$34.69m	\$50.069m	\$50.069m	\$50.069m

\* Current investment includes the \$6.59m per annum as a result of Budget 18

\*\* Whānau Resilience services allocated in 2019/20 using Budget 18 funding

\*\*\* Existing funding largely invested in crisis response

## Priorities for the future

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### Having a whānau-centred approach to service delivery

A whānau-centred approach is holistic and strengths-based. It values the complexity of relationships within a whānau, and recognises the significance of these relationships to either help or hinder a person's wellbeing. Without ongoing support from networks to sustain behaviour changes, individuals may take their pattern of abusive behaviour into subsequent relationships. Services have an opportunity to utilise and build a person's support networks and work collaboratively with influential whānau members to respectfully challenge those using violence to accept responsibility and start a journey to using behaviour the whānau wants and needs. Similarly, people affected by family violence need to draw on their whānau networks to support and help them to recover and readjust to life without violence.

People should be able to define their own whānau. A whānau-centred approach means we will be open to all the diverse forms of whānau, without pre-conceptions or judgement. Delivering in a whānau-centred way does not mean reconciliation; it also does not mean that people are supported only as a couple, or nuclear family unit, but rather that individuals are supported by their chosen network with awareness for the context that they live within.


Safety for all members of the whānau is always the number one priority. Our services will centre on enabling members to leave one another peaceably, to restore their mana through the disruption of violent relationships and, where children are involved, ensuring decisions are child-centred. Our approach will enable whānau to decide and lead their own journey, including what services and support they want, in order to attain the safest outcomes for all whānau members.

Whanaungatanga, manaakitanga, compassion, empathy and mana-enhancing are key principles for whānau-centred practice. Where the use of violence is intergenerational for the whānau, it takes a deep understanding and diligent application of these principles to have an appropriate intergenerational response.

Tikanga Māori is inherently whānau-centred and collectively focused, so Kaupapa Māori providers often already work in this way. To support other providers to adopt this whānau-centred approach, additional effort will need to be made to build the capability of the sector and to ensure that people are using the whānau-centred approach in a consistent and safe way.

### Setting sights on long-term recovery

MSD's family violence services need to work across the continuum from immediate crisis to long-term recovery and whānau resilience. However, we need to create a better balance in our funding across this continuum. Focusing the majority of services in the short-term crisis period does not enable providers to easily work with families and whānau to break



“Working with whānau at the centre means being able to support all members of the family, whatever their experience of violence, if they are willing to be supported.”

MSD Family Violence Service  
Provider

intergenerational cycles of violence and leads to people often only ever being able to access crisis support.

We know that people experiencing and using violence will often need services and support at different times in their lives. We have heard that people stop engaging with services when they no longer need support, but at times of stress and vulnerability often seek out support again, which is a positive help-seeking behaviour. Support needs to be available when people need it.

To deliver effective results for whānau across both short and long terms, we will adjust future contracts to deliver services that work towards more meaningful outcomes. Future contracts will provide more flexibility in recognition that many people will need varying amounts of time and support while on their path to a violence free life:

- Services that focus on the primary objective of making people immediately safe and deescalating risk levels will be reclassified as safety services.
- Services that work with people to provide support that helps them to build stability in their lives will be reclassified as stability services.
- Services that work well beyond the safety and stabilisation period, that are focused on supporting people experiencing or using violence to sustain a violence-free life and heal, will be classified as Whānau Resilience.

We are still working out the details of how best to introduce these shifts and will work alongside the sector to implement these changes.

As there is a lack of funding focused on whānau needs beyond the safety and stability periods the remaining \$15.4 million for 2019/20 from Budget 18 is being invested in Whānau Resilience services. These services will be long-term whānau-centred services, available when people need them, meaning people can come back in for support at times of need. The ultimate goal of Whānau Resilience is to establish or re-establish a life free from violence, resilient to the patterns of behaviour that can lead to violence. Safety is a long-term process encompassing on-going support by agencies and whānau to address the multiple issues clients and their whānau are struggling with. Most, if not all, people affected by family violence present with entrenched intergenerational trauma that takes a long time to work through and heal from. Habitual behaviours, negative and positive, take time and care to both learn and unlearn. It takes time to identify what works. If we want to provide people with meaningful opportunities to heal from trauma and violence, and break patterns and cycles of abuse, then deliberate care is required to uphold their dignity and cultural identities.

