Family Violence Death Review Committee

He tao huata e taea te karo

Seventh report: A duty to care

Pūrongo tuawhitu: Me manaaki te tangata

June | Pipiri 2022

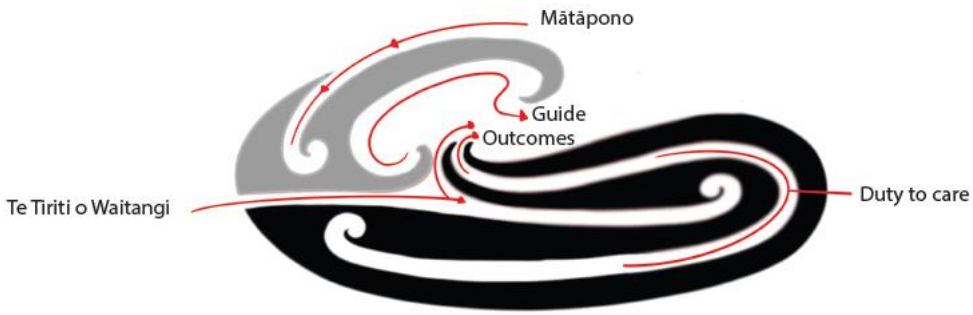
Te Kāwanatanga o Aotearoa
New Zealand Government

He kokonga whare e kitea,
he kokonga ngākau e kore e kitea.

A corner of a house may be seen and examined
but not so the corners of the heart.

The tohu used in this report and its companion document was created for the Family Violence Death Review Committee by Manukorihi Winiata (Ngāti Raukawa, Te Ātiawa, Ngāti Awa, Ngāti Tūwharetoa). The design contains three important elements: duty to care, mātāpono (cultural values) and Te Tiriti o Waitangi. These elements are represented in the three koru within the design.

- **Mātāpono** are cultural values that act as guiding principles passed down through the generations. This can be seen with the koru coming downwards while also guiding outcomes that consider both Te Tiriti o Waitangi and the duty to care (ukaipotanga and kaitiakitanga).
- **Te Tiriti o Waitangi** is represented in the horizontal koru running through the middle of the design. It is designed to run through the middle to symbolise Partnership, Participation and Protection. It also flows with the koru below until they both meet at the top, which represents the outcomes (rangatiratanga, whanaungatanga and kotahitanga).
- **Duty to care** can be seen in the koru below providing support while also caressing/wrapping around the koru represented as Te Tiriti o Waitangi. The wrapping form communicates caring, acknowledgment and commitment (manaakitanga and aroha).



The Committee would like to mihi Manu for his mahi.

Acknowledgements | He whakamihi

Throughout this report, we draw on the past to guide our way forward. All communities have leaders who have supported, cajoled, encouraged and been champions for family and whānau who experience violence. The Family Violence Death Review Committee acknowledges those who have trodden this path before us and support our mahi today.

In this report, we also highlight the work of three kaupapa Māori organisations that respond to whānau in need. Each of these have had, continue to have and have lost inspirational leaders.

On behalf of Manaaki Tairāwhiti

Annie Aranui (former Regional Commissioner for Work and Income for the East Coast region) and Dianne Saunders (former manager of Barnardos, Gisborne, and leader of Violence Free Tairāwhiti) were incredible champions for whānau.

On behalf of Tū Tama Wāhine o Taranaki Inc

Tahuaroa Donald MacDonald and Beryl Allison helped establish and supported the kaupapa Māori stance of Tū Tama Wāhine o Taranaki Inc.

The Family Violence Death Review Committee would also like to thank all of those who have helped to develop and write this report, as well as support our ongoing work. They include:

- representatives from kaupapa Māori organisations: Ngaropi Cameron and Awhina Cameron, Tū Tama Wāhine o Taranaki Inc; and Pania Hetet, Tūhoe Hauora and Leslynne Jackson, Manaaki Tairāwhiti
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- Te Rōpū, the Health Quality & Safety Commission's Māori advisory committee, and the Consumer Advisory Group
- Mortality review secretariat, Health Quality & Safety Commission.

Support available | He tautoko

If you are in immediate danger, please call 111

Women's Refuge National Helpline – Crisisline: 0800 REFUGE/0800 733 843

shine* Domestic Abuse Helpline: 0508 744 633

Shakti 24-hour crisis line with multilingual staff: 0800 SHAKTI/0800 742 584

Worried about a child? Call: 0508 FAMILY/0508 326 459 (Oranga Tamariki – Ministry for Children)

Rape Crisis – National Call Line: 0800 88 33 00

Safe to talk – Kōrero mai, ka ora 24/7 Sexual harm helpline: 0800 044 334 or text 4334

Elder Abuse Response Service National Helpline: 0800 EA NOT OK/0800 32 668 65

Hey Bro helpline: 0800 HeyBro/0800 439 276 – supporting men to be free from violence

Family Violence Information Line: 0800 456 450 (available 9.00 am–11.00 pm daily)

For more information on helping services, go to the New Zealand Family Violence Clearinghouse website: https://nzfvc.org.nz/links

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Prof Mark Henaghan: Faculty of Law, University of Auckland (co-opted expert advisor)

Foreword by Chair of the Health Quality & Safety Commission | Kupu whakataki mai i te Heamana o te Kupu Taurangi Hauora o Aotearoa

As Chair of the Health Quality & Safety Commission (the Commission), I welcome the Family Violence Death Review Committee's (the Committee's) *Seventh report: A duty to care* | *Pūrongo tuawhitu: Me manaaki te tangata.*

The report draws on findings and recommendations from in-depth reviews conducted between 2019 and 2021, and previous Committee reports, to highlight where there has been a lack of progress from government agencies, including health, to work towards responsiveness for those experiencing violence.

'A duty to care' places specific focus on two areas: intra-familial violence homicides and family violence homicide for disabled people. The report raises questions about whether agencies understand the impact of violence on the whole family or whānau; if there is a comprehensive understanding of the impact of caring for family members with long-term health or disability concerns; and whether societal assumptions around inequitable decision-making and caregiving responsibilities can place those with reduced decision-making capabilities at risk of abuse.

The Committee stresses the need for a more seamless family violence system where government agencies, including health, are responsive to community organisations, enabling more flexible and collective approaches. This requires movement towards an oranga model that reflects an understanding of wellbeing and an investment in good partnership through a considered and relational process.

Over the past two years, COVID-19 has added an extra layer of complexity to providing services in a time that would have only exacerbated the issues raised in this report. I support the Committee's challenge to us all, as a society, to reflect on and keep questioning how we demonstrate our care for one another; and that this work ensures that our whānau and communities have access to the goods and resources they need.

I would like to thank the Chair, Dr Fiona Cram, and members of the Committee for their ongoing dedication to reducing family violence mortality.

Dr Dale Bramley

Chair, Health Quality & Safety Commission

Chair's introduction | He kupu nā te heamana

When I first sat down to write this introduction, I began this opening paragraph many times over. The source of my hesitation – my stopping and starting again – was uncertainty about how to begin to speak to people about the importance of the duty to care that is advocated in this, the Family Violence Death Review Committee (the Committee) *Seventh report*. What would readers make of our continued move away from reporting statistics to talk about real people let down by the agencies that should have been there for them in their times of need?

Would, for example, readers assume that the agencies charged with providing care were already doing so and therefore dismiss our assertion that care is central to the elimination of family violence deaths? Would readers think that our in-depth reviews of family violence deaths only provide insight into aberrations, that is, instances where the usual provision of care has somehow faltered? Or would readers do what so many agencies involved in our in-depth reviews have done, that is, push blame on to those who are most vulnerable and see them as perhaps undeserving of care?

My way through my hesitation was to recall three instances where my own assumptions have been prodded and use these experiences to find pathways that may guide readers into this report.

Tuatahi – first. I had the privilege of sitting with a group of Māori health providers to gain an understanding of their practice models, that is, how they provided health care and supported Māori health gains. What they shared with me was that whanaungatanga (being in relationship, having a sense of connection) leads to whanaungatanga, which in turn leads to whanaungatanga. In other words, building and strengthening relationships of trust is the foundation of the provision of care.

The in-depth reviews undertaken by the Committee often speak to the lack of time and energy that support workers put into building trusting relationships with those they are charged with helping. Instead, their ideas about people are formed by colleagues and from case notes that, in turn, can create their own barriers to genuine engagement.

Tuarua – second. A friend described visiting a grandmother to offer her support as one of her mokopuna had passed away. To the casual onlooker, the intergenerational home may have seemed chaotic – filled with a whānau with many needs. When asked, the grandmother explained that they had recently acquired two kittens and she was worried that, in the midst of everything going on, they might be forgotten about. My friend responded to this matriarch's request that she help by re-homing the kittens.

Our in-depth reviews stress a lack of understanding by support workers of the needs people prioritise. Instead, support workers can work off their own assumptions and from within their own cultural standpoint to decide what 'their clients' need and what they need to do.

Tuatoru – third. Health care practitioners identified by whānau as champions describe a duty to care that reflects many of the characteristics highlighted in Māori health research over the past 20–30 years. These characteristics include relationship-building, collaborative decision-making and cultural responsiveness. These health care champions demonstrate that a duty to care is not a 'clip-on' to 'usual care' but that it should and can be central to professional practice.

Our in-depth reviews can highlight the difficulties faced by individuals who, as champions, swim against the currents in their agency, simply by virtue of holding a duty to care at the centre of their professional practice. These champions should be encouraged and supported to scale up professional practice within their agencies.

The whakataukī that cloaks this report, He kokonga whare e kitea, he kokonga ngākau e kore e kitea, speaks in much more depth about the things I have endeavoured to express above. A duty to care rests upon some knowledge about the corners of a person's heart. This knowledge does not come from observation, from case notes or from collegial informants. Rather, it arises in the context of genuine, respectful relationships. It comes about because those charged with providing support and care are champions for the whānau and families they are working with. These support workers are setting their assumptions aside to put whānau and families at the centre of their professional practice. And more than just providing advice about what people should be doing, they are helping people navigate structures and systems to get the support they need to attend to the challenges that people themselves have prioritised.

To this end, we have included in this report case examples from three well-respected Māori provider organisations about how they are implementing a duty to care within the context of their professional practice. From their practice in their communities, we know that a duty to care is possible. These examples have, in turn, informed our striving to change the narratives about those who need care and the practices of those who should be providing that care.

To this end, we have not provided recommendations in this report. We are not saying in this report how government agencies need to change, as we have done in previous reports. Rather, we are insisting that the people in these agencies, and the agencies themselves, simply do their job and uphold the spirit of service to the community.

Finally, I want to acknowledge the 'we' who have been involved in getting us here, to this *Seventh report*. 'We' includes past and present members of the Committee, our supporters and cheerleaders in government and in the community and those working tirelessly behind the scenes in the Health Quality & Safety Commission to support our kaupapa. He mihi mahana ki a koutou.

Dr Fiona Cram MNZM

Chair, Family Violence Death Review Committee

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Executive summary | He kupu whakarāpopoto

In this, the *Seventh report* of the Family Violence Death Review Committee (the Committee), we draw attention to the concept of a **duty to care**. It is related to but distinct from a common concept in a western framework: a 'duty of care', which is a legal obligation to ensure the safety or wellbeing of others. In contrast, te ao Māori introduces relevant relational obligations, values and practices. Whakapapa creates a *duty to care* for those who are joined together by blood and common ancestry. Whanaungatanga extends beyond people to include the environment and spiritual realm. Manaakitanga (ethos of care) embodies a type of caring that is reciprocal and unqualified, based on respect and kindness. It is holistically embedded in the values of whānau, emphasising obligations and reciprocal relationships within the whānau and wider groupings (see Table 2 in Chapter 2). Within this report we use both terms: 'duty of care' when referring to legal obligations of individuals and agencies; and 'duty to care' when describing our relational obligations to each other as humans.

This report explores factors that have pushed Aotearoa New Zealand (Aotearoa) away from caring for people who experience family violence, reinforcing messages that no one is there to help them. In developing the content of this report, the Committee has been guided by the learning from in-depth reviews we conducted between 2019 and 2021. Naturally, experiences during the COVID-19 pandemic have also shaped this report, as we reflect on the factors that have enabled the mobilisation of Māori communities. The report also focuses on those aspects of the system that are yet to move. In particular, Pākehā[1] institutional responses to family violence that continue to dominate government agencies. We take a broad view of family violence, reflecting the many different journeys towards the events that are the focus of the mahi of the Committee.

The report concludes with a series of reflective questions for government agencies seeking to work as good partners with hapori/community. We have tied these reflective questions to the relevant sections of this executive summary so that, if you have insufficient time to read the report in full, you may still benefit from some of the Committee's thinking.

Kaupapa

Three elements have formed the Committee's thinking in this report.

The first is Te Tiriti o Waitangi and responsiveness to Māori, where we acknowledge that there are two parties to Te Tiriti – tangata whenua and tangata tiriti/Pākehā. So often we see statements about Te Tiriti that only mention the Māori partner (for example, *Te Aorerekura: National Strategy to Eliminate Family Violence and Sexual Violence*[2]), which reinforces myths that Te Tiriti is the responsibility of Māori only. Instead, we position Te Tiriti as an opportunity for both tangata whenua and tangata tiriti to achieve wellbeing (to realise Te Tiriti dividends).

[1] Rather than refer to these as 'mainstream' responses, we describe them as 'Pākehā' responses to put the focus on the worldview that these responses come from. Using 'mainstream' makes it easier to normalise such responses and blame clients/service users when such responses do not fit to their needs. (McNamara RA, Naepi S. 2018. Decolonizing community psychology by supporting indigenous knowledge, projects and students: lessons from Aotearoa New Zealand and Canada. *American Journal of Community Psychology* 62: 340–9.)

[2] Joint Venture of the Social Wellbeing Board. 2021a. *Te Aorerekura: National Strategy to Eliminate Family Violence and Sexual Violence*. Wellington: Board for the Elimination of Family Violence and Sexual Violence. URL: https://violencefree.govt.nz/national-strategy/ (accessed 14 February 2022).

For the second element, we describe a cascading waterfall – He Horowai, as a Te Tiriti-informed metaphor for the development of culturally responsive understandings of people's life courses. We initially illustrate the use of He Horowai by comparing Māori and Pākehā experiences of entrapment.

Third, in looking back as a way of moving forward, we examine our 'duty to care'. We consider how living up to expectations held for us all as carers is a way of disrupting the current family violence system and eliminating the burden of family violence and family violence deaths that family, whānau and hapori/community carry.

Chapter 2 describes each of these elements in more detail, as well as giving a background to the Committee.

Reflective questions

Ūkaipō – recognising the origins of the voice and the story, recognising context and identity

- What is the story of this community?
- How will the community story influence interactions with government agencies?
- What resources are available?

To provide a contrast to the usual siloed approach to service delivery, the Committee highlights the work of three kaupapa Māori organisations and their responses to whānau in need. After giving a brief overview of these organisations in Chapter 1, we include examples of their best practice throughout the report. An appendix on each organisation gives a detailed description of its kaupapa, practices, successes and challenges.

Reflective questions

Rangatiratanga – high-quality leadership, advocacy and service relationships in a practice based in humility, knowledge and knowing the limits of knowledge

- Do we come to the table to understand the needs of our community partners rather than to advance our agenda?
- How do we support our partners, seeking to highlight their successes rather than our own?
- How do we **contribute** to positive outcomes rather than determining what the outcome should be?

Family violence and the duty to care

Drawing from the in-depth reviews of family violence death events conducted between 2019 and 2021, the Committee highlights how family or whānau take on their obligations to their own and often shoulder the burden of poor service delivery or the divide between Crown and community services. Chapter 3 consists of four sub-sections on the following themes.

Finding alternative care pathways when hapori/community services and government agencies are working better together

The Committee has used compound stories from our in-depth reviews to highlight how the experience of family or whānau could have changed where government agencies were more open to working with local communities. In this sub-section, we draw attention to the need to take a whole-of-whānau approach when responding to violence in order to avoid creating 'silent victims' – those who bear the effects of being exposed to violence and who are never seen as victims in their own right. Our reviews of death events show it is these circumstances that create the foundation for violence between siblings or between adult children and their parents.

Reflective questions

Whanaungatanga – actively strengthening meaningful, sustainable and purposeful relationships

- What efforts are we making to establish trusting relationships?
- How does agency leadership model an acknowledgement that we need our community partners?
- What processes are we putting in place to help develop future leaders within the community?

The impact of failing in the duty of care for disabled people

In this sub-section, we explore the added burden placed on family and whānau of disabled people when they find it difficult to navigate systems of care. We highlight the limitations of the current system in identifying vulnerabilities and risks within family and whānau environments for disabled people. Further, we draw attention to societal assumptions that decision-making and caregiving responsibilities are equitable and how these assumptions place disabled people at risk of financial abuse through systems designed to be protective.

Reflective questions

Kaitiakitanga – protecting the vulnerable

- Do we have a clear understanding of how current systems reinforce the experience of violence?
- How do we support those at increased risk of being marginalised by service structures?
- Do we listen to our community partners when they tell us we are part of the problem?

Allowing family and whānau to be experts in their own lives

The Committee has identified that in deciding what type of information to collect about families and whānau, government agencies are driven more by their own interests than by the needs of the victim, offender, whānau or family. In this sub-section, we highlight the misalignments and missed opportunities to care that result from inaccurate data recording. The quality of responses wāhine and tamariki receive influences both their outcomes and the likelihood they will return for help in the future.

We reflect back on the Family Violence, Sexual Violence and Violence within Whānau Workforce Capability Framework and the principles built into this framework. We highlight

that allowing individuals to be experts in their own lives requires services to 'unlearn' what it means to help. Out of the desire to help, it is possible to perpetuate colonisation by translating what people are seeking support for into the services that are within an agency's mandate and buying in to 'paternalistic and linear models of public service'.

Reflective questions

Aroha – accepting a person's experience, suspending judgement and focusing on strengths

- How do we encourage victims/survivors and their family or whānau to be experts in their own lives?
- How do we acknowledge that reality without shifting it to fit our mandate?

Manaakitanga – acknowledging the mana of others through the expression of aroha, hospitality, generosity and mutual respect

- How does our agency embody the spirit of service[3] to the community?
- Do our interactions with our community partners underscore an attitude of respect?
- Are we generous with our time and resources to support our community partners?

The need for an ongoing duty to care

In the final sub-section, the Committee draws attention to a historical recommendation that has not yet been implemented – the need for a comprehensive after-care system for family and whānau following a family violence death. An after-care process is ultimately a prevention strategy for the next generation.

In highlighting this issue, we illustrate the patterns of hospitalisation for surviving children that follow family violence death events. This discussion provides a clear case for seeing family violence as a health issue. However, an after-care process should not be limited to surviving children – the adults who care for those children also need support. Further, while the Committee has focused on the health of surviving children in this report, after-care is about wellbeing as well.

Reflective questions

Kotahitanga – taking a collective, whole-of-whānau approach

- How does our agency act as part of a team?
- Are we open to radical change in order to change outcomes for families and whānau?

[3] Public Service Commission. Factsheet 2: He ratonga tūmatanui e kotahi ana | A unified public service. URL: www.publicservice.govt.nz/our-work/reforms/public-service-reforms-factsheets/?e5920=5928-factsheet-2-a-unified-public-service (accessed 10 December 2021).

Achieving Te Tiriti dividends – how upholding Te Tiriti benefits everyone

In Chapter 4, the Committee builds on Heather McGhee's description of solidarity dividends to show how the country would benefit as a whole if we were to work towards achieving Te Tiriti dividends. Drawing on complementary thinking in this area from Tā Mason Durie and Sacha McMeeking, we highlight the destructive influence of the illusion of control that some government agencies have and how mātauranga Māori (particularly the concept of āta) can guide the deliberate steps we need to take to move away from this illusion.

In this section, we also canvass a number of changes to legislation that put structures in place to allow government agencies to work towards achieving Te Tiriti dividends and enable the provision of a locally defined and empowered duty to care.

Life transitions, a focus on oranga and being good partners

In the final chapter, the Committee returns to the need for a life-course understanding of family and whānau, with a focus on wellbeing and reflective questions for government agencies wanting to be 'good partners' in the family violence system. Using imagery, we describe the recommendations made from in-depth reviews between 2019 and 2021, as well as key themes from our previous reports.

Rather than recommending the development of new services, the Committee is advocating for a wiser and more respectful approach to people, families, whānau and hapori/community services and an acknowledgement of the harms that government agencies have caused in the past. Our recommendation for all government agencies is that through their everyday interactions with family, whānau and hapori/community services, they must be aware of the influences on those interactions through people's previous experiences and the bias that is built into historical data.

Our challenge in this report, in recommending a move towards an oranga model, is for agencies to understand wellbeing instead of simply focusing on the absence of symptoms. The Committee appreciates that this is an uncomfortable conversation to have. This conversation will demand more resources than one person can effectively provide (depending instead on collective working for the benefit of the family or whānau), and yet it aligns more deliberately with a meaningful life.

1. Introduction | Kupu whakataki

No one deserves to die or to become a killer within the context of family violence. And yet, between 2009 and 2019 in Aotearoa New Zealand, 292 deaths resulted from intimate partner violence, child abuse and neglect or intra-familial violence.[4] A total of 295 offenders were responsible for these deaths.[5] Perhaps most surprising in the most recent findings about who is dying is that the percentage of deaths due to intra-familial violence has increased and the representation of Māori among those who lost their lives in 2021 has decreased (Figures 1 and 2).

Figure 1: Family violence death types, 2009–19 and 2021

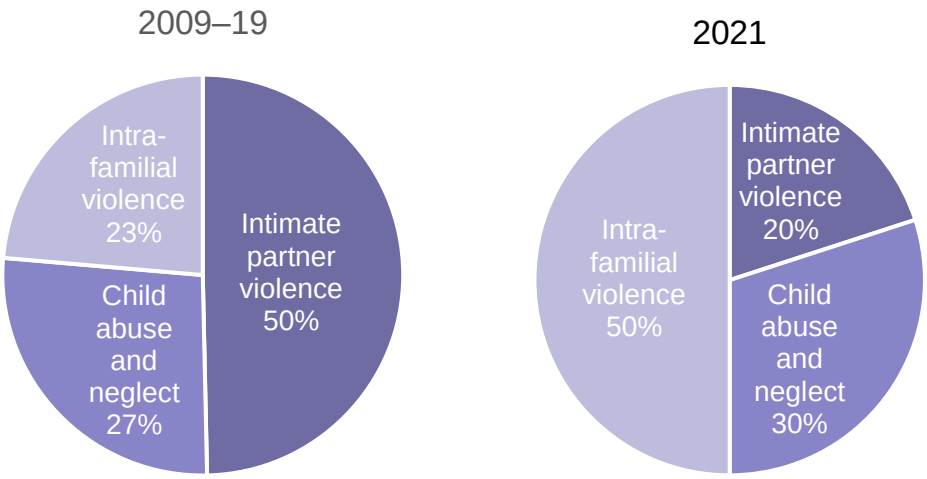
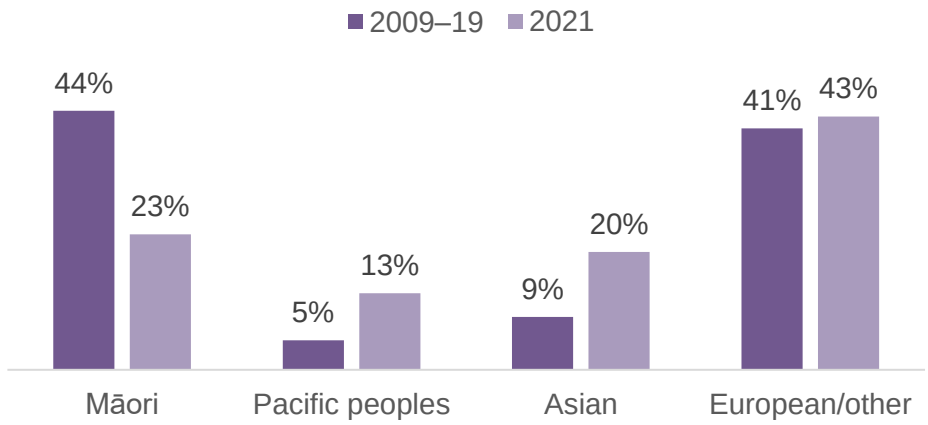


Figure 2: Ethnicity of deceased, 2009–19 and 2021[6]



[4] The Family Violence Death Review Committee's database is 'live'. It is regularly updated with new information, which can result in changes in data as previously unidentified cases are included or improved data collection leads to changes in the record of characteristics of victims or offenders.
[5] In some cases, multiple offenders are responsible for one death, or multiple deaths occur from the actions of one offender.
[6] Death events recorded in 2021 are currently considered provisional. Under normal circumstances, the Committee does not consider the details of family violence death events until the judicial process is complete. With this comprehensive level of information, the Committee can then develop a full understanding of the relationship between the victim and the offender. However, the details of the deceased can be recorded quickly after the death event. For this reason, the comparison in Figure 2 focuses on the ethnicity of the deceased only.

The Family Violence Death Review Committee (the Committee) is an independent advisor to the Health Quality & Safety Commission. Its role is to review family violence deaths with the aim of identifying strategies to reduce such deaths in the future. The Committee has a particular focus on policy and practice improvements that can reduce family violence deaths.

The Committee's work is at the hard end of the failings of our current family violence system, where a lack of service responsiveness – often over the course of people's lifetimes – leads to death. Within our current family violence system, families and whānau lose loved ones, either because their loved ones are killed or because they are imprisoned for killing. In the aftermath of a family violence death, children, parents, other relations or friends of those lost have no guarantee of accessing support and healing, while those who have taken a life may find no opportunities for penitence or restoration. We describe this as a family violence system in acknowledgement that the loss of lives impacts us all. It shapes who we are as a people and how much we should be concerned about whether all those in our communities and our nation have access to the goods and resources they need to live good lives. In other words, it shapes the way we care for one another.

While this report presents data that comes from our work, it is not heavy on tables. Numbers can narrow the gaze. For example, our opening graphs above will lead some readers to question why so much has changed. The changes may be due to the significant work of Māori organisations (see Chapter 4) or it may be that 2021 was simply different from the norm. At this point, it is too early to answer the question. What the graphs demonstrate clearly, however, is that family violence impacts on a whole family or whānau and across communities. Our work has shown us that the value the Committee adds in improving the system comes from the narratives we collect, both through clinical and administrative records and through views that service providers, friends or whānau of the deceased express. It is these stories that are the focus of this report.

Previous Committee reports have highlighted the overlap between child abuse and neglect and intimate partner violence; the lack of a strong, cohesive system that responds to family violence; the need for an effective after-care system for families and whānau who have experienced a family violence death; and the need for systems that focus on safety and wellbeing. Across previous reports, the Committee has drawn attention to the legacy of colonisation, trauma and inadequate service responses that has resulted in layers of social entrapment, erroneously placing the responsibility on women for finding safety for themselves and their children. The quality of the responses to wāhine and tamariki effects how much they engage with services, what services they receive and how likely they are to return for help in the future. The Committee has also drawn attention to the need for effective, holistic responses to men who use violence.

At every step, we have challenged the people and agencies that make up the family violence system to learn from the investigative work we do. We have challenged them to be more responsive and to care enough to help people navigate life pathways that move them out of harm's way. In doing so, we are not only advocating for a family violence system that prevents family violence death, we are asking agencies and organisations, formal and informal supports, to step up to eliminate family violence. Our success as a committee might be measured through a reduction in family violence deaths, but such a reduction also signals a commitment to a lower tolerance for family violence than we currently have as a nation.

In this, our *Seventh Report*, we draw attention to the concept of a duty to care. This report explores factors that have pushed Aotearoa New Zealand (Aotearoa) away from caring for

people who experience family violence, reinforcing messages that no one is there to help them. In developing this report, the Committee has been guided by its learning from in-depth reviews we conducted between 2019 and 2021. Inevitably, experiences during the COVID-19 pandemic have also shaped this report. In particular, we reflect on the factors that have enabled the mobilisation of Māori communities. The report also focuses on those aspects of the system that are still to move. In particular, Pākehā[7] institutional responses to family violence that continue to dominate government agencies. Here we take a broad view of family violence, reflecting the many different journeys towards the events that are the focus of the mahi of the Committee.

In approaching this report, you can read it from start to finish to gain an overview of the thinking of the Committee, or you may prefer to go first to the appendices for the rich and interesting case studies of three Māori organisations. We introduce the three organisations in Box 1. Quotes from these case studies appear throughout the report as an illustration of good practice underscored by strong cultural values. Even if you know of the Committee's work, we encourage you to dive in where you want to start and to learn alongside the Committee. Hopefully this will lead you to delve deeper into the remainder of the report.

[7] Rather than refer to these as 'mainstream' responses, we describe them as 'Pākehā' responses to put the focus on the worldview that these responses come from. Using 'mainstream' makes it easier to normalise such responses and blame clients/service users when such responses do not fit to their needs. (McNamara RA, Naepi S. 2018. Decolonizing community psychology by supporting indigenous knowledge, projects and students: lessons from Aotearoa New Zealand and Canada. *American Journal of Community Psychology* 62: 340–9.)

Box 1: An introduction to the case studies

The Committee has chosen to focus on three kaupapa Māori organisations known as exemplars for holistic, whānau-focused service provision.

Tū Tama Wāhine o Taranaki Inc (Tū Tama Wāhine) is a kaupapa Māori organisation based in New Plymouth, Taranaki. The organisation has about 30 staff, 26 of whom are Māori or Pasifika.

Tū Tama Wāhine began its journey at a meeting in 1988. Identifying family violence as a prevailing issue, kaumātua Matarena Marjorie Rau-Kupa brought together a group of Māori leaders and community members to develop an intervention strategy. In this way, the organisation was sparked through an acknowledgement of the high rates of family violence among Māori whānau in the rohe and a recognition of significant service gaps that resulted in a failure to address the violence and the factors that led to it.

Rather than defining itself as a service provider, Tū Tama Wāhine stresses that it is a kaupapa Māori common-good organisation. Tū Tama Wāhine developed in opposition to structural factors of colonisation, oppression, injustice, racism and the many acts of violence of the colonial state on Indigenous peoples. This acknowledges that the many causes of family violence are historical and intergenerational and have many causes.

Tūhoe Hauora is a kaupapa Māori health provider based in Tāneatua, about 13 kilometres from Whakatāne in the Bay of Plenty. All of the organisation's 42 staff are Māori, and 95 percent whakapapa to Ngāi Tūhoe.

Tūhoe Hauora developed out of an acknowledgement that a range of statistics related to government agencies portrayed Tūhoe, and Māori in general, negatively and that getting involved with many of these government agencies had a negative impact on the individual and whānau. Tūhoe Hauora has developed a therapeutic model underpinned by mana motuhake – the self-determination of iwi, hapū and whānau. It frames mana motuhake as reclaiming the rights of Tūhoe, as well as acknowledging that conventional reliance on government agencies has had harmful impacts on whānau. To Tūhoe Hauora, mana motuhake is also foundational to empowering whānau to make their own informed decisions, which it is committed to doing, in contrast to the approach of government agencies that disempower whānau.

Adopting a dual focus on service delivery and community participation is another way that the work of Tūhoe Hauora reflects mana motuhake. Such commitment again contrasts with conventional approaches that commonly keep strict levels of professional distance between communities and practitioners.

Manaaki Tairāwhiti is an iwi-led initiative, based in the Gisborne area, in which 11 government and community organisations collaborate to devolve the commissioning of social services to the community. The initiative began in 2016 when chief executives of the two local rūnanga, Ngāti Porou and Tūranganui-a-Kiwa, identified a need to address social sector inefficiencies and gaps in service provision arising from government kaupapa-specific initiatives. As a result of these inefficiencies, service providers were working in silos and largely focused on crisis intervention rather than prevention. The inefficiencies also contributed to a variety of intergenerational issues, and a high proportion of families in Tairāwhiti were reported to be 'living in crisis and passing that crisis on to their tamariki and mokopuna'.

Manaaki Tairāwhiti identified the need to devolve social sector commissioning to the community and connect social sector policy with service provision. This emphasis contrasts with the predominant, and conventional, kaupapa-specific contracting and service delivery frameworks.

