Selecting interventions to reduce family violence and child abuse in New Zealand

A report to
The Glenn Inquiry

by

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Executive Summary

This report provides an intervention framework to support the review, selection and implementation of initiatives to reduce child abuse and/or family violence in New Zealand. The intervention framework builds on previous work to specify what a transformed system to address child abuse and family violence may look like as well as separately reported literature reviews in relation to high performing systems and effectiveness of family violence and child abuse interventions[1].

The research team was mindful of the stories submitted by both victim/survivors and perpetrators of family violence to *The People's Inquiry*[2]. These accounts made painful and oftentimes disturbing reading. Research deals with processed data but there is no doubt that the voices of victim/survivors helped to keep the research team grounded in the reality of the long term impacts of family violence. Many of the recorded experiences resonated with the research that was reviewed. At all times our priority has been to uphold the protection of human rights in which safety is paramount and must be the overriding goal of theories and approaches to violence.

There is on-going debate about the terms that have been used to describe family violence throughout both Parts One and Two of this report. It was not possible to resolve such debates; instead we chose the generic terms 'family violence' (FV) and 'child abuse and neglect'(CAN) in an attempt to reflect the many types of relationships and types of conflict represented within both sectors. The decision to consistently focus on the interface between FV and CAN illustrates the overall holistic approach taken by the research team.

Family violence (FV), in this report, includes intimate partner violence, child abuse and neglect, elder abuse, inter-sibling abuse and parental abuse. We recognise that, for some purposes, dealing with particular forms of family violence requires particular strategies and treatments.

We draw on Midgley (2000)[3] to craft a systemic approach to make recommendations that will deliver more than is possible through a patchwork of provision, and that recognises and integrates formal (government agencies and non-governmental organisations) and informal systems (such as family, whānau, friends, neighbours) in the community. An effective, sustainable and systemic approach to reducing FV requires both that the necessary functions are present and work together coherently (functional viability), and that the system is seen by key stakeholders as relevant, credible and legitimate (social and political viability). To ensure the former, we have applied the Viable

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[1] Foote, J., Taylor, A., Nicholas, G., Carswell, S., Wood, D., Winstanley, A., et al. (2014). *Toward a transformed system to address child abuse and family violence in New Zealand* (Report to The Glenn Inquiry). Wellington: Institute of Environmental Science and Research Limited, Taylor, A., Carswell, S. L., Haldane, H., & Taylor, M. (2014a). *Toward a transformed system to address child abuse and family violence in New Zealand: Literature Review - Part One* (ESR Report No. CSC 14009). Christchurch: Institute of Environmental Science and Research; Te Awatea Violence Research Centre, University of Canterbury, Taylor, A., Carswell, S. L., Haldane, H., & Taylor, M. (2014b). *Toward a transformed system to address child abuse and family violence in New Zealand: Literature Review - Part Two* (ESR Report No. CSC 14009). Christchurch: Institute of Environmental Science and Research; Te Awatea Violence Research Centre, University of Canterbury.

[2] Wilson, D., & Webber, M. (2014). *The People's Report: The People's Inquiry into Addressing Child Abuse and Domestic Violence*: The Glenn Inquiry.

[3] Midgley, G (2000). *Systemic intervention: Philosophy, Methodology and Practice*. New York: Kluwer Academic/Plenum Publishers.

System Model[4] that sets out five functional capacities that a system needs to possess or adapt to changes in its social, political, economic and technological environment. These are:

- **Operational:** a range of activities that carry out the main work of the system.
- **Coordination:** sufficient coordination of the activities so they do not undermine or diminish the overall effectiveness of the system through how they work together (or fail to work together).
- **Tasking, resourcing and monitoring performance:** ways to ensure the activities are appropriately tasked, resourced and held accountable for their performance.
- **Scanning and planning:** ways to keep the system alert to new developments and future opportunities that could affect the ability of the system to achieve its purpose.
- **Purpose and guidance:** ways of providing a clear focus or purpose for the system, to ensure that the system is looking to the future to adapt, and maintaining high performing and well-resourced activities in the present.

We have supplemented our literature review of intervention effectiveness with consultations with sector experts to prioritise and ground the selection of interventions to support a transformed system to reduce child abuse and family violence in New Zealand. This report is based on the best evidence reviewed during a period of three months intensive research and discussion on what are widely agreed to be 'wicked' problems (that is, reducing FV and CAN is a problem that cannot be solved once and for all, and is not a matter of simply applying expert knowledge). The time constraint, on the overall task must mean that inevitably some information will have been overlooked, but we believe that the review methodology, the combined expertise of the sector experts, research team and the international peer reviewers have ensured that critical evidence, issues and debates have been included.

The intervention framework sets out a comprehensive approach involving primary, secondary and tertiary prevention interventions across programme (what is required for each programme or intervention), regional/population (what is required for specific populations and regions) or national (what needs to apply across all regions and populations) levels. We consider the range of activities required to reduce FV under five categories:

1. **Prevention** (activities to stop FV from occurring).
2. **Targeted prevention** (prevention activities tailored to specific communities, groups and/or populations).
3. **Response** (activities dealing with the effects of FV and its perpetrators).
4. **Recovery** (activities supporting those affected by FV to deal with its effects).
5. **Advocacy** (activities to change how society deals with FV).

One way of visualising the transformed system and understanding the intervention framework is that of a tree. The tree as a whole represents the essential functions at every level of the transformed system: programmes, regional/population or national level. The root that anchors and supports the tree is the focused commitment at each level. This governance commitment defines the purpose and focus of that level of the transformed system. The trunk of the tree communicates

[4] Beer, S. (1985). *Diagnosing the System for Organizations*. London: John Wiley & Sons.

the focused commitment and conveys the knowledge (of need and options) and the essential resources focused to achieve the purpose that together enables the tree to flourish. The branches of the tree represent the many activities that carry out the purpose of that level of the transformed system, resulting in the leaves and fruit of individual, whānau, and community wellbeing. Our intervention framework examines closely what interventions are required to make the tree strong and vibrant. We apply a 'hierarchy of support' classification to each intervention to assess the extent to which interventions are supported by the literature (this is adapted from the Continuum of Evidence of Effectiveness framework produced by the Centers for Disease Control and Prevention[5]).

- **Supported:** the recommended approach is based on nationally and internationally respected research and evaluation.
- **Promising direction:** the recommended approach is based on preliminary evidence that is likely to be effective.
- **Informed judgement:** the recommended approach is a possible way of establishing a functionality that is required for a system to be both systemically and socially viable. There is insufficient evidence to support this specific approach.

What follows is a summary of key initiatives, but they must be viewed within the context of the necessary framework to support their successful adoption and implementation. It would be a retrograde step to cherry pick what seems on the face of it an attractive suite of interventions when the wealth of evidence points to the need to take a holistic approach that also addresses structural inequalities (gender inequalities, poverty, affordable housing, and unemployment). It is beyond the ability of the research team to determine what is drawn from this report; others will have this role, but failure to take a holistic approach will risk the continuation of indigenous, ethnic and class discrimination.

There is already wide international and national agreement on a range of evidence-based interventions that have been proven to work effectively to address FV and CAN. The caveat on this statement is that fewer of such interventions have been found to work effectively with the most hard to reach populations where the greatest risk of family breakdown exists. It is the role of decision-makers to select interventions that can be adapted for the New Zealand context. While we suggest there needs to be more emphasis on preventing violence before it occurs in New Zealand it is also vital to respond to FV and CAN to ensure the safety of victims and prevent re-victimization. Therefore consideration will need to be given to selecting an appropriate mix of interventions across primary, secondary and tertiary levels.

Primary prevention interventions including prevention/targeted prevention and advocacy: Broad based primary prevention through public education campaigns have been shown to influence attitudinal and behavioural change. Gendered stereotypes can be effectively challenged by population-wide campaigns. Home visitation and delivery of parenting programmes which may be delivered either separately or in tandem are overwhelmingly supported in the research literature. With the acknowledged interface between Intimate Partner Violence (IPV) and CAN these programmes require adjustment in terms of aligning their service philosophies and goals but their

[5] Puddy, R. W., & Wilkins, N. (2011). *Understanding Evidence Part 1: Best Available Research Evidence. A Guide to the Continuum of Evidence of Effectiveness*. Atlanta, GA: Centers for Disease Control and Prevention.

methods protect children and support parental behaviour change. Outcomes for children and young people in terms of health and education are better for those who have benefited from early childhood family intervention. Child homicide is less likely to occur where a family is connected with a social service. Assertive outreach is necessary to ensure that families have access to the right type of service at the right time. Attachment theory and related therapies are particularly effective for families with co-occurring mental health and substance dependency issues. Parent and child interaction therapy aids those parents with knowledge deficits in parent child relationships. None of the interventions in this category are fully effective unless wider socioeconomic factors are attended to.