## **Giving our communities universal support, how and when they need it**

Research from 2010 shows approximately 69 percent of family violence victims do not engage with formal services<sup>39</sup>. They rely on family and friends to provide support and meet their needs. We want everyone that needs and wants help with family violence to get some level of universal support and guidance; this includes people experiencing violence, using violence and their support networks.



Helplines are a key entry to the 'every door is the right door' family violence system. They link with crisis services for people affected by family violence, and as an important source of information and support for perpetrators and informal networks of family and whānau, who we also need to support.

Currently, MSD contributes to numerous family violence telephone helplines, which have various purposes and technological backbones. The limited spend on helplines means that providers often use well-trained volunteers or paid staff working additional unpaid hours to respond to calls. Services are operated by a variety of providers, fragmented, with different helplines serving different populations. Access to some helplines is limited to regional availability. They also predominantly cater only towards the needs of victims. Many of the current providers of family violence helplines recognise the limitations of their current helplines and operating systems and understand the need for an enhanced help portal to better meet the needs of all people affected by family violence.

The system is not maximising technological potential to reach communities. Ageing and limited technology means that some services no longer meet the new technological expectations of clients, such as the increasing client preference for accessing social services online or by text, particularly by younger people, who we need to be responsive to.

We need a multi-modal **National Family Violence Help Portal** to provide an equitable and coordinated response to individuals across New Zealand seeking help for family violence. While we recognise the need for this help portal, developing this portal is likely to take time and additional resources.

Our aim is to increase the accessibility of clear information and support to anyone affected by family violence, with access via a number of platforms, including web, phone, instant messaging, email, social media and SMS/text. The portal will offer a range of services that would be designed with provider's expertise but may include:

- information and guidance
- low-level counselling and support
- education
- referrals and warm transfer to local service providers.

The portal will be serviced by trained and specialised staff. It aims to provide an equitable service response that is available to all New Zealanders regardless of geographic location or time of day. It will enable us to reach a wider group of people, providing another entry point for help and expanding our 'no wrong doors' approach<sup>40</sup>. We can provide a coordinated response to individuals who won't engage with formal services and allow certain services to be accessed via an individual's preferred mode of communication. The Help Portal will need to be designed in a way that is accessible for a wide variety of individuals and cannot be a 'one size fits all' approach.

This service would be co-designed with users and providers to ensure regional variances, safety concerns and other implementation factors are taken into consideration to provide a safe and effective national Help Portal service for New Zealanders<sup>41</sup>.

## **Giving our regions more support**

Across New Zealand, some regions and some providers have strong affiliations and connections, but not all. Providers have told us that working collectively is important and they want to be supported to collaborate and work better together. To support the capability of

regions to respond to family violence, we plan to invest in regional support to deliver the following functions:

- Communication, consistency and interaction between providers and the wider sector; enable an enhanced coordinated approach
- Respond to whānau needs, with improved enhanced service synchronisation
- Increase wider sector's capability when responding to family violence.

The additional regional support will also help facilitate communication between national and regional levels, with a view to improving services, capability and policy. This will also allow the dissemination of changes to policy and legislation to be communicated and effected more efficiently. The additional regional support will enable the capability development of the family violence sector, helping to ensure providers and the wider sector have more confidence in delivering services and are using a shared language and understanding of family violence. This should enhance the client experience, leading to reductions in clients repeating their stories or receiving different levels of support across the sector.

Whatever the regional support looks like on the ground, it will need to work in partnership with providers as well as being accountable to them. It can play a key role in conveying regional complexities and emerging issues directly to the national level for swifter consideration. These organisations will support safe and effective information sharing across the family violence system to ensure appropriate referrals are made that are client and outcomes-focused.