The organisation founded devolution on a principle of mana motuhake and put it into practice through two tightly linked strategic purposes. First, appropriate community-based and derived support, framed around whānau empowerment and decision-making, will lead to transformational change and, ultimately, whānau mana motuhake. Second, of equal significance, whānau mana motuhake depends on the mana motuhake of Tairāwhiti. The emphasis on mana motuhake of the Tairāwhiti rohe counters the conventional central government approach to policy and programme delivery, which is developed outside of the rohe, imposed without consultation and often contrary to needs that the community itself has identified. In contrast, mana motuhake of the Tairāwhiti rohe acknowledges that local leaders and stakeholders are best positioned to identify and develop their own unique solutions.

2. Background to the Family Violence Death Review Committee and report kaupapa | He kōrero o mua mō te Uepū Arotake Mate mā te Tūkino ā-whānau me te kaupapa o te pūrongo

Background to the Committee

In 2002, *Te Rito,* the first family violence prevention strategy for Aotearoa, was published.[8] The vision was to 'create a society where families/whānau are living free from violence'.[9] The strategy was made up of nine guiding principles, setting out five key goals and 18 specific, interrelated areas of action. From the initiatives put in place under *Te Rito*, the Taskforce for Action on Violence within Families was established in June 2005. The Taskforce brought together government and non-government agencies, and the judiciary, 'to tackle the problem of family violence'.[10] Built into the first programme of action for the Taskforce was a review of family violence deaths, with the expressed purpose of understanding why family violence deaths occur to enable the shift in attitudes, systems and practices necessary to prevent future deaths.

Also published around this time was *Transforming Whānau Violence*, an updated version of a report from the former Second Māori Taskforce on Whānau Violence, published in 2004.[11] In this report, the Mauri Ora framework describes violence as damaging the mauri of both victims and offenders: 'it creates dis-ease and imbalance which results in a state of kahupō, which can be described as having no purpose in life or spiritual blindness'.[12] The restoration of mauri ora is achieved through a transformative process that 'includes contesting the illusions around whānau violence, removing opportunities for the practice of whānau violence and replacing these with alternative behaviours and ways of understanding'.[13]

The Taskforce understands whānau violence as the compromise of te ao Māori values. Whānau violence can be understood as an absence or a disturbance in tikanga. Tikanga is defined by this Taskforce as the process of practising Māori values. The Taskforce believes that transgressing whakapapa is a violent act and that Māori have a right to protect (rather than defend) their whakapapa from violence and abuse.[14]

In *The Ongoing Programme of Action*, published in 2007, the Taskforce for Action on Violence within Families described the Family Violence Death Review Committee, which

[8] Ministry of Social Development. 2002. *Te Rito New Zealand Family Violence Prevention Strategy*. Wellington: Ministry of Social Development. URL: www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/planning-strategy/te-rito/te-rito.pdf (accessed 9 November 2021).
[9] *Ibid*., p 5.
[10] Taskforce for Action on Violence within Families. 2006. *The First Report*. Wellington: Ministry of Social Development. URL www.msd.govt.nz/about-msd-and-our-work/work-programmes/initiatives/action-family-violence/reports.html#TheFirstReport1 (accessed 9 November 2011), p 2.
[11] Kruger T, Pitman M, Grennell D, et al. 2004. *Transforming Whānau Violence – a Conceptual Framework: An updated version of the report from the former Second Māori Taskforce on Whānau Violence*. Wellington: Te Puni Kōkiri.
[12] *Ibid*., p 15.
[13] Kruger et al 2004, *op. cit.*, p 16.
[14] Kruger et al 2004, *op. cit.*, p 10.

was soon to be established, as an 'interagency, multi-disciplinary committee'[15] to systematically review all family violence deaths. The Committee was then established in 2008.

> *The Committee is located in the Ministry of Health and operates in close collaboration with the Ministries of Justice and Social Development, the New Zealand Police and other key government and community agencies. The Committee is a ministerial committee set up under the New Zealand Public Health and Disability Act 2000 and is accountable to the Minister of Health.*[16]

The Committee has always had a diverse group of members, who bring a range of employment-related, life and cultural expertise to its mahi. Currently the Committee includes two members with legal experience, two with social work experience, two kaupapa Māori researchers, a health representative and a lived experience representative. Over half of the current Committee is Māori. In addition, while one member is specifically appointed as a lived experience representative, other members also bring a lived experience of family violence to Committee discussion.

Initially, the work of the Committee was to support the Family Violence Ministerial Advisory Group and the Taskforce for Action on Violence within Families. The expectation was that the Committee would 'give advice and report directly to the Minister [of Health] independent of any government departments, professional bodies or other agencies'. It was to work towards the overarching goal of reducing and preventing family deaths by:

- reviewing and reporting to the Minister on family violence deaths, with a view to reducing the numbers of family violence deaths, and to maintain continuous quality improvement through the promotion of ongoing quality assurance programmes
- developing strategic plans and methods that are designed to reduce family violence morbidity and mortality, and that are relevant to the Committee's functions
- advising on any other matters related to family violence deaths the Minister specifies.[17]

In 2010, the Health Quality & Safety Commission was set up as a Crown entity[18] and took responsibility for the New Zealand mortality review committees, including the Family Violence Death Review Committee. The Committee became a statutory advisor to the Health Quality & Safety Commission, reporting to its Board and, through the Board, to the Associate Minister of Health.[19]

[15] Taskforce for Action on Violence Within Families. 2007. *The Ongoing Programme of Action*. Wellington: Ministry of Social Development. URL: www.msd.govt.nz/about-msd-and-our-work/work-programmes/initiatives/action-family-violence/reports.html#TheOngoingProgrammeofAction2 (accessed 9 November 2011), p 22.
[16] Family Violence Death Review Committee. 2009. *Family Violence Death Review Committee: First Annual Report to the Minister of Health: October 2008 to September 2009*. Wellington: Family Violence Death Review Committee, p 3.
[17] *Ibid.*, pp 8–9.
[18] The category of 'Crown entity' was originally created in the Public Finance Act 1989. The aim was to make them 'sufficiently separate so that ministers cannot make everyday decisions on their operations … to prevent undue political influence and interference'. (Laking R. Crown entities – why were Crown entities created? *Te Ara – the Encyclopedia of New Zealand*. URL: https://teara.govt.nz/en/crown-entities/page-2 (accessed 14 February 2022).)
[19] Tolmie J, Wilson D, Smith R. 2017. New Zealand. In M Dawson (ed), *Domestic Homicides and Death Reviews*. DOI 10.1057/978-1-137-56276-0_6 (accessed 13 April 2022).

At this time, the Committee also established data collection processes. This involved a twin-track system that included:

1. collecting a standard set of data on each family violence death event over time, which the Committee was to aggregate and report on regularly
2. conducting in-depth reviews of death events to identify the unique details of each event and ways to prevent future deaths.

Initial reviews that the Committee conducted established:

- the need to have agency representatives on reviews who had sufficient status within their own organisation to be influential and be able to respond to the findings of the reviews
- the importance of cultural safety and representation on the Committee and panels
- the need for trust and goodwill with agencies and with individuals working within the family violence sector.[20]

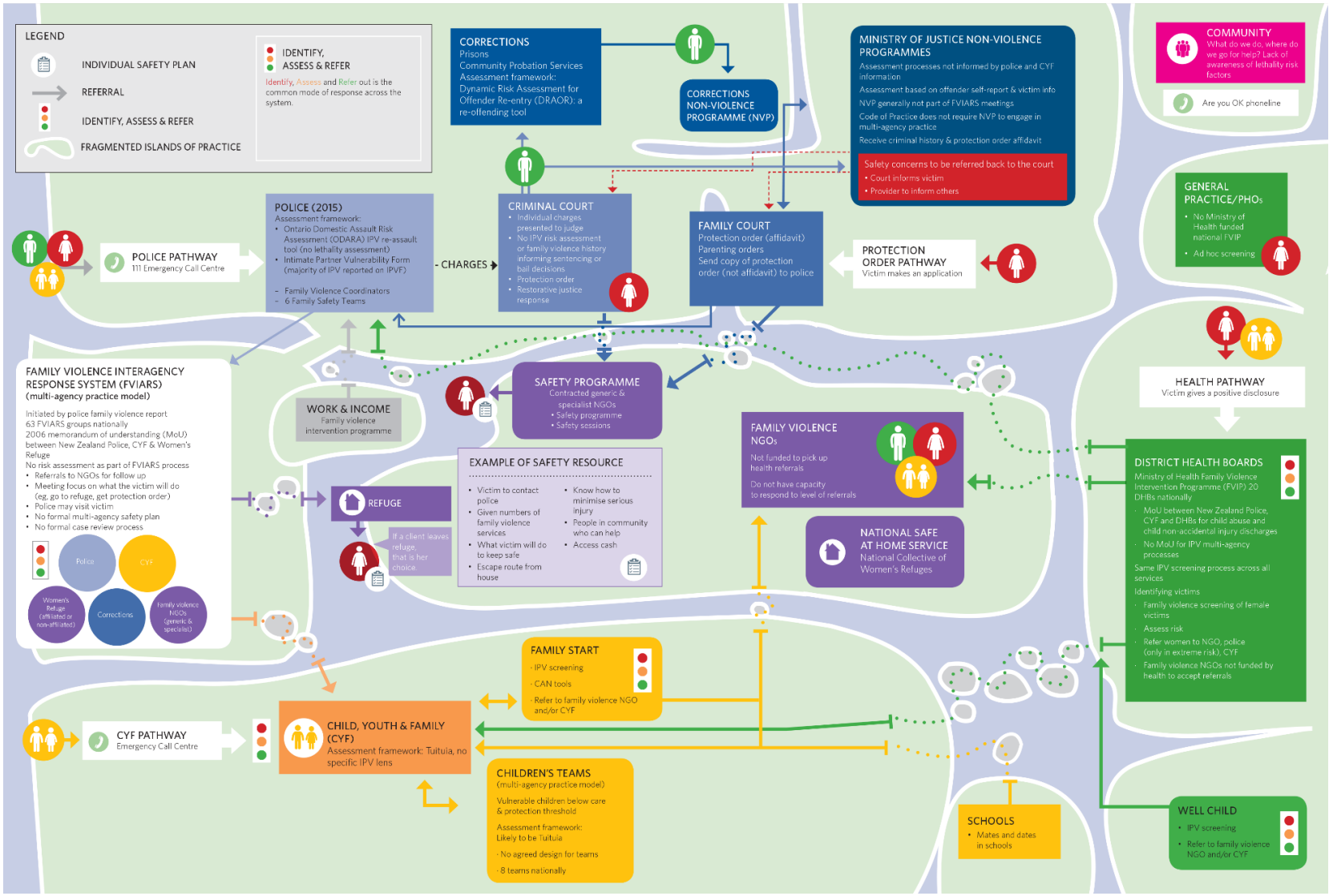
Originally the Committee was expected to review each family violence death within six months of the death event. However, the judicial process can take over two years to complete and the information collected through this process has value. For this reason, in-depth reviews are now only conducted after this process has been completed.

The Committee's in-depth reviews have moved forward the understanding of family violence within Aotearoa. For example, in its *Fifth Report*, published in 2016, the Committee highlighted that the family violence response system was a system by default rather than by design.[21] To draw attention to this, the Committee produced a map of the system as it stood at that time (Figure 3). The map shows that the services that existed at that time, like the ones that still dominate the system, were largely oriented towards crisis response. Services were, and continue to be, disconnected, resulting in disjointed rather than holistic, interconnected systems of care. The Committee's reviews and previous reports reveal that service delivery is often individualised and short term, giving little consideration to ongoing care and wellbeing or to the impact of the crisis on the long-term functioning of the family or whānau.

In-depth reviews into death events suggest that little has changed for those experiencing violence in Aotearoa. Services still fail to appreciate how historical experiences of help-seeking for victims of violence influence their current help-seeking behaviours. Recommendations in more recent reviews have highlighted how current systems and structures that promote an individualised focus and do not adequately consider how family or whānau context can increase the risks of violence (re)occurring.

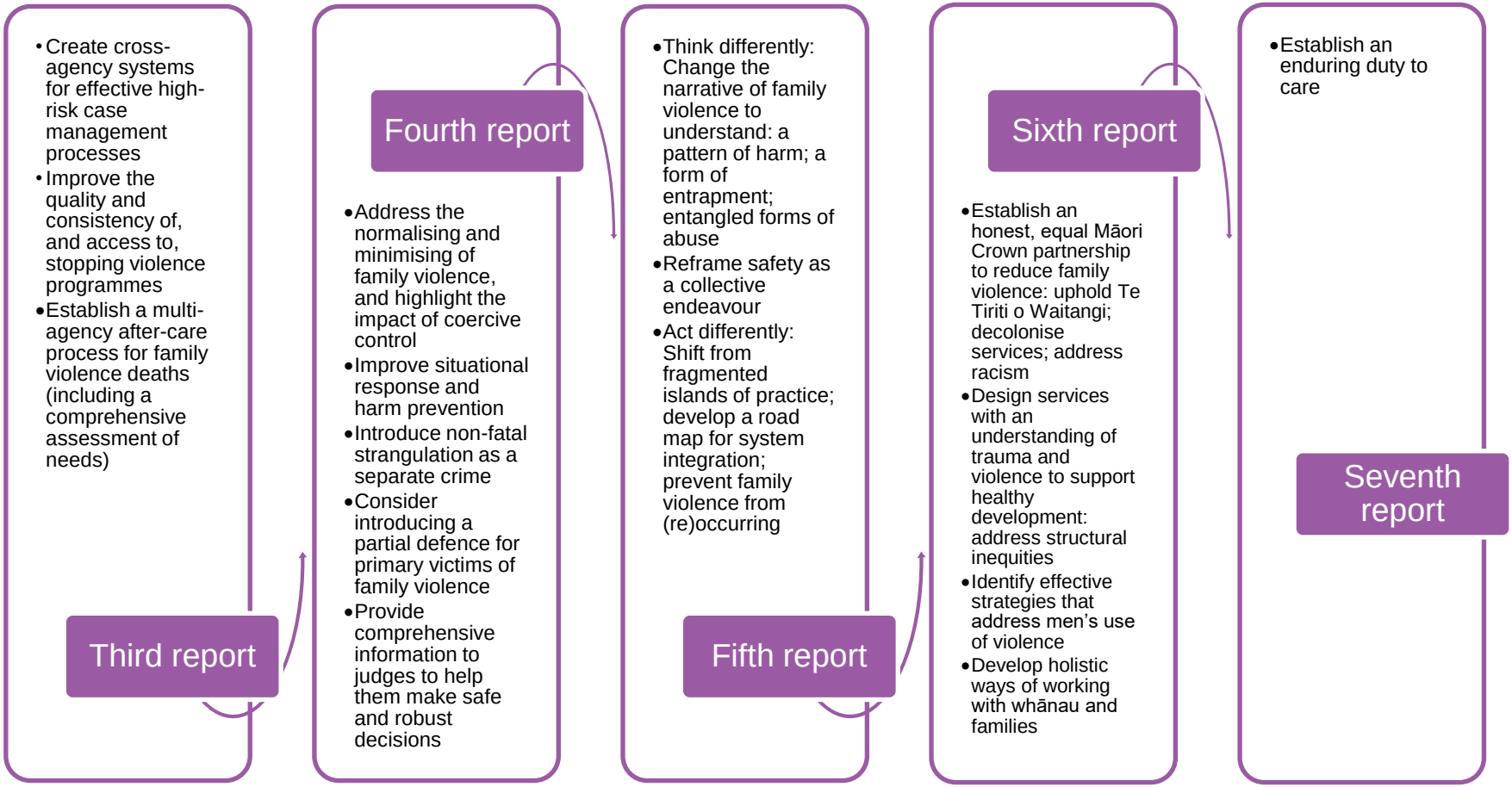
[20] Family Violence Death Review Committee. 2013. *Third Annual Report: December 2011 to December 2012*. Wellington: Health Quality & Safety Commission.
[21] Family Violence Death Review Committee. 2016. *Fifth Report: January 2014 to December 2015*. Wellington: Health Quality & Safety Commission.

Figure 3: The Committee's 'map of the current system', 2016



To download the full-size version of this figure: www.hqsc.govt.nz/assets/Our-work/Mortality-review-committee/FVDRC/Publications-resources/FVDRC-5th-report-figure3-Feb-2016.pdf

Figure 4: Development of Committee recommendations over time[22]



[22] To access all Committee reports, go to https://www.hqsc.govt.nz/resources/resource-library/?query=&programme=33

As Figure 4 shows, recommendations from the Committee have evolved over time. Our early reports focused on how individual agencies (for example, Police) or components of the system (judiciary) responded to individuals, before we moved on to understanding the full journey of a family or whānau affected by a family violence death. Increasingly, we have reflected on the wider systemic processes or structures that work as a whole to reinforce violence experience or work against safety. As we described in Chapter 1, the Committee's work and our recommendations to reduce family violence are at the hard end of the outcomes that our current family violence system produces when a lack of service responsiveness – often over the course of people's lifetimes – leads to death. This system impacts all who live in Aotearoa – it shapes our collective understanding of who we are as a people and the way we care for one another.

Pākehā institutions are currently putting much effort into 'collaboration' and 'joint working' at the national level. However, these national-level collaborations are largely disconnected from collaborations within regions and communities. Instead, the pattern of hierarchical contracting structures continues with an unhelpful focus on the individual, and our in-depth reviews regularly find evidence of ineffective communication and collaboration. Contract criteria compound these issues by limiting service responses to 'addressing a problem' and moving on. Further, while family stressors such as ill health, disability, mental illness or addiction concerns do not *cause* family violence, they can help to *escalate* patterns of violence that already exist. Again, despite our recommendations for change, little has been done to rethink how to address these contextual factors.

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*We asked for help, but we were getting nowhere with these agencies. Go here, go there. They just gave up, **he** gave up, there was no help. How many places were they sent to get help for my son?*

He just gave up, he goes 'Too late, I don't want help.'

If they got him in there straight away … but they sent us there, and there and there … Me and my dad started to cry over there.[23]

The current system seems to have two separate components: one driven by the Crown and the other by community services. It is often community-based services that are able to establish a trusting relationship with the family or whānau. However, they are frequently limited in their ability to effect change for that family or whānau because they cannot access practical resources that will help them to move away from a period of crisis. Although these resources are said to be available through government agencies, community-based services cannot access them easily and quickly. Our reviews provide examples of how Crown systems work against what whānau need by imposing punitive, compliance-focused responses.

In contrast, in a strong, cohesive family violence response and prevention system, all sectors of society understand the role they can play in preventing violence, preventing the escalation of violence and facilitating healing. This means institutions understand how they are

[23] Whānau interview, Committee in-depth review, November 2020.

upholding their duty of care for the individual and their family or whānau. They also support staff to understand the limits to service delivery, and Crown and community services work together to find a way for each of them to contribute effectively in the space where their services overlap.

It is this context, along with the history of the Committee, that has led to this report. Here we seek to understand:

- how the system can consider individuals, families and whānau as fully human and worthy of accessing resources that allow them to lead a good and meaningful life
- what changes are needed so that we see it as a human right to have institutions that uphold a duty of care
- what change is required to tailor institutional responses to the individual circumstances of people needing support so that they hold people together.

While this report draws on new learnings of the Committee, especially as they relate to intra-familial violence, we also reflect on key recommendations in previous reports and how work towards implementing these recommendations has progressed (or not). The case studies from community organisations throughout the motu (country) in this report highlight their importance in Aotearoa's national response to family violence. By bringing these case studies to the attention of readers, the Committee is hoping to focus on the importance of a seamless community–state approach to addressing family violence. They emphasise the need to further invest in these services so that all levels of the family violence system have the capacity to care and engage.

The Committee invites you to learn along with us. As with many of our previous reports, this report builds on our knowledge base, but that knowledge base still has gaps that we can only fill by continuing to develop and improve the methods of our in-depth reviews. For example, the Committee has begun to speak with friends, family or whānau of the deceased and/or offender. The voices of these people add to the validity of the review, and we include them throughout this report. Yet they are not part of the review in that these contributors do not engage with agency representatives. We ask family or whānau to talk about what happened without the Committee sharing any information in return, due to the restrictions of the legislation we work under.[24] The Committee acknowledges this non-reciprocal approach stands in direct contrast to te ao Māori expectations. By not fully engaging family or whānau throughout the review process, the review team is working against the principles of kaitiakitanga and tino rangatiratanga. As a Committee, we believe we have further work to do to fully embed family or whānau in a reciprocal, healing review process.

Further, through our expanded understanding of all forms of family violence (intimate partner, child abuse and neglect and intra-familial violence) the Committee more fully appreciates how poorly resourced services are linked with increased vulnerability to violence for families and whānau. We are also developing a better understanding of how legislation designed to support people can further entrap them if services have not fully considered the power dynamics within the family or whānau. We expand on these issues in the following chapters. While we appreciate gaps remain in our knowledge, we present this report as a further alert to those who work within the family violence system to consider the humanity of

[24] Towards the end of 2022, the Committee will release a discussion document expanding on this subject. In it, we will evaluate the inclusion of the family or whānau voice against an Indigenous rubric (Te Pou) developed to provide a culturally appropriate framework for conducting in-depth reviews.

those you engage with. To encourage this, our concluding comments in Chapter 5 include some reflective questions for government agencies seeking to work as good partners with hapori/community services.

We acknowledge that the COVID-19 pandemic has added an extra layer of complexity to providing services, and that many who work within the family violence system are exhausted.[25] The findings we include in this report come from reviews we conducted before the pandemic. We expect that the pandemic will have only made the issues we outline worse.

We also acknowledge that many of the issues we raise need to be addressed by senior decision-makers. Those directly interacting with whānau often have the lowest levels of power and resources to effect change. However, individual responses can set in motion a train of events that is either helpful or damaging. For this reason, we highlight the impact of individual responses and draw attention to our past recommendations that decision-makers have not yet fully implemented.

Kaupapa

In this section, we describe three elements that inform our thinking in this report.

The first is Te Tiriti o Waitangi and responsiveness to Māori, where we acknowledge that there are two parties to Te Tiriti – tangata whenua and tangata tiriti/Pākehā.[26] So often statements about Te Tiriti mention only the Māori partner (for example, *Te Aorerekura: National Strategy to Eliminate Family Violence and Sexual Violence*[27]), which reinforces myths that Te Tiriti is the responsibility of Māori only. Instead, we position Te Tiriti as an opportunity for both tangata whenua and tangata tiriti to achieve wellbeing (that is, to realise Te Tiriti dividends).

Second, we describe a cascading waterfall – He Horowai, a Te Tiriti-informed metaphor for the development of culturally responsive understandings of people's life courses, illustrated initially by comparing Māori and Pākehā experiences of entrapment.

Third, in looking back as a way of moving forward, we examine our duty to care. We consider how living up to expectations on us all as carers is a way of disrupting the current family violence system and eliminating the burden of family violence and family violence deaths that family, whānau and hapori/communities carry.

Te Tiriti non-compliance

The failings of our current family violence system are grounded in the breaches of Te Tiriti o Waitangi.[28] Instead of being an agreement that guaranteed Māori continued sovereignty, possession of taonga and the rights of British subjects – as many Māori rangatira believed it would be – Te Tiriti gave way to the pressures of capitalism. In 1840, the same year that Māori were signing Te Tiriti around the motu, colonisers were forming their own government,

[25] Nance S. 2020. Helping doesn't have to hurt: Managing compassion fatigue in the midst of the COVID-19 pandemic. *PublicSource*. URL: www.publicsource.org/helping-doesnt-have-to-hurt-managing-compassion-fatigue-in-the-midst-of-the-covid-19-pandemic/ (accessed 14 March 2022).
[26] Tangata whenua refers to people of the land: Māori. Tangata tiriti refers to the people who were enabled to settle in Aotearoa New Zealand through the signing of Te Tiriti o Waitangi: Pākehā.
[27] Joint Venture of the Social Wellbeing Board. 2021a. *Te Aorerekura: National Strategy to Eliminate Family Violence and Sexual Violence*. Wellington: Board for the Elimination of Family Violence and Sexual Violence. URL: https://violencefree.govt.nz/national-strategy/ (accessed 14 February 2022).
[28] Orange C. 1987. *The Treaty of Waitangi | Te Tiriti o Waitangi: An illustrated history*. Wellington: Bridget Williams Books.

and boatloads of newcomers were sailing here in the belief that they had bought land and the opportunity for a new life.[29]

The impacts soon swept through Māori communities, who felt them as colonial assaults on whakapapa, whānau and whenua.[30] The colonial government took Māori resources, including the land, from the care and protection of Māori and sold them as commercial assets to the newcomers. All the while, the Māori population continued to decline from the unfettered spread of communicable diseases and the loss of lives during wars when Māori sought to continue their tenure on their whenua. The colonisers had anticipated all of these impacts. As Māori were among the last peoples for colonisers to form treaties with, by this time much of the world was well aware of the devastation that colonisation brought to Indigenous populations.[31]

By drawing attention to the legacy of colonisation in perpetuating inequitable experiences of family violence in Aotearoa, the Committee places Te Tiriti o Waitangi at the centre of our analysis. The legacy of intergenerational trauma and loss for Māori is well-canvassed by Māori scholars.[32] Thanks to their work, we must see the systemic trauma of colonisation that is embedded in the Māori population for what it is, rather than as simply personal deficits of individuals. In the same way, we must see the inequity Māori experience as a denial of citizenship rather than as a service access issue for an individual or a whānau.

Less often discussed is the impact of undeserved privilege and the legacy of what it took to gain/steal this privilege from the Indigenous people of this land. Being a coloniser carries its own baggage, which Pākehā still bear to this day. As our colleague Ngaropi Cameron reminded us in 2021, 'Māori need to decolonise our minds. However, Pākehā need to work on the de-imperialisation of their minds and the implications that a colonial mindset has had on the structures and institutions of our society'[33] – a society that has failed to uphold Te Tiriti guarantees their Pākehā ancestors made. This is not all water under the bridge; it remains relevant and important because people – including Pākehā women and children – are dying as a result.

In 2022, we can draw on past work on strengthening the compliance of mortality reviews with Te Tiriti to guide our efforts to eliminate preventable mortality. In 2020, Ngā Pou Arawhenua (the Māori caucus of the mortality review committees) published *Te Pou*,[34] a framework calling for members of the mortality review committee secretariat to develop an understanding of the factors that reinforce inequitable experiences of service delivery, which will then guide how they interpret and report Māori mortality data. *Te Pou* also requires that committees reflect on their current methods of death review so that they develop accurate stories and interpretations leading to recommendations that can prevent future deaths.[35]

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[29] *Ibid.*
[30] Cram F, Te Huia B, Te Huia T, et al. 2019. *Oranga and Māori Health Inequities 1769–1992*. Report Number Wait 2575, #B25. Wellington: Ministry of Health. URL: https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_152096130/Wai%202575%2C%20B025.pdf (accessed 14 February 2022).
[31] Barker J. 2011. *Native Acts: Law, recognition, and cultural authenticity*. Durham & London: Duke University Press.
[32] Cameron N, Pihama L, Millard J, et al. 2017. *He Waipuna Koropupū*. Taranaki: Tū Tama Wāhine o Taranaki Inc.
[33] Family Violence Death Review Committee Stakeholder Engagement Hui, Te Wharewaka, June 2021.
[34] Wilson D, Crengle S, Cram F. 2020. Improving the quality of mortality review equity reporting: development of an Indigenous Māori responsiveness rubric. *International Journal for Quality in Health Care* 32(8): 517–1. DOI: 10.1093/intqhc/mzaa084 (accessed 14 April 2022).
[35] Health Quality & Safety Commission. Māori responsive good practice expectations. URL: www.hqsc.govt.nz/resources/resource-library/te-pou-maori-responsive-rubric-and-guidelines (accessed 14 February 2022).

With our focus on Te Tiriti and *Te Pou*, some stakeholders have raised concerns that the Committee is moving away from its core message about maintaining the safety of women and children. However, as Cram and colleagues have highlighted,[36] this in fact draws our work into line with the position Māori scholars have taken for some time.

> *Family violence intervention involves male responsibility for their violence while ensuring the absolute safety and protection of the women and children victims of this violence. Any rehabilitation process for Māori men must be inclusive of positive Māori self-identity and must promote the family (whānau) as an institution which supports, as well as sanctions, behaviour.*[37]

An analysis that centres on Te Tiriti and is led by *Te Pou* brings with it the ability to speak to the result of unchecked privilege that marginalising Māori in their own home made possible. It should not be surprising that Pākehā believe their privilege is somehow earned or deserved. Deficit-based research in this country continues to compare Māori with Pākehā norms and find them to be wanting. For over 200 years, newcomers have been present in this motu, including anthropologists and tourists who visit in order to write about Māori with no awareness of the ideological spectacles they use to view te ao Māori.

In the last 30 to 40 years, Māori have challenged this non-Māori research, wanting to tell their own stories and explore their own hypotheses. The growth of kaupapa Māori research is one example of how Māori have reclaimed research methodology. Kaupapa Māori research has a dual focus: exploring te ao Māori and mātauranga Māori, and shining a light on structural barriers to Māori vitality and sustainability.[38] This approach is well aligned with the kaupapa the Committee is embedding in its mortality review work. That is, we are working to develop an understanding of individuals within their relationship (for example, kinship or intimate) context while highlighting missed opportunities for formal support structures (for example, health or housing services) to strengthen people's pathways to wellness and avoid premature death.

To strengthen pathways to wellness, policy making must remove structural inequities within the family violence system – and that is an inherently political activity. As a Committee, we make recommendations to this end whenever we do an in-depth review of a family violence death along with representatives of the agencies that have been involved in the lives of the family or whānau. The reviews are watershed moments as people who are often deeply committed to their work, and who have been trying to help and support a family or whānau, try to piece together what went wrong – to understand why someone killed and why someone died.

In May 2021, during a wānanga that brought together government agencies and Māori organisations and stakeholders, we learned that we should also include the organisations that *should have* been involved in the lives of whānau or family in these reviews. While they

[36] Cram F, Cannell H, Gulliver P. 2021. Getting the story right: reflecting on an indigenous rubric to guide the interpretation of mortality data. *Journal of Interpersonal Violence*. DOI: 10.1177/08862605211042565 (accessed 14 April 2022).
[37] Balzer R, McNeill H. 1988. *The Cultural Factors of Family Violence*. Wellington: FVPCC, Department of Social Welfare, p 10.
[38] Smith GH. 2012. Kaupapa Māori: the dangers of domestication. Interview with Te Kawehau Hoskins and Alison Jones. *New Zealand Journal of Educational Studies* 47(2): 10–20.

could be absent for a number of reasons – not being invited, not being on a government agency's referral radar – their presence during a review could tell us more about what a wellness pathway could have looked like for a whānau. This includes wellness pathways over someone's lifetime, where Māori organisations can contribute their knowledge of better navigation options and highlight missed opportunities. It is important for us, as a Committee, to own up to our own oversight and begin to strengthen relationships with Māori organisations, whose insights into the challenges Māori whānau face and knowledge of 'solutions' are both wide and deep.

Equitable policy development and service delivery, in turn, requires the expression of mana ōrite, Māori leadership, engagement, critique and peer review.[39] This brings the Crown more into line with its obligations under the Declaration on the Rights of Indigenous Peoples, to which Aotearoa became a signatory in 2010.[40] For the Committee to focus on equity, we must acknowledge the systems and structures within which family violence occurs and the worldview that these promote.

For this reason, throughout this report we privilege Māori solutions, acknowledging the mana of those who work to deliver these solutions. It is not failing to acknowledge the efforts of non-Māori; rather, we see it as time for Māori to occupy centre stage. When they signed Te Tiriti, Māori rangatira did so because they were willing to share this country with newcomers. This act of inclusiveness and welcome guides us to de-centre 'whiteness as ownership of the world forever and ever'[41] and to make room for te ao Māori within our work.

Achieving Te Tiriti dividends – how everyone benefits from upholding Te Tiriti

Building on the work of Heather McGhee,[42] the Committee is also developing a concept of Te Tiriti dividends.[43] In essence, this concept means the whole country benefits from efforts to uphold Te Tiriti o Waitangi. McGhee highlights how people have used a 'zero sum' argument – where the progress of some must come at the expense of others – to justify the impacts of colonisation, in particular stealing land, labour and people.[44] However, when we buy into the arguments that create 'distrust and distance', as a country we lose the ability to work across ethnic lines and take collective action to address our common problems. In contrast, when we work together, we can create 'solidarity dividends' – or Te Tiriti dividends in the context of Aotearoa – that benefit all.[45] A parallel argument McGhee draws on is that closing the economic divide improves the economy of the whole country.