Secondary and tertiary prevention interventions including response, recovery and advocacy: Constant review of legislation is necessary to ensure that legislation and the legal system becomes more responsive to practice issues and the ability to keep women and children safe. Much greater integration of the legal system with social science stands to inform judicial decision-making and greater connection between social services and the courts will enable victims to access services more readily. Crisis services require further expansion so that those groups currently excluded from emergency accommodation have alternatives to abusive contexts. The LGBT community is particularly poorly served by existing shelter accommodation. Training of professionals urgently requires investment particularly for police and health workers who interact with traumatised victims and with perpetrators. The Good Lives Model (GLM) a 'home-grown' theoretical perspective offers a unifying approach to risks, needs and responsivity that applies to both victim/survivors and perpetrators.

Research on the iatrogenic (unintended and negative) effects on all participants in the criminal justice system has led in part to the search for alternative justice solutions. New Zealand is at the forefront of such alternatives with a relatively well developed structure for restorative justice in the current justice system for adults and in the youth justice system. New Zealand is one of the few jurisdictions where there is already an established restorative justice service for family violence situations. This is a relatively new extension of restorative justice services and warrants extensive evaluation to compare outcomes with traditional approaches and to ensure that victim safety is paramount and that facilitator training includes gender education. New court procedures, particularly for dealing with victims of sexual offences and child witnesses, need to be considered to reduce the re-traumatisation of victims. There is little evidence underpinning the efficacy of criminal justice sanctions given their far reaching impact on young offenders' lives.

Implementation and sustainability of interventions: the effectiveness of interventions critically depends on well thought out implementation strategies and consideration of how to sustain gains over time.

Recommendations

Prevention Activities

We recommend that the following activities are prioritised:

Universally applied to whole population:

- Continuation and expansion of the Campaign for Action on Family Violence including promotion of gender equality and respect.
- Consideration of a universal campaign to promote healthy parenting strategies.
- Actions to address structural inequalities to promote family wellbeing including poverty, housing and employment.

Targeted to specific populations:

- Parenting programmes and home visiting initiatives which may be delivered to both targeted at risk populations where violence has not yet occurred as well as families where child abuse and neglect has occurred.

Supported parenting education programmes:

- Triple P (Positive Parenting Program).
- Incredible Years.
- Home Instruction Programme for Preschool Youngsters (HIPPY).

Supported evidence to reduce child abuse and neglect:

- Nurse-Family Partnership (US).
- Early Start (New Zealand).
- Parent-Child Interaction Therapy (US).
- SafeCare (US).

Emerging evidence (promising direction) to reduce child abuse and neglect specifically for high risk cases:

- Family Help Trust (New Zealand).

That the New Zealand Government encourage active collaboration between researchers, evaluators, policy makers and elder abuse workers to undertake research and evaluation about 'what works, what doesn't and why' to strengthen what is known about the effectiveness of elder abuse prevention.

That the New Zealand Government and iwi, community and sector leaders consider how informal networks of family, whānau, friends, work colleagues and neighbours can be supported to assist those experiencing FV and CAN.

The effectiveness of school based programmes internationally to prevent dating violence suggest it is worthwhile investigating what is currently being implemented in New Zealand and how this can be enhanced.

Response and Recovery Activities

We recommend that the following supported activities are prioritised:

Victim and perpetrator focus:

- Integrated systems approach including interagency collaboration to assess and manage risk and refer to appropriate services that can assist with victims and perpetrators needs for example: safety or non-violence programmes; treatment programmes that can co-treat alcohol and other drug (AOD) issues; services to assist with housing, economic and health needs.
- Intensive case management for high risk cases and monitoring of offenders.
- Robust evaluation of the Family Help Trust intervention in order to further establish efficacy and effectiveness.
- Workforce development.

Victim focus:

- Targeted screening for family violence at known vulnerable times of a person's life course e.g. at pregnancy, infancy and elderly.
- Resourcing and expansion of refuge and social support services.
- Expanding capacity to provide support in the community and peer support initiatives.
- Identifying gaps in emergency housing and considering accommodation for families with teenage boys; transitional housing; and support for the LGBT community.
- Workforce development – there is compelling evidence that victims are most satisfied when working with knowledgeable service providers in the immediate aftermath of a crisis event.
- Provision of legal information and accessible and affordable legal services and support for victims and their children.
- Social support from a (consistent) case worker or family member for an extended period of time stands as the most consistent factor of any programmatic attempt to assist victims. Across studies in the legal, health, and educational domains, more researchers identified social support as the key element to: move victims away from violence; support behaviour changes necessary to decrease a victim's own use of violence; and to improve overall physical and psychological health as related to behavioural changes and the cessation of violence.
- Victims can benefit from supplemental support in the form of long-term housing aid, job training, educational opportunities and child care.

Perpetrator focus:

- To select appropriate treatment options, assessing risk, needs and appropriate response: e.g., mild to moderate IPV offences, associated with low levels of power and control /threat of harm may be served by couple or family based interventions; moderate to severe offences or threat of harm are more appropriately served by group or individual perpetrator intervention programmes.
- To undertake an evaluation of the Good Lives Model.

- Workforce development.

Advocacy Activities

We recommend (based on informed judgement and promising direction):

- That service users are provided a voice in the development and refinement of systems, processes and practices to assist in co-ordination; tasking, resourcing and monitoring performance, scanning and planning, purpose and guidance.
- That current legislation in regards to family violence and child abuse is reviewed to ensure that it is consistent across legislation and that it reflects New Zealand's current environment in terms of diverse family and domestic relationships and modes of abuse and violence.
- That justice (family and criminal) legislation and processes are reviewed to ensure they have no adverse effects on victims and encourage victim confidence and safety. For example: treatment of witnesses providing testimony and cross examination styles; further development of age-appropriate approaches in court systems for children and young people; and evaluation of recent changes to family law; particularly in regards to the use of mediation.
- That restorative justice processes are investigated for their effectiveness in addressing family violence, (ensuring victim safety is paramount at all times) for example: restorative justice conferences for intimate partner violence situations; and community justice initiatives for their appropriateness for family violence situations.
- That family violence related services (government and non-governmental) meaningfully involve service user and communities representatives in the design, implementation, evaluation and on-going improvement of intervention programmes (primary, secondary and tertiary).
- That existing advocacy services are supported to sustainably implement their services through adequate longer term funding mechanisms and capacity/capability development. In particular that they be funded to provide longer term supportive advocacy for victims who require it.
- That the front line staff including those working in social service, justice, health, and education sectors are trained in dynamics of, and responses to, various types of family violence (including child abuse and neglect) so they can effectively advocate for victims especially women and children. This should include establishment of common practices and processes. For example: in the areas of risk assessment and risk management; and responsiveness so workers are able to interact with victims to appropriately support and inform them about their options and refer to other services to meet victims' needs.
- That the needs of victims are supported in a timely way to enhance safety including housing, legal, and financial support. That a holistic approach is taken that will provide accessible, affordable supplemental support if required such as longer term housing and educational opportunities.

Focused Commitment

We recommend (based on informed judgement):

- That the New Zealand Government convene a national family violence policy summit to:

  (1) formulate an integrated national policy framework and strategy to reduce family violence, and
  (2) strengthen linkages between key stakeholders.

  Participation in the summit would include key personnel from the main political parties in parliament, key public sector personnel from health, justice, social development, education and police, representatives of non-governmental organisations working in social services, violence prevention, the judiciary, victim support, child abuse, sexual violence, elder abuse, iwi and Pasifika leaders, and women's advocacy.

  The summit would consider, among other issues, the points summarised above. The summit may need to undertake work over a period, meeting more than once.

  The summit would benefit from professional design, management and facilitation drawing on systemic and participative approaches as well as non-government organisation input.

  That a whole-of-government approach is reflected with the development of a national policy framework that promotes a shared definition and understanding of family violence and the development of common practices and processes to consistently respond to family violence, its gendered nature, and child abuse across government agencies and non-government organisations.

- That the New Zealand Government establish a regular forum of leaders from governmental and non-governmental organisations working to reduce family violence.

  The purpose of the forum would be to provide credible and robust ownership and leadership for the task of reducing family violence in New Zealand. It would be responsible for refreshing and promulgating the national policy framework and strategy on reducing family violence.

- That the New Zealand Government support regional fora with non-governmental organisations, iwi and public sector stakeholders (working in social services, violence prevention, victim support, child abuse, sexual violence, elder abuse, and women's advocacy) to identify issues and opportunities for system improvement to feed into the national family violence policy summit to formulate an integrated national policy framework and strategy to reduce family violence.
- That the New Zealand Government provide leadership as well as financial and technical support for coordination of collaborative networks to address family violence in specific populations (regional or cultural).

- That the New Zealand Government require all providers holding contracts or funding agreements that address family violence to demonstrate how programme activities will contribute to the overall aim of reducing rates of family violence and/or child abuse (beyond reporting on programme outputs by articulating a theory of change and reporting on likely contributions to outcomes).

Knowledge and Resources

We recommend (based on informed judgement):

- That the New Zealand Government and sector leaders strengthen the New Zealand evidence-base on how to reduce family violence, by:
  - Establishing and resourcing a family violence intelligence centre, that includes a dedicated kaupapa Māori unit, with the aim of developing shared definitions and indicators of family violence, collating, analysing and disseminating information about evidence-based policies and practices, and identifying family violence trends and emerging issues.