The regional support will form part of the integrated family violence system that is being developed with the joint venture and help strengthen existing infrastructure, which will support sector collaboration. Evidence<sup>42</sup> indicates that an integrated system is required to meet the challenges faced in preventing and responding to complex problems such as family violence and the Backbone Organisations will be essential in delivering this by improving service delivery, strengthening routes to services, increasing consistency, allowing local innovations in dealing with family violence and, thus, resulting in better outcomes for families, whānau and communities. As regional support is a core infrastructure component of the future family violence system, they are likely to be phased in over time as funding is available. Working collaboratively is not easy and MSD recognises that the implementation of this may also take time.

## Enablers to drive change

We recognise the need to shift the way we commission and contract family violence services. The current approach to family violence is too narrow and centred around crime and crisis. MSD has started to implement the following enablers to drive change in the way we commission, contract and deliver family violence services.

### ❖ **Enabler 1: Applying fair funding**

One thing we heard from providers across the country, is that they want to be funded a fair amount for the work they are contracted to do and for the amount it realistically costs to deliver their services (including overheads such as rent etc). We recognise the current approach to allocating funding does not consider an area's population level or the local demand for family

violence services, and that there is significant variation in the amount MSD currently funds providers to deliver similar services. We also recognise that the current approach to funding creates inequities. Therefore, we have begun work to address this by creating a fairer funding allocation model that considers both the overall service demand, based on the population of an area, and the relative service demand arising from specific features of a local population.

Our understanding of fairness would mean paying providers a fair amount for the work they are doing, and targeting our investment towards communities with the greatest need for family violence services. In order to pay providers a fair amount the contributory funding approach is no longer suitable. However, a shift away from the contributory model will require significant financial investment and would need to be phased in over time.

The new allocation model aims to highlight geographic areas with the highest rates of IPV. We are using territorial authorities (TAs) for the allocation model because most statistical datasets are available at this level. There are 67 TAs across New Zealand, allowing us to compare the demand for family violence services at a relatively localised level.

These datasets produce a model of estimated need for family violence services across New Zealand. However, we also know that an area's funding amount cannot be based just on estimated need; it also needs to be balanced with the population level in that area. For example, if a community is considered lower need, but is extremely populous, then it will still need a high level of funding to adequately cater to the number of people experiencing family violence in that large community, even though their relative need is less than other areas. Similarly, an area of high need, but with a small amount of people, will need funding, but will not need as much funding as an area with the same level of predicted need but greater numbers of people. Our potential future funding allocation model will consider both predicted need balanced with population. Over time as better data becomes available we are committed to refining and improving the allocation model.

While many of our agency partners such as Police, Justice and District Health Boards hold datasets about family violence, these datasets follow contact points with crime and emergency services. Whereas, the model we have developed is established on evidence-based probability and risk factors<sup>43</sup>. Some of the key datasets to predict service need across New Zealand include:

- Number of child notification reports of concern to Oranga Tamariki where further action is required
- Demand for mental health services
- Percentage of sole parents
- Relative poverty and accessibility of services
- Percentage of overcrowded households
- Percentage of people on a main benefit
- Percentage of the local population who are women between 15-25
- Percentage of the local population who are women between 25-40
- Ethnic demographics of community
- Average number of children in a family.

## ❖ **Enabler 2: Encouraging a diverse mix of family violence providers, including Kaupapa Māori and Pacific providers**

We recognise that there is a lack of Kaupapa Māori providers delivering family violence services and these providers are skilled at engaging and responding to the needs of their communities. We also recognise that all services need to better respond to whānau Maori. Furthermore, in order to honour Te Tiriti o Waitangi we have to invest more in kaupapa Māori services. In the past, government across the sector has been inconsistent in classifying and investing in Kaupapa Māori organisations, least of all in a way that is validated by Māori. These organisations are left under-resourced and are not funded at the same levels as other 'mainstream' providers. Kaupapa Māori providers have told us, if we are to invest in Kaupapa Māori approaches, we must ensure they are by Māori, for Māori, and measured by tikanga Māori values and methodologies.