In this report, by highlighting the differences and similarities in the experiences of Māori and Pākehā, we demonstrate how Te Tiriti dividends can contribute to wellbeing and safety for everyone. By upholding the rights and basic dignities of everyone in Aotearoa, we can take collective action to address the foundation of family violence. Treasury has drawn on a similar analysis by economist and Nobel Prize winner Amartya Sen to develop the Living

[39] Came H, O'Sullivan D, McCreanor T. 2020. Introducing critical Tiriti policy analysis through a retrospective review of the New Zealand Primary Health Care Strategy. *Ethnicities* 20(3): 434–56. DOI: 10.1177/1468796819896466 (accessed 14 April 2022).
[40] O'Sullivan D. 2020. Implementing the UN Declaration on the Rights of Indigenous Peoples in New Zealand. *Oxford Human Rights Hub.* URL: https://ohrh.law.ox.ac.uk/implementing-the-un-declaration-on-the-rights-of-indigenous-peoples-in-new-zealand/ (accessed 15 March 2022).
[41] Du Bois (1920), cited in: Myers C. 2004. Differences from somewhere: the normativity of whiteness in bioethics in the United States. *American Journal of Bioethics* 3(2): 1–11, p 8.
[42] Family Action Network. 2021. Heather McGhee and US Senator Elizabeth Warren: The sum of us. URL: https://youtu.be/QWMqU44Mll4 (accessed 7 October 2021).
[43] Although definitions of 'dividend' generally focus on the corporate world, in this report the Committee (re)claims the term to mean 'a benefit from an action or policy' (definition from Oxford Languages). In the current context, the 'action or policy' is to uphold Te Tiriti o Waitangi.
[44] McGhee H. 2021. *The Sum of Us: What racism costs everyone and how we can prosper together*. New York: One World.
[45] *Ibid.,* Chapter 10.

Standards Framework,[46] which identifies the capabilities needed for a 'truly developed society'[47] and underscores the potential for sustainable wellbeing across generations.

Although developing the concept of Te Tiriti dividends is a step forward for the Committee, kaupapa Māori service providers have been putting this concept into practice for some time (see Box 2).

Box 2: Active citizenship in Taranaki[48]

Tū Tama Wāhine o Taranaki Inc

Rather than defining itself as a service provider, Tū Tama Wāhine stresses that it is a kaupapa Māori common-good organisation.

> We're a kaupapa Māori common-good organisation and what that means is we are there for the common good of everyone and the way in which we go about our work is within a kaupapa Māori framework.

Complementing its commitment to reclaiming its own purpose, the organisation bases its Indigenous community development work on culturally embedded notions of a duty to care, in which manaakitanga is a central cultural tenet.

> We had our whole culture based around caring for each other and ensuring people were fed and kept alive and protected.

To achieve its goal of Indigenous community development, Tū Tama Wāhine has recognised the need to break down structural and personal barriers between Māori and the wider community. This led to the development of a Masterclass on Active Citizenship, a monthly meeting of diverse community representatives founded on principles of cultural capital and the need to bridge often disparate realities in the hope that a shared understanding of each other's worldviews will help to remove structural barriers to whānau development.

> The Masterclass on Active Citizenship, which ran for about seven or eight years, was about us recognising that ... we need to awaken our communities in relation to a whole lot of things. It was about us recognising that we can't simply come at family violence or even development in one kind of way. And so the best way to go about that is actually by letting the communities learn from each other.

At a wider community level, a major success has been developing and achieving community buy-in to He Pūnaha Hohou Rongo (the violence prevention strategy). Whānau-level outcomes of the strategy include breaking intergenerational cycles of family violence, increasing the knowledge and resiliency of participating whānau and strengthening their independence so they can access appropriate supports themselves, decreasing family violence and increasing awareness of the effects of family violence on tamariki/mokopuna.

[46] O'Connell E, Greenway T, Moeke T, et al. 2018. *He Ara Waiora/A Pathway towards Wellbeing*. URL: https://www.treasury.govt.nz/publications/dp/dp-18-11-html#reference-index-12https://www.treasury.govt.nz/publications/dp/dp-18-11-html (accessed 7 October 2021).
[47] Sen A. 1999. *Development as Freedom*. Oxford: Oxford University Press.
[48] A kōrero with Awhina Cameron and Ngaropi Cameron, Tū Tama Wāhine, October 2021.

The organisation's support for whānau has enhanced whānau members' knowledge and experience of Taranaki tikanga, te reo Māori, whakapapa and the impact of colonisation in the positioning of Māori women and men and of Taranaki iwi. In turn, this awareness has restored a sense of tapu and mauri, increased self-esteem, reduced and/or ended drug and alcohol use and increased engagement with primary care (including kaupapa Māori health care, rongoā Māori).

Further, whānau health development, such as nutritional health, hygiene and physiology, food security and traditional practices, has reinforced many of the changes noted above. In this way, a focus on whānau health complements a future focus on what whānau need to thrive, in that it leads to greater participation in community and economic life, such as employment and further education.

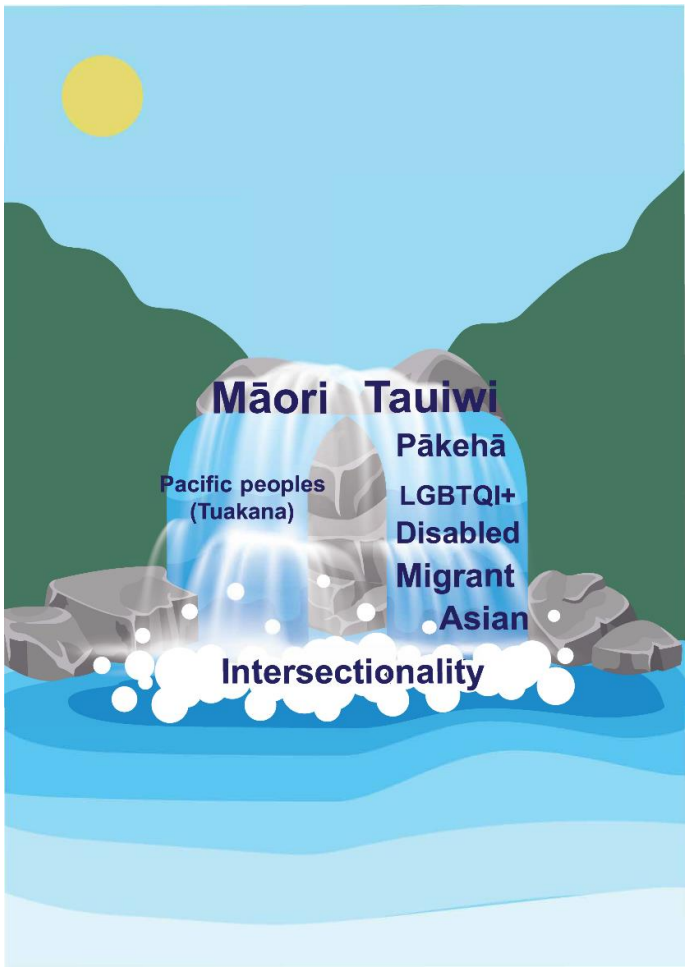
Cascading waterfall – He Horowai

We have described the Committee's deliberate focus on the differences and similarities of Māori and Pākehā experiences to highlight the opportunity to achieve Te Tiriti dividends, where upholding Te Tiriti leads to benefits for all in Aotearoa. However, the Committee acknowledges that we also need to capture the experiences of other groups in Aotearoa. Building from the metaphor of He Awa Whiria (a braided river),[49] the Committee uses the metaphor of He Horowai – a cascading waterfall – to capture the experiences of Māori and tauiwi (Figure 5).

With He Horowai, we acknowledge the tuakana relationship between Māori and Pacific peoples, as well as the diverse experiences of tauiwi. Rather than dropping into separate, gently flowing streams, He Horowai falls into a whirlpool of complex experiences. The whirlpool reinforces the importance of understanding 'intersectionality', which sees many forms of inequity compound to exacerbate the impact of violence and make it more difficult to find help. In exploring entrapment below, we describe the different experiences of Pākehā and Māori that have surfaced during our in-depth reviews.

[49] Macfarlane A. 2009. Collaborative Action Research Network: Keynote address. CARN Symposium. University of Canterbury.

Figure 5: He Horowai – a cascading waterfall of experiences



Entrapment

In its fourth report, the Committee began to explore the concept of entrapment, describing how ineffective responses from institutions compound the impact of a person's experience of intimate partner violence.[50] Intimate partner violence is only one form of family violence that our work covers. Our wider explorations of intra-familial violence and child abuse and neglect deaths are increasingly showing the entanglement of all forms of family violence. As such, concepts like entrapment are relevant in the lives of most of the family or whānau who experience violence.

In Table 1, we use He Horowai to identify the different and similar aspects of Māori and Pākehā experiences of entrapment as described through in-depth reviews and published research.[51,52] Table 1 shows that while their experiences differ in some ways, Māori and Pākehā share some similarities in the compounding effect of poor service delivery. The experience of entrapment underscores the expectation that there is no one there to help or support them. The analysis highlights the need for collective action to address the common problem of entrapment, as well as the need for diverse solutions for people to heal from those experiences.

[50] Family Violence Death Review Committee. 2014. *Fourth Annual Report: January 2013 to December 2013*. Wellington: Health Quality & Safety Commission.
[51] Macfarlane A. 2009. Collaborative Action Research Network: Keynote address. CARN Symposium. University of Canterbury.
[52] Cram F, Vette M, Wilson M, et al. 2018. He awa whiria – braided rivers: understanding the outcomes from Family Start for Māori. *Evaluation Matters – He Take Tō Te Aromatawai* 4: 165–206.

Table 1: Experiences of entrapment for Pākehā and Māori

Pākehā – social entrapment	Māori – systemic entrapment
From Ptacek (1999)[53] • The abuser creates experiences of social isolation, fear and coercion. • Powerful institutions are indifferent to the victim's suffering. Structural inequalities of gender, class and racism have compounding effects.[54]	From Wilson et al (2019)[55] • They fear their tamariki will be removed for child protection concerns. • They are afraid of encountering people who display prejudice, negative stereotyping and racist attitudes and behaviours that lead to disrespectful and ineffective responses and deficit framing. • People who should be helping them are unhelpful and dismissive. • They have ineffective and unsuccessful access to the support they need.[56]
Evidence of experiences from in-depth reviews • Captured in gender-bound roles, she is increasingly isolated while being 'present' in the community in upholding his expectations of her parental duties. • Despite evidence that her brother and father are controlling her access to services, she has no additional offers of support when she is in a safe place. • Services dismiss her disabilities as 'malingering', and disclosures that they are not coping at home go unheard. • Services label her in their records and do not address his trauma. They are both 'well known' to services, yet services do not respond to the needs they are describing. • The responses of lawyers at high-risk times do not acknowledge the risk that is present in her life.	Evidence of experiences from in-depth reviews • Despite her disclosure of violence experience, services assume she is wearing dark glasses to hide drug use. • Current and prior experiences of violence leave them without sufficient emotional resources to cope, yet services responses are only to 'refer on'. • Services pass off her efforts to protect her whānau as controlling behaviours and hold her responsible when things go wrong. • Even though the couple make many approaches to services for support and have visions of a better future, services respond only from within their silo. • Services understand the need for a termination of pregnancy in the face of the violence she is experiencing, but do not actively support her after the procedure.

[53] Ptacek J. 1999. *Battered Women in the Courtroom: The power of judicial responses*. Boston: Northeastern University Press.
[54] Ptecek's original definition included an acknowledgement of the impact of racism. While this feature does not apply to Pākehā, it does to tauiwi, who include migrant families.
[55] Wilson D, Mikahere-Hall A, Sherwood J, et al. 2019. *E Tū Wāhine, E Tū Whānau: Wāhine Māori keeping safe in unsafe relationships*. Auckland: Taupua Waiora Māori Research Centre. URL: https://niphmhr.aut.ac.nz/__data/assets/pdf_file/0011/330302/REPORT_E-Tu-Wahine,-E-Tu-Whanau-Wahine-Maori-keeping-safe-in-unsafe-relationships.pdf (accessed 5 October 2021).
[56] *Ibid*., p 65.

	• The couple had worked hard to resolve the problems themselves, but just needed a little extra support to provide a stable and safe future. That support was never available.
Responses required • Services acknowledge the impact of intergenerational male privilege. • Services understand and address the acceptance of patriarchal norms. That is, they no longer go along with the zero sum game, where 'my progress must come at your expense'.[57] • Services are prepared for difficult conversations to identify and address coercive control and power imbalances within families.	Responses required • Services understand why people are reluctant to seek support when their earlier attempts to seek help met with an ineffective, blaming response. • Services work for intergenerational healing: We suggest that the coercive control that tāne use is not driven by the need to dominate and oppress per se (although their actions lead to this), but by their sense of diminishing control over their lives (including through the misuse of alcohol and drugs), by deep-seated anger resulting from abuse as children and young people, and the absence of positive role models because of intergenerational effects of colonisation.[58] • 'Wāhine once had status and mana but are now likely to be living with questionable status, diminished mana and social marginalisation'[59] due to colonisation. A mana-enhancing system (with prompt and effective help) is a much-needed response. • Services become aware of, recognise and deconstruct unconscious bias.

An entrapment analysis allows the Committee to acknowledge that individuals are shaped by how their gender, ethnicity, class, sexuality or ability interact with social systems and structures (the way our society operates).[60] A society that is inequitable limits a victim's options for safety. Again, this underscores the importance of understanding intersectionality – how an individual's experience of multiple inequities can increase the impact of violence. As the Committee has deepened our understanding of the impact of poor service delivery on families and whānau, we have become aware that the experience of poor service delivery

[57] McGhee 2021, *op. cit*.
[58] Wilson et al 2019, *op. cit*., p 65.
[59] Wilson et al 2019, *op. cit*., p 67
[60] Hankivsky O. 2014. *Intersectionality 101*. Vancouver: Institute for Intersectionality Research and Policy, Simon Fraser University.

can mimic the behaviours of a violent partner, including through gaslighting, neglect and coercion by government agencies.

Ka mua, ka muri: Looking back to move forward

The Committee takes an intergenerational, life-course analysis approach to in-depth reviews. First, we conduct a desk review of clinical notes and case records for the deceased, the offender and their family or whānau to establish a pattern of interaction with formal services and understand the context of the family or whānau. We then build a timeline of the contact with services in the lead-up to the death event. In some cases, the timeline covers one or two years immediately before the death event. In other cases, it may describe a historical pattern of interaction with services over one or two generations of a family or whānau because previous experiences create a barrier to effective engagement between the family or whānau and current services.

The desk review aims to identify patterns of interaction at eight different levels:

1. family and whānau intergenerational experiences
2. interactions with informal support networks
3. interactions of individuals, family and whānau with practitioners
4. practitioner's thinking and reasoning
5. practitioner's interactions with assessment tools
6. practitioner's interactions with the organisational management system
7. provision of services
8. communication and collaboration in multi-agency working and assessment.

Next, a panel of representatives from government agencies and non-governmental organisations (NGOs) who had contact with the family or whānau before the death event review the timeline and draft themes. The aim of this review is to allow representatives to critically review their role in the death event and to contribute to recommendations to improve organisational practice and reduce the risks of family violence deaths in the future.

While some may criticise the reviews for 'hindsight bias',[61] the Committee's experience is that most agency representatives engage in the review process in order to understand and learn from an event and to improve practice. Panel reviews are honest, candid and emotionally draining for all involved. However, a concern is that those senior enough to effect change choose to participate in the panel reviews when they have not made themselves available to the family or whānau before the death event.

The information gathered from friends, family or whānau of the deceased and/or offender adds to the review, providing insights and details that agencies may not have. Their accounts of those involved may also differ from those of the agencies and provide the Committee with an alternative view from one or more people closer and better connected to those involved in a family violence death. Yet, as we have noted above, our engagement with family or whānau is not reciprocal. Confidentiality requirements limit the level of detail that we can share with the family or whānau.[62]

[61] Dekker S. 2009. Hindsight bias and outcome bias in the social construction of medical negligence: A review. *Journal of Law and Medicine* 16(5): 846–57.
[62] New Zealand Public Health and Disability Act 2000, Schedule 5, cl 4.

By taking a life-course perspective of the journey of a family or whānau through their engagement with government agency and systemic processes, the Committee can learn how historical responses to help-seeking will affect whether the family or whānau will seek help again. By hearing from surviving friends and/or family members, we can identify points of frustration where the family or whānau felt services did not hear and respond to them. In combination, these processes allow the Committee to understand how agency or organisational data sets capture and characterise individuals and how this can have an impact on service delivery, including whether services consider a family or whānau to be 'worthy' of accessing resources. In some of our in-depth reviews, we have identified instances where agencies have considered individuals, families or whānau to be less worthy of support and the agency process has led to a death.

Through its in-depth reviews, the Committee can identify the factors impacting on help-seeking, service delivery and opportunities to intervene. We have found that people can ask for formal help many times, in many different ways, and the agencies that are supposed to provide that help are not always responsive to these requests. The reason they do not respond may simply be that they do not hear a request – it does not come in the right kind of spoken language, with the right kind of non-verbal communication or from the right kind of person. It is as if a request for help has only a narrow window of opportunity to be actioned, and whether that action happens is based on an assessment of whether the requester deserves to be helped, resulting in a failure to fulfil a duty of care.

As this analysis has made clear, how services respond to help-seeking behaviour has a major impact on whether a family or whānau will seek help again. For this reason, while services may improve their responses to victims and offenders (and their wider family or whānau), people's past experiences will shape their expectations of service delivery in the present. This is an important finding. Service providers need to be aware that their past actions impact on current views of them as a legitimate helping agency. For example, while the Police may work hard at partnering with other agencies to provide a less punitive response to a family violence call-out, previous poor experiences and lack of follow-up may lead a family or whānau to see them as a less viable first response.

Similarly, agencies need to base their expectations about whether people will attend appointments on an understanding of how those people have been treated in the past. Did attending an appointment result in another referral or was failure to attend equated with no longer requiring services? Did they meet the threshold for additional support? Were they heard?

Further, such an analysis helps the Committee understand the narrative of a family or whānau that services create and reproduce in their clinical or administrative records. Such narratives have led the Committee to the central question in this report: what has led Aotearoa off the caring pathway?

The duty to care

The Committee has chosen to place this question within the context of one of the major political shifts around the world: the move to neoliberalism and market-led reforms (Table 2). Our reviews have highlighted how one of the key outcomes of neoliberalism has been to turn caring services away from their mandate of providing care and towards a focus on individual 'clients', driven by outcomes, monitoring and measuring of specific targets. Roper has previously highlighted that the financial management reforms of the 1980s and 1990s increased the focus on inputs, outputs and subsequent outcomes. However, he also

acknowledged that the difficulties inherent in measuring outcomes drove government agencies towards measuring inputs and outputs without considering the relationship of these outputs to desired outcomes.[63]

While potentially opening opportunities for choice, self-reliance and devolution,[64] neoliberalism also required services to adopt corporate governance and commercial structures.[65] This increased contractualism resulted in a fundamental shift in the nature of community services and their established social links.[66] At the same time, the responsibility for addressing severe and intractable social problems was placed on community services. In the neoliberal environment, community services became (and continue to be) stuck in an endless spiral of contractual negotiations and report writing, while being least able to attract the resources required to respond.

In her review of neoliberalism and the Social Investment Approach, Moore highlights how these policies have affected community and voluntary sector organisations:

> On the one hand, community and voluntary sector organisations have sought to become more business-like in order to be more competitive within the 'market' for social service provision. On the other hand, the government's social investment approach has required community and voluntary sector organisations to take on behaviours and roles traditionally associated with the state sector.[67]

Further, while the policy environment of the 1980s and 1990s may have allowed 'by Māori for Māori' services to expand rapidly, the corporatisation of services and structures designed for these purposes worked against Māori relational principles. The Crown's interactions with iwi and Māori service providers were not respectful or reciprocal. Instead, the Crown used them to 'gain support for and maintain the implementation of their policies'.[68]

> Māori providers face particular challenges not experienced by mainstream providers. For example, health funding models that are based on patient numbers do not account for the fact that Māori patients are likely to have more complex and significant health needs, requiring more care and resources. Disparity in funding for Māori providers has meant that nurses working for Māori providers are paid up to 25 per cent less than their counterparts who work within district health boards.[69] Māori providers also face higher levels of scrutiny from funders and are audited more frequently than non-Māori organisations.[70,71]

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[63] Roper B. 2005. *Prosperity for All? Economic, social and political change in New Zealand since 1935.* Southbank: Thomson Learning.
[64] Humpage L, Craig D. 2008. From welfare to welfare to work. In N Lunt, M O'Brien, R Stephens (eds), *New Zealand, New Welfare* (pp 41–8). South Melbourne: Cengage Learning.
[65] Hill RS. 2009. *Māori and the State: Crown–Māori relations in New Zealand/Aotearoa, 1950–2000*. Wellington: Victoria University Press.
[66] Moore CE. 2021. Blurred boundaries: Social services and the mixed economy of welfare in Aotearoa New Zealand. PhD thesis in Sociology, University of Auckland.
[67] *Ibid.*, abstract.
[68] Bargh M. 2007. Māori development and neoliberalism. In M Bargh (ed), *Resistance: An indigenous response to neoliberalism* (pp 25–44). Wellington: Huia, p 42.
[69] Waitangi Tribunal. 2019. *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry*. Wellington: Waitangi Tribunal.
[70] Came H, Doole C, McKenna B, et al. 2018. Institutional racism in public health contracting: Findings of a nationwide survey from New Zealand. *Social Science & Medicine* 199: 132–9.
[71] Moore CE. 2021. Māori and social policy. In J Hayward, L Greaves, C Timperley (eds) *Government and Politics in Aotearoa New Zealand*. Melbourne: Oxford University Press, p 362.

During our in-depth reviews, the Committee has frequently found fractured links between government and non-government services that resulted from the introduction of neoliberalism.[72] For example, the need to release inpatient beds ('vertical accountability') can become more important than concerns for safety and humanity, or siloed service structures may lead family and whānau to spend days negotiating referral pathways until their emotional resources are emptied. The transactional nature of service delivery has stripped the humanity of both those who provide and those who receive services. For service deliverers, the result is high staff turnover and burnout. For family or whānau seeking help, the result is a loss of hope and/or a lack of safety.

The brief overview in Table 2 demonstrates the lens the Committee uses to understand how today's service design and delivery have changed from past approaches. It also highlights one of the drivers of the way Māori have organised and acted with agility in responding to the COVID-19 pandemic. Specifically, Māori have identified the need to build something together in the face of what seemed to be a deliberate fragmentation and exclusion of communities.[73]

We explore this 'duty to care' in the next chapter. You may notice we move between the terms 'duty of care' and 'duty to care' throughout this report. Legislation uses 'duty of care' to define legal obligations (see Table 2). However, at the interpersonal level, we use 'duty to care' to describe our relational obligations to each other as human beings. We invite you to think along with us as we reflect on the findings of our in-depth reviews. If you are expecting this report to be seamless and complete, then you may be disappointed. We are at the start of our journey and so there are areas that we do not cover, either knowingly or because we have not yet identified gaps as we remain open to being surprised (and often disappointed) by the absence of care and how it contributes to life courses that end in a family violence death. For this reason, we will continue to undertake in-depth reviews, speak out about how services can be more responsive and improve their care, and strive to prevent the loss of life because of family violence.

[72] Matheson A, Howden-Chapman P, Dew K. 2005. Engaging communities to reduce health inequalities: Why partnership? *Social Policy Journal of New Zealand/Te Puna Whakaaro* 26: 1–16.
[73] Tuhiwai Smith L. 2007. The native and the neoliberal Down Under: Neoliberalism and 'endangered authenticities'. In M de la Cadena and O Starn (eds), *Indigenous Experience Today*. Taylor & Francis Group.

Table 2: The impact of neoliberalism on the duty of care for Māori and Pākehā

Māori	Pākehā
Origins – Cultural law[74] Tikanga Māori does not draw a clear distinction between community norms and shared values.[75] Fundamental values of tikanga Māori do not stand alone, and no definitive list of them exists. Durie lists seven conceptual regulators: whanaungatanga, mana, manaakitanga, aroha, mana tupuna, wairua and utu.[76] For Hohepa, the most important principles that support, guide and often overarch tikanga are tapu, mana, pono, whanaungatanga, aroha and utu.[77] Manuka Henare's contribution to the Royal Commission on Social Policy (1988) identified whanaungatanga, wairuatanga and mana Māori (including mana, tapu and noa, tika, utu, rangatiratanga, waiora, mauriora, hauora and kotahitanga). Henare's list of ngā pou mana consists of whanaungatanga, taonga tuku iho, te ao tūroa and tūrangawaewae. Clustered with whanaungatanga are tohatoha and manaaki.[78] Cleve Barlow gives mauri prominence in his writings on tikanga.[79]	**Origins – Crown law** 'Western law no doubt arose out of social norms which reflected fundamental values accepted in the wider community, or at least the law-makers' perception of what the shared community values were. Nevertheless, there is a clear distinction in conventional Pākehā understandings between the body of the rules of law on the one hand and the underlying values on the other hand.'[81]

[74] While this heading could also be 'Cultural lore' (traditional knowledge passed from generation to generation), Ani Mikaere has described tikanga as 'the first law of Aotearoa', and its status as part of common law in Aotearoa New Zealand confirms this. The Committee presents tikanga as law to reinforce the idea that Aotearoa law is 'sourced in two knowledge streams'. Carwyn Jones describes tikanga as '… not a fixed cultural artefact, frozen in time at some point prior to 1840. Neither is it inherently uncertain or unknowable. Like all healthy legal systems, tikanga has built-in processes to enable it to develop according to key principles, past practice, and pragmatic assessments of the needs of a changing society': A Mikaere 'The Treaty of Waitangi and Recognition of Tikanga Mäori' in M Belgrave, M Kawharu and D Williams, Waitangi Revisited: Perspectives on the Treaty of Waitangi (2005) 330. Jones C. 2020. Tikanga Māori in NZ common law. *Lawtalk* 15 September. URL: https://www.lawsociety.org.nz/news/lawtalk/lawtalk-issue-943/tikanga-maori-in-nz-common-law/ (accessed 28 March 2022).
[75] Law Commission. 2001. *Māori Custom and Values in New Zealand Law*. Study Paper 9. Wellington: New Zealand Law Commission, p 11.
[76] Durie ET. 1994. Custom law: address to the New Zealand Society for Legal & Social Philosophy. *Victoria University of Wellington Law Review* 24: 325-332.
[77] Hohepa P, Williams DV. 1996. *The Taking into Account of Te Ao Maori in Relation to Reform of the Law of Succession*. Wellington: New Zealand Law Commission, pp 25–26. Mikaere A. 1998. Collective rights and gender issues: a Maori woman's perspective. Paper presented to Collective Human Rights of Pacific Peoples Conference.
[78] Henare M. 1988. Ngā tikanga me ngā ritenga o te ao Māori: standards and foundations of Māori Society. In Royal Commission on Social Policy *The April Report* vol 3 (pp 3–42). Wellington: Royal Commission on Social Policy.
[79] Barlow C. 1991. *Tikanga Whakaaro: Key concepts in Māori culture.* Auckland: Oxford University Press.
[81] Law Commission 2001, *op. cit*., p 11.

The focus of tikanga is on the values or fundamental principles of Māori systems of control, rather than on the prescriptive rules or laws familiar to western-trained lawyers.[80] In his Tiriti analysis, Rev Māori Marsden states that as long as they practise tikanga, Māori will remain a distinct people.	
Duty to care This concept concerns the relational obligations, values and practices of Māori.[82] Whakapapa creates a duty to care for those who are joined together by blood and common ancestry.[83] Whanaungatanga extends beyond people to include the environment and spiritual realm.[84] Manaakitanga (ethos of care) embodies a type of caring that is reciprocal and unqualified, based on respect and kindness.[85] It is holistically embedded in the values of whānau, emphasising obligations and reciprocal relationships within the whānau and wider groupings.[86]	**Duty of care** In the civil law of torts, where people can sue one another, the duty of care is an individual's legal obligation to follow a standard of reasonable care while performing any acts that could foreseeably harm others.[87] In criminal law, the state prosecutes people if they breach the following duties of care: Crimes Act 1961, Part 8: Crimes against the person, including s 151: Duty to provide the necessaries and protect from injury, s 195: Ill-treatment or neglect of child or vulnerable adult and s 195A: Failure to protect child or vulnerable adult. In addition, the Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996 (Rights 2 and 3) outlines a duty of care. In public law, the Oranga Tamariki Act 1989 outlines the duties of care of the Chief Executive of Oranga Tamariki. These include the duty to:

[80] Williams J. 1998. He aha te tikanga Māori. Unpublished paper for the Law Commission, p 8.
[82] Moewaka Barnes H, Eich E, Yessilth S. 2018. Colonization, whenua and capitalism: experiences from Aotearoa New Zealand. *Continuum: Journal of Media & Cultural Studies* 32(6):685–97. DOI: 10.1080/10304312.2018.1525918 (accessed 23 April 2022).
[83] Lawson-Te Aho K, Fariu-Ariki P, Ombler J, et al. 2019. A principles framework for taking action on Māori/Indigenous homelessness in Aotearoa New Zealand. *Social Science and Medicine – Population Health* 8: 100450.
[84] Marsden M. 1992. God, man and universe: A Maori view. In M King (ed), *Te Ao Hurihuri: Aspects of Maoritanga* (pp 117–37). Auckland: Reed Books.
[85] MacFarlane A, Glynn T, Cavanagh T, et al. 2007. Creating culturally safe schools for Māori students. *The Australian Journal of Indigenous Education* 36: 65–75.
[86] Lapsley H, Haymann KJ, Muru-Lanning ML, et al. 2020. Caregiving, ethnicity and gender in Māori and non-Māori New Zealanders of advanced age: Findings from LiLACS NZ Kaiāwhina (Love and Support) study. *Australasian Journal on Ageing* 39: e1–e8.
[87] For example, as outlined by the New Zealand Nurses Organisation. 2016. Fact sheet: Understanding duty of care. URL: www.nzno.org.nz/LinkClick.aspx?fileticket=I1m5KZmr6-8%3D&tabid=109&portalid=0&mid=4918 (accessed 16 March 2022).

	• establish services and adopt policies designed to improve the wellbeing and long-term outcomes for children and young people (s 7[2][a]) • ensure the policies, practices and services of the department have regard to mana tamaiti (tamariki) and the whakapapa of Māori children and young people and the whanaungatanga responsibilities of their whānau, hapū and iwi (s 7AA[2][b]).