    Such a centre may also commission research to establish evidence. Evidence of effectiveness will need to take account of three forms of evidence: best available research evidence, experiential evidence, and contextual evidence.

  - Encouraging active collaborations between researchers, policy makers, service providers and users to address critical knowledge gaps (as noted above).
  - Continuing to support Māori and Pacifica research, monitoring and evaluation of culturally specific frameworks, interventions and workforce training.
  - Supporting ethnic communities and services to research, monitor and evaluate culturally specific frameworks, interventions and workforce training.
  - Up-skilling policy makers and those who purchase family violence related services in evidence-based policy and programme development.
  - Undertaking a stocktake of existing family violence services to determine the extent that they are evidence-based and have sufficient support to ensure they are sustainably implemented.
  - Encouraging the dissemination of good practices and lessons learnt locally, regionally and nationally through supporting communities of practice where sector stakeholders can interact and reflect on common/divergent experiences.
  - Adopting and applying a hierarchy of support framework (such as that in Appendix 2) to rate programmes and interventions according to best available research evidence.

In addition:

- That the New Zealand Government, in partnership with sector leaders, review where discretion for funding and accountability is located in the overall system.

    While frameworks and 'rules' for contracting, funding and accountability need to be agreed and set at national level, wherever possible services and programmes should

be engaged at the level of region or population in order to improve inter-agency collaboration and coherent local provision of programmes.

- That the New Zealand Government review contracting arrangements for family violence related services to assess whether these encourage the uptake of evidence-based interventions and evaluations of programme effectiveness, including design, implementation and evaluation of collaborative service arrangements. Further, that performance and evaluation measures are negotiated between purchasers and providers taking into account national and regional monitoring needs and provision of information to support local goal-setting and achievement.
- That the New Zealand Government, in partnership with sector leaders, review family violence-related services to assess whether these are adequately resourced and what service gaps exist at regional and population levels. The review needs to include consideration of longer term funding to develop and sustain FV services.
- That the New Zealand Government, in partnership with sector leaders, develop a national workforce development strategy and foster the development of national good practice guidelines and tools, agreed training standards and qualifications and a common analysis of the causes and consequences of family violence and/or child abuse.
- That the New Zealand Government provide funding, technical assistance and training for family violence related services to implement effective performance management and quality improvement systems that are responsive to national, regional and programme priorities including the needs of diverse populations.
- That all contracts and funding agreements with service providers promote inter-agency collaboration to encourage sector learning and to ensure service users have access to the most appropriate services.

Coordination

We recommend (based on informed judgement and promising direction):

- That the New Zealand Government and sector leaders take action to integrate family violence activities at national, regional and local levels by providing leadership, financial and technical assistance to clarify inter-agency protocols and divisions of responsibilities including client referral and navigation systems.
- That regional collaborative networks adapt, implement, monitor and evaluate good practices for inter-agency case management, risk assessment and management, and information sharing of lessons learnt.

Implementing sustainable change

We recommend (based on informed judgement):

- That the New Zealand Government and sector leaders consider:
  - Incorporating sustainability and implementation dimensions into funding criteria to ensure that evidence-based interventions that can be sustainably implemented receive adequate funding.

- Encouraging research and evaluation into what enables or hinders evidence based practice in family violence-related services and how these can be incorporated into service planning.

Introduction

This report provides an intervention framework to support the review, selection and implementation of initiatives to reduce family violence in New Zealand. It builds on an earlier report produced by ESR[6] for The Glenn Inquiry (TGI) entitled, *Toward a transformed system to address child abuse and family violence in New Zealand* (Report 1)[7]. It also draws on separately reported literature reviews (Taylor et al., 2014a, 2014b).

TGI, an independent inquiry into all forms of child abuse and family violence in New Zealand, has contracted ESR to bring together relevant experience and expertise to develop a model of how to address child abuse and neglect and family violence in New Zealand.

The research team was mindful of the stories submitted by both victim/survivors and perpetrators of family violence to the People's Inquiry (Wilson & Webber, 2014). These accounts made painful and oftentimes disturbing reading. Research deals with processed data but there is no doubt that the voices of victim/survivors helped to keep the research team grounded in the reality of the long term impacts of family violence. Many of the recorded experiences resonated with the research that was reviewed. At all times our priority has been to uphold the protection of human rights in which safety is paramount and must be the overriding goal of theories and approaches to violence.

There is on-going debate about the terms that have been used to describe family violence throughout both Parts One and Two of this report. It was not possible to resolve such debates; instead we chose the generic terms 'family violence' and 'child abuse and neglect' in an attempt to reflect the many types of relationships and types of conflict represented within both sectors. The decision to consistently focus on the interface between FV and CAN illustrates the overall holistic approach taken by the research team.

Family violence (FV), in this report, includes intimate partner violence (IPV), child abuse and neglect (CAN), elder abuse, inter-sibling abuse and parental abuse. We recognise that, for some purposes, dealing with particular forms of family violence requires particular strategies and treatment; however, the purpose of this report is to develop a transformed system that will reduce all forms of FV.[8]

In Report 1 we drew on *The People's Report* (Wilson & Webber, 2014), engagement with stakeholders, systems modelling, and reviews of international literature to describe the problem

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[6] The Institute of Environmental Science and Research Limited, a New Zealand Crown Research Institute charged to deliver enhanced scientific and research services to the public health, food safety, security and justice systems and the environmental sector to improve the safety and contribute to the economic, environmental and social wellbeing of people and communities in New Zealand.

[7] Foote, J., Taylor, A., Nicholas, G., Carswell, S., Wood, D., Winstanley, A., et al. (2014). *Toward a transformed system to address child abuse and family violence in New Zealand* (Report to The Glenn Inquiry). Wellington: Institute of Environmental Science and Research Limited.

[8] We use the term 'family violence' in the sense it has come to be understood in Aotearoa, and is used in *Te Rito: New Zealand Family Violence Prevention Strategy* (Ministry of Social Development. (2002). Te Rito: New Zealand Family Violence Prevention Strategy. Wellington: Ministry of Social Development.). While the underlying causes of child abuse and neglect (for example) may be considered independently, and some responses will need to be particular, this report proposes a wider system of response that will enable targeted responses to each form of abuse.

with family violence in New Zealand and to outline desirable properties of a transformed system and critical functions required to sustain a system to reduce family violence in New Zealand.

The earlier report summarised the prevalence of family violence in New Zealand, and discussed issues of definition and data collection. Insights from *The People's Report* and from our engagement with sector experts suggest that planning and provision of services in this area is not consistent in quality, evidence-base or resourcing, and lacks overall coherence.

The task, then, is to outline a more integrated approach to reducing both the incidence and the impacts of family violence. What is needed is a systemic approach that will deliver more than is possible through a patchwork of provision, and that recognises and integrates informal systems in the community.

This report recommends that New Zealand adopts a whole system approach to reducing FV. That approach will require a focused commitment to reduce FV at every level, from national to local; and integrated systems to inform, resource and manage performance at each level. There is much that is already being done to address FV in New Zealand, and it is beyond the scope of this report to detail or critique each initiative. We are not proposing a whole new structure. The value of this report, supported by Report 1, is that it provides a systemic framework to get the best out of efforts, to review the contribution of each initiative, and to select and implement any further initiatives.

Our approach

In preparing this report we draw on three sources: findings from our earlier report to TGI, a review of evidence available in the national and international literature on potential interventions, and engagement with sector experts to prioritise and ground the selection of interventions to support a transformed system to reduce FV in New Zealand.

Activities to reduce FV

Having reviewed the national and international literature, consulted with New Zealand experts (both academics and practitioners) and considered the insights reported in *The People's Report*, we consider the range of activities required to reduce FV to span five interrelated focuses:

- Prevention (activities to stop family violence occurring).
- Targeted prevention (prevention activities tailored to particular communities, groups and populations).
- Response (dealing with the effects of family violence and its perpetrators).
- Recovery (supporting those affected by family violence to deal with its effects).
- Advocacy (activities to change how society deals with family violence).

These focuses are based on the public health model adopted in our literature reviews and commonly used in the literature: primary prevention, secondary prevention and tertiary prevention. [9]

[9] See Report 1 (p.39).