Kaupapa Māori providers' connections with their communities, expertise in the principles of the whānau-centred approach, and their network within a broad Kaupapa Māori workforce, are imperative in ensuring our services are community driven and effective. Investing in these services is likely to provide us with valuable insights, which may also have flow on benefits when building and resourcing workforce capability across the sector.

We are committed to ensuring that people experiencing or using violence have a choice in the type of family violence provider they want support from. We want to support a local provider market that reflects the relevant community. As a significant funder of family violence services, it is our role to support a regional provider mix that reflects the communities they serve, although this will take time to achieve. This will include a focus on building Kaupapa Māori responses, Pacific responses, LGBTQI+ friendly responses, as well as responses tailored for migrant, refugee and Asian communities. We also need to ensure that the services developed are able to cater to the needs of disabled people.

## ❖ **Enabler 3: Committing to continuous improvement**

Too much risk rides on our success or failure in family violence. We need to have a flexible system ready to improve our service delivery by monitoring efficacy over time. To achieve this we need to co-design with providers a system that allows adequate monitoring to track outcomes in the community and keep aware of local programme successes. In a coordinated system, we should be capable of continuous service improvement across the country, based on the information we collect.

We recognise the knowledge and expertise of our providers and are committed to working with the sector in a transparent way. By using the co-design process we will continue to work with providers to collectively deliver better outcomes for New Zealanders by developing a system that allows for:

- timely data that values stories and experiences
- information sharing among providers on what works and what doesn't, to promote increased learning and innovation
- consistent measures, tracking patterns of our service users, regional outcomes and provider performance over time
- awareness and alignment between our funding and the changing needs of families, whānau and regions.

This will allow us to better target services, because we'll be able to learn who we are delivering to, the best way to engage with them and what interventions are ideal for them.

#### ❖ **Enabler 4: Working with providers to improve outcomes over time**

We know family violence is preventable, and yet family violence prevalence rates remain stubbornly high in New Zealand. This does not mean that great work isn't happening, but it does mean that there is not enough happening to reduce levels of family violence in our communities. We want to work with providers to continuously improve by measuring the effectiveness of services and outcomes.

Tracking outcomes is essential to show what difference we are making for the next generation of New Zealanders. To begin with, we need good baselines of prevalence data so we can appropriately compare ourselves to national and international standards. Then, over time, with our newly co-designed system and funding allocation model we will be able to use the baseline data to track the impacts our services are having on prevalence rates. If we manage to deliver effective long-term services for family violence, we can hope to see positive effects across the datasets of other government agencies. For example, outcomes may include higher education and wellbeing, and lower youth crime and suicide rates.

“Removing service volumes will reduce the emphasis on providing a service to meet contract requirements; this will enable more innovative approaches that are truly client centric and provide as much as, or as little as needed to support positive outcomes within complex situations.”

MSD Family Violence Service Provider

We recognise that the short-term nature of contracts can impact a provider's ability to work towards meaningful outcomes. In order to allow providers to more easily work towards more meaningful outcomes we will be introducing longer contract terms. These contract terms will allow us to work with providers to design and embed services, and then to evaluate and enhance those services. Alongside this increase in contract length we will also start to shift away from funding for output-based volumes.

Our family violence services support the outcomes MSD is focused on achieving in our Statement of Intent. We make clear in this Statement we are here to ensure New Zealanders get the support they require to be resilient and live in inclusive and supportive communities, with every chance to participate in society and reach their potential. Being clear about what we want to achieve helps to drive us and give us our purpose, while showing us how to measure our performance and track the difference we hope to make over the coming years.

## Next Steps

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We know that to move MSD to a future system that is whānau-centred, integrated and focused on achieving the best outcomes for whānau, we have to change the way we operate. We also acknowledge that this shift will take time. The following statements set out our intended actions to move to the future system which will occur over the next 3-4 years.