The impact of neoliberalism
The neoliberal political process aimed to break and then reformulate and privatise the relationships between the British Crown and state and Māori people as individuals.[88] According to Tuhiwai Smith, Māori communities responded to and were impacted by neoliberal reforms in the following ways.[89]
• Māori challenged those aspects of the reform process that seemed to threaten Māori development and engaged with the process to influence change.
• The reforms had a disproportionately negative impact on Māori, widening disparities between Māori and non-Māori.
• Māori were willing to engage with the state, although there was always a struggle over the terms of engagement and the outcomes of engagement.[90]
• Some urban Māori communities were positioned as delivery agencies for devolved social services, which provided an example of self-determination, although this came with a cost of
	The impact of neoliberalism[92]
	The introduction of New Public Management and market-led reforms had a range of impacts.
	• Ministries took a siloed approach to their work.
	• Activities across government were poorly coordinated.
	• 'Contestable market' accountability arrangements for determining the purchase of outputs[93,94] led to:
	  ○ more professionalisation of voluntary roles
	  ○ a need for more (self-funded) training and skill development among community services
	  ○ more political engagement among community services that were motivated by anger over neoliberalism
	  ○ explicit competition undercutting trust, and contractual obligations narrowing the operational focus to individual clients and specific objectives

[88] Tuhiwai Smith 2007, *op. cit.*, p 333.
[89] Tuhiwai Smith 2007, *op. cit.*
[90] Tuhiwai Smith 2007, *op. cit.*, p 342.
[92] The term 'neoliberalism' describes an economic theory for addressing issues of social inequity and disadvantage. Central features of the model were dismantling the welfare state and making major reforms to health and education as 'key platforms for delivering the promise of inclusion and greater equality' (Tuhiwai Smith, 2007, *op. cit.*, p 334).
[93] Schick A. 1996. *The Spirit of Reform: Managing the New Zealand state sector in a time of change*. Wellington: State Services Commission.
[94] Public Finance Act 1990.

meeting accountability demands for achievements that governments themselves had struggled with. • Māori were faced with the need to build something together while confronted with what seemed to be a deliberate fragmentation and exclusion of communities. • Māori communities have learned that engagement in these processes can influence some of what happens and more about how it happens. • Māori engagement has been important to the reform process and has provided New Zealand with a unique set of solutions to diversity and issues of social inclusion that would not have come about without Māori participation in the process.[91] In addition to the above, Māori experienced the more general impact of market-led reforms that we describe in the right-hand column.	○ a client focus, along with a new emphasis on confidentiality, which undermined day-to-day interagency practice.[95] • Services became outcomes-focused and monitored and measured specific targets and key performance indicators. • Labour markets became flexible and deregulated. • The health, education and welfare systems were restructured. ○ The split between policy and operations, or between purchaser and provider,[96] has increased competition in areas such as education,[97] removing or 'disembedding' the content-based knowledge that was previously integral to the public sector.[98] • A focus was on the individual as an entrepreneurial, self-interested and competitive entity who best understands their own interests and needs. The system preferred a 'minimalist State'.[99]
Where has the response to neoliberalism led us? Moewaka Barnes and McCreanor summarise the effect of the Māori response to neoliberalism in this way: In so many places and spaces around the country, often unseen and unsung in settler circles, mana whenua are working in diverse ways from protection, rāhui and restoration projects to organic production, eco-forestry, sustainable harvest and to restore mauri, rebuild	**Where has the response to neoliberalism led us?** Neoliberalism has prompted government agencies to create partnership models with local community groups as a new form of social governance. • The reason for this focus is seen as the rise of contractualism, while government distances itself from direct service delivery.[105] • Partnership models provide an opportunity to rebuild the social links that neoliberalism broke.

[91] Tuhiwai Smith 2007, *op. cit.*, p 348.
[95] Larner W, Craig D. 2005. After neoliberalism? Community activism and local partnerships in Aotearoa New Zealand. *Antipode* 37(3): 402–24, p 409.
[96] Jeff Chapman & Grant J, Duncan G. 2007. Is there now a new 'New Zealand model'?, *Public Management Review*, 9(1): 1–25. DOI: 10.1080/14719030600853444 (accessed 18 April 2022).
[97] Tuhiwai Smith 2007, *op. cit.*
[98] Larner and Craig 2005, *op. cit.*, p 409.
[99] Larner and Craig 2005, *op. cit.*
[105] Brock K. 2002. State, society and the voluntary sector: agency, ownership and responsibility. Paper presented at the Annual Canadian Political Science Association Meeting, Toronto, 29 May.

integrity and re-establish sustainability of Papatūānuku.[100,101,102,103] In the process they are healing themselves by exerting agency, addressing trauma, grief, rebuilding connection, expressing values, achieving outcomes and strengthening culture in holistic, relational and restorative ways… Reconceptualising relationships with whenua as an underpinning determinant of health and a way of healing people and environments, calls for a move away from land as property to respectful relationships where whenua is person.[104] Equally, neoliberalism created partnership models and contractualism, as we describe in the right-hand column, which has impacted on the ways of working for kaupapa Māori organisations.	• The aim of partnership models is to meet local needs, address intractable social problems, build community capacity and support local development[106] – primarily based on the efforts of long-standing local advocates. • The work of local partnerships is codified and becomes part of government activity.[107] • Positions have been established such as 'partnership managers', whose role is to have sectoral knowledge, technical expertise and an understanding of government and community networks. • Local coordination compensates for the inability of government agencies to overcome highly siloed, vertical accountability regimes, and places the responsibility on local communities to achieve social outcomes.

[100] Harmsworth G, Barclay Kerr K, Reedy T. 2002. Maori sustainable development in the 21st century: the importance of Maori values, strategic planning, and information systems. *He Puna Korero: Journal of Maori and Pacific Development* 3(2): 40–69.
[101] Panelli R, Tipa G. 2007. Placing well-being: a Maori case study of cultural and environmental specificity. *EcoHealth* 4: 445–60.
[102] Henwood W, Moewaka Barnes H. 2008. *Manaaki Manawa Evaluation: Final report to Manaia primary health organisation*. Auckland: Te Ropu Whariki & Centre for Social and Health Outcomes Research and Evaluation, Massey University.
[103] Hikuroa D, Clark J, Olsen A, et al. 2018. Severed at the head: towards revitalising the mauri of Te Awa o te Atua. *New Zealand Journal of Marine and Freshwater Research* 52(4): 643–56. DOI: 10.1080/00288330.2018.1532913 (accessed 18 April 2022).
[104] Moewaka Barnes H, McCreanor T. 2019. Colonisation, hauora and whenua in Aotearoa. *Journal of the Royal Society of New Zealand* 49(1): 19–33, p 28.
[106] Loomis T. 2002. *A Framework for Developing Sustainable Communities: A discussion paper*. Wellington: Ministry of Social Development.
[107] Larner W, Butler M. 2005. Governmentalities of local partnerships: the rise of a 'partnering state' in New Zealand. *Studies in Political Economy* 75: 85–108.

3. Family violence and the duty to care | Tūkino ā-whānau me te manaaki tangata

Finding alternative care pathways

Between 2019 and 2021, the Committee reviewed intra-familial violence death events to develop an understanding of the particular context of these events. From this work, our in-depth reviews have revealed that the offenders involved had previously been seen as the 'pillars' of their family. Many were young men who had supported other family members from a very young age.

The Committee has chosen to describe these offenders as hidden victims because often, in their childhood years, they were exposed to violence or trauma but did not receive effective support to help them to cope with those experiences. In some cases, services did not record or see them as victims in their own right. In other cases, they were coping with a significant health concern of a family member, often from a young age. They did so without effective support in the community or through health services and were often dealing with controlling or violent patterns of behaviour from other family members.

The Committee's review of intra-familial violence deaths highlights how family or whānau take on their obligations to their own and often shoulder the burden left behind by poor service delivery or the divide between Crown and community services. Figure 6 provides an example of how this can play out in the lives of Māori whānau (Fiona and Shayne) and the cumulative impact of unmet need.

In contrast, kaupapa Māori service providers have more holistic therapeutic models, providing the opportunity for whānau to express mana motuhake (Box 3).

Box 3: Mana motuhake underpinning a kaupapa Māori service

Tūhoe Hauora[108]

Tūhoe Hauora has developed a therapeutic model underpinned by mana motuhake – the self-determination of iwi, hapū and whānau.

To Tūhoe Hauora, mana motuhake involves reclaiming their rights of Tūhoe as well as acknowledging that conventional reliance on government agencies has had harmful impacts on whānau. Mana motuhake is foundational to empowering whānau to make their own informed decisions, in contrast to the approach of government agencies that disempower whānau. It is reflected in the organisation's commitment to prevention. It sees prevention and early intervention as essential because the health and wellbeing of whānau can only be achieved by preventing whānau from entering the 'system' and so keeping them away from cycles of reliance, disempowerment and negative labelling.

> Our prevention interpretation is based on intervention opportunities to work with a whānau pre-agency involvement or stopping them from going to any government department for any reason.

[108] Based on a kōrero with Pania Hetet, chief executive, Tūhoe Hauora, September 2021.

The organisation is whānau centred and addresses the needs of an individual and the whānau at the same time. The focus on whānau contrasts with the individualistic model of many western approaches.

> The conventional therapeutic approach is simply a referral from a government agency. 'Can you do AOD [alcohol and other drug] counselling with this person?' That's it. And we say, 'Kāo, not only are we going to work with the individual, but we're going to work with their family because we will effect no change whatsoever if we're just working with the individual.' And that's absolutely the difference.

Western approaches commonly limit the number of therapeutic meetings someone can have. In contrast, an approach centred on the whānau removes time constraints on engagement and support.

Staff generally meet whānau in their home, rather than in the Tūhoe Hauora centre, because whānau have often had negative experiences in clinical settings.

> Some of our families have histories of bad interactions with government departments and are understandably anti-government. And sometimes people see us as that, so we go to their homes, you know, we have never had a problem. And so we can work with them in an environment that is conducive to the family. It is absolutely an imperative because that's when they're in charge, not you.

Figure 6: A failed pathway of care for Fiona and Shayne

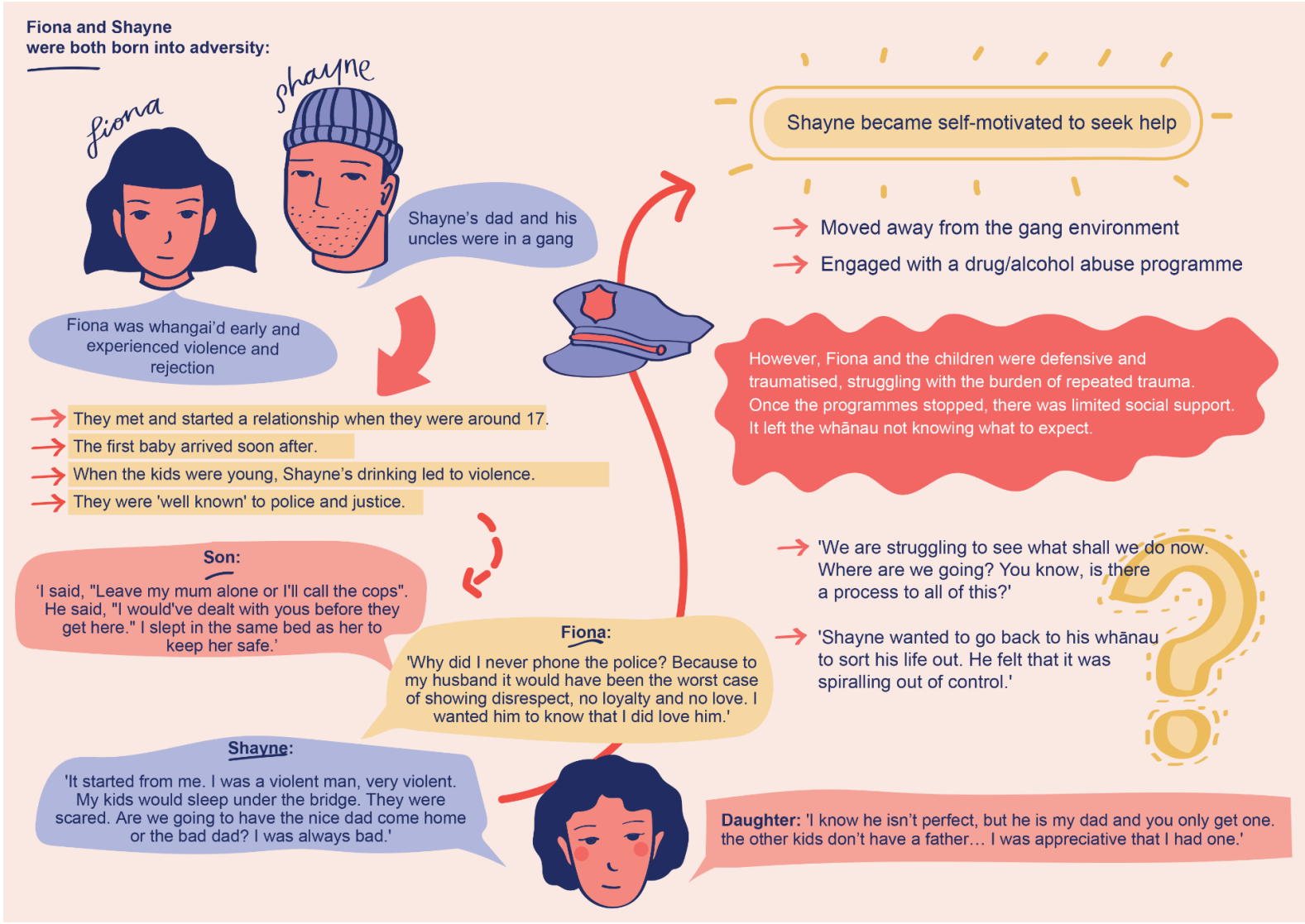
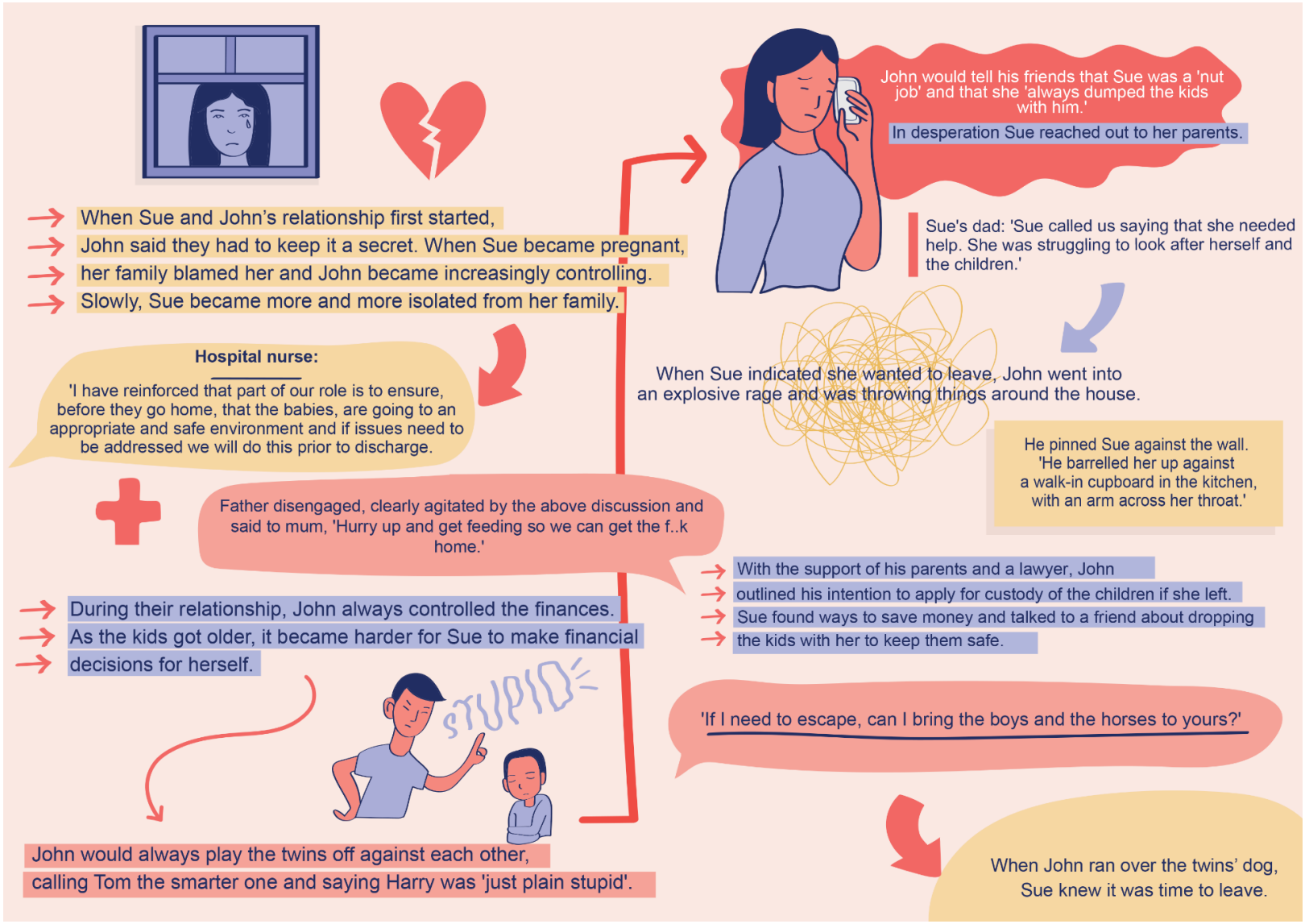


Figure 7: A failed pathway of care for Sue and John



Similar experiences can play out in the lives of Pākehā families (Figure 7). In Sue and John's case, services could respond only to a particular identified need and make an individualised and specific consideration of 'the problem', resulting in transactional, time-limited services.

Boxes 4 and 5 present alternative pathways for the stories of Fiona and Shayne, and Sue and John. They include a specific focus on interactions with government/statutory agencies and how a better approach to working with hapori/community services could have improved outcomes for those involved.

Box 4: An alternative pathway for Fiona and Shayne

The early years – pregnancy and childbirth	
As recorded in the in-depth reviews It was when Fiona became pregnant that the violence started to escalate. Shayne would target Fiona's stomach when he hit her. His alcohol consumption also increased, which in turn, seemed to make the violence worse. To start with, Fiona was reluctant to phone the police. She loved him but wanted the violence to stop. Fiona also knew that Shayne had spent plenty of time with police. She knew contacting the police brought shame on the whole family. After a brutal assault, Fiona had to phone the police. She was beginning to fear for her life. Shayne was charged with Male Assaults Female and sentenced to 18 months in prison. However, the distance between them only heightened Shayne's insecurities about Fiona, and he would regularly	**An alternative possibility** When the violence began to escalate while she was pregnant, Fiona did what she had always done and phoned the police. However, this time instead of suggesting a police safety order or a protection order, the officer she spoke to offered to take her to a Whānau Ora clinic to keep Fiona's baby safe. Fiona was young, and the father of her baby was 'known to police', but for the first time she did not feel judged. Instead of moving straight into diagnosing and being given options about keeping the child, Fiona was able to talk and was listened to. Over the next while, Fiona developed a sense of trust in the Whānau Ora navigator and was able to share her concerns about how Shayne was treating her. Fiona wasn't sure about what would happen. She had been isolated from her own whānau and was scared for herself and her pēpī. She just wanted the violence to stop. She was scared about what would happen if Shayne found out that she was talking to someone about the violence. The navigator suggested that they invite Shayne in to help him to prepare to become a dad. When Shayne attended, the kōrero focused on the importance of wāhine as whare tangata and the role of tāne in supporting a safe pregnancy. Shayne was defensive at first – what the navigator was talking about was not what he had experienced as a child. It made him angry with Fiona. The navigator was concerned for Fiona's safety so talked to her about spending some time away from the house. The navigator had a contact at Te Whakaruruhau,[109] who was able to place Fiona in some emergency accommodation. On that first night, they stayed with Fiona, who was frightened that the crisis had come.

[109] Albert R, Simpson A. Te Whakaruruhau Māori Women's Refuge. URL: https://www.tpk.govt.nz/en/a-matou-mohiotanga/criminal-justice/maori-designed-developed-and-delivered-initiatives/online/3 (accessed 13 December 2021).

phone her from prison. He made her feel scared and controlled. To cope, Fiona started drinking. She was beginning to struggle with her newborn baby, her finances and Shayne's constant monitoring. She knew he had friends in the community.	The navigator talked to Shayne about the need to understand his anger. Shayne was connected to his own kaimahi, who was able to help him to understand that Fiona wasn't responsible for Shayne's childhood and if he was to be the dad she needed him to be, he had to take some time to address his pain. Shayne's kaimahi warned Shayne that he was at risk of losing his partner and his child and of being reported to police. However, the kaimahi also gave him an alternative pathway – one that, with the help of his own mother, would help him to understand his own experiences. Making progress has taken a lot of time and effort. To start with, Fiona needed emergency accommodation. Te Whakaruruhau then helped her to reconnect with her whānau and, alongside the Whānau Ora navigator, helped her access the support she needed to guide her through her pregnancy. Te Whakaruruhau also supported the whānau to help Fiona recover from the violence she had experienced from Shayne by providing a listening ear. Her whānau helped her to engage with other services when she needed support to look after her pēpī safely and helped these services to understand Fiona's behaviour as it related to the violence she had experienced. Supporting Shayne involved a lot of work. Once his mum was on board, work was also needed with Shayne's dad so they could all get to a place of healing – they are still on that journey some days.

Box 5: An alternative pathway for Sue and John

Parenting young children	
As recorded in the in-depth reviews The whole community knew that John had previously been married. It was a small community and they all went to school together. So, when Sue got pregnant, the family was embarrassed, but at least John had the sense to marry her soon after. At the hospital where she delivered the twins, the nurses were concerned about John's demanding nature. Sue was always anxious when he was around. A multidisciplinary team had a meeting to discuss Sue and John. When he found out about the meeting, John was angry. He told Sue, 'Hurry up and get feeding so we can get the f..k home.' When the twins were toddlers, Sue and John started to manage the family farm. John controlled the accounts while Sue worked the cows, using the skills her dad had taught her to develop the herd. Sue seemed to be constantly on the go. Parenting the toddlers was her responsibility and she never seemed to have any money. Her sister didn't think she smiled as much as she used to.	**An alternative narrative** Sue's sister had recently attended a family violence presentation to support an old school friend who now worked for Women's Refuge. She had been talking to Sue about it, telling her how frightening it must be for some women to leave a violent partner. Because of this, when Sue separated from John, she knew she needed to make a clean break as she was concerned that he could harm her or her animals, but she didn't believe he would hurt the kids. She had arranged for a friend to look after the dogs and then approached the women she knew in the Rural Women NZ group she was connected to. She needed some temporary accommodation so she could work out what to do next and was able to move just outside their immediate area and stay with rural friends some distance away. The woman she spoke with and knew from Rural Women listened to Sue to learn what she needed and then helped her to find out about the legal process. Her contact put her in touch with Community Law where she found a legal aid lawyer who could support her through the Family Court system. Sue was also put in touch with women at the local Rural Support Trust, who sat with Sue and the lawyer when they met, asked questions and helped the lawyer to understand the situation. Ultimately their support led to the completion of a comprehensive affidavit. Because the lawyer had worked closely with family violence services in the past, they understood the urgency involved in submitting the parenting order and the level of detail needed to accurately portray the risk John presented to both Sue and the twins. Sue also needed support in finding long-term accommodation. John had tied up all of their finances, and Sue's family still held Sue responsible for what was happening. How could she be letting the farm go? Rural Women members were supporting Sue by inviting her to join others locally for meetings and lunches, so she didn't become isolated. The local women knew and understood how the housing instability and the difficult relationship with Sue's parents were compounding the impact of her experience of violence from John. John had also managed to strip away any confidence Sue may have had about

Sue gathered the courage to separate from John while attending a friend's funeral. The twins were at home with John, and Sue thought it better to leave them there in a familiar environment while she looked for accommodation and legal support. While she was able to stay with a friend for a short time, this arrangement ended when the friend's flatmate returned from a trip away. Sue was now homeless, her relationship with her mother had broken down and she was desperate to find stable housing and gain custody of the twins. It took a long time to secure legal aid. Too long. When deciding on her urgent application for a parenting order, the Family Court judge considered the length of time that Sue had left the twins with John. Sue hadn't been supported to provide sufficient information in her affidavit and the level of risk that John presented was never fully appreciated.	parenting the twins and was now making reports of concern about Sue's parenting. With her increasing isolation, the relationship dynamic with John had an even greater impact on Sue and it was all the more important to keep up these connections with other rural women locally and to meet the women at the Rural Support Trust. A Rural Women member helped Sue to talk with a case manager at Work and Income at the national call centre using a phone that wasn't hers so she could speak freely and without time constraint. Sue was also supported to talk with Oranga Tamariki about the upsetting notifications she believed that John had made. With support from Women's Refuge and the Rural Support Trust, Oranga Tamariki was able to confirm a workable safety plan for Sue so that Sue had stability and the twins were safe. Sue needed help to work out her finances and to get her parents to understand that she was continuing to experience controlling behaviour and emotional abuse from John, and Rural Women, Rural Support Trust and Women's Refuge supported her through these processes. Oranga Tamariki developed a better understanding of the dynamics of the relationship and talked to John about how his behaviour was at odds with his own perception of how he was a great father who wasn't being supported by the twins' mother. He resisted the messaging, until the family harm coordinator from the police spoke to John about the possible need for a safety order. The process was long and hard, and continues to be so, but it was good for Sue to have people walking alongside her and to keep up safe relationships with women in her community. Sue still attends her local groups and speaks with her support network. She also has the ear of the local police family harm team. She now knows they are available to support her safety and that of her children.

Crimes of omission

As the Office of the Disability Commissioner requested, the Committee has recently undertaken its first review of family violence in the context of a disability within the family. Two clear themes emerged: services failed to understand the impact of disability on supporting family and whānau members; and a person with a disability is at risk of financial abuse when family members are able to use legal means to control access to financial resources. In this section, the Committee draws attention to the crimes of omission of state services, and how current legislative frameworks actively contribute to excusing professionals from their responsibility of a duty of care.

The impact of disability on supporting family and whānau

While family carers play a vital role in supporting people with a disability, providing this support has a well-documented impact on the physical and mental wellbeing of the carer.[110] As the Committee's data set confirms, most (but not all) caregivers are female.[111] The Child Poverty Action Group has drawn attention to difficulties families or whānau supporting a child with a disability face in getting financial support. In their review, they highlight how family or whānau must spend significant time and energy to access 'what little support they are entitled to, creating a system that privileges those who have networks, disposable time and resources, and a navigational knowledge of Pākehā systems'.[112]

As Table 2 sets out, section 195 of the Crimes Act 1961 describes legislative expectations of the duty of care for children and vulnerable adults for:

> a person who has actual care or charge of the victim; or
>
> a person who is a staff member of any hospital, institution, or residence where the victim resides.

Section 195 describes ill treatment and neglect as 'a major departure from the standard of care expected of a reasonable person'. In section 195A, someone in either of the roles described above fails to protect if that person:

> knows that the victim is at risk of death, grievous bodily harm, or sexual assault …
>
> fails to take reasonable steps to protect the victim from that risk.

[110] Post D, van Agteren J, Kasai D, et al. 2021. Caring for carers: Understanding the physical and psychological well-being of carers of veterans in Australia. *Health and Social Care in the Community* 30(3): 1–11. DOI: 10.1111/hsc.13449 (accessed 19 April 2022).
[111] UN Women 2021. Lessons from COVID-19: The care economy in crisis mode. From www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2021/Feminist-plan-Data-The-care-economy-in-crisis-mode-en.pdf. Accessed 28 April 2022
[112] Neuwelt-Kearns C, Murray S, Russell J, et al. 2020. *'Living Well'? Children with disability need far greater income support in Aotearoa.* Auckland: Child Poverty Action Group.

Section 2 defines a vulnerable[113] adult as:

> … a person unable, by reason of detention, age, sickness, mental impairment, or any other cause, to withdraw himself or herself from the care or charge of another person.

With these provisions, the Crimes Act 1961 appears to underscore the importance of protecting a child or vulnerable adult. However, by suggesting that professionals first have to be aware of the risks that are faced, it places the onus of responsibility on friends, family, whānau and/or advocates to draw attention to both the risk and vulnerability. In cases where a family has become isolated through the behaviour of family members or social prejudice against people with disabilities,[114] they may have little ability to effectively advocate. Further, Australian researchers have identified that limited advocacy resources are available for disabled people, reducing options for identifying and disclosing violence.[115] Through the compounding impact of institutional abuse, disabled people (and women in particular) can be denied essential care.[116]

In *Supporting Parents, Healthy Children*, published in 2015, the Ministry of Health highlighted the need to identify support requirements for children living with an adult who experiences mental illness or addiction and for their parents. It also reviewed previous work that identified that children of parents with mental ill health are likely to have additional, compounding problems, including family disruptions and conflict, social isolation and financial and other stressors.[117,118] The publication drew attention to the need for services to have a family focus so they can take a coordinated approach and provided best-practice guidelines for adequately supporting the family or whānau, which included identifying and accessing community support options.[119]

Mahi Aroha: Carers' Strategy Action Plan 2019–2023, published by the Ministry of Social Development, outlined the roles of government agencies in addressing the wellbeing and needs of carers of family or whānau members with a disability, health condition, illness or injury who need help with everyday living.[120] Despite having young carers as a specific focus population group, *Mahi Aroha* did not reference the work undertaken in producing *Supporting Parents, Healthy Children*. This disconnect between historical subject-matter expertise and the development of current strategy means agencies fail to acknowledge where they have not made progress in addressing previously identified unmet need. *Mahi Aroha* gives the Ministry of Health the responsibility of being a 'navigator', providing support

[113] In her PhD thesis, Debbie Hager argues that the 'vulnerable/vulnerability' paradigm 'disempowers and disables all women, one consequence of which is that we (women) will be abused. This, when examined using feminist disability theory and understandings of hegemonic masculinity, ultimately provides an explanation for the lack of services, resources and processes to prevent violence against dis/abled women and keep dis/abled women safe from further harm.' She suggests shifting the focus from seeing the dis/abled woman as the problem to situating the problem within inadequate systems and social attitudes. (Hager DM. 2017. Not inherently vulnerable: An examination of paradigms, attitudes and systems that enable the abuse of dis/abled women. PhD thesis in Health Science, University of Auckland, abstract.) While we are focusing on the systems and attitudes in this discussion, we use the term 'vulnerable' specifically in reference to the Crimes Act 1961.
[114] McGowan J, Elliot K. 2019. Targeted violence perpetrated against women with disability by neighbours and community members. *Women's Studies International Forum* 76: 102270. DOI: 10.1016/j.wsif.2019.102270 (accessed 19 April 2022).
[115] Maher JM, Spivakovsky C, McCulloch J, et al. 2018. *Women, Disability and Violence: Barriers to accessing justice: Final report*. Sydney: ANROWS.
[116] Dyson S, Frawley P, Robinson S. 2017. *'Whatever it Takes': Access for women with disabilities to domestic and domestic violence services: Final report*. Sydney: ANROWS.
[117] Polkki P, Ervast S, Huupponen M. 2005. Coping and resilience of children of a mentally ill parent. *Social Work in Health Care* 39(1): 151–63.
[118] Hargreaves J, Bond L, O'Brien M, et al. 2008. The PATS peer support program: prevention/early intervention for adolescents who have a parent with mental illness. *Youth Studies Australia* 27(1): 43–51.
[119] Ministry of Health. 2015. *Supporting Parents, Healthy Children*. Wellington: Ministry of Health.
[120] Ministry of Social Development, New Zealand Carers Alliance. 2019. *Mahi Aroha: Carers' Strategy Action Plan 2019–2023*. Wellington: Ministry of Social Development.

to identify culturally safe and appropriate services. However, in the Committee's reviews of death events where a disabled person has died, health services have been the gatekeeper to accessing community-based support services and they have *not* identified the risk the disabled person faced or their vulnerability within their family or whānau.

> *I said, 'Leave her at the hospital, they will have to put her into care and that's where she should be, because you can't cope' … he didn't get a lot of sleep … it was very debilitating [for her] … she got to the stage she couldn't even stand at the bench, she'd collapse and he'd go and pick her up.*[121]

To understand vulnerability and risk, the health system must have the capacity to understand the context of a family or whānau, rather than being focused on throughput and the need to relieve pressure on inpatient beds. During our in-depth reviews, the Committee has noted the complex, interacting factors that impact on the ability of hospital staff to identify a vulnerable adult and provide support for them and their family or whānau (Figure 8). This interplay of within-hospital systems and within-family experiences makes clear that the simple development of policies or procedures without establishing an effective relationship with the family or whānau is unlikely to increase safety for vulnerable people experiencing violence, nor is it likely to shine a light on those who present the greatest risk to them.[122]

[121] Whānau interview, in-depth review, May 2021.
[122] Short J, Cram F, Roguski M, et al. 2019. Thinking differently: reframing family violence responsiveness in the mental health and addictions health care context. *International Journal of Mental Health Nursing* 28: 1209–19.

Figure 8: Identifying vulnerable adults within the hospital system

District health boards have begun to implement ‘safeguarding adults from abuse’ policies. For example, the Waitematā District Health Board’s policy outlines factors that can increase the likelihood of abuse for vulnerable adults:

- lack of mental capacity
- increasing age
- being physically dependent on others
- low self-esteem
- previous history of abuse
- negative experiences of disclosing abuse
- social isolation
- lack of access to health and social services or high-quality information.[123]

As noted more generally above, implementation of a Safeguarding Adults policy also requires wider system change, including:

> Training for effective assessment and support, including: the vulnerability of the individual; the nature and extent of any abuse [as] potential or actual abuse is not always obvious and often goes unnoticed for long periods of time. The wider context of the person’s life, such as family support, social networks and culture, must be considered.
>
> Management systems – who holds the responsibility for ensuring protection and prevention of possible (current and future) violence.
>
> Partnership with local communities (enhance identification and provide care options).
>
> Accountability and transparency in delivering safe-guarding strategies.[124]

For a Safeguarding Adults policy to be effective, it is important to tie it in with other hospital-based initiatives, including the Violence Intervention Programme so that women who are screened positive for experiencing violence receive sufficient support and care.[125] Further, there is a need to acknowledge and resolve the issue that funding structures are often tied to diagnoses or age bands, contributing to a lack of services for those who fall through the gaps. With the introduction of the Māori Health Authority and Health New Zealand on 1 July 2022, it will be important to have funding structures that do not once again increase the difficulties for people to access effective services. Box 6 describes another alternative pathway for Fiona and Shayne, focusing on their experience within the health system. It demonstrates the need for effective advocacy and seamless support between the hospital and community.