Taking a whole system approach

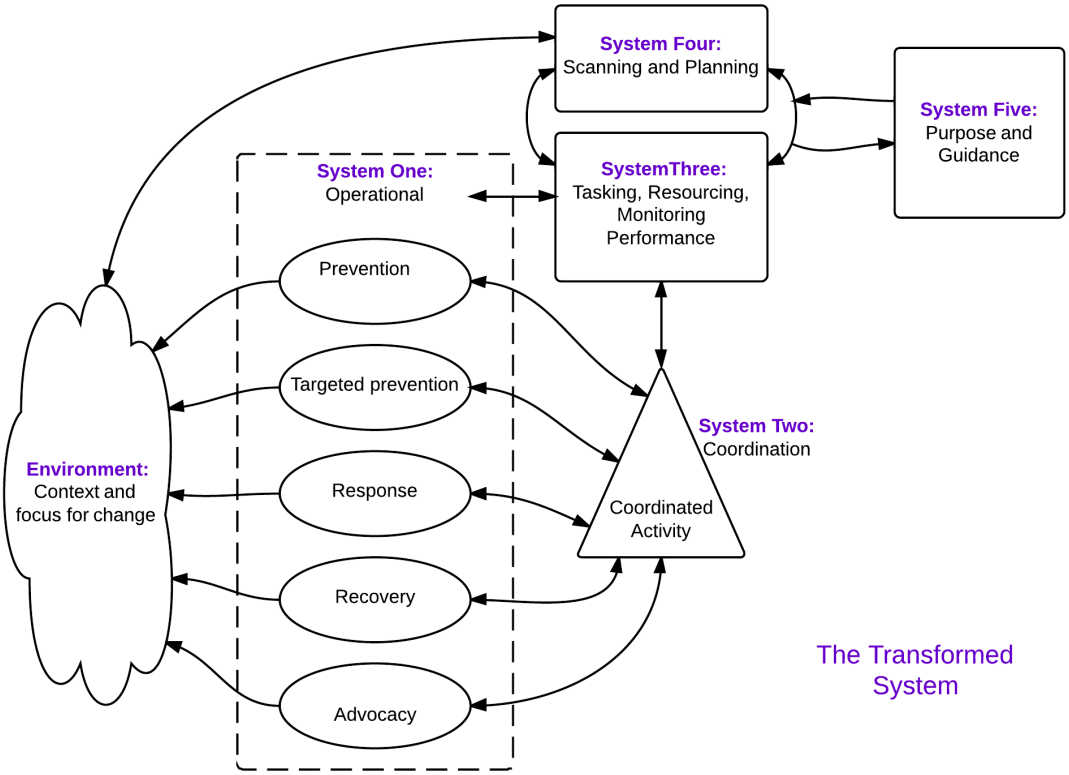
We draw on Midgley (2000) to craft a systemic approach to make our recommendations. An effective, sustainable and systemic approach to reducing FV requires both that the necessary functions are present and work together coherently (functional viability), and that the system is seen by key stakeholders as relevant, credible and legitimate (social and political viability). To ensure the former, we have applied the Viable System Model (VSM) of Stafford Beer (1985). The VSM approach focuses attention on five necessary functions and how they work together to sustain effectiveness over time (remain viable). These are:

- **System One (Operational):** a range of activities that carry out the main work of the system.
- **System Two (Coordination):** sufficient coordination of the activities so they do not undermine or diminish the overall effectiveness of the system through how they work together (or fail to work together).
- **System 3 (Tasking, resourcing and monitoring performance):** ways to ensure the activities are appropriately tasked, resourced and held accountable for their performance.
- **System 4 (Scanning and planning):** ways to keep the system alert to new developments and future opportunities that could affect the ability of the system to achieve its purpose (e.g. research and evaluation).
- **System 5 (Purpose and guidance):** ways of providing a clear focus or purpose for the system, to ensure that the system is looking to the future to adapt, and maintaining high performing and well-resourced activities in the present.

Figure 1 sets out the transformed system to reduce FV based on VSM.

The VSM does not assume any particular organisational structure and can be applied to any level of a system (local, regional, national and international levels). Such levels are referred to as 'levels of recursion'. In this way, a viable system at the national level can be usefully thought of as a number of viable systems at the regional level (e.g., regional activities), which in turn can consist of a number of viable systems at the local level (e.g., specific services or collaborations).

Figure 1: The Viable System Model



We used Critical System Heuristics (Ulrich, 1983; Ulrich & Reynolds, 2010) to identify seven conditions that would need to be met by a transformed system to reduce FV in New Zealand for it to be socially and politically viable:[10]

1. The system will improve the situation of those who have been subject to family violence, those vulnerable to such abuse, those who have perpetrated abuse and those who are vulnerable to doing so.
2. Monitoring the performance of the system will incorporate evaluation evidence (outcomes data) as well as the experience of individuals and communities directly affected.
3. Governance decisions will include representation of service users, and balance the advice of experts with that of communities and practitioners informed by the experience of those most affected.
4. How the system is planned and implemented will include focus on prevention, response and recovery, involve stakeholders, use the best evaluation evidence, and balance central control with local context.
5. The system will have cross-party political commitment and government capacity to advise on direction and interventions.
6. The system will use accurate documentation and well-designed evaluations that are culturally responsive.

[10] Report 1 (p. 55).

7. The system will be based on commitments to the dignity of persons, the application of human rights and respect, and a recognition of cultural diversity.

An intervention framework

The proposed intervention framework provides a way to continuously review the viability of how New Zealand is acting to reduce FV, and it provides a systemic and systematic way to recommend particular improvements. The framework builds on the VSM developed in the last report.

In the VSM, the five functions need to work together at each level of a system. So, in the case of reducing FV, we will examine three levels:

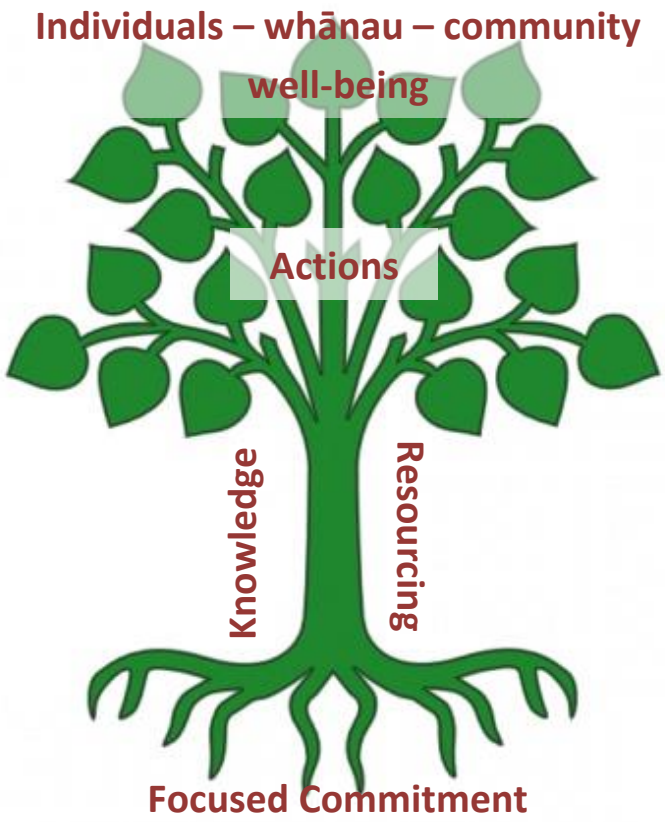
- Programme level (what is required for each programme or intervention).
- Regional or population level (what is required for specific populations).
- National level (what needs to apply across all regions and populations).

One way of visualising the VSM approach is to see the transformed system to reduce family violence as a tree (Figure 2). The tree as a whole represents the essential functions at every level of the system: programme level, regional or population level, and national level. The root that anchors and supports the tree is the focused commitment at each level. This is the governance commitment that defines the purpose and focus of that level of the system. The trunk of the tree communicates the focused commitment and conveys the knowledge (of the need and the options) and the essential resources (focused to achieve the purpose) that together enable the tree to flourish. The branches of the tree represent the coordinated activities that carry out the purpose of that level of the system, resulting in the leaves and fruit of individual, whānau, family and community wellbeing.

See Appendix 3 for a schematic that describes the key functionality for each part of the VSM and each level of the system.

In Figure 2 ‘Focused commitment’ is the equivalent of System Five in the VSM, ‘knowledge’ represents System Four, ‘Resourcing’ is an essential expression of System Three, and ‘Actions’ is System One. System Two (coordination) is implied in the branching from a single trunk.

Figure 2: The integrated system[11]



The remainder of this report will examine more closely what is needed at each part of such an integrated system. We will apply a 'hierarchy of support' classification to each proposal which classifies interventions according to how well they are evidence based.[12]

The hierarchy of support is shown below in Table 1. It adapts the Continuum of Evidence of Effectiveness framework produced by the Centers for Disease Control and Prevention (Puddy & Wilkins, 2011).

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[11] Clip art for the tree image from http://9pixs.com/clip-art-tree-free-food-clip-art-by-phillip-martin-apple-tr-2014/

[12] Various hierarchies have been devised for classifying programmes and interventions according to how well they are evidence based. For example, the Center for the Study and Prevention of Violence (CSPV), at the Institute of Behavioral Science, University of Colorado Boulder classifies programmes as 'promising programs' or 'model programs'. "Promising programs meet the minimum standard of effectiveness. Model programs meet a higher standard and provide greater confidence in the program's capacity to change behavior and developmental outcomes" [Blueprints for Healthy Youth Development. (2012-2014). Program Criteria. Retrieved 16 September, 2014, from http://www.blueprintsprograms.com/programCriteria.php]. The Promising Practices Network on Children, families and communities have classified programmes as 'proven programs', 'promising programs', and 'other reviewed programs' depending on whether they meet specified criteria [The Promising Practices Network. (2014). How programs are considered. Retrieved 16 September, 2014, from http://www.promisingpractices.net/criteria.asp]. The Centers for Disease Control and Prevention have published a continuum of evidence of effectiveness that classifies programmes as well supported, supported, promising, emerging, undetermined, unsupported, or harmful [Puddy, R. W., & Wilkins, N. (2011). *Understanding Evidence Part 1: Best Available Research Evidence. A Guide to the Continuum of Evidence of Effectiveness*. Atlanta, GA: Centers for Disease Control and Prevention.].