### **Immediate investment in long-term whānau resilience**

In Budget 18, the Government made a substantial investment of \$76.157 million across four years for front line family violence agencies (see Table 1). In each of 2018/19 and 2019/20, MSD committed to an investment of an additional \$6.59 million to increase funding for current family violence providers delivering direct family violence services. In 2019/20, \$15.4 million will be allocated to Whānau Resilience services using the Funding Allocation Model.

Whānau Resilience services will be procured in a way that values collaboration, innovation and reflective learning. To ensure services are designed in a way to meet the needs of their communities they will be regionally co-designed. Whānau Resilience services will be embedded alongside a mechanism to allow communities, providers and the system to learn what is working well. These contracts will be longer term to recognise that the outcomes we are seeking take time to achieve and we need time to work with providers and communities to embed and then enhance these services.

### **Analysing our current range of ‘short-term, make safe’ services**

The bulk of MSD’s current funding is for short-term crisis interventions. These interventions are currently contracted to 30 June 2020. In preparation of future changes to how these services are contracted and commissioned, work will be done with providers in 2019 to develop a new model to cost these services. Alongside a new costing model, we will analyse the range of interventions and services currently in this category to assess how well they are meeting the needs of people using and impacted by family violence.

Building on the procurement and commissioning approach from the investment in Whānau Resilience services, these ‘short-term, make safe’ services will be recommissioned over the next few years. During this time, we will continue to work with current family violence providers in preparation for future system changes.

### **Building the core components for the future system**

Alongside the funding increase for services, MSD is committed to working across government as part of the new joint venture model to fund and build the core components for the future system. This includes the national family violence help portal and the regional support for the family violence system across the country. The multi modal family violence help portal and regional backbone organisations will add universal and local components to our service mix in the interests of equitable access to our services. Funding for these core components is not currently available, so securing funding will be one element of MSD’s future work programme.

Table 1: MSD's Total Family Violence Service Spend

	17/18	18/19	19/20	20/21	21/22
Current funding – allocated and contracted	\$28.1m	\$34.69m*	\$34.69m	\$34.69m \$15.379m**	\$50.069m
New Investment		N/A	\$15.379m	N/A	N/A
TOTAL p/a funding	\$28.1m	\$34.69m	\$50.069m	\$50.069m	\$50.069m

\* Current investment includes the \$6.59m per annum as a result of Budget 18

\*\* Whānau Resilience services allocated in 2019/20 using Budget 18 funding

\*\*\* Existing funding largely invested in crisis response

## Continuously learning and improving together

We are committed to working with providers to embed and enhance services through increased learning and innovation via systematic monitoring. Successes need to be shared across the system to increase the effectiveness of all services.

By the end of 2022, we plan to have a transformed range of services designed to pre-empt crisis situations and disrupt violent patterns of behaviour operating inside families and whānau. Our system will have the ability to monitor risk across the country and allocate an appropriate level of funding to mitigate it, with the cultural competence and ability to serve the needs of our various communities well.

We plan to continuously strengthen relationships with providers into partnerships as we co-design the various services, from short-term and long-term Whānau Resilience services to backbone organisations in each region and a national help portal. Once all services are implemented, our partnership with services will be sustained to maintain flexible regional networks capable of continual adaptation to the learnings we find through monitoring and evaluation.

The ultimate outcome that we are working towards is to enable communities everywhere in New Zealand to eliminate family violence for the next generation. We believe, done right, that we can improve the services available to meet the diverse needs of our communities and make a significant difference in enabling New Zealand families and whānau of the future to keep their homes violence-free.