[123] Waitematā District Health Board Vulnerable Adult Response. Policy issued January 2020. Authorised by the Clinical Governance Board.
[124] Willacy H. 2021. Safeguarding adults. *Patient.* URL: https://patient.info/doctor/safeguarding-adults-pro (accessed 31 May 2021).
[125] Family Violence Death Review Committee 2016, *op. cit.*

Box 6: An alternative pathway for Fiona and Shayne

Early adulthood – significant injury and drug dependence	
As recorded in the in-depth reviews	**An alternative possibility**
In his early 20s, Shayne's son Hemi had a horrific accident while syphoning petrol. Someone was smoking nearby and the petrol caught alight. Later, some suggested Hemi might have been trying to suicide. Hemi spent a number of weeks in hospital. He had already been struggling to cope with the trauma from the violence he endured from Shayne. He now also described himself as ugly. The drug use was a form of escape. He had never really healed from the fire. However, over time drug use became a trigger for violent outbursts. They especially occurred when Fiona tried to take the drugs away or stopped him from coming inside. Hemi knew the impact the drugs were having on the whānau and he tried to seek help. The whānau were also willing to help him. But when he saw services referring them on or passing them over time and time again, it made him feel worthless all over again.	As the staff at the hospital were preparing to discharge him, they noticed that Hemi was struggling to cope with his injuries. They talked with Fiona and found out that Fiona was also concerned about the experiences Hemi had as a child. While they didn't have options available at the hospital, the staff had close connections with the local Hauora. With Fiona in the office, they called one of the kaimahi there and discussed the support the whānau were going to need as Hemi came home. He would need help with the physical scars as well as the emotional scars that had been evident for some time. Fiona said that the other kids were all at different stages of dealing with what they experienced growing up and sometimes it was hard for her to cope. The staff made a time for the kaimahi to come and meet Hemi while he was still in hospital and to be available to support him on his journey home. The Hauora also spent some time with Fiona to prepare her to support Hemi when he came home and to learn more about the support that the whānau required. The kaimahi had a chat to Hemi about the need to fully heal from his injuries, but Hemi was anxious to get back to his job. With his consent, the kaimahi discussed the injuries with Hemi's employer and negotiated a staged return to work. While they had some time available, the whānau could also work together on what they needed to restore their whānau after their experiences of violence in the past. Because they were going through the journey together, it was easier for the whole whānau to be accountable to each other. The Hauora helped the whānau to reconnect with their marae. The whānau spent a number of weekends on the marae having some difficult conversations. It wasn't plain sailing, and a number of times the Hauora had to let members of the whānau have their own space to work on the memories – and the anger and hurt linked with them – that were dragged up. Occasionally whānau members needed more significant psychological support. However, the Hauora coordinated these needs with the district health board, which then provided this support at the marae. Hemi has a lot of healing and learning to do. He is not back at work full time yet, but his employer has noted that he is a

	lot more settled and reliable. Hemi was always a good man to have around, which is why they had put up with his antics. However, he was on his last chance. Hemi has appreciated the stability of his job when so much is going on in the whānau. It is good to be able to leave all of the 'head stuff' behind some days. The whānau are still on their journey, and it hasn't been perfect, but they have a path in front of them. Fiona and Shayne had no idea of the hurt the kids had experienced, and they are carrying a lot of shame. However, they know that they have to continue with this journey so that their mokopuna will have a better future.

Using legal means to financially abuse

As part of the legislative framework of Aotearoa, a person can appoint an Enduring Power of Attorney (EPoA). The stated purpose of this provision is to protect individuals who lose the capacity to make decisions about their own personal care and welfare.[126] The appointment of an EPoA has been actively encouraged, as it removes the need to apply to the Family Court for a personal order for a specific decision[127] or a welfare guardian.[128] Such applications can cost time and create unnecessary anxiety for a family or whānau already experiencing heightened levels of anxiety because of ill health or frailty. However, the appointment of an EPoA 'involves putting explicit trust in another individual to act on your behalf in an unforeseen situation where one is extremely vulnerable'.[129]

A number of reviews have examined the EPoA and the potential for abuse after appointing an EPoA and effectively enhancing a person's vulnerability.[130] Further, the western concept of appointing one person to act on behalf of an individual clashes with the preference for collectivist decision-making in other cultures.[131,132]

One of the key issues in appointing an EPoA is that while they are established when an individual has full capacity, it is rare for anyone to review and oversee an EPoA once the individual had reduced capacity.[133] The risks of abuse of an EPoA increase when the person provided with that responsibility is also named in the individual's will,[134] is the beneficiary of a family trust or holds other legal powers. Purser and colleagues[135] have identified that placing the responsibility on the vulnerable person to report instances of EPoA abuse also exposes

[126] Protection of Personal and Property Rights Act 1988, ss 93A–108AAB.
[127] Protection of Personal and Property Rights Act 1988, s 10.
[128] Protection of Personal and Property Rights Act 1988, s 12.
[129] Murphy D. 2016. Enduring Powers of Attorney for personal care and welfare in New Zealand: an uncertain proposal. Graduate Certificate in Law thesis, University of Victoria, Wellington, p 8.
[130] For example, *Ibid*.
[131] Tamasese K, Peteru C, Waldegrave C, et al. 2005. Ole Taeao Afua, the new morning: A qualitative investigation into Samoan perspectives on mental health and culturally appropriate services. *Australia and New Zealand Journal of Psychiatry* 39(4): 300.
[132] Lee R. 2015. Guardianship of the elderly with diminished capacity: The Chinese challenge. *International Journal of Law, Policy and the Family* 29(1): 1–14, p 2.
[133] Wuth N. 2013. Enduring powers of attorney: with limited remedies – it's time to face the facts! *Elder Law Review* 7.
[134] Caxton Legal Centre Inc. 2007. Submission 112 to the inquiry into older people and the law, Parliament of Australia, House of Representatives Committees. URL: www.aph.gov.au/parliamentary_business/committees/house_of_representatives_committees?url=/laca/olderpeople/subs.htm (accessed 19 July 2017).
[135] Purser K, Cockburn T, Cross C, et al. 2018. Alleged financial abuse of those under an enduring power of attorney: an exploratory study. *British Journal of Social Work* 48(4): 887–905.

them to further abuse through losing accommodation, damaging relationships, losing daily support[136] and threats of institutional care.[137]

The in-depth reviews reveal the potential for financial abuse through legal processes has a strong gender element.[138] The Committee's Sixth Report drew attention to patriarchal privilege as one of the impacts of European colonisation, which operates through bureaucracies, laws, religions, family structures, interactions and patterns of behaviour.[139] Included in this privilege are assumptions that men hold responsibilities for controlling finances, including administering family trusts, and for holding the position of attorney in EPoAs. These attitudes flow through to patrilineal inheritance structures that continue to influence who inherits the farm in European New Zealand rural communities.[140] Such structures are similar to those in Australia, Canada,[141] the United Kingdom,[142] the United States[143] and Europe.[144]

In a literature review of financial abuse in Australia, KPMG highlighted the potential for financial abuse to continue after separation in intimate partner relationships through activities such as:

> Intentionally delaying family law property proceedings or negotiations. Tactics may include failing to attend, failing to respond, refusing to negotiate, non-disclosure of assets, signing forms incorrectly and vexatious litigation.[145]

Indeed, such activities may also occur during a relationship and members of the wider family can be involved. Through our in-depth reviews, the Committee identified financially controlling behaviours that limited a person's access to community support services. Service providers endorsed such behaviours because they perceived male family members as entitled to hold the weight of decision-making within the family, while they failed to adequately meet their duty of care obligations.

Patient rung in a very distressed [state] stating her mother needed to be in a rest home because she could not look after her anymore. States family never help and no one is listening to her. Discussed with [doctor] who stated brother looked after mother and had power of attorney and did not

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[136] Gibson SC, Honn Qualls S. 2012. A family systems perspective of elder financial abuse. *Journal of the American Society on Aging* 36(3): 26–9.
[137] Monro R. 2002. Elder abuse and legal remedies: practical realities? *Reform* (81): 42–6.
[138] While this element is particularly relevant to financial abuse of disabled family members, in-depth reviews also found it is evident in relation to intimate partner violence.
[139] Family Violence Death Review Committee. 2020. *Sixth Report | Te Pūrongo Tuaono: Men who use violence | Ngā tāne ka whakamahi i te whakarekereke.* Wellington: Health Quality & Safety Commission.
[140] Peart N. 2007. The tension between private property and relationship property in rural New Zealand. *Journal of South Pacific Law* 11(1): 4–17.
[141] Teather EK. 1996. Farm women in Canada, New Zealand and Australia redefine their rurality. *Journal of Rural Studies* 12(1): 1–14.
[142] Price L, Evans N. 2009. From stress to distress: Conceptualizing the British family farming patriarchal way of life. *Journal of Rural Studies* 25: 1–11.
[143] DeKeseredy W, Donnermeyer JF, Schwartz MD, et al. 2007. Thinking critically about rural gender relations: toward a rural masculinity crisis/male peer support model of separation/divorce sexual assault. *Critical Criminology* 15: 295–311.
[144] Brandth B. 2002. On the relationship between feminism and farm women. *Agriculture and Human Values* 19: 107–17.
[145] KPMG. 2021. *Literature and Desktop Review: Preventing the financial abuse of women.* Report to the Department of the Prime Minister and Cabinet. URL: www.pmc.gov.au/sites/default/files/publications/preventing-%20financial-abuse-women-literature-review.pdf (accessed 28 September 2021), p 6.

want mother to go into a rest home. Patient advised she needs to discuss her feelings and thoughts with her family.[146]

In-depth reviews of death events reveal that assumptions that people have equitable decision-making and caregiving responsibilities are rarely correct. In addition, services apparently fail to appreciate how much distress people are living with before they seek help. Where services minimise, trivialise and do not hear such help-seeking, they do not meet their duty of care. As we stated in Chapter 1, this kind of response can reinforce the message for those who are experiencing violence that no one is there to care for their wellbeing.

Evidence reviews to inform efforts to prevent violence against women with disabilities in Australia show that most current research draws from a deficit model, assuming that the vulnerability lies with the person experiencing the disability.[147] This model overlooks the agency or capability of people with disabilities and how communities, systems and care workers fail them. Indeed, in-depth reviews demonstrate how the voice of people with disabilities can be silenced, privileging the voice of others including family members and services who have the capacity to do the most harm by withholding access to support. By evidencing this experience, the Committee can help improve understanding of the drivers and reinforcing factors for violence that people with disabilities face.[148]

Because of the potential for exploitation when an intimate partner or other family members have financial control, services need to understand a person's life beyond their immediate caregiver. While there is the potential to add safety mechanisms (such as the addition of more than one attorney or the addition of safeguards), the onus is on lawyers to advise about these measures if they are not already in place. Introducing such mechanisms also requires a detailed understanding of points of vulnerability including housing and day-to-day care, as well as of the social, cultural and emotional coping mechanisms available to a person with disabilities and their family or whānau.[149] Box 7 illustrates the value of a whole-of-whānau approach in developing a detailed understanding of the context in which the family or whānau live.

The Law Commission is undertaking a review of the law relating to adult decision-making capacity with the aim of making the law compatible with perspectives from te ao Māori, Te Tiriti o Waitangi and the rights of disabled people.[150] In this context, it will be vital that the review takes into account the wider social structure that facilitates violence directed towards disabled people.

[146] Clinical notes, in-depth review, 2021.
[147] Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. 2021. *Rapid Evidence Review: Violence, abuse, neglect and exploitation of people with disability*. Centre for Evidence and Implementation & Monash University. URL: https://disability.royalcommission.gov.au/publications/research-report-rapid-evidence-review-violence-abuse-neglect-and-exploitation-people-disability (accessed 28 October 2021).
[148] Sutherland G, Krnjacki L, Hargrave J, et al. 2021. *Primary Prevention of Violence against Women with Disability: Evidence synthesis*. Melbourne: University of Melbourne.
[149] Willacy 2021, *op. cit.*
[150] Te Aka Matua o te Ture, Law Commission. (2021.) *He Arotake i te Ture mō ngā Huarahi Whakatau a ngā Pakeke | Review of Adult Decision-making Capacity Law*. From URL: www.lawcom.govt.nz/our-projects/he-arotake-i-te-ture-m%C5%8D-ng%C4%81-huarahi-whakatau-ng%C4%81-pakeke-review-adult-decision-making (accessed 26 February 2022).

Box 7: Lessons learned from case studies of kaupapa Māori organisations

Across all three case studies, the kaupapa Māori organisations have a commitment to a holistic worldview and whole-of-whānau responses.

1. Responses to an individual need occur in relation to the wider whānau.

   Our approach was around working with whānau, which included the men. They are part of the whakapapa and we can't leave them at the door.[151]

   … not only are we going to work with the individual, but we're going to work with their family because we will effect no change whatsoever if we're just working with the individual.[152]

   When you put whānau at the centre of your system and say everything we do has to add value from their perspective, that means that your system is oriented to a whānau worldview; oriented to responding to their need, not the funder's need or the terms or conditions of contracts based on a perceived need and assumptions.[153]

2. A holistic view acknowledges the impact of intergenerational trauma and intergenerational behaviour patterns.

   Tū Tama Wāhine developed in opposition to structural factors of colonisation, oppression, injustice, racism and the many acts of violence of the colonial state upon Indigenous Peoples. Within this context, the causes of family violence are acknowledged as historical, intergenerational and multi-causational.[154]

   Some of our families have histories of bad interactions with government departments and are understandably anti-government. And sometimes people see us as that, so we go to their homes, you know, we have never had a problem. And so we can work with them in an environment that is conducive to the family. It is absolutely an imperative because that's when they're in charge, not you.[155]

   NGOs and iwi social services work really hard to lift people up. And that means evaluating and evidencing the effectiveness of your approach to lifting people up. You prove how good you are at lifting people up. But what you don't do is measure the impact of the system that pushes people back down. So, when you get denied food or emergency housing, or if you get denied an increase in your benefit when the mokopuna are staying with you or if you get denied an appointment with a specialist for your kids' hearing to be tested, or get denied access to a living without violence programme because you haven't been through the courts? You know all of the impacts of the system pushing people down, all of the barriers to getting the help you need. So, we measure both. What did the navigator do to help? What's the capacity of navigators or capability of navigators to do the first aid work? The practical, the whatever it

[151] A kōrero with Awhina Cameron and Ngaropi Cameron, Tū Tama Wāhine, October 2021.
[152] A kōrero with Pania Hetet, chief executive, Tūhoe Hauora, September 2021.
[153] A kōrero with Leslynne Jackson, Lead, Manaaki Tairāwhiti, October 2021.
[154] A kōrero with Awhina Cameron and Ngaropi Cameron, Tū Tama Wāhine, October 2021.
[155] A kōrero with Pania Hetet, chief executive, Tūhoe Hauora, September 2021.

takes? Sensible things and help you find what you need if it's in the system? But we also measure all the things that get in the way of you moving forward.[156]

3. While each organisation is acknowledged as excelling in addressing family violence with a holistic understanding, they do not address it through specific family violence programmes. Instead, these organisations respond to the wellbeing and needs of the whānau, which include many needs that are external to family violence. It is through providing this support that they identify family violence and address it in the context of a trusting and supportive relationship.

   We have two people here that are steeped in tikanga practices. They're not kaumātua, they're in their mid-30s. They are out there in the community doing kapa haka and they're in sports. So, they're quite well-known people in the community and they have a huge amount of people with huge amounts of respect for them. So, we draw on that.[157]

   The Masterclass for Active Citizenship, which ran for about seven, eight years, was about us recognising that we can't simply come at family violence or even development in one kind of way. We need to awaken our communities in relation to a whole lot of things. And so the best way to go about that is actually by letting the communities learn from each other.[158]

   We don't believe in the targeting approach. We think that the current system is overly targeted and too inflexible and not usually at the prevention end of the continuum. It is usually once the horse has bolted that it is recognised that an identified problem needs to be addressed. We want to test doing the opposite of that. We want to provide help with whatever problem whānau ask for help with at the earliest opportunity.

   What are the precursors to family violence? Yeah. So, what are the root causes? What are the things that people don't get help with currently, like mild to moderate mental health, or respite care for children with learning disabilities? The things that people struggle to get early intervention support with, that could be the drivers of the more serious problems. The churn is all over the place. The churn is when we turn people away and make them wait till they're bad enough to come back. That's the churn.[159]

Many interventions designed to prevent financial abuse aim to educate people about the cycles of violence[160] and increase their awareness that sexist attitudes can make it more likely that violence will occur.[161] Again, this places the responsibility on victims/survivors of the abuse to identify and respond to it, without understanding how the system enables such abuse.

[156] A kōrero with Leslynne Jackson, Lead, Manaaki Tairāwhiti, October 2021.
[157] A kōrero with Pania Hetet, chief executive, Tūhoe Hauora, September 2021.
[158] A kōrero with Awhina Cameron and Ngaropi Cameron, Tū Tama Wāhine, October 2021.
[159] A kōrero with Leslynne Jackson, lead, Manaaki Tairāwhiti, October 2021.
[160] Sutherland et al 2021, *op. cit*.
[161] KPMG 2021, *op. cit.*

Safeguards in place for EPoAs allow family members and a range of professionals – including social workers and doctors – to raise concerns about management of care or finances on behalf of the protected person.[162] There is one group of professionals, however, who are ideally placed to understand the relative vulnerability of the parties involved. Lawyers are closely involved in developing EPoA agreements, as well as other legal entities that guide access to and control over property and resources.[163] Despite this, our in-depth reviews have uncovered no examples of lawyers considering the possibility of financial abuse and working to address this. Nor is there evidence of lawyers raising concerns about safety where they are involved in discussions about separation or are aware that the potential for violence exists.

While lawyers must 'protect and hold in strict confidence all information concerning a client', they are permitted or required to disclose information in some situations. Clause 8.2(b) of the Lawyers and Conveyancers Act (Lawyers: Conduct and Client Care) Rules 2008 requires disclosure when:

> the lawyer reasonably believes that disclosure is necessary to prevent a serious risk to the health or safety of any person …

Further, clause 8.4 permits disclosure when:

> (b) the information relates to the anticipated commission of a crime or fraud; or
>
> (c) it is necessary to protect the interests of the client in circumstances where, due to incapacity, the client is unable effectively to protect his or her own interests; or
>
> (d) the lawyer reasonably believes that the lawyer's services have been used by the client to perpetrate or conceal a crime or fraud and disclosure is required to prevent, mitigate, or rectify substantial injury to the interests, property, or reputation of another person that is reasonably likely to result or has resulted from the client's commission of the crime or fraud.

To effectively respond to their obligations in this context, lawyers must have a comprehensive understanding of financial abuse within family relationships.

But in terms of training and development, you know, GPs, lawyers, police, mental health workers, midwives and I would say teachers, at any given stage, you can pretty much guarantee that the whānau will have an interaction with one of those professions. And unfortunately, from our experience, they are the least trained on how to understand coercive control and how a woman may present.[164]

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[162] Ministry of Justice. The court & enduring power of attorney. URL: https://www.justice.govt.nz/family/powers-to-make-decisions/the-court-and-enduring-power-of-attorney-epa/ (accessed 11 April 2022).
[163] Phare J. 2021. Trust busting: Is it the beginning of the end for hiding relationship property? *New Zealand Herald*. URL: https://www.nzherald.co.nz/business/trust-busting-is-it-the-beginning-of-the-end-for-hiding-relationship-property/L4VJDCDPGB3YLOK5IPOPBEZ4U4/ (accessed 28 September 2021).
[164] A kōrero with Awhina Cameron and Ngaropi Cameron, Tū Tama Wāhine, October 2021.

Box 8 provides an example of the value of close, integrated working between professionals to identify vulnerabilities and the support required to ensure safety.

Box 8: An alternative pathway for Cindy and John

Middle age, isolation and the impact of the wider family context	
As recorded in the in-depth reviews John's sister Cindy lived in a sleepout at their parents' farm. Cindy had been diagnosed with bipolar disorder when she was first pregnant. Because she had no one else, John and his dad set up an enduring power of attorney for Cindy. Over the years, Cindy had frequent in-hospital stays, although increasingly this was because of issues with her physical health as she largely had her bipolar disorder under control. Her dad had died, so John controlled the finances. She paid him rent to live in the sleepout. While the hospital staff offered home help, Cindy was scared of John's reaction so often refused. If John was there at the time of the offer, he would say that they didn't need help. He was difficult when he came in to visit her and would often order the hospital staff around. Cindy tried to cover for him, saying that he was just protective of her. The hospital staff thought that John was a support option for Cindy and so, at the end of each hospital stay, they	**An alternative narrative** Cindy trusted her Work and Income case manager, who had been with her a number of years. Her case manager had supported her to secure funding to keep her in contact with her community psychiatrist. She wouldn't have been able to cover the cost through her benefit. The case manager had noticed Cindy's deteriorating health. She knew that Cindy struggled to feel heard at her local general practice and was concerned that there was a problem with her medication for her bipolar disorder. She was due for a visit with Cindy, so asked if she could bring the hospital social worker along. Cindy was concerned about what John would say, so they arranged a time to visit when John wasn't at home. The case manager noticed that Cindy's unit wasn't as tidy as it had been in the past and was concerned that Cindy wasn't coping. The hospital social worker asked about the types of support that John was able to provide. Very soon it became apparent that Cindy wasn't receiving a lot of help from John and that she didn't have much support in the community. The social worker also noticed Cindy's fear of John and her desire to keep John from knowing that other people had been around. Cindy didn't want John reported to the police; she was scared about what would happen with the limited amount of money she had available to her. However, it was obvious that Cindy was also beginning to struggle to look after herself – some side effects from her medication were developing, she had very limited mobility and she had difficulty standing for any period of time. She also disclosed that it had been a long time since she had been able to have a full night's sleep as the anxiety relating to her health was worse at night. Cindy needed some supported accommodation. She had limited support in the community and both the social worker and case worker were concerned about how much John was controlling her. They were able to work with a local supported housing provider to find Cindy a place where she would have support. Next, they discussed a review of John's EPoA appointment. They contacted the family

would just discharge her into his care.	lawyer who was responsible for arranging the EPoA and presented a case that John was no longer working in the best interests of Cindy. It was time for John to be removed from this position.[165] John was furious and wanted to appeal. However, through the lawyer, the social worker informed John that they had sufficient evidence that he was neglecting Cindy and would be happy to report him to the police. Cindy misses her brother. Despite the control he used to have over her, he is the only family she has left. It took her a while to trust the people at the supported housing provider. However, she began to trust them when they gave her the help she needed to manage her physical conditions. The supported housing provider is working closely with the hospital social worker and Cindy's community psychiatrist because, at times, they are concerned that Cindy may become depressed. She appreciates the support she receives and has begun to sleep better at night. She is beginning to get to know some of the other residents and has access to physical aids that help her to be as independent as she can. Slowly, some of Cindy's confidence is coming back.

An expert in my own life

Driven by a desire to see a reduction in family violence deaths, over time, the Committee has recommended improvements in recording information about, and monitoring or actively managing high-risk victims and offenders. For example, in its Fourth Report,[166] the Committee recommended that:

> New Zealand Police further strengthens its family violence situational response and harm prevention agenda by:
>
> - identifying and proactively managing family violence offenders who are recorded as having abused multiple partners and/or step-/children
> - identifying and proactively supporting repeat victims who have been abused by one or more partners
>
> …
>
> - integrating the concepts of the primary victim and the predominant aggressor into police practice
> - ensuring that where a child is named on or covered by a protection order, a copy of this order is attached to the child's record …

[165] The process for removing John's EPoA would require that the social worker apply to the Family Court under s 105 of the Protection of Personal and Property Rights Act 1988. While the family lawyer could have done this, they had a conflict of interest in acting for both the donor (Cindy) and the person with the EPoA (John). Alternatively, Cindy could have revoked the EPoA. However, given how much John was controlling her, she was unlikely to have done so. Of note is the impact this process has on Cindy's ability to become financially independent and get stable accommodation. It would take a significant amount of work from the social worker and an ability to direct Cindy's benefit to a separate bank account where John had no control to help her to become independent while they waited for the court process to occur.

[166] Family Violence Death Review Committee 2014, *op. cit.*

We envisaged that, if agencies acted on these recommendations by collecting and monitoring good-quality information, they could take a preventive approach to high-risk cases and develop a more comprehensive understanding of family violence. Concepts such as 'primary victim' and 'predominant aggressor' require a detailed understanding of the histories of both the victim and offender, as well of the situation in front of them. It is not possible to assign such labels with a surface-level understanding of an isolated event.[167]

However, it is becoming increasingly apparent that other reasons lie behind the type of information government agencies collect, beyond the simple desire to understand the dynamics of a relationship and reduce the risk of severe violence. For example, Atwool has described how the response to children in Aotearoa where there is concern about parenting capacity has largely focused on child safety.

> *This narrow focus also excluded consideration of resources that may be available within whānau to support parents who were struggling[168,169] … [R]elational focus, flexible timeframes, multi-agency collaboration … need to be based on solid understandings of the families they are designed to support, the communities in which they are located, and the creation of facilitative multi-agency relationships.[170]*

Table 3 captures the disconnect between the help-seeking of the victim, offender, family or whānau and the agency data records. These examples from the Committee's in-depth reviews highlight that when the best interests of the agency – rather than of the victim, offender, family or whānau – drive the data collection, the agency misses opportunities to redirect the path towards safety.

[167] The Advocates for Human Rights. Determining the predominant aggressor. URL: www.stopvaw.org/determining_the_predominant_aggressor (accessed 24 September 2021).
[168] Atwool N. 2021. Intensive intervention with families experiencing multiple and complex challenges: an alternative to child removal in a bi- and multi-cultural context? *Child & Family Social Work* 26(4): 1–9, p 2.
[169] Kaiwai H, Allport T, Herd R, et al. 2020. *Ko te Wā Whakawhiti: It's Time for Change. A Māori Inquiry into Oranga Tamariki*. Whānau Ora Commissioning Agency.
[170] Atwool 2021, *op. cit*. p 9.

Table 3: Misalignments and missed opportunities

	Agency report	Agency and its professional framework	Agency interpretation	Help the victim, offender, family or whānau is seeking	Possible shift in response if we listen to the concerns person seeking help is expressing
Pākehā experience	Suffering from post-natal depression following birth of twins. Self-harmed during domestic with partner. Removed from house for mental health assessment and medical check-up.	Police: Accountability	No apparent offence. No follow-up action required.	She was struggling to cope with being a young mother of twins while experiencing significant controlling behaviour from her partner.	The report placed all of the responsibility for the 'domestic' on her – appeared to place the event within her experience of post-natal depression. It did not consider that the depression could also be related to his use of controlling behaviours and removing her capability to be an effective parent.[171] Having a more detailed understanding of the circumstances may have allowed both parents to have contact with support agencies. This could have allowed him to address his pattern of behaviour (and understand how it reflected that of his father) while also supporting her. This may have also helped with understanding the wider social dynamics and how these contributed to the violence or what potential support was available.

[171] Family Violence Death Review Committee. 2017. *Six reasons why we cannot be effective with either intimate partner violence or child abuse and neglect unless we address both together*. Position brief. Wellington: Health Quality & Safety Commission. URL: www.hqsc.govt.nz/assets/Our-work/Mortality-review-committee/FVDRC/Publications-resources/FVDRC_conference_resource_2017-02-17.pdf (accessed 24 September 2021).

Māori experience	Brother and sister. Verbal argument. He has damaged her car. She left and reported incident at the station. Event chronology and notebook entry attached. He has been arrested and bailed.	Police: Accountability	Currently involved with Corrections. No further police involvement required.	Despite his current involvement with Corrections, her brother continues to use violence in response to situations he feels he can't control.	The whānau had sought additional engagement with support services to address both the drug use and the violence. All of this behaviour sits on a backdrop of exposure to violence in their childhood and repeated poor service delivery from agencies involved. They are actively seeking support in the form of a comprehensive, wrap-around service.
Pākehā experience	Mother had handed her other child to his father who is believed to have drug related issues … Mother had no fixed abode and was caring for older child. Mother had no income, no stable accommodation and has history of mental illness.	Child, Youth and Family/Oranga Tamariki: Child safety	Concerns for the safety of the children related to the parents' ability to parent. Primarily a custody issue.	The father was withholding access to the child as a means of controlling and emotionally abusing the mother. Help was required to resolve the situation in a way that would keep everyone safe.	Mother's mental health problems were associated with significant coercive, controlling behaviours by the fathers of both children. While she was separated from the father of her oldest child, he continued to control her through access to the child. The father of the second child was starting to display the same behaviour pattern. Understanding her behaviour as a response to the coercive controlling behaviours directed towards her would have allowed those involved to have understood the need for wrap-around support to ensure her safety as well as the safety of the children. This would have further allowed agencies to understand her transience as a form of help-seeking.

Māori experience	On arrival at the home, mum greeted us, dad very agitated and anxious about us being at his home … I defused the situation by telling dad that we were only here to follow-up on concerns for the children and that my job was to visit the whānau and assess the situation … We had received information that the children had been hit by him … Dad said that they have been having a lot of trouble with the oldest children … he said that he has given up the drink and has been clean for two years. He's trying his hardest to keep a clear head with the children … he said that he was open to any suggestions or assistance that he could get for … the whānau as a whole … Oldest daughter said she sometimes gets hōhā with her parents when they argue and put each other down … her and the other children go to Nanny's.	Child, Youth and Family/Oranga Tamariki: Child safety	Concerns for the safety of the children. Sought an alternative placement for one child.	The children have been exposed to violence for a number of years. The violence is especially bad when dad drinks. Dad is trying to address his violence by giving up alcohol, but he needs additional support, and the older children continue to be traumatised by the violence they were exposed to when young. The older children are acting out, and mum and dad are actively seeking help to manage the situation. The children also	Dad has acknowledged that, while he has made some changes, he needs additional help to manage his kids. Mum and dad appear aligned (at least initially) in understanding that they are struggling to manage the behaviour of the children. It is likely that mum also has some unresolved trauma to address as a result of being exposed to dad's violence. While mum is calm and responsive at present, this may be a protective mechanism built up over time. Working with the whānau to help address the underlying pattern of violence that dad continues to use, as well as supporting mum and dad to manage the children's trauma responses, could benefit the whole whānau. Through this, it may be possible to develop an effective, trusting relationship that would help the whānau to identify long-term positive goals to work towards. Positive support systems already exist within the whānau system (Nanny and the children's support for each other). How can these be built on to facilitate more sustainable change?

	I spoke again with mum and dad, and they said they need extra help.			need additional support and dad requires further help to address the violence he is using.	A deeper understanding of the whānau may highlight the need for ongoing support.[172]
Pākehā experience	… lives in her own home on the same property on which her parents live and where they have a fruit orchard. She has been working as a caregiver for her child but has not worked out of the home since the birth of her child … the behaviour of particularly her father and brother at times when she is unwell is remarkable. They both tend to become extremely agitated … and their way of interacting at this time tends to disrupt treatment. This has improved somewhat since she has moved out of the family home into her own home on the property … She has coped well as a solo mother except during periods of illness.	Health: Disease management	Mental health assessment – currently well.	Was experiencing a significant amount of control from her father and brother, to the extent that it would disrupt her treatment. Given that she lived on the same property as her parents, this control is likely to extend to her life in the community.	Understand the impact of her wider support system on increasing her isolation and reducing her ability to access support services in the community. The development of a trusting relationship may serve to highlight the extent of the control exerted by the father and brother and whether this should be considered a point of concern for her ability to stay well in the future.

[172] Atwool 2021, *op. cit*.