Table 1: Hierarchy of support

'Supported' (Sp)	The recommended approach is based on nationally and internationally respected research and evaluation that has shown both efficacy and effectiveness and is likely to be able to be implemented effectively in the New Zealand context.
'Promising Direction' (PD)	The recommended approach is based on preliminary evidence that it is likely to be effective. It may be either impractical to thoroughly test before implementing, or be an approach still subject to trial and development. The recommended approach is based on sound theory and non-experimental design.
'Informed Judgement' (IJ)[13]	The recommended approach is a possible way of establishing a functionality that is required for a system to be both systemically and socially viable. There is insufficient evidence to support this specific approach, but the approach seems reasonably well designed and reliable, may be informed by exploratory study, and there is no convincing evidence or reason to not implement it. More research is needed to establish evidence of effectiveness and implementation guidance.

The Root: Focused commitment at each level

Each part of the system to reduce family violence requires clarity of focus or purpose. We have called this 'focused commitment'.

National level

At national level, focused commitment means an effective way to formulate, refresh and communicate a policy framework or strategy to reduce FV in New Zealand that is recognised as relevant, credible and legitimate[14] by key stakeholders.

It is the responsibility of this focused commitment at national level to set the tone, scope and direction for FV prevention in New Zealand.

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[13]We have chosen the term 'informed judgement' to cover the categories 'emerging' and 'undetermined' in Puddy & Wilkins, 2011 [Puddy, R. W., & Wilkins, N. (2011). *Understanding Evidence Part 1: Best Available Research Evidence. A Guide to the Continuum of Evidence of Effectiveness*. Atlanta, GA: Centers for Disease Control and Prevention.]. Within our intervention framework, systemic logic suggests that certain functionalities are necessary, even if there is no empirical evidence to support a particular way of providing a given functionality.

[14] Relevant, here, means that stakeholders recognise that strategies and policies are focused on agreed priorities for society; credible, here, means that the analysis of the issues involved and the rationale for the approach chosen are based on the best available evidence; legitimate, here, means that national strategy and policy has been responsive to those most affected, and is seen as non-partisan [Cash, D. W., Clark, W., Alcock, F., Dickson, N., Eckley, N., & Jager, J. (2002). *Salience, Credibility, Legitimacy and Boundaries: Linking Research, Assessment and Decision Making* (Research Working Paper No. 02-046): Harvard University, John F. Kennedy School of Government.].

For example, key requirements for a national policy and strategy are that:

- FV be **comprehensively defined** at this level to include child abuse and neglect, intimate partner violence, elder abuse, inter-sibling abuse and parental abuse. This means that programmes that specialise in one or more aspects of FV need to be seen and to work within a network of programmes collaborating to achieve a common purpose.
- A national strategy and policy recognise and consider the **experience and knowledge** held by service users and frontline service providers.
- FV strategy is framed as an **integral part of a broader commitment to enhancing family well-being** that includes general health status, educational outcomes and participation in society.

  This means setting FV prevention within a wider framework of public policy that deals with underlying factors such as poverty, housing, health care (including mental health and alcohol and other drug services), employment and education.
- There is a clear and pervasive **commitment to primary prevention** strategies alongside the more obvious commitment to respond to those who suffer FV and those who inflict it.[15]

  The commitment to primary prevention is a commitment to supporting a multi-layered strategy to reduce the incidence and likelihood of FV, not only treating the effects of FV. A prevention strategy will also promote change in social and political attitudes, and so will include a provision for advocacy at all levels.
- Specific strategies and approaches be developed, supported, piloted and evaluated that are **responsive to the diverse cultural perspectives** in New Zealand.

  In particular, this will mean specific approaches for Māori and for Pacific peoples as well as other cultural groups.
- A national FV prevention strategy includes a commitment to **expanding the evidence base** on which approaches and interventions work and how they are best implemented.

  This will mean a commitment to enable and support programme development, piloting and evaluation.
- Effective protocols be developed with the sector to enable **agreed practices** for record keeping, appropriate levels and methods of information sharing, and acceptable experience and training standards.
- Effective policy and strategy to reduce FV will include supporting programmes tailored to the needs of those who have inflicted violence.
- **Frontline workers in health, police and justice** are seen as co-workers with those in social services and victim oriented services in reducing FV and therefore to have the mandate, resources and training to contribute to that goal.

[15] We are conscious of an important critique of the conventional terminology: victims and perpetrators. Appendix 2 discusses this. Rather than use terms that appear to categorise or label individuals we prefer to use language that focuses on the direct experience of suffering violence or inflicting it.

- The importance of **initiatives in family, whānau, and local communities** that serve to reduce FV are recognised and reinforced.

A key finding from meta-analytical reviews about parent education and home visitation may provide an important principle to guide national level policy to reduce FV as a whole. It is the need for interventions to be embedded in wider socio-economic supports impacting on family wellbeing. Adequate housing, income, education, health and social supports are all identified as protective factors, which support the implementation of a broader more holistic approach.[16] Failure to address these wider socio-economic conditions risks compromising the effectiveness of behaviour change interventions.

In order that national level strategy and policy be recognised as relevant, credible and legitimate by key stakeholders there will need to be a shared commitment across the main political parties, 'whole of government' support and meaningful participation by stakeholders in formulating, refreshing and communicating the strategy.

We recommend:

- *That the New Zealand Government convene a national family violence policy summit to:*

  (1) formulate an integrated national policy framework and strategy to reduce family violence, and
  (2) strengthen linkages between key stakeholders.

  Participation in the summit would include key personnel from the main political parties in parliament, key public sector personnel from health, justice, social development, education and police, representatives of non-governmental organisations working in social services, violence prevention, the judiciary, victim support, child abuse, sexual violence, elder abuse, iwi and Pasifika leaders, and women's advocacy.

  The summit would consider, among other issues, the points summarised above. The summit may need to undertake work over a period, meeting more than once.

  The summit would benefit from professional design, management and facilitation drawing on systemic and participative approaches as well as non-government organisation input.

  That a whole-of-government approach is reflected with the development of a national policy framework that promotes a shared definition and understanding of family violence and the development of common practices and processes to consistently respond to family violence, its gendered nature, and child abuse across government agencies and non-government organisations.

[16] See, for example, Avella & Supplee, 2013; Daro, 2005; Dodge et al., 2014; Hermanns, Asscher, Ziljstra, Hoffenaar, & Dekovic, 2013; Holzer et al., 2006; Kitzman, 2005; Nievar et al., 2010; Olds, 2005; Peacock et al.,2013; Santos, 2005; Wade & Fordham, 2005.

- *That the New Zealand Government establish a regular forum of leaders from governmental and non-governmental organisations working to reduce family violence.*

    The purpose of the forum would be to provide credible and robust ownership and leadership for the task of reducing family violence in New Zealand. It would be responsible for refreshing and promulgating the national policy framework and strategy on reducing family violence.

Regional or population level

At regional or population level, focused commitment means effective ownership of and policy for the task of reducing FV in a given population (be it a geographical, cultural, or other population). It is also a way to represent the experience and needs of the population in question to influence national policy. For example, iwi are often well placed to take responsibility for planning and overseeing initiatives to reduce FV within their own people. Slabber (2012) has argued that interventions for Māori need to be localised, strengths-based kaupapa Māori programmes that support not only the offender but also the community. Dobbs and Eruera (Dobbs & Eruera, 2014) note that mainstream approaches have focused on concepts of individual harm, as opposed to whānau, hapū and iwi development and well-being. Such findings suggest the importance of local ownership of and policy for reducing FV.

There is increasing appreciation in the literature of the importance of local communities in taking responsibility for a coordinated response to FV.

We recommend:

- *That the New Zealand Government support regional fora with non-governmental organisations, iwi and public sector stakeholders (working in social services, violence prevention, victim support, child abuse, sexual violence, elder abuse, and women's advocacy) to identify issues and opportunities for system improvement to feed into the national family violence policy summit to formulate an integrated national policy framework and strategy to reduce family violence.*
- *That the New Zealand Government provide leadership as well as financial and technical support for coordination of collaborative networks to address family violence in specific populations (regional or cultural).*

Programme level

At programme level focused commitment will mean there is an effective definition of the purpose of interventions, and the selection and implementation of interventions are aligned with that purpose. While this is largely a matter of each programme requiring effective governance, evidence based design and monitoring and evaluation, it is a responsibility of those funding and/or contracting services to insist on clarity of focus.