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- <sup>1</sup> Health Quality and Safety Commission NZ (2016). *Family Violence Death Review Committee Fifth Report– January 2015 to December 2015*. Wellington, New Zealand
- <sup>2</sup> Health Quality and Safety Commission NZ (2016). *Family Violence Death Review Committee Fifth Report– January 2015 to December 2015*. Wellington, New Zealand
- <sup>3</sup> Ministry of Justice. (2015). *2014 New Zealand Crime and Safety Survey: Main Findings*. Wellington, New Zealand.
- <sup>4</sup> Health Quality and Safety Commission NZ (2016). *Family Violence Death Review Committee Fifth Report– January 2015 to December 2015*. Wellington, New Zealand
- <sup>5</sup> Ministry of Justice. (2015). *2014 New Zealand Crime and Safety Survey: Main Findings*. Wellington, New Zealand. Retrieved from <http://www.justice.govt.nz/assets/Documents/Publications/NZCASS-201602-MainFindings-Report-Updated.pdf>
- <sup>6</sup> Ministry of Justice. (2015). *2014 New Zealand Crime and Safety Survey: Main Findings*. Wellington, New Zealand. Retrieved from <http://www.justice.govt.nz/assets/Documents/Publications/NZCASS-201602-MainFindings-Report-Updated.pdf>
- <sup>7</sup> Health Quality and Safety Commission NZ (2016). *Family Violence Death Review Committee Fifth Report – January 2015 to December 2015*. Wellington, New Zealand
- <sup>8</sup> Ministry of Justice. (2015). *2014 New Zealand Crime and Safety Survey: Main Findings*. Wellington, New Zealand.
- <sup>9</sup> Fanslow, J., & Robinson, E. M. (2010). *Help-seeking behaviours and reasons for help seeking reported by a representative sample of women victims of intimate partner violence in New Zealand*. *Journal of Interpersonal Violence* 2.
- <sup>10</sup> Allen and Clarke (2017). *Rapid synthesis report of family violence research to inform advice about services*. Wellington, New Zealand: Ministry of Justice.
- <sup>11</sup> Health Quality and Safety Commission NZ (2016). *Family Violence Death Review Committee Fifth Report– January 2015 to December 2015*. Wellington, New Zealand
- <sup>12</sup> Lievore, D., Mayhew, P., & Mossman, E. (2007). *The scale and nature of family violence in New Zealand: A review and evaluation of knowledge*.
- <sup>13</sup> Health Quality and Safety Commission NZ (2016). *Family Violence Death Review Committee Fifth Report– January 2015 to December 2015*. Wellington, New Zealand
- <sup>14</sup> Health Quality and Safety Commission NZ (2016). *Family Violence Death Review Committee Fifth Report– January 2015 to December 2015*. Wellington, New Zealand
- <sup>15</sup> Te Puni Kōkiri. (2017). *Māori family violence infographic*. Wellington, New Zealand. Retrieved from <https://www.tpk.govt.nz/en/a-matou-mohiotanga/health/maori-family-violenceinfographic>
- <sup>16</sup> Allen and Clarke (2017). *Rapid synthesis report of family violence research to inform advice about services*. Wellington, New Zealand: Ministry of Justice.