Māori experience	An appointment conducted in car due to having lots of visitors present. Shared in confidence has been using marijuana (twice a day) to help reduce vomiting. Wore sunglasses during appointment and parts of the conversation didn't flow – ?stoned … Still having nausea and vomiting – run out of nausea tablets. States she is financially unable to afford to get a script from the doctor. Struggling to eat well – getting headaches – discussed dehydration. No dating scan yet – has voucher for anatomy. Feels occasional movement from baby. TEDS stocking given – has varicose veins.	Health: Disease (pregnancy) management	Antenatal assessment – concerns about marijuana use.	Financial instability is compounding the impact of his use of violence. A variety of different stressors impact on this whānau, and they are seeking more holistic support.	She protects herself from his use of violence by encouraging the adult children to be in the house. They bring their partners along, and it creates an appearance of a variety of different visitors. She also knows that he is feeling increasingly isolated from the children as they move out of the house and start their own lives. He has isolated her from her parents, so the adult children have become her primary safety strategy. She is acutely aware that they need social support to help with the overlapping problems that exist. Yet each time she speaks to a professional, they seem solely focused on their specific area of interest. On this occasion, it is just about the pregnancy. However, she feels as though she is asking too much from her other kids and is concerned that they won't be able to help for much longer.
Pākehā experience	Phone appointment booked for next week. Client advised to have phone charged, ready for a lengthy phone appointment.	Work and Income: Income support, applications	Social housing application. Failed to attend booked appointment.	Has just left a relationship in which she experienced a lot of psychological	She is facing a number of different stressors and trying to manage them all at the same time. This includes keeping herself safe from her violent partner. Overcrowding in her parents'

	Client has left a domestically violent relationship, staying with mum and dad. She has no vehicle, no credit rating …, sole mum with two boys and one on the way. She says her applications are being overlooked. While no emergency housing needed at the moment, this will likely change as her parents cannot continue to have her and her two children stay with them ... house size is not adequate for four adults and three children (with another on the way) … Tried to phone client on cell … Client needs to rebook into phone social housing appointment … Client has come through advice she missed three calls from you in regards to social housing phone appointment. Advised cannot book this type of appointment. Could you please call again some time today or rebook appointment?	for social housing		violence. Has changed her phone number and is reluctant to answer the phone out of fear it will be him again. Further, her limited finances prevent her from accessing her voicemail. Has already provided all of the necessary information for the application for social housing.	home is contributing to another source of tension and she is aware her parents already have lost patience with her because of her previous relationship. There is a lot of tension with her mother. She prefers to be able to walk into the office because she finds it easier to talk face to face. Her previous partner would regularly abuse her over the phone. Her parents are willing to look after the children when she needs to go out to an appointment, but are sometimes not available when she answers the telephone. Her number one concern is finding stable accommodation to support her children. She is aware that Oranga Tamariki considers her 'transient' and would like to provide a stable base for the kids. A relational approach would allow the acknowledgement of the compounding nature of the various stressors she was dealing with, which is added to by the compliance required from various agencies. This would have highlighted

					the need for a collective approach to addressing her concerns.
Māori experience	Daughter called on behalf of her mother, the tenant, who has 10- and 13-year-old boys who get sick with a fever and go to doctor every week. 13-year-old is waiting for an operation on his neck … there is a really strong smell in the house … seeking a transfer, claims it is affecting their health.	Housing NZ/Kāinga Ora: Tenancy management	Currently housed tenant who is looking for alternative accommodation.	Health impacts of poor housing causing stress on the household. Mother is requiring significant support from daughter. Ongoing health concerns impacting on finances due to need for frequent travel to health services. Frequent time off school as a result of illnesses causing school to be express concern and additional pressure on single mother.	Family's social position interacts with their physical and mental wellbeing. Single parent has unstable housing, children with chronic health conditions and difficulties interacting with societal structures. Culturally aligned community provider may have been able to work with the whole family, re-establishing natural support systems and identifying opportunities to address immediate and long-term problems.

Pākehā experience [173]	Disclosure of psychological abuse, concern for children and animals. Seeking help to understand dissolution of the farm.	Lawyer: Confidentiality	Seeking advice from a confidential, trusted source.	Seeking to understand support options and level of concern for the children. Understands the risks associated with separating from her partner and needs to determine how to do this safely.	Clause 8.2 of the Lawyers and Conveyancers Act (Lawyers: Conduct and Client Care) Rules 2008 outlines that: A lawyer must disclose confidential information where … (b) the lawyer reasonably believes that disclosure is necessary to prevent a serious risk to the health or safety of any person. Threats to children and animals, in combination with psychological abuse and an approaching separation signal a real cause for concern. Reaching out to another professional who had ongoing involvement with the family could have provided a more complete picture of the risks to the family and the need for immediate, protective support.

[173] Our in-depth reviews do not include an equivalent Māori experience of drawing on legal means to use violence against a whānau member. The main reason is that, within the Committee's data set, this has not been identified as a feature of how violence is used against whānau.

In 2017, the Ministerial Group on Family and Sexual Violence published *Family Violence, Sexual Violence and Violence within Whānau: Workforce Capability Framework*.[174] Seven principles underpin the framework. One of them (manaakitanga) is to acknowledge the story of those who encounter family or sexual violence services. This allows people to be experts in their own lives so that an agency understands and responds to the needs that are important at the time, rather than fitting a person's narrative into its own response framework.

As Table 3 shows, the Committee is frequently able to identify interactions that agencies have with victims, offenders, family or whānau that do not allow these people to be experts in their own lives. The result is that agencies do not understand the wider context, create alternative narratives and respond in punitive ways. This increases the risk of harm for victims and places the onus of responsibility for addressing an escalation of violence on the family or whānau. The approach effectively silences concerns that are voiced but not addressed.

To respond in the way that people need, services must uphold the principles of the Workforce Capability Framework. Mirroring Rev Māori Marsden's kaupapa analysis of Te Tiriti, these principles are:

- ūkaipō – recognising the origins of the voice and the story and recognising context and identity
- rangatiratanga – high-quality leadership, advocacy and service relationships in a practice based in humility, knowledge and knowing the limits of knowledge
- whanaungatanga – actively strengthening meaningful, sustainable and purposeful relationships
- aroha – accepting a person's experience, suspending judgement and focusing on strengths
- kaitiakitanga – protecting the vulnerable
- manaakitanga – acknowledging the mana of others through the expression of aroha, hospitality, generosity and mutual respect
- kotahitanga – taking a collective, whole-of-whānau approach.

To effectively uphold these principles, it is necessary to build capacity to care and engage at all levels of the system and work towards a seamless approach that involves both community and state. Box 9 presents an example of how services can acknowledge the importance of whānau owning their story and respond accordingly. It also shows how aligning services with whānau goals is a valuable way of making a long-term investment in whānau wellbeing.

[174] Ministerial Group on Family Violence and Sexual Violence. 2017. *Family Violence, Sexual Violence and Violence within Whānau: Workforce Capability Framework*. Wellington: Ministry of Social Development. URL: https://www.justice.govt.nz/assets/Documents/Publications/family-violence-workforce-capability-framework.pdf (accessed 24 September 2021).

Box 9: Owning my story

Manaaki Tairāwhiti

> Manaaki Tairāwhiti is about whānau wellbeing: we understand that individuals are part of a whānau, we view whānau as the owner of their own lives, and we understand that whānau are embedded in society and history.[175]

Manaaki Tairāwhiti has placed whānau voice at the centre of the development of policies and support services. In doing so, it uses various mechanisms to continually gather whānau perspectives on their service support experiences as well as on what they need.

> Most government contracts are single agency or sometimes there's a couple of agencies that co-fund an initiative where they have identified a problem. This usually means that it is a single person that has a problem and that's the level of the intervention; the person, not the whānau. The agency or agencies will then design a programme for an individual and add some criteria to identify which targeted individuals will be eligible to receive the programme. Through the procurement process, and contracting process, an evaluation framework adds further detail and a whole set of measurements to be put in place.
>
> This process is built around a set of ideas that ensures that the western capitalist model of purchasing units of service and providing evidence that shows what was paid for was delivered. These processes create a system that isn't informed by what whānau say they need. It's informed by a government agency's response to an identified 'social problem' and an approach to identify, target and deliver specific support to specific people based on a number of assumptions about the context of people's lives and whether or not their whānau are affected by the situation or issue.[176]

Service-level agreements developed by Manaaki Tairāwhiti are based on flexible service delivery. They purposefully include no eligibility criteria, targets (such as the number of people supported) or threshold levels (such as crisis intervention), all of which limit how much support can be offered. Further, Manaaki Tairāwhiti has no formal assessment process or referral pathway. Rather, if whānau have a self-identified need, they can self-refer to a navigator directly or contact a supervisor who then asks the navigator to contact the whānau.

The flexibility of this form of whānau support reflects a radically different approach. Through interacting with whānau, navigators provide support and gather information about whānau needs and experiences with various services. They give special attention to service-related barriers that can have a negative impact on access and/or whānau engagement.

> It's a complete systems change and we are testing, 'How much can communities do if you take off the reins and stop telling them what to do and how to do things in a certain way?' And we're there every day with the navigators, we're walking alongside them. We're watching, learning, testing,

[175] Manaaki Tairāwhiti. 2021. *Manaaki Tairāwhiti Strategic Action Plan 2021–2022*. URL: www.manaakitairawhiti.nz/assets/Strategic-Action-Plan-2021-22-spreads-FINAL-2021.04.29.pdf (accessed 13 October 2021).
[176] A kōrero with Leslynne Jackson, Lead, Manaaki Tairāwhiti, October 2021.

> supporting, supervising and coaching, gathering intel. Our navigators gather the full breadth of need unmet by the current system, as much as whānau are willing to share. So, everything that anyone's got a problem with, they can tell us. And we will then see what the frequency of need is, what the seriousness of need is, where the opportunities for early intervention or prevention are because we're not turning people away.[177]

Empowering whānau to be self-determining is central to a Whānau Ora approach. Whānau Ora allows whānau to be 'architects and drivers of a positive future. It is aspirational and strengths-based.'[178] In the Committee's sixth report, we drew attention to the potential value of Whānau Ora for helping to address men's use of violence.[179] It is also central to this report, which reinforces both the need for Whānau Ora approaches and the failings of the Crown to enact its duty of care through Whānau Ora. As outlined in the final report to the Minister of Whānau Ora, the following are some of the challenges of implementing Whānau Ora.

- Demand outstrips the funding and resources available to partners, providers and whānau entities to provide support. (In some areas, 'the level of demand was overwhelming'.)
- In some cases, navigators were required to take on responsibilities that were really the domain of clinicians or qualified social workers.
- '[C]entral government agencies are opting out of their own responsibilities … not only were Whānau Ora partners meeting the service delivery responsibilities of other agencies, they were expected to do so.'[180]

Transactional practice encourages 'client-restricted encounters',[181] in which interactions with services occur in a time-constrained, emotionally charged environment. Where professionals are inadequately trained to understand responses from those they are interacting with (especially where those responses are defensive and reflect a lack of trust), they can misunderstand or incorrectly evaluate the situation. Where such misunderstandings are subsequently drawn into agency databases and shared with other agencies (for example, Police sharing with Oranga Tamariki), this misunderstanding can continue repeatedly throughout agency interactions into the future.

I have been battling for my team and their clients at a systemic level since I became manager. I am a registered social worker and have very strong values around social justice and sadly my experience is one of frustration ... To bring about change there has to be a process of accountability; of taking responsibility ...

I know that other areas are battling issues as are we … however, at this time I can only speak to my experiences here. As an NGO trying to

[177] *Ibid.*
[178] Independent Whānau Ora Review Panel. 2018. *Whānau Ora Review: Tipu Matoro ki te Ao. Final Report to the Minister for Whānau Ora*. Wellington: Te Puni Kōkiri.
[179] Family Violence Death Review Committee 2020, *op. cit.*
[180] Independent Whānau Ora Review Panel 2018, *op. cit.*, pp 7–8.
[181] A kōrero with Awhina Cameron and Ngaropi Cameron, Tū Tama Wāhine, October 2021.

support our families to access appropriate services, we are held to ransom by the lack of services such as no housing options, ineffective mental health service and lack of response from government agencies. Therefore, we can only work with our families in the moment, with what is presenting at the time and feeling inadequate at addressing the wider baseline needs of our clients.[182]

To allow individuals to be experts in their own lives, services must 'unlearn'[183] what it means to help. Out of the desire to help, it is possible to perpetuate colonisation by translating what people are seeking support for into the services that are within an agency's mandate to deliver. In this way, a service buys in to 'paternalistic and linear models of public service'.[184]

An enduring duty to care

Between 2019 and 2021, the Committee has sought to include the whānau voice in in-depth reviews where it is safe to do so and where friends, family or whānau feel comfortable telling their story. In general, in-depth reviews occur two to three years after the death event to allow sufficient time for the judicial process to be completed. The interviews happen at a place where participants feel comfortable, take around two hours and give participants the opportunity to access further counselling support if they need it.

Through this process, the Committee has spoken with lifelong friends, sisters, brothers, mothers and fathers and adult children. While people have been relieved to be able to tell their story, overwhelmingly, the Committee have come across people who are struggling to process what went so terribly wrong. Often, actions by agencies after the death of a loved one have complicated their trauma.

For example, participants have told of how:

- she was placed in housing that is almost exactly the same as the place where her father died and wakes every morning to be reminded of what she has lost
- she was unheard in the courtroom process, unable to give true voice to her sister's experience and feeling let down by a process that should have provided justice
- she is held responsible for keeping her son to the community service conditions of his sentence while feeling that he is not receiving sufficient support for dealing with the trauma that resulted from taking his brother's life
- she was held accountable for the death of her baby at the hands of his father when she was actively trying to ensure his safety
- they read the offender's account of the death event published in the media and knew that it was not accurate
- she waited over five years for a coronial inquiry into the death of her nephew.

These experiences show that no accountability mechanism exists for government agencies to implement the recommendations developed from the Committee's reviews of death

[182] NGO service provider, in-depth review, October 2021.
[183] Lowe T. 2021a. *Human Learning Systems for Aotearoa New Zealand, with Dr Toby Lowe*. URL: https://www.businesslab.co.nz/beyond-consultation-podcast/29-bonus (accessed 3 November 2021).
[184] Human Learning Systems. nd. Case studies: The good cents approach to financial wellbeing. URL: https://www.humanlearning.systems/uploads/Good%20Cents%20case%20study.pdf (accessed 3 November 2021).

events. On multiple occasions, people ask the Committee which agency is responsible for making the changes we recommend. Currently, no government agency is required to implement our recommendations.

In our third report, the Committee recommended developing a formal multi-agency, after-care process for deaths from intimate partner violence and child abuse and neglect. Indeed, given the entangled nature of intra-familial violence, it could be argued that an after-care process should be available for all surviving family members of family violence death events. In its early recommendations, the Committee aimed to identify and address any immediate safety issues for surviving children and adults. However, based on the findings of recent reviews, agencies should also be avoiding further embedding trauma through routine service delivery.

> *… this process will enable the collaboration of all the different services involved in order to effectively address the safety and wellbeing needs of surviving family and whānau … It will also ensure that each individual service is aware of the family's history of abuse and trauma.*[185]

It is nine years since the Committee originally recommended an after-care process. While discussions about it have occurred, no process has yet eventuated.

Year by year, the number of family violence death events is not large. Aotearoa averages about one such event every two weeks. Between 2009 and 2019, there were 78 child abuse and neglect deaths, 145 intimate partner violence deaths and 69 deaths of other family members. While each of these death events has a significant impact on our communities, as a yearly total, the numbers are sufficiently small that, as a nation, it should be possible to provide ongoing support and help to affected families and whānau.

Instead, in our communities at least 168 children have grown up in the knowledge that one of their siblings was murdered and 337 children have lost a parent where there is no comprehensive after-care system to support them and their family or whānau. Because information on children involved in a family violence death event is not routinely collected, the Committee acknowledges that this is an undercount of surviving children.[186] The following section begins to explore the health of these children, as identified through the National Minimum Dataset of hospital discharges. It raises further questions about the enduring duty to care required from Aotearoa as a society. We will undertake a more detailed analysis of the health of this cohort in later Committee publications.

The health of surviving children[187]

In this section, we focus on hospital events for 512 children who are surviving family members of a family violence death event. Unlike most of this report, this section contains a lot of quantitative data analysis. Along with the graphs in Chapter 1, this approach is

[185] Family Violence Death Review Committee 2013, *op. cit*.
[186] To identify surviving children, the Committee worked with Births, Deaths and Marriages to identify biological children of the victim, offender or parents and step-parents of deceased children. The undercount occurs, however, because those whose birth had not been registered, including children who were born overseas, are not included in this analysis.
[187] Some of those we discuss in this section are over 25 years old. While not a child in the legal sense, they continue to be the children of deceased parents, or children of an offender who had killed a child under the age of 18 years, or a child of the partner of a person who had killed a child under the age of 18 years.

intentionally in stark contrast to the rest of the report, where we focus on the stories of family members and our in-depth reviews.

As in our third report,[188] the Committee has concentrated on describing the impact of violence on children and whānau through stories from our in-depth reviews. We made this choice to underscore the importance of taking a whole-of-whānau approach to reduce intra-familial violence. However, we have also observed that numbers influence policy development whereas stories may lead policy makers to underestimate the magnitude of the impact of trauma. For this reason, this section documents the health of surviving children to emphasise why it is important to understand violence as a health issue.

Of the 512 surviving children, 495 were able to be identified in the health system. Of these, 315 (64 percent) were discharged from hospital between the time of the death event and 31 December 2019.[189,190] The average age at discharge was 12.6 years (median 11.3 years). At the time of discharge, 75 percent of children were aged 21 years or under (and 25 percent were aged 1 year or less). The oldest surviving child who had a hospital admission was 48 years. Within the Committee's data set of family violence deaths, the oldest intimate partner violence homicide victim was 77 years old.

In total, the 315 children had 1,047 hospitalisation events. The majority of hospital events were acute (unplanned, 67 percent). While around one-third of the children had only one acute hospitalisation (n=118, 37 percent), 23 percent (n=73) had two acute hospitalisations and 23 percent (n=73) had three or more acute hospitalisations in the follow-up period. The average length of stay in hospital was 2.6 days (range: 0–252 days).

The most frequently recorded reasons for hospitalisations were injuries and poisoning (n=192, 18 percent of all hospital events) and respiratory disorders (n=163, 16 percent of all hospital events).[191]

While 76 children attended hospital only once as a result of an injury or poisoning, 36 were hospitalised twice and 11 were hospitalised three or more times for this reason. A total of 30 of the injury-related hospital events were due to an assault, while 19 were for an injury related to self-harm (for 11 percent of hospitalised children, a mental or behavioural disorder was diagnosed).[192]

Of the 163 children who had a hospital event for a respiratory disorder, 49 attended hospital only once, 19 were hospitalised twice and 11 were hospitalised three or more times. Among the hospital treatments for a respiratory disorder, 75 percent involved children aged under nine years; 50 percent were aged two years or under.

These figures paint a picture of a cohort of the population who are at higher risk of experiencing periods of acute unwellness along with chronic health conditions. For example,

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[188] Family Violence Death Review Committee 2013, *op. cit*.
[189] Follow-up times vary. We searched for information on hospital discharges from the date of the death event (which ranged from 2009 to 2019) until the most recently available date. Therefore, the analysis presented will be more complete for those whose parents or siblings died earlier in this time period than for those where the death was more recent.
[190] The analysis does not include 126 live childbirth events that occurred during the follow-up period.
[191] Principal diagnosis of the hospital discharge event, as recorded in the National Minimum Dataset, ICD-10-AM. URL: www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/national-minimum-dataset-hospital-events (accessed 25 April 2022).
[192] Importantly mental and behavioural disorders as recorded in the National Minimum Dataset do not provide a complete account of the prevalence of these disorders in the community. For a more complete description of the relative contribution of different data sources for reliable estimates of the prevalence of mental and behavioural disorders, see: Bowden N, Gibb S, Thabrew H, et al. 2020. Case identification of mental health and related problems in children and young people using the New Zealand Integrated Data Infrastructure. *BMC Medical Informatics and Decision Making* 20: 42. DOI: 10.1186/s12911-020-1057-8 (accessed 20 April 2022).

while an estimated one in six people in Aotearoa live with a respiratory condition,[193] among this group of surviving children, one in six had been **hospitalised** with a respiratory disorder. In the general population, respiratory conditions are responsible for one in eight hospital stays,[194] or one in ten overnight stays;[195] within this cohort, they were responsible for one in six hospital stays.

It is not possible to establish a causal link between the death event and the following health experience of surviving children, although it would be tempting to connect violence experience and respiratory disorders through the risk factors they share, including poverty. However, this data also illustrates the need for a more proactive approach to providing ongoing care to surviving family members and the value of considering the experience of violence as a health issue. Research has identified childhood trauma experience as an independent risk factor for adult respiratory disease, as well as being indirectly associated with lifetime mental and behavioural disorders.[196] The high occurrence of both respiratory disorders and mental and behavioural disorders in this cohort firmly establishes violence experience as a health issue.

In 2013, the Committee recommended an after-care process for families and whānau impacted by violence. Originally, it considered that such an intervention after a death event provided an opportunity to impact on intergenerational trauma and violent behaviour.[197] However, the current analysis also points to the need to address physical and emotional wellbeing and, by extension, to address material need, adequate housing and other social determinants of health.[198] Nearly a decade on, as far as we are aware, the recommendation for an after-care system has yet to be adopted.

Box 10 demonstrates the value of a community-embedded organisation. With a multidisciplinary team, Tū Tama Wāhine can pivot in response to changing whānau and community needs. This example provides a counterpoint to the current emphasis on having mainly professional staff in family violence services, with the result that such services become disconnected from the communities they serve. The approach of Tū Tama Wāhine illustrates that it is possible to balance professional services with community connection and mandate.

[193] Respiratory disease. *Health Navigator.* URL: https://www.healthnavigator.org.nz/health-a-z/r/respiratory-disease/#:~:text=One%20in%20six%20(over%20700%2C000,eight%20of%20all%20hospital%20stays (accessed 16 February 2022).
[194] Asthma and Respiratory Foundation of New Zealand. 2015. *Te Hā Ora (The Breath of Life): National Respiratory Strategy*. Wellington: Asthma and Respiratory Foundation. URL https://s3-ap-southeast-2.amazonaws.com/assets.asthmafoundation.org.nz/images/National-Respiratory-Strategy-online-version.pdf (accessed 16 February 2022).
[195] Telfar Barnard L, Zhang J. 2021. *The Impact of Respiratory Disease in New Zealand: 2020 update*. Report prepared for the Asthma and Respiratory Foundation NZ. URL: https://www.asthmafoundation.org.nz/assets/documents/Respiratory-Impact-report-final-2021Aug11.pdf (accessed 18 February 2022).
[196] Noteboom A, ten Have M, de Graaf R, et al. 2021. The long-lasting impact of childhood trauma on adult chronic physical disorders. *Journal of Psychiatric Research* 136: 87–94. DOI: 10.1016/j.jpsychires.2021.01.031 (accessed 20 April 2022).
[197] Family Violence Death Review Committee, 2013, *op. cit*.
[198] Asthma and Respiratory Foundation of New Zealand, 2015, *op. cit*.

Box 10: Adaption, change and an enduring duty to care[199]

Tū Tama Wāhine has strived to be flexible in responding to whānau and community needs. It has been able to achieve that flexibility because it is highly embedded in the community, which helps it to identify newly developing needs and issues.

> We take up opportunities when they arise to move towards something that we all know is beneficial for our families. The organisation has adapted based on one of the needs of the communities, the changing communities that we work across. We might be on the marae, and someone comes up to one of us [kaimahi] and says, 'This is something that you need to address.' And you know, it's very hard to hide amongst your own community.

The organisation's kaimahi, who are a multidisciplinary team of formally and informally trained staff, are critical to the organisation's success. They contribute to this success by offering diverse perspectives based on varied worldviews and approaches.

> One of the absolute strengths of the organisation is that we have a multidisciplinary workforce. We've got a performing arts graduate, a personal trainer, an occupational therapist, counsellors, nurses, social workers, carvers, teachers … and that's actually what our community looks like as well. It's because of that diversity of disciplines and experiences that, you know, when we're doing case reviews, you get such a different approach to input and development. It might be the weaver that has an interesting idea in relation to what needs to happen for a particular case and things like that. We have learnt that if you surround yourselves by the same types of people, the same voices or the same old training and approaches, then you just kind of operate in a wind tunnel where you are hearing your own voice echoed back at you.

[199] A kōrero with Awhina Cameron and Ngaropi Cameron, Tū Tama Wāhine, October 2021

4. Te Tiriti dividends, āta and humble government | Tā Te Tiriti, āta me te kāwanatanga hūmārire

Nothing about our situation is inevitable or immutable, but you can't solve a problem with the consciousness that created it. The antiquated belief that some groups of people are better than others distorts our politics, drains our economy, and erodes everything … [we] have in common, from our schools to our air to our infrastructure.[200]

Where possible throughout this report, the Committee has given examples of different and similar experiences for Māori and Pākehā. We do so partly to underline the need for a variety of solutions to be available for those experiencing violence. The comparison also highlights how a society developed without awareness of inequities can contribute to a failure in the duty of care for those who need it most. In some instances, both Māori and Pākehā have similar experiences, especially in circumstances where services fail to hear and acknowledge the experience of those seeking help.

The colonial structure of Aotearoa from 1840 onwards leaves a legacy of inequity, which Māori and Pākehā experience differently today. The introduction of neoliberalism, especially in the form of New Public Management, has eroded the capacity of statutory services to fulfil their duty of care.[201] The resulting siloed approach of government agencies and reduced investment in public services have an impact on all people living in Aotearoa. The neoliberal reforms of the 1990s enabled the growth in kaupapa Māori service providers, which could be seen as reflecting a greater level of Māori self-determination (see Chapter 2, Table 2). However, this reform has come with a cost of meeting accountability demands for achievements that governments themselves continue to struggle with.[202]

The costs of not upholding Te Tiriti were building before the introduction of New Public Management, but they have been exacerbated by the increased inequities created by that system. By failing to acknowledge differences, the whakapapa of those differences and how they are reflected in the services people receive, there is a failure to appropriately respond in a way that will lead to better lives for all in Aotearoa.[203] For example, the early stages of the COVID-19 pandemic saw a release of resources to Whānau Ora providers, enabling an agile and nuanced response. Yet this decentralised approach was actively opposed at the stage of the vaccine roll-out, heightening the risk to Māori, who were recognised as a high-risk group.

In her analysis of the impact of the national Māori response network to the pandemic, McMeeking draws on examples of shared information, resources and relationships with 'a common purpose of protecting the community from the onslaught of the global pandemic'.[204] The response helped drive a relatively positive outcome for Māori infection rates in the first

[200] McGhee 2021, *op. cit*.
[201] Connell R, Fawcett B, Meagher G. 2009. Neoliberalism, New Public Management and the human service professions: Introduction to the Special Issue. *Journal of Sociology* 45(4): 331–8. DOI: 10.1177/1440783309346472 (accessed 20 April 2022).
[202] Tuhiwai Smith 2007, *op. cit*.
[203] *Te Pou Matakana Limited v Attorney-General* [2021] NZHC 2942 [1 November 2021].
[204] McMeeking S, Leahy H, Savage C. 2020. An indigenous self-determination social movement response to COVID-19. *AlterNative* 16(4): 395–98, p 396.

wave of the pandemic, when the proportion of Māori infections was lower than the proportion in the population as a whole,[205] in contrast to the prediction that Māori would have twice the rates of infection and mortality.[206] Of note was the shift with the second wave of the pandemic, when centralised control of the vaccine roll-out limited community ownership and so underestimated the barriers to accessing 'walk-in options', such as general practitioners and chemists.[207]

Other researchers have also drawn on the example of the collective response that Māori coordinated during the first wave of the pandemic. Noting the similar response in the Canterbury earthquakes and COVID-19 pandemic, Cram writes:

> *The coordinated enacting of mahi aroha by so many people during times of crisis shows that Māori remain capable of undertaking work out of a love for the people. This mahi aroha, in turn, is a protective mechanism in times of high risk. Aroha is more than rhetoric; it is a way to move through everyday life that infects Māori life-worlds and people's paid and unpaid work-worlds.*[208]

Further, Tā Mason Durie explains how important it was for Māori leadership to place whānau at the centre of responses that led to positive outcomes for Māori during the pandemic. In his early analysis immediately following the first wave of COVID-19, particular factors he identifies as contributing to the success of the response are whānau decision-making, whānau support, whānau protection, whānau connections and whānau workers. The value of whānau workers was that they enabled Māori to relate to frontline workers in a way 'that made sense to them' through the initial crisis.[209] Through the response, Māori could enact or express a duty to care for people.

As noted above, the reverse occurred in the roll-out of the vaccine. In a High Court ruling on whether the Ministry of Health should release personally identifiable information to a Whānau Ora provider, Justice Gwyn stated, 'It is insufficient to rely on Government-controlled, mainstream, or non-kaupapa Māori services that have to date failed to significantly reduce the disparate rate at which Māori are vaccinated.'[210] Of note is that Justice Gwyn referred to 'Te Tiriti and its principles, *as informed by tikanga*' (emphasis added).[211] When considering tikanga in this context, Justice Gwyn summarises an applicant's evidence as describing:

[205] Ministry of Health. COVID-19: Source of cases – 2020 and 2021. URL: www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-data-and-statistics/covid-19-source-cases (accessed 21 September 2021).
[206] Newton K. 2020, 17 April. Covid-19 deadlier for Māori, Pasifika – modelling predicts. *Radio New Zealand*. URL: www.rnz.co.nz/news/national/414495/covid-19-deadlierfor-maori-pasifika-modelling-predicts (accessed 20 April 2022).
[207] Martin R. 2021, 6 October. 'Aunties power': Māori Women's Welfare League removing barriers to get Waitara vaccinated. *RNZ News*. URL: www.rnz.co.nz/news/te-manu-korihi/453043/aunties-power-maori-women-s-welfare-league-removing-barriers-to-get-waitara-vaccinated (accessed 7 October 2021).
[208] Cram F. 2021. Mahi aroha: Māori work in times of trouble and disaster as an expression of a love for the people. *Kōtuitui: New Zealand Journal of Social Sciences Online* 16(2): 356–70. DOI: 10.1080/1177083X.2021.1879181 (accessed 22 April 2022), p 9.
[209] Durie M. 2020. Kōrero with Sir Mason Durie. URL: www.youtube.com/watch?v=hZBqnXFwls0 (accessed 21 September 2021).
[210] *Te Pou Matakana Limited v Attorney-General*, *op. cit.*, para 97.
[211] *Te Pou Matakana Limited v Attorney-General*, *op. cit.*, para 134.

> *… the principle of whanaungatanga as the 'bedrock' of tikanga, as the source of obligations between individuals and the collective. He focuses on the principle of kaitiakitanga – the obligation to nurture and care for the mauri of people, of resources and of taonga, where a whanaungatanga relationship is established.*[212]

The concept of 'humble government' allows governments to acknowledge that they do not know in advance what will work to support the people they serve to flourish.[213] Instead, the role of government is to support learning at the smaller scale, encouraging place-based learning systems where learning relationships are characterised by humility, empathy and trust, such as is the experience in Manaaki Tairāwhiti. If appropriate, lessons learnt in these environments can be translated to make structural change where it is necessary.

Such systems encourage government to let go of 'the illusion of control',[214] enabling more flexible and collaborative approaches to funding and commissioning. Instead of funding based on key performance indicators and aimed at building a competitive market for social service delivery, the focus is on funding organisations that can build effective relationships with those they serve and understand and respond to the strengths and needs of the person, as well as acting collaboratively when doing so.[215] Indeed, it could be argued that this focus was intended with the introduction of the Public Service Act 2020, which has built in an expectation that public services will become 'adaptive, agile and collaborative'.[216] However, this expectation is yet to become a reality and achieving it requires stewards and kaitiaki at the highest levels of government to develop enabling environments.

For Aotearoa to adopt a model of humble government, government agencies would also need to be responsive where community services are advocating on behalf of those they serve. This would demand a fundamental reset of the expectations and relationships between government and community services. The country is well placed to adopt a different approach to public management (such as a Human Learning Systems approach[217]). Te ao Māori provides Aotearoa with a head-start on shifting closer to a Human Learning Systems approach to public service management. The values of whakawhanaungatanga and manaakitanga provide guidance on those concepts that the authors of the Human Learning Systems approach themselves have been struggling to describe.[218] Āta (described below), is a deliberate process to achieve the best possible outcomes.