We recommend:

- *That the New Zealand Government require all providers holding contracts or funding agreements that address family violence to demonstrate how programme activities will contribute to the overall aim of reducing rates of family violence and/or child abuse (beyond reporting on programme outputs by articulating a theory of change and reporting on likely contributions to outcomes).*

The Trunk: Knowledge and resources

Each part of the system to reduce FV requires knowledge about the current state of the need it is addressing, and knowledge about what approaches may be effective in reducing FV. This means that at each level; programme, regional and national, there needs to be systems in place so that decision-makers are up to date with trends in what is needed and the developing evidence as to what works.

In addition to this required knowledge, each part of the system requires a clear mandate and adequate resourcing to carry out its work, along with appropriate monitoring and accountabilities to ensure that the work is done to the required standard.

These two functions, knowledge and resources, are the life-blood of the various levels of reducing FV.

At programme level, the knowledge function would involve systems for collecting and reporting data of local demand, programme outputs, and outcomes. It would also involve systems to receive and process current knowledge on programme design and implementation.

The resources function involves appropriate recruitment, tasking and monitoring to carry out and manage the programme. The purpose of the resourcing function is to ensure that the right resources are applied effectively.

At the regional or population level, the knowledge function would involve establishing a community of practice and collaboration between programmes to collect, compare and make sense of data and emerging practices to support the reduction of FV for the particular population.

The resources function may involve contracting and accountability systems that are tailored and responsive to reducing FV in specific regions or populations.

At national level, the knowledge function would involve some facility to gather, analyse and disseminate intelligence on trends in demand for FV reduction, current good practice and emerging theory.

The resources function would involve establishing a national contracting and accountability system or framework designed to operate across sectors and silos to focus on reducing FV. Such a framework would establish efficient and effective distribution of responsibility for contracting and accountability between national and population levels as appropriate.

The Trunk: Knowledge

At national level, seven areas need to be attended to in order to ensure knowledge creation and dissemination supports an effective system to reduce family violence in New Zealand.

1. Programme development

The New Zealand context requires particular programme development and programme implementation to ensure effectiveness within our cultural, social and political settings. This will include commissioning or reviewing research to inform appropriate targeting of programmes and the development, piloting and evaluating of culturally specific ways of working. For example, parenting programmes for Māori include a mix of locally developed programmes and overseas models, some of which have been adapted to varying degrees to be culturally appropriate and responsive. Robertson (2014, p. 87) found that evaluations "were of the initial programme implementation or were evaluations of the pilot programmes only." Robertson reports a range of kaupapa Māori theorists as indicating the value of investing in matching programmes to "the particular cultural imperatives of the target audience."

In relation to Pacifica, Robertson suggests the following process to both adapt mainstream programmes and develop Pacifica programmes that are culturally responsive and appropriate for the different ethnicities. Using the example adapting Family Start to the Pacific Family Start programme:

> "The process of resolution could be built on two strategies: firstly, to assemble Pacific specialists and elders who can evaluate the mainstream programmes for their effectiveness for Pacific families and children and then, if appropriate, to pilot an adaptation which can be evaluated; second, a distinctively Pacific parenting programme can be developed with the assistance of Pacific specialists and elders. The Pacific parenting programme would be characterised by and authentically founded on Pacific values and concepts of parenting in the context of New Zealand. Such a programme can then be piloted and evaluated for its effectiveness from the perspectives of Pacific families." (Robertson, 2014, p. 107)

2. Programme evaluation

A national intelligence centre is needed to collate and disseminate evidence of the effectiveness of programmes to reduce FV; and, where necessary, to commission research to establish such evidence. Evidence of effectiveness will need to take account of three forms of evidence: best available research evidence, experiential evidence, and contextual evidence. These forms of evidence are described by Puddy and Wilkins (2011, p. 3f.):

> Best available research evidence "enables researchers, practitioners, and policy-makers to determine whether or not a prevention program, practice, or policy is actually achieving the outcomes it aims to and in the way it intends." It would normally use experimental or quasi-experimental design, but may also include evidence from non-experimental observations of theory based programmes.
>
> Experiential evidence "is based on professional insight, understanding, skill, and expertise that is accumulated over time and is often referred to as intuitive or tacit knowledge."

Contextual evidence "is based on factors that address whether a strategy is useful, feasible to implement, and accepted by a particular community."

"These three facets of evidence, while distinct, also overlap and are important and necessary aspects of making evidence-based decisions (Puddy & Wilkins, 2011, p.3)

Examples of current gaps in knowledge, drawn from our review of literature and engagement with sector experts, include:

- Little is known about the long-term benefits for, or well-being of, those who have used crisis intervention services, such as refuges, after FV. This includes the question of long-term issues for children involved.
- Little is known to guide the choice of using couples counselling, as distinct from working with individuals, and the choice of clinical approaches for such counselling.
- Little is known about what components are effective in group work with those who have inflicted FV (typically men).
- More indicators are needed to evaluate effectiveness of programmes that work with those who inflict FV. Most studies use recidivism as a measure, and then use physical violence as the indicator of recidivism; this makes many dimensions of recovery and many dimensions of FV invisible, and therefore is not a very nuanced way of assessing programme effectiveness.
- There is little evidence of outcomes of programmes for prevention of elder abuse.
- Little has been done to establish a cost benefit analysis of programmes.

3. Understanding barriers to effectiveness and uptake

While there is a general scarcity of evidence on the effectiveness of programmes, there is a further lack of evidence on what may be barriers to the effectiveness and uptake of programmes. For example, further research is indicated into the roles of social deprivation, poverty and housing in the incidence of FV. Likewise, there is insufficient understanding about why those experiencing serious FV (typically women) might not access facilities and services.

4. Inter-agency collaboration

There is evidence that inter-agency collaboration of social services is effective in terms of improving linkages, coordination, and increased information sharing and referral exchange (Tseng, Liu, & Wang, 2011). In regards to family violence there are emerging findings that interagency collaboration can reduce recidivism (Shepard, Falk, & Elliot, 2002) and improve safety by enabling more comprehensive risk assessment and management (Carswell et al., 2010) However, while inter-agency collaboration is often referred to, there is a lack of evidence in the literature about what components make a difference and how such collaboration is best implemented. As Merry (2006) has noted, integration and shared responses between social services, law and services for victim well-being are under-developed. Further research, including longitudinal studies, are needed to establish best practice guidelines.

5. Understanding the range of services and their inter-relationships

In a sector in which many programmes and interventions are community led and local, and multiple non-governmental organisations provide programmes that intersect and over-lap with one another and with those of statutory agencies, there is a need for regular 'stocktakes' of activities so gaps can be identified, effective approaches found, overlaps minimised and learning shared. This will also enable improved coordination and coherence between prevention, response, recovery and advocacy oriented activities.

6. Understanding the current state of FV in New Zealand

A system to reduce FV in New Zealand will need continual up-dating in relation to the prevalence and incidence of particular forms of FV and their aetiology. In particular, in order to tailor strategies, prevalence and incidence information will need to relate to particular populations. For example, more needs to be known about the extent and nature of FV involving persons with disability and involving migrant populations. Other information to guide the planning and delivery of programmes to reduce FV includes understanding the long-term effects (e.g. social and health) of FV for individuals, whānau and communities.

7. Dissemination of knowledge

Finally, a core responsibility of any national intelligence centre to gather, assess and disseminate knowledge to support the reduction of FV in New Zealand is to ensure that best available evidence is available at all levels of the system. This will mean informing policy advice at national level, informing national-level tasking, resourcing and monitoring of programmes, and ensuring that decision-makers at regional or population level and at programme level have ready access to information.

At regional or population level, systems are required to ensure effective targeting of interventions; informing and evaluating inter-agency collaboration; development, piloting and evaluation of programme effectiveness for particular populations and contexts; and ensuring that local programme implementation is informed by current best evidence.

In particular, there is a need for regional or population level longitudinal studies to understand what works in inter-agency collaboration, and long-term outcomes for those who use refuges and other response interventions. There is also a shortage of evidence about programme effectiveness when applied to particular cultural populations or those with disability; for example, more evidence is needed about the effectiveness of kaupapa Māori programmes and how they are implemented.

At programme level, systems are required for three forms of finding and disseminating knowledge: evaluation of programme effectiveness, improving understanding of how particular programmes relate to overall outcomes of well-being, and ensuring that programme development and frontline practice is informed by the current state of knowledge.

While those that contract, fund and monitor programmes (see the next subsection) have responsibility for including the finding and dissemination of knowledge in funding agreements, it is essential that service providers develop and implement systems to ensure that their programmes are usefully evaluated and that their practice is informed by current best evidence.

In particular, our review of literature and engagement with sector experts shows a need for more attention to tracking and evaluating long-term outcomes from programmes. This will require commitment from both funders and service providers, and measures and methods that are negotiated and agreed with between parties.

We recommend:

- *That the New Zealand Government and sector leaders strengthen the New Zealand evidence-base on how to reduce family violence, by:*
    - *Establishing and resourcing a family violence intelligence centre, that includes a dedicated kaupapa Māori unit, with the aim of developing shared definitions and indicators of family violence, collating, analysing and disseminating information about evidence-based policies and practices, and identifying family violence trends and emerging issues.*

        Such a centre may also commission research to establish evidence. Evidence of effectiveness will need to take account of three forms of evidence: best available research evidence, experiential evidence, and contextual evidence.