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- <sup>17</sup> Ministry of Justice. (2015). *2014 New Zealand Crime and Safety Survey: Main Findings*. Wellington, New Zealand.
- <sup>18</sup> Pasefika Proud (2016). *Pacific Peoples in New Zealand: Understanding Family Violence infographic*. Retrieved from <http://www.pasefikaproud.co.nz/assets/Resources-for-download/PasefikaProudResource-Understanding-family-violence-infographic.pdf>
- <sup>19</sup> Pasefika Proud (2016). *Pacific Peoples in New Zealand: Understanding Family Violence infographic*.
- <sup>20</sup> Ministry of Justice. (2015). *2014 New Zealand Crime and Safety Survey: Main Findings*. Wellington, New Zealand.
- <sup>21</sup> Allen and Clarke (2017). *Rapid synthesis report of family violence research to inform advice about services*. Wellington, New Zealand: Ministry of Justice.
- <sup>22</sup> Boutros, N., Waldvogel, J., Stone, G., & Levine, M. (2011). *Family violence in migrant and refugee families and successful models of prevention and intervention: A summary analysis and annotated bibliography*. Wellington, New Zealand.
- <sup>23</sup> Ministry of Social Development. (2016). *Preventing abuse and neglect of older people and disabled people - options and next steps*.
- <sup>24</sup> Allen and Clarke (2017). *Rapid synthesis report of family violence research to inform advice about services*. Wellington, New Zealand: Ministry of Justice.
- <sup>25</sup> Noone, J & Stephens, C (2014). The NZ Longitudinal Study of Ageing, Summary Report. Retrieved from [https://www.massey.ac.nz/massey/fms/Colleges/College%20of%20Humanities%20and%20Social%20Sciences/Psychology/HART/publications/reports/Social\\_integration\\_NZL\\_SA\\_2014.pdf?BBF47602F46659D4500727BFBC30F1E1](https://www.massey.ac.nz/massey/fms/Colleges/College%20of%20Humanities%20and%20Social%20Sciences/Psychology/HART/publications/reports/Social_integration_NZL_SA_2014.pdf?BBF47602F46659D4500727BFBC30F1E1)
- <sup>26</sup> Ministry of Social Development. (2016). *Preventing abuse and neglect of older people and disabled people - options and next steps*.
- <sup>27</sup> Allen and Clarke (2017). *Rapid synthesis report of family violence research to inform advice about services*. Wellington, New Zealand: Ministry of Justice.
- <sup>28</sup> Lievore, D., Mayhew, P., & Mossman, E. (2007). *The scale and nature of family violence in New Zealand: A review and evaluation of knowledge*.
- <sup>29</sup> Allen & Clarke (2017). *Rapid synthesis report of family violence research to inform advice about services*. Wellington, New Zealand: Ministry of Justice.
- <sup>30</sup> Kahui, S., & Snively, S. (2014). *Measuring the economic costs of child abuse and intimate partner violence in New Zealand*. Wellington, New Zealand.
- <sup>31</sup> Family Violence Death Review Committee (2016). *Family Violence Death Review Committee: Fifth Report - January 2014 to December 2015*. Wellington, New Zealand: Family Violence Death Review Committee.
- <sup>32</sup> Foote, J (ESR), Carswell, S. (Te Awatea Violence Research Centre), Wood D. (ESR), Nicholas, G. (ESR). (2015) 'Measuring the effectiveness of 'whole-of-system' response to prevent family violence', Wellington, New Zealand: Superu.
- <sup>33</sup> Pricewaterhouse Coopers (2016). *MSD-funded family violence services*
- <sup>34</sup> Family Violence Death Review Committee (2016). *Family Violence Death Review Committee: Fifth Report - January 2014 - December 2015*. Wellington, New Zealand:
- 25 Family Violence Death Review Committee
- <sup>35</sup> The Ministry of Social Development (2012). *Investing in Services for Outcomes*.
- <sup>36</sup> Allen & Clarke (2017). *Family Violence in New Zealand: Needs, experiences and system*

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- <sup>37</sup> Te Paetawhiti & FEM Ltd (2017). *Whānau experience of social services in Tairāwhiti: Final Report for Manaaki Tairāwhiti*. New Zealand: Manaaki Tairāwhiti.
- <sup>38</sup> Pricewaterhouse Coopers (2016). *MSD-funded family violence services: Research with NGO providers and the Integrated Safety Response (ISR) pilot to understand current demand pressures and funding constraints*. Wellington, New Zealand: Ministry of Social Development.
- <sup>39</sup> Fanslow, J., & Robinson, E. M. (2010). *Help-seeking behaviours and reasons for help seeking reported by a representative sample of women victims of intimate partner violence in New Zealand*. *Journal of Interpersonal Violence* 2.
- <sup>40</sup> Safe to Talk (sexual violence national multi-modal helpline) launched in February 2018 has seen an increase in people seeking help via their website, with website visitors increasing from 1,554 in March 2018 to 6,520 in July 2018.
- <sup>41</sup> Allen and Clarke (2018) recognised that helplines provide an important channel for social services reaching a wide range of people with different needs. In particular, they identified that helplines work well when they are integrated with other services.
- <sup>42</sup> Herbert, R. and Mackenzie, D. 2014. *The way forward - an Integrated System for Intimate Partner Violence and Child Abuse and Neglect in New Zealand*. Wellington, The Impact Collective.
- <sup>43</sup> Fanslow 2010; Field & Caetano, 2004; Malcoe, Duran, & Montgomery, 2004; Wahab & Olson, 2004