[212] *Te Pou Matakana Limited v Attorney-General*, *op. cit.*, para 100.
[213] Lowe T. 2021b. National-level working: humble government. In *Human Learning Systems: Public service for the real world*. Allithwaite: ThemPra Social Pedagogy. URL: http://realworld.report/ (accessed 10 November 2021).
[214] Hawkins M, Plimmer D, Cox J, et al. 2021. Funding and commissioning in complexity. In *Human Learning Systems: Public service for the real world*. Allithwaite: ThemPra Social Pedagogy. URL: http://realworld.report/ (accessed 10 November 2021).
[215] *Ibid.*
[216] Public Service Commission. 2020. Factsheet 1: An overview of the changes. URL: https://www.publicservice.govt.nz/our-work/reforms/public-service-reforms-factsheets/?e5920=5923-factsheet-1-an-overview-of-the-changes (accessed 10 November 2021).
[217] Lowe 2021b, *op. cit.*
[218] Lowe 2021a, *op. cit.*

Āta constituents[219]

*Āta **focuses** on our relationships, negotiating boundaries, working to create and hold safe space with corresponding behaviours.*
*Āta **gently reminds** people of how to behave when engaging in relationships with people, kaupapa and environments.*
*Āta **intensifies** people's perceptions in the following areas:*
*It accords **quality space** of time (wā) and place (wāhi)*
*It demands **effort and energy** of participants*
*It conveys the notion of **respectfulness***
*It conveys the notion of **reciprocity***
*It conveys the requirement of **reflection**, the pre-requisite to **critical analysis***
*It conveys the requirement of **discipline***
*It ensures that the **transformation process** is an integral part of relationships*
*Āta incorporates the notion of **planning***
*Āta incorporates the notion of **strategising.***

This is a clear example of a Te Tiriti dividend. Where the Crown upholds its responsibility to Te Tiriti, giving voice to the articles, Aotearoa has the potential to have world-leading public service management.

Changes in legislation to support and enable change

Several recent legislative shifts provide an opportunity to develop Te Tiriti dividends and enable services to provide a locally defined and empowered duty to care.

Public Service Act 2020

The introduction of the Public Service Act 2020 set in legislation the purpose, foundational principles and values for public servants. 'It highlights acting with a spirit of service to the community as the fundamental characteristic of the public service.'[220] To embody this spirit of service, public servants are expected to be impartial, accountable, trustworthy, respectful and responsive.

In developing a minimum set of standards to determine how the public service upholds the values outlined, the State Sector Standards Board acknowledged that the state sector had lacked accountability. It considered this was largely the result of 'an overemphasis on economic efficiency as an outcome and in performance measure [that have] distorted behaviours and undermined trust and support from the public and employees'.[221]

The State Services Commissioner's code of conduct requires that public servants act 'with a spirit of service to the community', striving to make a difference to the wellbeing of all of

[219] Pohatu TW. nd. Āta: Growing respectful relationships. URL: www.rangahau.co.nz/assets/Pohatu/Pohatu%20T.pdf (accessed 2 November 2021).
[220] Public Service Commission. 2020. Factsheet 2: He ratonga tūmatanui e kotahi ana | A unified public service. URL: www.publicservice.govt.nz/our-work/reforms/public-service-reforms-factsheets/?e5920=5928-factsheet-2-a-unified-public-service (accessed 10 December 2021).
[221] State Sector Standards Board. 2001. *First Report to the Minister of State Services*. URL: www.publicservice.govt.nz/resources/standards-board-report-no1/ (accessed 13 December 2021).

those who live in Aotearoa.[222] In section 14 of the Public Service Act 2020, public service leaders are expected to develop and maintain the ability for public services to 'engage with Māori and to understand Māori perspectives'.[223]

Te Arawhiti (the Office for Māori Crown Relations) provides guidance and support to meet this expectation. It also highlights how upholding Te Tiriti has the potential to create a thriving, sustainable future by developing a strong relationship between the Crown and Māori. Among other tools, Te Arawhiti has provided an Organisational Capability Component to support culture change in government agencies. The long list of indicators of a capable organisation includes:

> The agency has assessed its culture (the way things have always been done) and all policies, programmes, services to identify structural discrimination, and, regardless of the size of the issue, has taken action to address [these].
>
> The agency is open to making radical changes, including challenging existing power structures, investments and frameworks, to achieve changed outcomes and uphold the Treaty.[224]

In combination, these items speak to the heart of the difficulties in the response to family violence in Aotearoa: an uneven power balance between government agencies and community services and the knowledge that existing service delivery frameworks are not fit for purpose. By referencing Te Tiriti, Te Arawhiti enables agencies to honestly review existing structures and systems with the aim of understanding how they can become more effective. As the Committee's sixth report points out, while structural deficiencies impact on the lives of all who need support in Aotearoa, they have a disproportionate, although not isolated impact on Māori.[225] Therefore, addressing these deficiencies to benefit Māori will produce a Te Tiriti dividend where all in Aotearoa will benefit.

In 2021, Te Hiringa Hauora/Health Promotion Agency published a 'think piece' on what a Te Tiriti-dynamic system could look like.[226] It argued that, to be dynamic and sustainable, the system needs seven core elements: shared power, equitable resourcing, trusted relationships, community-driven priorities, Te Tiriti-dynamic workforce, robust data and joint learning.

> If we are serious about Te Tiriti as the starting point, this requires the Crown to do much more than co-design the system, infrastructure and services in partnership with Māori. It requires the shift of resources and decision-making away from the Crown to iwi, Māori and communities. This is crucial to remove inherent bias and design a system that works for Māori.[227]

The Public Service Act 2020 also changes the way that government agencies are able to work together, making cross-agency work such as the Joint Venture for Family and Sexual

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[222] State Services Commissioner. 2007. Standards of Integrity & Conduct. URL: www.publicservice.govt.nz/assets/Legacy/resources/Code-of-conduct-StateServices.pdf (accessed 13 December 2021).
[223] Public Service Commission. 2020. Factsheet 3: Te whakapakari i te hononga i waenga i te Māori me te Karauna | Strengthening the Māori Crown relationship. URL: www.publicservice.govt.nz/our-work/reforms/public-service-reforms-factsheets/?e5920=5932-factsheet-3-strengthening-the-maori-crown-relationship (accessed 13 December 2021).
[224] Te Arawhiti. 2021. Organisational Capability Component. URL: www.tearawhiti.govt.nz/assets/Tools-and-Resources/Maori-Crown-Relations-Capability-Framework-Organisational-Capability-Component.pdf (accessed 13 December 2021).
[225] Family Violence Death Review Committee 2020, *op. cit*.
[226] Te Hiringa Hauora/Health Promotion Agency. 2021. *Te Ara Pounamu: A Tiriti-dynamic system*. Wellington: Te Hiringa Hauora. URL: www.hpa.org.nz/research-library/research-publications/te-ara-pounamu-a-tiriti-dynamic-system (accessed 22 March 2022).
[227] *Ibid.*, p 6.

Violence easier.[228] However, the Joint Venture for Family and Sexual Violence was established before the Public Service Act was passed, so it did not benefit from the legislative options available within the Public Service Act. For example, through an Interdepartmental Venture, government agencies can pool resources and create a new, independent entity that can take on the responsibility for undertaking the work at hand, such as entering into contracts in the same way as a public service department.[229] An Interdepartmental Venture could potentially address complex issues that fall within the scope of a number of portfolio areas, such as family violence.[230] In the second half of 2022, the Joint Venture for Family and Sexual Violence will be replaced by an Interdepartmental Executive Board with the aim to 'strengthen the collective commitment of chief executives to priorities that span multiple agencies' responsibilities'.[231]

Public Finance (Wellbeing) Amendment Act 2020

The Public Finance (Wellbeing) Amendment Act 2020 provides government agencies with the ability to consider both fiscal responsibility and wellbeing in planning and performance reporting. Wellbeing is defined as 'enabling people to have the capabilities they need to live lives of purpose, balance, and meaning for them'.[232]

A flexible approach to the application of the Public Finance Act 1989 has been interpreted as helping government agencies to shift towards devolved commissioning, 'giving greater effect to partnerships and choice'.[233] Indeed, the Productivity Commission recommended, and the government agreed on, increased use of devolution in the social services system.[234] The Ministry of Social Development has acknowledged the importance of local decision-making, enabling agile mobilising and effective organising for service provision through the social sector commissioning principles. These principles include enabling individuals, families, whānau and communities to exercise choice and Māori Crown partnerships for effective commissioning. Both of these principles highlight the importance of devolved commissioning.

Effectively applying such legislative intent would allow agencies to develop local solutions, where they acknowledge the unique experiences, needs and responses of the community. This is already the experience of Manaaki Tairāwhiti. Together, the Public Service Act 2020, the Public Finance (Wellbeing) Amendment Act 2020 and the social sector commissioning principles provide:

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[228] Office of the Auditor-General. 2021. *Working in New Ways to Address Family Violence and Sexual Violence. Presented to the House of Representatives under section 20 of the Public Audit Act 2001*. URL: https://oag.parliament.nz/2021/joint-venture/docs/joint-venture.pdf (accessed 26 February 2022).
[229] State Services Commission. 2020. Factsheet 6: Ngā whakahaere o te ratonga tūmatanui | Organisations of the public service. URL: www.publicservice.govt.nz/assets/Legacy/resources/Factsheet-6-Organisations-of-the-Public-Service.pdf (accessed 26 February 2022).
[230] Te Kawa Mataaho Public Service Commission. nd. What is an Interdepartmental Venture? Machinery of Government Supplementary Guidance Note. Wellington: Te Kawa Mataaho. URL: www.publicservice.govt.nz/assets/SSC-Site-Assets/SAPG/Guidance-Interdepartmental-Joint-Venture.pdf (accessed 26 February 2022).
[231] Joint Venture E-Update. 2022, December 2021.
[232] The Treasury. 2018. Budget Policy Statement 2019. URL: www.treasury.govt.nz/publications/budget-policy-statement/budget-policy-statement-2019-html (accessed 21 April 2022).
[233] Office of the Minister for Social Development. 2020. Social sector commissioning: progress, principles and next steps. URL: www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/information-releases/the-future-of-social-sector-commissioning/cabinet-paper-the-future-of-social-sector-commissioning-progress-principles-and-next-steps.pdf (accessed 26 February 2022).
[234] Government responses to recommendations from the Productivity Commission on more effective social services. URL: www.productivity.govt.nz/assets/Documents/9c5ad80787/Government-responses-to-recommendations-v2.pdf (accessed 26 February 2022).

- the legislative mandate for additional investment in Crown Māori relations
- pooled resourcing to address complex social issues
- a focus on wellbeing as well as fiscal responsibility
- the devolution of decision-making and effective organisation to local communities.

To allow such legislation to change commissioning behaviours, government agencies need to trust their community partners so they can produce strong and reliable partnerships.[235]

Oranga Tamariki Act 1989, section 7AA

Section 7AA of the Oranga Tamariki Act 1989 states that the obligations of the Chief Executive of Oranga Tamariki are to 'recognise and provide a practical commitment to the principles of the Treaty of Waitangi'. However, as Kapa-Kingi explains, opportunities for change come from the implementation and practice of Oranga Tamariki that result from this legislative mandate.[236] Kapa-Kingi suggests that to tap into the potential of the legislation, social welfare powers need to be devolved to Māori who are best placed to use them. Further, a partnership with the Crown, which would provide the infrastructure and resources for iwi and Māori, would support this process.

In exploring bicultural social work practice in a statutory environment, Roguski and Dobbs[237] identified that partnership requirements under section 7AA enable power sharing and the devolution of Oranga Tamariki's historical power relationship to Māori through hapū, iwi and Māori communities. They presented evidence that the devolution of power to iwi Māori had resulted in a host of positive whānau outcomes.

It is noteworthy that the clear expression of the importance of whānau in section 7AA allows Aotearoa to gather Te Tiriti dividends. Further, section 7AA provides a blueprint and challenge to other government agencies to explore similar ways of devolving power and the decision-making that goes with it.

Te Aorerekura

At its heart, *Te Aorerekura: National Strategy to Eliminate Family and Sexual Violence*[238] speaks to the potential for prevention, healing and better responses to violence. To address family and sexual violence, the plan identifies six shifts that are required: strengths-based wellbeing; mobilising communities; skilled, culturally competent and sustainable workforces; investment in primary intervention; safe, accessible and integrated responses; and increased capacity for healing. The strategy provides a road map for reducing family and sexual violence over a generation.

Alongside the strategy, government agencies have developed an action plan designed to drive the implementation of the strategy in the short, medium and long term.[239] The agencies

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[235] Office of the Minister for Social Development 2020, *op. cit*.
[236] Kapa-Kingi ERT. 2018. Ka mate, ka ora rānei? Oranga Tamariki Act not enough to address Māori overrepresentation in state custody and out of home placements – a way forward through Crown-Māori partnership. LLB (Honours) thesis, Victoria University of Wellington. URL: https://researcharchive.vuw.ac.nz/xmlui/bitstream/handle/10063/8447/paper_access.pdf?sequence=1 (accessed 10 December 2021).
[237] Roguski M, Dobbs T. 2021. *Bicultural Social Work Practice in a Statutory Setting*. Report prepared for Oranga Tamariki Professional Practice Group.
[238] Joint Venture of the Social Wellbeing Board 2021a, *op. cit.*
[239] Joint Venture of the Social Wellbeing Board. 2021b. *Te Aorerekura: Action Plan for the National Strategy to Eliminate Family Violence and Sexual Violence.* Wellington: Board for the Elimination of Family Violence and Sexual Violence. URL: https://violencefree.govt.nz/assets/National-strategy/Finals-translations-alt-formats/Te-Aorerekura-Action-plan.pdf (accessed 21 March 2022).

that designed the action plan have oversight and accountability for one or more of the focus areas for Te Aorerekura.

In ‘Shift 6: Increased capacity for healing to address trauma for people and whānau’, the activities the action plan focuses on are:

- analysing healing services and responses to determine gaps and opportunities
- developing training and resources for parents, caregivers and whānau
- designing local tangata whenua services for sexual violence healing and restoration
- extending and expanding whānau-centred initiatives
- extending and expanding whānau-centred early intervention.[240]

However, what Te Aorerekura misses by focusing on these areas is the trauma inflicted through siloed and short-term service delivery, the potential to reinforce stereotypes through the alternative narratives being created in agency data sets, and the potential for services and structures themselves to be paralysing. In effect, the action plan ignores one of the main offenders in compounding the impact of family violence – government agencies and service structures. The action plan has also failed to respond to the Committee’s call for an after-care process for surviving family members.

It may be that the potential for reducing trauma lies within ‘Shift 3: Skilled, culturally competent and sustainable workforces’ and ‘Shift 5: Towards safe, accessible and integrated responses’.[241] However, while the actions for these shifts focus on developing guidelines and identifying service gaps, the action plan makes no mention of actions to address the inequitable power structure between government agencies and community services, which often leaves community services advocating for resources that never become available to the families and whānau they are serving. For community workers to be more effective, they need to be able to challenge the narrative that agencies have about the families and whānau they serve and command resources to address the complex needs of those families and whānau. The experiences of all three kaupapa Māori organisations featured in this report highlight why this is necessary:

> But in terms of training and development, you know, GPs, lawyers, police, mental health workers, midwives and I would say teachers, at any given stage, you can pretty much guarantee that the whānau will have an interaction with one of those professions. And unfortunately, from our experience, they are the least trained on how to understand coercive control and how a woman may present.[242]
>
> … the Ministry of Education, Work and Income, Oranga Tamariki, three fundamental Crown agencies, that put barriers to people thriving in their own communities …[243]
>
> We think that the current system is so targeted that ‘there is this support’ for specific problems deemed to be serious enough that the government wants to

[240] *Ibid.*
[241] Joint Venture of the Social Wellbeing Board 2021b, *op. cit.*
[242] A kōrero with Awhina Cameron and Ngaropi Cameron, Tū Tama Wāhine, October 2021.
[243] A kōrero with Pania Hetet, chief executive, Tūhoe Hauora, September 2021.

> pay someone to do something about it. But that is not usually at the prevention end of the continuum.[244]

Te Aorerekura provides another opportunity for Aotearoa to gather Te Tiriti dividends – by driving an expectation of relationships between government and community that builds on an effective relationship between the Crown and Māori. By drawing on the 'va',[245] the space between, it acknowledges the responsibilities government agencies hold – to work with Māori and hapori/communities to strengthen protective factors.

Te Hiringa Hauora/Health Promotion Agency puts voice to such commitments by developing internships for Māori and Pacific peoples. In doing so, it sees the role of government agencies as developing the next generation and helping them gain the skills and experience they can use to undertake their role more effectively in their communities. Manaaki Tairāwhiti also engages in a knowledge exchange programme, encouraging government agency staff to work with them to understand the limits of siloed structures and high thresholds, as well as the need for an equitable relationship because of the strengths each brings to the table.

[244] A kōrero with Leslynne Jackson, lead, Manaaki Tairāwhiti, October 2021.

[245] 'The 'va' is a central organising principle in many Pasifika cultures … It governs all interpersonal, inter-group, and sacred/secular relations and is intimately connected to a Pasifika sense of self or identity … Tevita Ka'ili describes the va in the Tongan context as a 'social space'. A space that is organised, he says, through reciprocal exchanges based on 'one's genealogy and kinship ties' (Ka'ili, 2005, p 89) … [F]or Samoan writer Maualaivao Albert Wendt, the va is a space that is relational and contextual … the space between, the betweenness, not the empty space, not space that separates but space that relates, that holds separate entities and things together in the Unity-that-is-All, the space that is context, giving meaning to things. The meanings change as the relationships/the contexts change.' Suaalii-Sauni T. 2017. The va and kaupapa Māori. In TK Hoskins, A Jones (eds), *Critical Conversations Kaupapa Māori*. Wellington: Huia. Citing: Ka'ili TO. 2005.Tauhi va: nurturing Tongan sociospatial ties in Maui and beyond. *The Contemporary Pacific* 17(1)L 83–114; Wendt MA. 1996. Tatauing the post-colonial body. *Span* 42/43: 15–29. URL: www.nzepc.auckland.ac.nz/authors/wendt/tatauing.asp (accessed 21 April 2022).

5. Concluding comments | He kupu hei whakakapi

Life transitions

Figure 9: The position of government in a duty of care approach

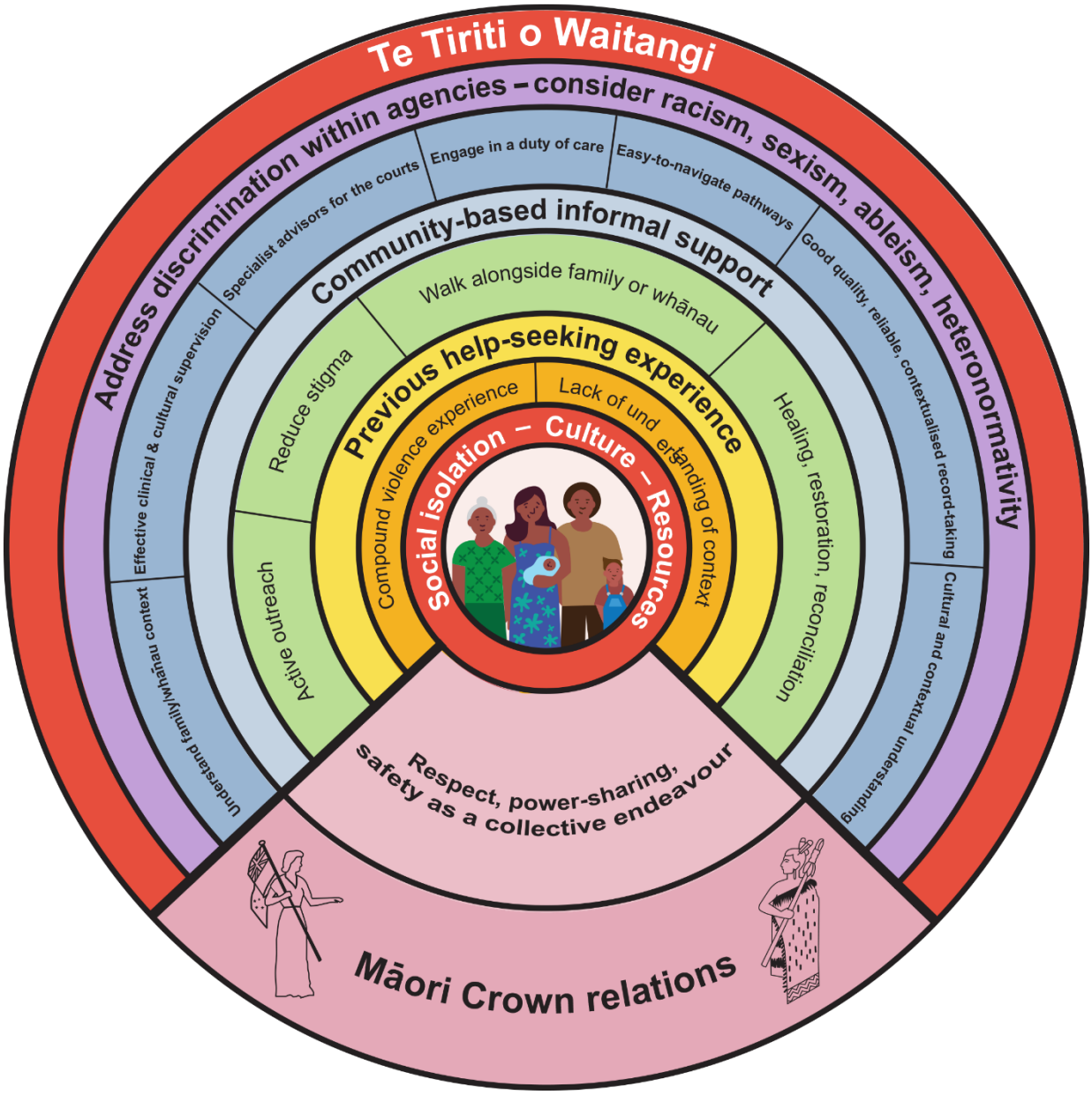

Figure 9 highlights the recommendations from our in-depth reviews between 2019 and 2021. Drawing from the work of Dahlgren and Whitehead in 1993,[246] the Committee has placed the recommendations in a framework that acknowledges the inequities in society. Representing the recommendations as layers of a rainbow suggests the boundaries are permeable and recognises the interdependence of each layer for an effective family violence prevention and response system.

The Committee has not directed these recommendations to individual agencies because we see these recommendations as applying to all agencies if they are to fulfil their obligations for a duty of care. For more detail on some of these recommendations, see the Committee's previous reports and *Becoming Better Helpers*.[247]

While these recommendations are relevant at any stage of life, they become particularly so during periods of life transition – when a new life is born, a relationship ends, as a teenager develops, someone loses employment, loneliness increases through the breakdown of family relationships or dependency on family or whānau members increases due to illness, disability or age. Life transitions can increase connections with formal and informal support systems and provide an opportunity for violence prevention and intervention where professionals are fulfilling their duty of care. Equally, life transitions can increase isolation. Because of this, life transitions are periods of increased potential for harm through ineffective service provision, a lack of response where someone seeks help and the silencing of the family or whānau voice.

The recommendations in Figure 9 do not require the development of new services; they speak to the need for improvements in current services – the need for a wiser and more respectful approach to people, families, whānau and hapori/community services and an acknowledgement of the harms that have been caused in the past. For example, a person's experience of responses from agencies in the past will shape their help-seeking behaviour in future. Equally, those past responses will shape the data and information that the agencies collected at that time. In their interactions, agencies must be aware of each person's previous experience and of the bias that is inherent in historical data.

Moving from a deficit to an oranga model

Moving to an oranga model and developing an understanding of wellbeing instead of simply focusing on the absence of symptoms is uncomfortable. Oranga demands more resources than one person can effectively provide (and so requires effective joint working), and yet oranga aligns more deliberately with a meaningful life.[248] Wellbeing can be understood as having the ability to participate in community, and to engage with culture and family or whānau.[249] Wellbeing is built from a base of having access to education, employment, safety (freedom from violence), material and cultural resources.

[246] Dahlgren G, Whitehead M. 1993. Tackling inequalities in health: What can we learn from what has been tried? Working paper prepared for the King's Fund International Seminar on Tackling Inequalities in Health, September 1993, Ditchley Park, Oxfordshire. London, King's Fund (mimeo).
[247] Wilson D, Smith RK, Tolmie J, et al. 2015. Becoming better helpers: Rethinking language to move beyond simplistic responses to women experiencing intimate partner violence. *Policy Quarterly* 11(1): 25–31.
[248] Durie M. 2004. Understanding health and illness: Research at the interface between science and indigenous knowledge. *International Journal of Epidemiology* 33(5): 1138–43. DOI: https://doi.org/10.1093/ije/dyh250 (accessed 21 April 2022).
[249] *Ibid.*

> Promoting wellbeing is about getting ahead of problems before they arise … Importantly, promotion of wellbeing is not just about promoting individual wellbeing, but also the connected wellbeing of families, whānau and communities.[250]

Focusing on wellbeing does not deny the existence of harm.[251] However, this focus is an acknowledgement that, without working towards addressing the underlying factors that hold back wellbeing, inequities will continue and potentially grow, creating an environment in which violence can take hold. In *He Ara Oranga*, the Government Inquiry into Mental Health and Addiction team suggested taking a 'Health in All Policies' approach. This involves clearly measuring the health impacts of policy making in all areas and holding non-health ministers accountable for the health impacts of policy decisions.[252] In their description of such an approach, Leppo and colleagues highlight the need for equity in health as a key component.[253] Building Te Tiriti into such a measure would allow a wider understanding of wellbeing that more closely aligns with a wider concept of oranga.[254]

Moving away from deficits towards oranga or wellbeing also shifts the focus from potentially stigmatising services and approaches towards services that work with the strengths of family or whānau, becoming safety allies. As the Committee's *Fifth Report* states, this places an emphasis on a coordinated, collective response – a collective endeavour.[255]

A very serious criticism is that the strengths perspective ignores or downplays real problems. The strengths approach does not discount the problems of clients. Often, these problems are where clients begin, what they are compelled to talk about, what are most urgent … All helpers should assess and evaluate the sources and remnants of client troubles, difficulties, pains, and disorders … Having assessed the damage, social workers need to ensure that the diagnosis does not become a cornerstone of identity … how clients have managed to survive thus far ... [What] has been useful to them, and what positive or constructive learning has it yielded? … the goal may be not the heroic cure but rather the constancy of caring and connection and collaborative work toward improving the quality of day-to-day living.[256]

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[250] Government Inquiry into Mental Health and Addiction. 2018. *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction*. Wellington: Government Inquiry into Mental Health and Addiction. URL: https://mentalhealth.inquiry.govt.nz/assets/Summary-reports/He-Ara-Oranga.pdf (accessed 14 December 2021).
[251] Saleebey D. 1996. The strengths perspective in social work practice: Extensions and cautions. *Social Work* 41(3): 296–305.
[252] Government Inquiry into Mental Health and Addiction, 2018, *op. cit.*
[253] Leppo K, Ollila E, Peña S, et al (eds). 2013. *Health in All Policies: Seizing opportunities, implementing policies*. Finland: Ministry of Social Affairs and Health. URL: www.euro.who.int/__data/assets/pdf_file/0007/188809/Health-in-All-Policies-final.pdf (accessed 14 December 2021).
[254] In their clinical assessment framework for mental health wellbeing, Pitama and colleagues suggest considering the following dimensions: whānau, tinana, hinengaro, wairua, taio, iwi-katoa. (Pitama S, Robertson P, Cram F, et al. 2007. Meihana model: a clinical assessment framework. *New Zealand Journal of Psychology* 36[3]: 118–25.) Durie referenced Te Whare Tapa Whā concepts of whānau, tinana, hinengaro and wairua. (Durie M. 1994. *Whaiora Māori Health Development* [2nd ed]. Oxford University Press.) Together these models highlight the interaction between whānau and wairua in the maintenance of oranga, as well as the impact of systems and structures.
[255] Family Violence Death Review Committee 2016, *op. cit.*
[256] Saleebey 1996, *op. cit*.

Good partnership

In her foreword to *Social Sector Commissioning*, Minister Carmel Sepuloni acknowledged:

> *We know that together in partnership we can make the biggest difference to New Zealand's communities. I firmly believe that local solutions are found within local communities. Our role as government is to support communities to do this. We want to enable our social services to support people and whānau to live the lives to which they aspire, and create resilient and thriving communities.*[257]

Much like the implementation of the Committee's recommendations, developing good partnerships does not require an investment in new services. Instead, it needs a wiser and more respectful approach to people, families, whānau and hapori/community services along with an acknowledgement of the harms that agencies have caused in the past. Te Tiriti, as well as the United Nations Declaration on the Rights of Indigenous Peoples,[258] reiterate the rights of hapori to have the opportunity to intervene and respond to whānau needs.[259]

Matheson and colleagues discuss the need to enter into partnerships through a considered, relational process involving:

> … power issues to be reflected upon and addressed; they should enable information and insight from within communities to be used to help inform decisions and directions; and the capacity of communities to embrace or adjust to change should be considered … Having a more flexible notion of outcomes – and more realistic expectations – may be an appropriate way to view complex, evolving and longer-term social problems.[260]

The Family Violence, Sexual Violence and Violence within Whānau Workforce Capability Framework was originally developed to improve the skills and capabilities of the workforce. Yet the framework also provides guidance on what good partnership could look like if modelled by government agencies. The Committee has drawn on the principles of the framework to provide some reflective questions for government agencies seeking to work as good partners with hapori/community services.

[257] Ministry of Social Development. 2020. *Social Sector Commissioning: Progress, principles and next steps*. Wellington: Ministry of Social Development, p 2.
[258] United Nations Declaration on the Rights of Indigenous Peoples. URL: www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf (accessed 15 March 2022).
[259] O'Sullivan D 2020, *op. cit*.
[260] Matheson et al 2005, *op. cit*., p 15.

Ūkaipō – recognising the origins of the voice and the story, recognising context and identity

- What is the story of this community?
- How will the community story influence interactions with government agencies?
- What resources are available?

Rangatiratanga – high-quality leadership, advocacy and service relationships in a practice based in humility, knowledge and knowing the limits of knowledge

- Do we come to the table to understand the needs of our community partners rather than to advance our agenda?
- How do we support our partners, seeking to highlight their successes rather than our own?
- How do we contribute to positive outcomes rather than determining what the outcome should be?

Whanaungatanga – actively strengthening meaningful, sustainable and purposeful relationships

- What efforts are we making to establish trusting relationships?
- How does agency leadership model an acknowledgement that we need our community partners?
- What processes are we putting in place to help develop future leaders within the community?

Aroha – accepting a person's experience, suspending judgement and focusing on strengths

- How do we encourage victims/survivors and their family or whānau to be experts in their own life?
- How do we acknowledge that reality without shifting it to fit our mandate?

Kaitiakitanga – protecting the vulnerable

- Do we have a clear understanding of how current systems reinforce the experience of violence?
- How do we support those at increased risk of being marginalised by service structures?
- Do we listen to our community partners when they tell us we are part of the problem?

Manaakitanga – acknowledging the mana of others through the expression of aroha, hospitality, generosity and mutual respect

- How does our agency embody the spirit of service[261] to the community?
- Do our interactions with our community partners underscore an attitude of respect?
- Are we generous with our time and resources to support our community partners?

Kotahitanga – taking a collective, whole-of-whānau approach

- How does our agency act as part of a team?
- Are we open to radical change[262] in order to change outcomes for families and whānau?

[261] Public Service Commission 2020, Factsheet 2, *op. cit.*
[262] Te Arawhiti 2021, *op. cit.*

Appendices | Ngā āpitihanga

Appendix 1: Tū Tama Wāhine o Taranaki Inc[263]

Tū Tama Wāhine o Taranaki (Tū Tama Wāhine) is a kaupapa Māori organisation based in New Plymouth, Taranaki. The organisation has about 30 staff, 26 of whom are Māori or Pasifika.

Tū Tama Wāhine began its journey with a meeting in 1988. Identifying family violence as a prevailing issue, Kaumātua Matarena Marjorie Rau-Kupa brought together a group of Māori leaders and community members to develop an intervention strategy. In this way, the organisation was sparked through an acknowledgement of the high rates of family violence among Māori whānau in the rohe and a recognition of significant service gaps that resulted in a failure to address the violence and the factors that led to it.