    - *Encouraging active collaborations between researchers, policy makers, service providers and users to address critical knowledge gaps (as noted above).*
    - *Continuing to support Māori and Pacifica research, monitoring and evaluation of culturally specific frameworks, interventions and workforce training.*
    - *Supporting ethnic communities and services to research, monitor and evaluate culturally specific frameworks, interventions and workforce training.*
    - *Up-skilling policy makers and those who purchase family violence related services in evidence-based policy and programme development.*
    - *Undertaking a stocktake of existing family violence services to determine the extent that they are evidence-based and have sufficient support to ensure they are sustainably implemented.*
    - *Encouraging the dissemination of good practices and lessons learnt locally, regionally and nationally through supporting communities of practice where sector stakeholders can interact and reflect on common/divergent experiences.*
    - *Adopting and applying a hierarchy of support framework (such as that in Appendix 2) to rate programmes and interventions according to best available research evidence.*

The Trunk: Resources

'Resources' as a functionality incorporates tasking, resourcing and monitoring[17] activity to reduce FV.

At national level, this means establishing and implementing overall contracting and accountability frameworks, and clarity about what resourcing and accountability is better carried out at regional or population level, and what is better carried out at national level.

At regional or population level, this functionality involves contracting and accountability systems that are tailored and responsive to specific regions or populations.

At programme level, the focus is on internal tasking, performance management, audits and evaluation.

We note the work of Elinor and Vincent Ostrom on locating key functions at various levels as a positive way to improve outcomes (Aligica & Tarko, 2012; Ostrom, 2010). Their research shows that there is an inherent efficiency in allowing for multiple jurisdictions in managing public resources. They contrast a monocentric order with a polycentric order:

> "While all institutions are subject to takeover by opportunistic individuals and to the potential for perverse dynamics, a political system that has multiple centers of power at differing scales provides more opportunity for citizens and their officials to innovate and to intervene so as to correct maldistributions of authority and outcomes. Thus, polycentric systems are more likely than monocentric systems to provide incentives leading to self-organized, self-corrective institutional change (E. Ostrom 1998)." (Quoted in Aligica & Tarko, 2012, p.246).

The point here is that it would be a mistake to infer from the current report that a transformed system is one that is comprehensively planned and controlled from the national level. What is required to support efficient and effective polycentric decision-making, following Ostroms' findings, is an agreed framework of 'rules' within which decisions can be made (Aligica & Tarko, 2012).

Based on our engagement with sector experts and analysis of the literature, we have identified particular requirements for the resourcing function at each level of a system to reduce FV in New Zealand.

National level

As discussed above, there is a judgement as to what is better done at this level and what is better done nationally. In New Zealand, some contracting and funding on behalf of central government is already devolved to regional and population level: for example, District Health Boards contract a range of health services from non-governmental and private agencies; the Ministry of Social Development has some regional functionality; Whānau Ora service contracts have been devolved to regional authorities; and iwi and other bodies hold contracts based on achieving prescribed outcomes among their respective populations.

[17] While monitoring is also part of evaluation and the generation of knowledge that is dealt with in the previous section of the report, the monitoring referred to here is an accountability or audit function of monitoring activities against contracts and funding agreements.

In establishing and implementing overall contracting and accountability frameworks, the transformed national system for resourcing will need to hold and enact a number of commitments:

- A commitment to requiring and resourcing data collection, analysis and programme evaluation.
- A commitment to contracting programmes that may lack the basis to be classed as 'supported', but are seen as 'promising directions' or based on 'informed judgement'.[18]
- A commitment to establishing and maintaining an ecology of provision to reduce FV. This means a balanced and integrated system that incorporates approaches for prevention, response, recovery and advocacy,[19] promotes inter-agency collaboration and takes account of the need for responsiveness to cultural and socio-economic factors and possible co-morbidities (particularly mental health conditions and alcohol and drug use).
- A commitment to growing knowledge and expertise in the sector. This will involve working with sector providers and allied sectors (e.g. law enforcement, courts and health) to support workforce training.
- Recognition of the importance of addressing contextual factors in reducing FV. This will mean, for example, seeing beyond individuals to work that may focus on their families, whānau, and communities; recognising the positive and negative influences of different socio-economic conditions; and the importance of dealing with generational transmission of violence. Sound evidence suggests that many interventions are compromised in their effectiveness if they are not embedded in wider socio-economic supports (Avella & Supplee, 2013; Daro, 2005; Dodge et al., 2014; Hermanns, Asscher, Ziljstra, Hoffenaar, & Dekovic, 2013; Holzer, Higgins, Bromfield, & Higgins, 2006; Kitzman, 2005; Nievar, van Geren, & Pollard, 2010; Olds, 2005; Peacock, Konrad, Watson, Nickel, & Muhajarie, 2013; Santos, 2005; Wade & Fordham, 2005).

Contracting and resourcing interventions in a transformed system will also require attention to how programmes are configured and implemented.

For example, research and sector expertise suggests that the beneficial outcomes of some programmes require a commitment to particular levels and length of engagement (e.g. frequency and duration of home visitation).

While through-put is a common metric for programmes, it is important to establish more meaningful measures to indicate effectiveness in reducing FV. Some evidence suggests that programmes would be more effective if they focused more on engagement and retention rather than through-put.

While CAN and other forms of FV will often have distinctive aetiologies, a transformed system to reduce overall FV will need some degree of integration between fields.

Research is conclusive that offering services staffed by well-trained, well-paid and supported staff is essential. Work burnout and lack of salary increases limit the ability of social service agencies to maintain knowledgeable and experienced staff. Workforce development is key. Law enforcement and healthcare providers are critical populations for receiving training and education to identify

[18] See Table 1, p.7.
[19] See p.3.

victims of violence, to have a protocol in place to assist the victim/s, and to simultaneously serve as a resource for assistance and be aware of other sector providers to provide immediate care for the victim. A risk in programme development is the interpretation that knowledge equates to formal education on the part of the worker. Researchers have challenged the notion that workers must possess university degree qualifications and other post-graduate credentials in order to successfully deliver client-centred services. It is strongly suggested that such qualifications be considered alongside other evidence of expertise, and that improving the supportiveness and quality of workplace environments, in conjunction with on-going training opportunities, could be essential factors in the quality of outcomes.

We recommend:

- *That the New Zealand Government, in partnership with sector leaders, review where discretion for funding and accountability is located in the overall system.*

  While frameworks and 'rules' for contracting, funding and accountability need to be agreed and set at national level, wherever possible services and programmes should be engaged at the level of region or population in order to improve inter-agency collaboration and coherent local provision of programmes.

- *That the New Zealand Government review contracting arrangements for family violence related services to assess whether these encourage the uptake of evidence-based interventions and evaluations of programme effectiveness, including design, implementation and evaluation of collaborative service arrangements. Further, that performance and evaluation measures are negotiated between purchasers and providers taking into account national and regional monitoring needs and provision of information to support local goal-setting and achievement.*
- *That the New Zealand Government, in partnership with sector leaders, review family violence-related services to assess whether these are adequately resourced and what service gaps exist at regional and population levels. The review needs to include consideration of longer term funding to develop and sustain FV services.*
- *That the New Zealand Government, in partnership with sector leaders, develop a national workforce development strategy and foster the development of national good practice guidelines and tools, agreed training standards and qualifications and a common analysis of the causes and consequences of family violence and/or child abuse.*

Regional or population level

In so far as contracting, funding and accountability are appropriately located at the regional or population level, most of the considerations outlined above for the national level may also apply at this level.

Programme level

Programme providers need not only to deliver effective programmes but recognise and play their part in a wider ecology of programmes to reduce family violence. This means they would have effective systems for assessing the needs of potential service users, supporting service users to

access the right service (be that within their own service or elsewhere) and working collaboratively with agencies that complement their own service.

In particular, judgement about the right programme and inter-agency collaboration is indicated by several factors:

- The likely significance of wider socio-economic factors such as poverty, poor housing, and unemployment.
- The family or whānau dynamics and the available social supports to service users.
- The potential for co-morbidities that include mental health issues and alcohol and drug use.
- The stage and needs of the service user in terms of crisis response and recovery, and their orientation to service uptake in terms of the Trans-theoretical Model (TM) (Prochaska, DiClemente, & Norcross, 1992) or Protection Motivation Theory (PMT) (Rogers, 1975, 1983).[20]
- Cultural responsiveness for the service user.

In addition, programme providers need their own systems for evaluating outcomes from their interventions and relating that to their choice of programme and how they implement it. This level of evaluation may contribute to, but is not, the robust evaluation that demonstrates efficacy or generalised effectiveness; but it is essential to drive local improvement and inform wider evaluation of programmes and implementation.

Finally, programme providers need systems for performance management of their workers, including those at the 'front-line'. More than accountability, this is a commitment to providing knowledgeable workers, an attribute that research has linked to positive outcomes for service users.