Kaupapa o Tū Tama Wāhine

Rather than defining itself as a service provider, Tū Tama Wāhine stresses that it is a kaupapa Māori common-good organisation.

> We're a kaupapa Māori common-good organisation, and what that means is we are here for the common good of everyone, the way in which we go about our work is within a kaupapa Māori framework.

The organisation believes creating boundaries with terms such as 'service provision' reflects transactional and client-restricted encounters. This type of interaction reduces the ability of kaimahi to adequately respond to whānau and can lead whānau to rely on an organisation rather than engage in a process of whānau development. Within this context, Tū Tama Wāhine has developed a one-stop shop for whānau development. It has 10 streams, some of which focus directly on whānau development and others are embedded in an Indigenous community development framework. The streams are: family violence, social work, parenting support services, tamariki and rangatahi, kōrero awhi (counselling and advocacy), Whānau Ora services, community development, tikanga and cultural advice, housing and research.

Tū Tama Wāhine developed in opposition to structural factors of colonisation, oppression, injustice, racism and the many acts of violence of the colonial state on Indigenous peoples. This context acknowledges that the causes of family violence are historical and intergenerational and have many causes.

From the mid-1980s, most agency and service responses operated within Eurocentric models of prevention and intervention that had no whānau-centred focus. Notably, the areas of health, education and justice were, and continue to be, perceived to be:

> … not only compartmentalising of whānau but also compartmentalising of the individual themselves within whānau …

[263] Based on a kōrero with Awhina Cameron and Ngaropi Cameron, Tū Tama Wāhine, October 2021.

These responses were reported as racist with harmful effects on Māori, capturing Māori whānau in cycles of negative labelling and dependence on state intervention. From these experiences, Tū Tama Wāhine came up with its initial vision for:

> … an army of Māori practitioners who would deal with Māori whānau.

Racism was also identified in terms of dominant Eurocentric theoretical models that failed to acknowledge Māori worldviews. In this regard, Tū Tama Wāhine rejected western concepts of individualism in favour of whānau-centred responsiveness. For example, it rejected Eurocentric feminist models because their victim–perpetrator concept prevented responses from occurring at the whānau-centred level.

> Our approach was around working with whānau, which included the men. They are part of the whakapapa, and we can't leave them at the door. I had fundamental differences around what tauiwi organisations perceived feminism to be, what I perceive feminism to be and what it means about empowering families.

While family violence was the catalyst to the organisation's development, Tū Tama Wāhine rejected conventional issue-based service responses in favour of a model of whānau development, recognising that whānau is the key social structure in Māori society. In this sense, Tū Tama Wāhine sees and responds to the whānau in its entirety and the health and wellbeing of the individual is tightly linked to the health and wellbeing of the whānau unit. This approach stands in stark contrast to common conventional, individualised approaches to deliver services that address a specific issue, such as alcohol and other drugs or family violence.

> A focus on whānau development has also resulted in an emphasis on prevention and early intervention. Early engagement with children and whānau has become increasingly important from a prevention viewpoint; whereby a referral to the organisation essentially indicates missed opportunities before the escalation of presenting issues.
>
> Our research in relation to child rearing and resiliency really led us to an avenue where we decided we're getting to whānau too late, and actually, the place where we needed to be was in schools. And so we started doing, things like our social workers in schools, children's programmes or our attendance service.

From the start, Tū Tama Wāhine has acknowledged that it must address the needs of Taranaki Māori by focusing on whānau development while at the same time engaging the wider community in a process of change.

On one level, tino rangatiratanga – which sees communities respond to their own needs – reinforces the organisation's approach to Indigenous community development. Such acknowledgement is a shift from a reliance on agency and service provider intervention. For example, the organisation recently released its violence prevention strategy, He Pūnaha Hohou Rongo, which centres on a regional commitment across hapū and iwi to work together to address family violence.

> [Communities have] got to be there at some point. The community, all our communities. Saying, 'We've got this, we know, we understand this, we have to do something about it.' That's where we want to get with our communities.

Complementing its commitment to reclamation, the organisation bases its Indigenous community development on culturally embedded notions of duty to care, in which manaakitanga is a central cultural tenet.

> Our whole culture was based around caring for each other and ensuring people were fed and kept alive and protected.

To achieve its goal of Indigenous community development, Tū Tama Wāhine recognised the need to break down structural and personal barriers between Māori and the wider community. This acknowledgement led to a Masterclass for Active Citizenship, a monthly meeting of diverse community representatives founded on principles of cultural capital and the need to bridge often contrasting realities in the hope that a shared understanding of each other's worldviews will combat structural barriers to whānau development.

> The Masterclass for Active Citizenship, which ran for about seven, eight years, was about us recognising that we can't simply come at family violence or even development in one kind of way. We need to awaken our communities in relation to a whole lot of things. And so the best way to go about that is actually by letting the communities learn from each other.

Critical success factors

A number of critical factors have contributed to the organisation's success. An important foundational factor is that Taranaki kaumātua and wāhine continue to endorse the organisation. In this sense, Tū Tama Wāhine is the manifestation of a collective response to need among Taranaki Māori.

> The kaupapa has been entrenched in the sense that, to carry the name that we do and to have been given it by a rangatira wāhine from the north and a rangatira from the south, a man, that showed the collective response that was needed at the time and the collective support that was coming from an elder generation.

Next, Tū Tama Wāhine has strived to be flexible in responding to whānau and community needs. It has been able to achieve that flexibility because it is highly embedded in the community, which helps it to identify newly developing needs and issues.

> We take up opportunities when they arise to move towards something that we all know is beneficial for our families. The organisation has adapted based on the needs of the communities, the changing communities that we work across. We might be on the marae and someone comes up to one of us [kaimahi] and says, 'This is something that you need to address.' And you know, it's very hard to hide amongst your own community.

Finally, the organisation's kaimahi, who are a multidisciplinary team of formally and informally trained staff, are also critical to the organisation's success. They contribute to this success by offering diverse perspectives based on varied worldviews and approaches.

> One of the absolute strengths of the organisation is that we have a multidisciplinary workforce. We've got a performing arts graduate, a personal trainer, an occupational therapist, counsellors, nurses, social workers, carvers, teachers … and that's actually what our community looks like as well. It's because of that diversity of disciplines and experiences that, you know, when we're doing case reviews, you get such a different approach to input and development. It might be the weaver that has an interesting idea in relation to what needs to happen for a particular case and things like that. We have learnt that if you surround yourselves by the same types of people, the same voices or the same old training and approaches, then you just kind of operate in a wind tunnel where you are hearing your own voice echoed back at you.

Tū Tama Wāhine is highly regarded as a kaupapa Māori organisation, instrumental in responding to Māori whānau need. Whānau-level outcomes include:

- breaking intergenerational cycles of family violence
- increasing the knowledge and resiliency of participating whānau and strengthening their independence so they can access appropriate supports themselves
- decreasing family violence incidents
- increasing awareness of the effects of family violence on tamariki/mokopuna.

The organisation's support for whānau has enhanced whānau members' knowledge and experience of Taranaki tikanga, te reo Māori, whakapapa and the impact of colonisation in the positioning of Māori women, men and Taranaki Iwi. In turn, this awareness has restored a sense of tapu and mauri, increased self-esteem, reduced and/or ended drug and alcohol use and increased engagement with primary care (including kaupapa Māori health care, rongoā Māori).

Further, whānau health development, such as nutritional health, hygiene and physiology, food security and traditional practices, has reinforced many of the changes noted above. In this way, a focus on whānau health complements a future focus on what the whānau need to thrive.

Another whānau outcome has been increased participation in community and economic life (such as employment and further education). At a wider community level, a major success has been the development and wider community buy-in to He Pūnaha Hohou Rongo, the organisation's violence prevention strategy.

Challenges

A primary challenge for Tū Tama Wāhine has been the lack of training and knowledge about family violence among agency and service providers. In particular, those in the justice sector, mental health workers, midwives, teachers and lawyers are noted for lacking an understanding of family violence, intergenerational trauma and appropriate ways of engaging and working alongside Māori whānau. As a result, Tū Tama Wāhine kaimahi often spend considerable time providing informal training to a range of professional groups in an effort to keep safe the whānau with whom the agencies and providers work. They have provided this training and mentorship outside of any funding arrangements, motivated instead by their commitment to eliminating violence and upskilling the workforce.

> There is just an inability to look at a situation and to see that it's more than what it is and have no idea about the coercive nature of violence. They're looking for the hit or the punch or the bruise, no idea about entrapment. But even when they see the damage, you read a family violence notification that says, 'He applied pressure to her face and neck.' He tried to strangle her and he was given a three-day PSO [police safety order]. So, we have to go back and say, 'You do something about this now because she's in real danger.'
>
> But in terms of training and development, you know, GPs, lawyers, police, mental health workers, midwives and I would say teachers, at any given stage, you can pretty much guarantee that the whānau will have an interaction with one of those professions. And unfortunately, from our experience, they are the least trained on how to understand coercive control and how a woman may present.

Next, the organisation's reliance on government contracts compromises its ability to fully realise tino rangatiratanga. For this reason, it aspires to be independent from government funding. Tū Tama Wāhine asserts that bulk-funding arrangements would enable it to respond to whānau need appropriately.

The final challenge is the organisation's ageing workforce. Currently, two-thirds of its staff are aged 50 or more and two-thirds of the senior managers are aged over 70 years. This has become a significant issue for the organisation because a shortage of suitability qualified people limits its ability to undertake succession planning. Notable reasons why it is difficult to hire new kaimahi are that many candidates applying for roles have substantial gaps in family violence knowledge, and tertiary institutions do not provide the type of training needed for them to demonstrate an ability to safely work alongside whānau. These concerns have been especially evident among new graduates of Pākehā social work institutions.

> There is a huge need to retrain the new graduates that we see; we would say it takes another two years to retrain them. It's not only that there are gaps; there are gaps in the sense that they're not even whole, grown-up, well-rounded people sometimes. It's a little bit different when you see graduates from the Māori institutes, because they are encouraged to be Māori first and you're a social worker second. And so, they have had to develop themselves in their own culture and their own whānau, in their own thinking and things like that. And the social work practitioner models and other things come afterwards or are supplementary to that. So, you know, that's a huge barrier.

Appendix 2: Tūhoe Hauora[264]

Tūhoe Hauora is a kaupapa Māori health organisation based in Tāneatua, about 13 kilometres from Whakatāne in the Bay of Plenty. All of the organisation's 42 staff are Māori and 95 percent whakapapa to Ngāi Tūhoe.

Tūhoe Hauora developed out of an acknowledgement that a range of statistics related to government agencies portrayed Tūhoe, and Māori in general, negatively and that getting involved with many of these government agencies had a negative impact on the individual and whānau. Further, because of negative past experiences with health-related services, and government agencies in general, whānau were reluctant to access health and support services; a reluctance associated with poor health and social outcomes for many in the community.

> We saw that one of the fundamental commonalities was that Māori were always proportionately higher than non-Māori when it comes to services. So it became obvious that Māori – we're significantly at the bottom of the heap. And lots of times our whānau don't thrive because there's all these obstacles in the way. For example, the Ministry of Education, Work and Income, Oranga Tamariki, three fundamental Crown agencies, that put barriers to people thriving in their own communities because they're attached to strings along that.

Mana motuhake

Tūhoe Hauora has developed a therapeutic model underpinned by mana motuhake – the self-determination of iwi, hapū and whānau. The organisation sees mana motuhake as reclaiming the rights of Tūhoe as well as acknowledging that conventional reliance on government agencies has had harmful impacts on whānau. To Tūhoe Hauora, mana motuhake is also foundational to empowering whānau to make their own informed decisions, which it is committed to doing, in contrast to the approach of government agencies that disempower whānau.

Adopting a dual focus on service delivery and community participation is another way the work of Tūhoe Hauora reflects mana motuhake. Such commitment again contrasts with conventional approaches that commonly keep strict levels of professional distance between communities and practitioners.

> One of the things about community that I'm hugely passionate about is you make an extra effort in this work if you live in that community because you want that to be the best community. So you're going to get into the very best that you can to embrace your community and give them every opportunity for our kids to actually thrive.

Being embedded in the community acknowledges that kaimahi and community are connected. It is a way to continue to support whānau in a community setting and, where kaimahi are respected community members, the ongoing contact with them removes barriers to engaging with that support.

[264] Based on a kōrero with Pania Hetet, chief executive, Tūhoe Hauora, September 2021.

> We have two people here that are steeped in tikanga practices. They're not kaumātua, they're in their mid-30s. They are out there in the community doing kapa haka and they're in sports. So they're quite well-known people in the community and they have a huge amount of people with huge amounts of respect for them. So we draw on that.

Finally, mana motuhake is reflected in the organisation's commitment to prevention. It sees prevention and early intervention as essential to the health and wellbeing of whānau, which can only be achieved by preventing whānau from entering the 'system' and getting trapped in cycles of reliance, disempowerment and negative labelling. Tūhoe Hauora is committed to engaging whānau at the earliest opportunity so that presenting issues do not escalate to the point that government agencies get involved.

> Our prevention interpretation is based on intervention opportunities to work with a whānau pre-agency involvement or stopping them from going to any government department for any reason.

Therapeutic model

Although Tūhoe Hauora adopts a broad view of health, it has a strong focus on alcohol and other drugs (AOD) with both adults and rangatahi. It has one of the biggest rangatahi teams in the Bay of Plenty and has come to emphasise AOD on the understanding that rangatahi are 'the future of our communities'.

Mana motuhake is reflected in each component of the organisation's practice model. As a whānau-centred organisation, Tūhoe Hauora addresses the needs of an individual and their whānau at the same time, in contrast to the individualistic model of many western approaches.

> The conventional therapeutic approach is simply a referral from a government agency. 'Can you do AOD counselling with this person?' That's it. And we say, 'Kāo, not only are we going to work with the individual, but we're going to work with their family because we will effect no change whatsoever if we're just working with the individual.' And that's absolutely the difference.

Western approaches also commonly limit the number of therapeutic encounters someone can have. In contrast, a whānau-centred approach removes time constraints on engagement and support, and only discharges the whānau when the whānau decide they no longer need support. Further, it acknowledges the impact of intergenerational trauma and that many whānau are disconnected from their whakapapa and cultural foundations – as an outcome of colonisation or other experiences. For this reason, one therapeutic tool is reconnecting whānau to their whakapapa.

A whānau-centred approach is also linked to whānau empowerment. Contact generally occurs in the whānau home, rather than in the Tūhoe Hauora centre, as whānau have often had negative experiences in clinical settings, such with Oranga Tamariki.

> Some of our families have histories of bad interactions with government departments and are understandably anti-government. And sometimes people see us as that, so we go to their homes, you know, we have never had a problem. And so we can work with them in an environment that is conducive to the family. It is absolutely imperative because that's when they're in charge, not you.

Hui-a-whānau are another way of empowering whānau. At these hui, whānau members meet, without government agency representation, to develop their own responses to a presenting issue, such as when Oranga Tamariki has raised a concern for the wellbeing of mokopuna. To Tūhoe Hauora, hui-a-whānau are an essential component of its therapeutic model. On one level, they provide a mechanism for engaging with whānau. Perhaps more importantly, they are also a way of supporting the wider whānau to address issues beyond those associated with the initial referral.

Successes

Tūhoe Hauora is highly regarded for engaging in kaupapa Māori service delivery. A host of outcome measures provide evidence of its success, such as greater engagement with health services and education and reduced reoffending. However, the organisation asserts that its greatest success is that the majority of the whānau it works with:

> … no longer come to the attention of government agencies.

Challenges

The organisation's ability to fully realise mana motuhake is limited by its reliance on government contracts. For this reason, it aspires to be independent from government funding.

> That is the ultimate goal. You know, we can't actually put our hand on our heart and say, we practise mana motuhake wholeheartedly because we're funded by government. So it takes away mana motuhake straight away because we're bound by contracts and outputs, but our whānau aren't. And so, we put that energy that mana motuhake back to them to say, 'This is your journey. Where do you want it to go to?'

More short-term challenges are the inflexibility and demands of government contracts, which hold back Tūhoe Hauora from responding to whānau need in ways that it sees as more relevant. Such arrangements restrict the organisation to allocating kaimahi to particular roles, which may be incongruent with whānau and community need. Tūhoe Hauora asserts that with bulk funding, it could respond to whānau need appropriately.

> We should be able to get bulk funding and be empowered to make our own decisions about where the need is because needs change.

Appendix 3: Manaaki Tairāwhiti[265]

Manaaki Tairāwhiti is an iwi-led initiative, based in the Gisborne/Tairāwhiti area, in which 11 government and community organisations collaborate to devolve commissioning of social services to the community.

The initiative began in 2016 when the chief executives of the two rūnanga, Ngāti Porou and Tūranganui-a-Kiwa, identified a need to address social-sector inefficiencies and gaps in service provision arising from government kaupapa-specific initiatives. As a result of these inefficiencies, service providers were working in silos and focused on crisis intervention rather than prevention. The inefficiencies contributed to a variety of intergenerational issues, and a high proportion of families in Tairāwhiti were reported to be 'living in crisis and passing that crisis on to their tamariki and mokopuna'.

> Most government contracts are single agency or sometimes there's a couple of agencies that co-fund an initiative where they have identified a problem. This usually means that a person that has the problem and that's the level of the intervention; the person. The agency or agencies will then design a programme and then some criteria to identify the targeted individuals eligible to receive the programme.
>
> And then there's the procurement process, and then part of that contracting is an evaluation that requires a whole set of measurements to be put in place to ensure that the western capitalist model of purchasing units of service and providing evidence that what was paid for was delivered.
>
> All of that creates a system that isn't informed by what whānau say they need. It's informed by a government agency's response to an identified 'social problem' and an approach to identify, target and deliver specific support to specific people.

A second driver in establishing Manaaki Tairāwhiti was the need to remove the administrative burden resulting from kaupapa-specific silos in the social sector system. Community stakeholders reported the burden of having to attend numerous cross-agency meetings while no central point was responsible for taking an overview of the effectiveness of the various initiatives. Within this context, iwi leaders identified the need to find alternative approaches because they saw conventional government contracting and service responsiveness as having especially harmful impacts on Māori.

> Kaupapa-specific family violence, vulnerable children, community safety, prisoner reintegration … and with each drop of funding that came, there was a requirement to have a local leadership group or a forum or an advisory group or a leadership group or a governance group. So as a result of that, initiatives being in our community, there was also this middle layer of governance responsibility that mean all the leaders around the community were going to multiple meetings, you know, eight or nine meetings a month. Vulnerable pregnant woman, prisoner reintegration, social sector trial, Whānau Ora, community response.

[265] Based on a kōrero with Leslynne Jackson, lead, Manaaki Tairāwhiti, October 2021.

> And so they were going to multiple meetings seeing the same people or in slightly different arrangements, depending on their role or their position in the organisation. And all of that was a massive waste of time because nobody had any oversight over everything that was happening across the sector. Nobody had any oversight on the effectiveness of any of those collaborative initiatives, and each collaboration was driven by the agency who wanted others to collaborate with it on the issue it was prioritising and wanting to solve. Of course, Corrections lead the prisoner reintegration network. Police lead the Family Violence Network, Council ran the Community Safety Network.
>
> So that was a realisation of, no wonder we've all got such busy calendars. And we're also busy going to meetings. We don't even know whether anything is actually making a difference. So let's just stop all of that and consolidate. So that's when the iwi brought the leaders of each of those groups together and said, 'Let's talk about this'.

Kaupapa

In response, Manaaki Tairāwhiti identified the need to devolve social-sector commissioning to the community and connect social-sector policy with service provision. Such emphasis contrasts with predominant, and conventional, kaupapa-specific contracting and service delivery frameworks.

The organisation founded devolution on a principle of mana motuhake and put it into practice through two closely linked strategic purposes. First, appropriate community-based and derived support, framed around whānau empowerment and decision-making, will lead to transformational change and, ultimately, whānau mana motuhake. Second, of equal significance, whānau mana motuhake depends on the mana motuhake of Tairāwhiti. The emphasis on mana motuhake of the Tairāwhiti rohe counters conventional central government policy and programme delivery, which is developed outside of the rohe, imposed without consultation and often contrary to needs the community has identified. In contrast, mana motuhake of the Tairāwhiti rohe acknowledges that local leaders and stakeholders are best positioned to identify and develop their own unique solutions.

Manaaki Tairāwhiti has placed whānau voice at the centre of the development of policies and support services. In doing so, it uses various mechanisms to continually gather whānau perspectives on their service-support experiences as well as on what they need.

> When you put whānau at the centre of your system and say everything we do has to add value from their perspective, that means that your system is oriented to a whānau worldview; oriented to responding to their need, not the government's need or a contract need – it's artificial.

In addition, Manaaki Tairāwhiti have adopted a dual focus of providing prevention and early intervention services along with continued provision of crisis-related support and intervention. This focus represents a shift from conventional targeted service provision, such as family violence or addictions counselling, which has severely limited the ability of whānau to access support because eligibility criteria often exclude individuals and whānau, who fail to meet predetermined criteria and levels of need required for intervention. Such a shift in focus acknowledges the damaging impacts of transactional service models and favours

transformative, holistically framed support interactions that privilege whānau problem solving and positive change.

> We don't believe in the targeting approach. We think that the current system is so targeted that 'there is this support' for specific problems deemed to be serious enough that the government wants to pay someone to do something about it. But that is not usually at the prevention end of the continuum. It is usually once the horse has bolted that it's an identified problem that someone tries to address. So, we want to test doing the opposite of that. We want to provide help with whatever problem.
>
> It's about if you can help people when they first need it. That's 'a stitch in time saves nine' thinking. What are the precursors to family violence? What are the root causes? What are the things that people don't get help with currently, like mild to moderate mental health, or respite care for children with learning disabilities? The things that people struggle to get early intervention support with, that could be the drivers of the more serious problems. The churn is all over the place. The churn is when we turn people away and make them wait till they're bad enough to come back. That's the churn.

Finally, Manaaki Tairāwhiti has emphasised the importance of developing an evidence base to inform and refine the continued development of social sector supports. In real-time situations, barriers to receiving services and ongoing support are identified and addressed by the Manaaki Tairāwhiti collective.

Practice

In putting whānau at the centre of its work, Manaaki Tairāwhiti has implemented a whānau navigator programme. For the programme, Manaaki Tairāwhiti funds 10 navigators to work in the workplaces of seven community organisation providers, which employ them.

> We partner with iwi and NGOs through a service-level agreement with the provider, and they employ the navigator. So, the navigator is their employee. The provider takes care of everything for that employee. Manaaki Tairāwhiti has two supervisors who provide training, practice support and supervision and help with data collection for those navigators. Because iwi and NGOs have said for years that government contracting is too prescriptive and inflexible, navigator contracts test a different approach and have no criteria, no targets, no thresholds, no prescribed interventions.

Of significance, and reinforcing the organisation's dual focus on providing prevention and early intervention services and undertaking crisis intervention, service-level agreements are based on flexible service delivery. The agreements also purposefully have no eligibility criteria, targets (such as number of people supported) or threshold levels (such as crisis intervention), all of which limit how much support a service can offer. Further, Manaaki Tairāwhiti has no assessment process or referral pathway. Rather, if whānau have a self-identified need, they can contact a navigator directly or contact a supervisor, who then asks a navigator to contact the whānau.

The flexibility of this form of whānau support reflects a radically different approach. Through whānau interactions, navigators provide support and gather information about whānau needs and experiences with various services. They give special attention to service-related barriers that can have a negative impact on either access and/or whānau engagement.

> It's a complete systems change, and we are testing, 'How much can communities do if you take off the reins and stop telling them what to do and how to do things in a certain way?' And we're there every day with the navigators; we're walking alongside them. We're watching, learning, testing, supporting, supervising and coaching, gathering intel. Our navigators gather the full breadth of need unmet by the current system, as much as the whānau are willing to share. So, everything that anyone's got a problem with, they can tell us. And we will then see what the frequency of need is, what the seriousness of need is, where the opportunities for early intervention or prevention are because we're not turning people away.

Evidence gathered from the navigator programme has led to the development of five key result areas (addiction, child wellbeing, family violence, housing and poverty), which, according to whānau, will lead to better whānau outcomes. A process of continual process improvement, using data from the navigators, allows the organisation to test how well it is addressing each of these areas.

> We collect anonymised information from the navigators given by whānau with their consent. We measure what the whānau are asking for and whether the system has been able to respond to that in the way the whānau need. If we find that the system can't respond in the way the whānau need then that is a perceived barrier and we record the barriers and we then take that information to operational leaders who are doing the system improvement work. Agencies can validate if barriers need further work to remove them from agency systems.
>
> It's not about numbers, and it's not about units of service delivered or it's not about evidencing the effectiveness of an approach. It's about evidencing the effectiveness of the whole system.

Conventional administrative data systems measure such things as units of service delivered. Manaaki Tairāwhiti instead focuses on measuring the effectiveness of the social sector system.

> NGOs and iwi social services work really hard to lift people up. And that means evaluating and evidencing the effectiveness of your approach to lifting people up. You prove how good you are at lifting people up. But what you don't do is measure the impact of the system that pushes people back down. So, when you get denied food or emergency housing, or if you get denied an increase in your benefit when the mokopuna are staying with you or if you get denied an appointment with a specialist for your kids' hearing to be tested, or get denied access to a living without violence programme because you haven't been through the courts? You know all of the impacts of the system pushing people down, all of the barriers to getting the help you need. So we measure both. What did the navigator do to help? What's the capacity of navigators or capability of navigators to do the first aid work? The practical, the whatever it takes? Sensible things and help you find what you need if it's in the system? But we also measure all the things that get in the way of you moving forward. And then we aggregate all of that information about the barriers in the system. And whether they are frequent or whether they are serious, so they might only happen infrequently, but the impact is super

> serious or they might happen all the time, it might be a minor inconvenience or it might have a flow-on effect. So, in order for our leaders to know where to focus their attention on the problems that are most serious or most frequent from the perspective of whānau, not from the perspective of government deciding which social issues they want to address and they will fund. But which part of our system and our community needs to improve because it's holding back the success of whānau.

Critical success factors

Several critical factors help to explain the success of Manaaki Tairāwhiti. Foundational has been the leadership of local iwi, Ngāti Porou and Tūranganui-a-Kiwa, which has been integral to the initial vision and continued accountability between stakeholders.

> Our iwi leaders identified that the people who've got the most at stake were the iwi [Ngāti Porou and Tūranganui-a-Kiwa] because the people least well-served by the social services sector are Māori and are overrepresented in every negative statistic. Therefore, the people with the greatest amount on the line are Māori.
>
> It's hard to imagine an NGO leading this work in the same way that iwi have led this work. The iwi are gold. Without them, this whole thing wouldn't happen. It wouldn't have the mana. It wouldn't have the drive for results. And I wouldn't have the ability to hold agency partners to account in the same way that the Crown–iwi partnership is able to drive that conversation in a different way.

In addition, the whole community's involvement in and endorsement of the organisation's kaupapa has been pivotal in addressing systemic barriers in the social sector. Most notably, local agencies have demonstrated a willingness to collectively address systemic issues.

> We can't do it without them. So look, the sector is made up of agencies and community and iwi, so you can't improve the whole system without everybody being involved.

Such local agency collaboration has been enabled through government mandate for Tairāwhiti to explore novel approaches to addressing whānau need. The mandate was given in 2016 after Manaaki Tairāwhiti was recognised as a placed-based initiative.[266] The mandate has enabled collaboration and collective action across government agencies.

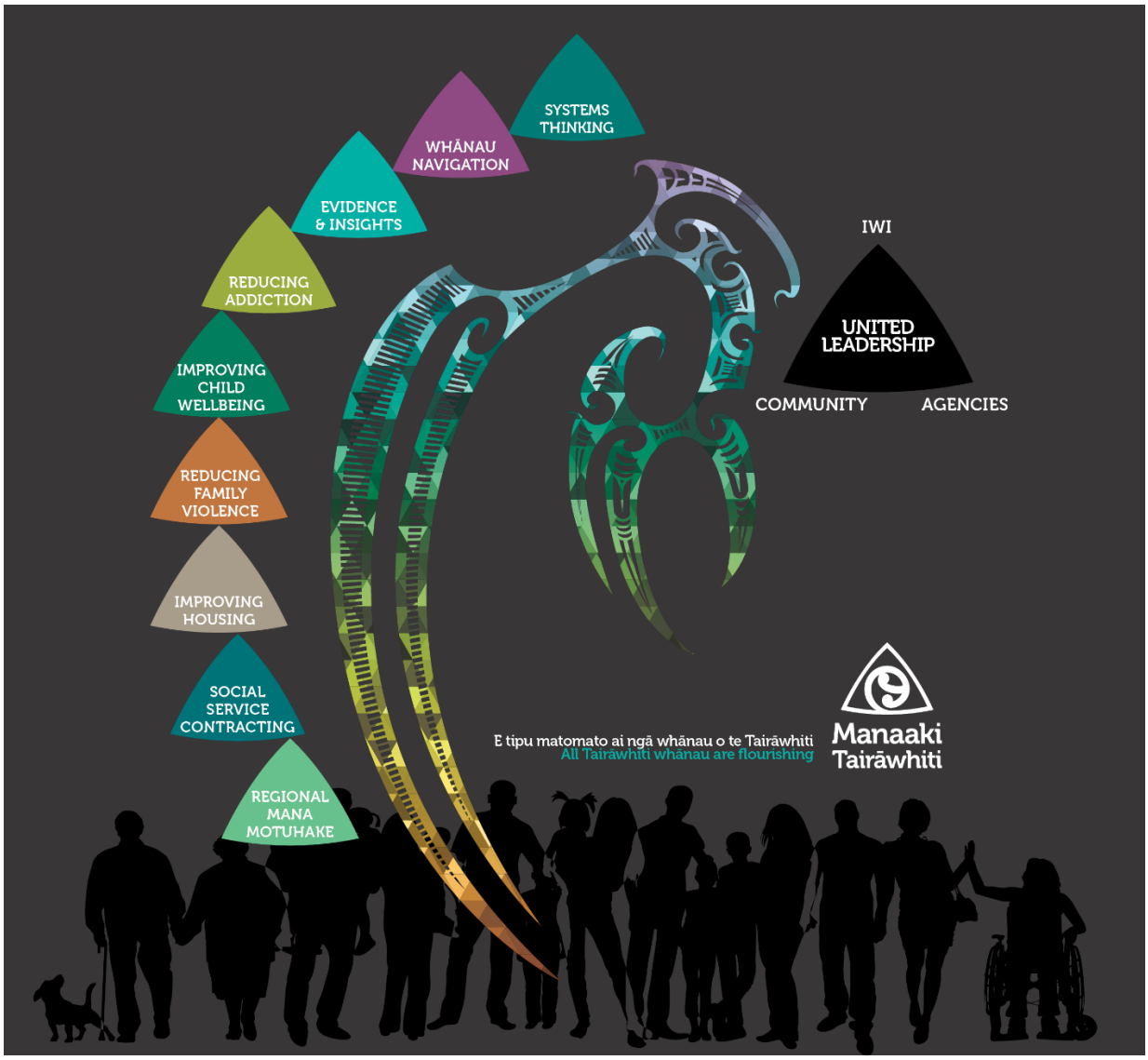
Finally, a focus on developing an evidence base to inform system-related changes has contributed to the success of the initiative and has provided compelling evidence to drive change in the social sector.

Manaaki Tairāwhiti is highly regarded as a community-embedded response to addressing whānau mana motuhake. An independent evaluation, coupled with community and national feedback, has found whānau have positive experiences of the service and good short-term outcomes. Whānau report 'feeling heard' and appreciate the holistic approach of working on

[266] Place-based initiatives were a response to the growing body of evidence that collective approaches are required to address the needs of New Zealand's most at-risk children and families. Three place-based initiatives launched in 2016 centred around bringing together local decision makers and practitioners from social agencies, iwi and NGOs to work with whānau to identify, test and learn what works (and what doesn't) in their communities.

issues important to them and with their wider family. In particular, whānau have reported considerable benefit from an approach that is non-prescriptive, flexible and whānau-centred.

Further, Manaaki Tairāwhiti has influenced a range of policy and practice changes across Work and Income, the Department of Corrections, Kāinga Ora and New Zealand Police. These changes have, in turn, led to change across the region as well as, to some extent, nationally.



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