We recommend:

- *That the New Zealand Government provide funding, technical assistance and training for family violence related services to implement effective performance management and quality improvement systems that are responsive to national, regional and programme priorities including the needs of diverse populations.*
- *That all contracts and funding agreements with service providers promote inter-agency collaboration to encourage sector learning and to ensure service users have access to the most appropriate services.*

[20] TM identifies stages of change a person may pass through when they try to modify their behaviour: pre-contemplation, contemplation, preparation, action, maintenance, termination, and relapse. PMT proposes five variables that influence a person's decision to change their behaviour: vulnerability, severity, response efficacy, self-efficacy, and costs.

The Branches: Coordinated activities

Coordination

Considering families face multiple kinds of violence and multiple risk factors, no one agency can solve all these issues. Growing acceptance of the link between CAN and other forms of FV means that response services have the additional challenge of developing new ways of working collaboratively so that their respective skills, expertise and administrative systems can dovetail.

The Australian Domestic and Family Violence Clearinghouse (2010), in their review of integrated service approaches to address family violence for the New South Wales government, suggested the most useful definition of integrated service provision is that proposed by Mulroney (2003):

> "Co-ordinated, appropriate, consistent responses aimed at enhancing safety, reducing secondary victimisation and holding abusers accountable for their violence" (Mulroney, 2003, p.2 cited in Australian Family Violence Clearinghouse, 2010, p.6).

Most authors conceptualise the integration of services as a continuum (see**Table 2**)[21]. Tseng, Liu and Wang's (2011) review of the literature highlights three main distinguishing points of the continuum:

> "(1) cooperation, in which most influence comes from a single agency, (2) coordination with more joint work and some level of mutual adjustment between agencies, and (3) collaboration with fully shared services among agencies and an increasing loss of autonomy of individual agencies replaced by collective policy-making."(p.798)

Table 2: The continuum of integration

← Autonomy Integration →

Autonomy	Cooperative Links	Coordination	Integration
Parties/agencies act without reference to each other, although the actions of one may affect the other(s).	Parties establish on-going ties, but formal surrender of independence not required. A willingness to work together for some common goals. Communication emphasised. Requires good will and some mutual understanding.	Planned harmonisation of activities between the separate parties. Duplication of activities and resources is minimised. Requires agreed plans and protocols or appointment of an external coordinator or (case) manager.	Links between the separate parties draw them into a single system. Boundaries between parties begin to dissolve as they become effectively work units or subgroups within a single, larger organisation.

[21] Based on work by Fine, Pancharatnam, Thomson, 2000 (cited in Australian Domestic and Family Violence Clearinghouse 2010 p.5).

The Australian Domestic and Family Violence Clearinghouse's review (2010) usefully distinguishes between 'integrated services' and 'integrated systems'. They describe integrated services as "partly or wholly co-located responses comprising inter-agency teams that generally respond at a particular point in abuse/service interface, such as at presentation to court or police call out" (p.6). Whereas integrated systems are "jurisdiction-wide models that encompass multiple tiers of management, changes to core agency practice, diverse aspects of service delivery, shared protocols and, often, integrated courts and a legislative base" (Australian Family Violence Clearinghouse, 2010, p.6).

The Australian Family Violence Clearinghouse's (2010) review of international and Australian interagency models concludes that the integrated systems approach is more sustainable with the potential to be more comprehensive than integrated services that have developed locally and do not have the backing of central agency support, nor access to changing legislation or policy to address system wide problems (p.31). The systems approach provides the support necessary to sustainably implement, develop and resource interagency initiatives.

While New Zealand has many of the features of an integrated services response, and various components identified for successful interagency collaboration, we require moving to a fully integrated service response. We draw an important distinction between this call for integration and any suggestion of a singular centralised authority. As discussed earlier, there are sound arguments for distributed or polycentric decision-making (see pages 27f.); however, what is needed is an integrated framework and agreed rules within which polycentric decision-making takes place.

Examples of integrated system approaches are the Victorian and Tasmanian Governments' approaches (Department of Planning and Community Development, Department of Human Services, Department of Justice, & Victoria Police, 2010; Frere, 2012). Key features of the Victorian Government's Family Violence Reforms (FVR) to move towards a whole-of-government approach with an integrated system included:

- Political will and commitment and leadership of ministers and departmental heads.
- Community-led partnership approach with indigenous communities.
- Inclusion of family violence non-governmental organisation services in the reform processes and their representatives as part of leadership forums.
- Interagency governance structures at national, regional and sub-regional levels; supported by lead agency and a dedicated Family Violence Reform Coordination Unit.
- Establishing a shared philosophical and policy framework and developing common practices and processes across agencies.
- It was recognised that a barrier to an integrated system was competitive short term funding structures that allocated funding across different department budgets. The FVR Inter Departmental Committee had established enough trust to put in a 'whole-of-government' budget bid in 2005-06 with long-term timeframes and subsequently committed substantial funding towards family violence reform.
- Commitment to research and producing an evidence base to inform the development of initiatives and their continual improvement through monitoring and evaluation. To track outcomes the Victoria Government have the Family Violence Data Base which compiles key data from across the system.

- Commitment to continuous workforce development to ensure a shared understanding of family violence and encourage a consistent response.

In New Zealand, the Family Violence Interagency Response System (FVIARS)[22] operates in 63 locations throughout New Zealand, and there are 48 regional Family Violence Prevention Networks (formerly Te Rito networks). These initiatives have different functions, FVIARS is an operational interagency team that responds to violence reported to Police (some teams include other referral pathways) and the networks have a more strategic function including coordination, education, promotion, community development and relationship building.

An evaluation of New Zealand's FVIARS demonstrated many positive benefits of interagency collaboration to enhance victim safety and offender accountability, but a number of barriers to agency participation were documented (Carswell et al., 2010). These included capacity issues, resourcing and the support required from their organisations to attend FVIARS meetings, and follow up on actions. The evaluation recommended that national level support for FVIARs required strengthening, including stronger collaborative leadership and governance, resourcing, training, monitoring and evaluation, and mechanisms for identifying and sharing good practice nationally. While this evaluation highlighted the good practice that was developing, and emerging positive outcomes, there has been no recent public reporting on the effectiveness of FVIARS, how it has evolved, and to what extent national level collaboration and coordination is being implemented, monitored and evaluated.

While the value of integrated responses is generally supported by evidence, there is no single picture of the extent to which change can be achieved, and no single strategy identified to changing it. There are limited evaluations with regards to effective interagency practices, and among those that have been undertaken, concerns are raised about procedures and protocols for sharing information, particularly in record keeping and training and communication (Theakstone-Owen, 2013). Reviewing legalisation and administrative practices will also be necessary in order to better integrate responses to achieve desired outcomes.

FVIARS teams have largely been left to develop locally and, while this has led to innovative and responsive practice to local contexts, there has been a lack of centralised control that allows for sharing good practice and monitoring and evaluating implementation.

National level

As discussed in Report 1, there is a need to establish and promote shared language, practice guidelines and a typology for assessing and managing activities to reduce family violence. And there is a need to regularly undertake a stocktake of activities.

[22] FVIARS, which was rolled out nationally in 2006, was designed to enhance interagency coordination between the three founding agencies, NZ , Child, Youth and Family (CYF) and the National Collective of Independent Women's Refuges (NCIWR). Key elements of the model are regular interagency meetings at the Police Area/CYF site level to assess risk of reported cases of family violence, plan responses, and monitor cases.

Regional or population level

Activities and programmes intended to reduce FV for a particular population (geographic and/or cultural) need to be inter-related within an ecology of provision. **Table 2**, above, provides a continuum of ways programmes may inter-relate. This may involve developing inter-agency protocols (including client referral and navigation systems), division of responsibilities, and collaboration, to ensure effective prevention, response, recovery and advocacy outcomes for the relevant population.

Programme level

Coordination of effort at programme level will include inter-agency case management and information sharing to enhance effectiveness in reducing FV.

We recommend:

- *That the New Zealand Government and sector leaders take action to integrate family violence activities at national, regional and local levels by providing leadership, financial and technical assistance to clarify inter-agency protocols and divisions of responsibilities including client referral and navigation systems.*
- *That regional collaborative networks adapt, implement, monitor and evaluate good practices for inter-agency case management, risk assessment and management, and information sharing of lessons learnt.*

Operational activities

While we discuss below activities to reduce FV under four headings (prevention, response, recovery and advocacy)[23], many initiatives do not fall neatly under only one of the headings. Nevertheless, the headings serve to set the range of activities as an ecology of response that aims to prevent and reduce the incidence of FV and not only be reactive once violence has occurred.

There is already wide international and national agreement on a range of evidence-based interventions that have been shown to work effectively to address FV and CAN, but with some important caveats. Few interventions have been found to work effectively with the most hard to reach populations where the greatest risk of family breakdown exits. Interventions must also be viewed within the context of the necessary framework to support their successful adoption and implementation. It would be a retrograde step to cherry pick what seems on the face of it an attractive suite of intervention when the wealth of evidence points to the need to take a holistic approach that also addresses structural inequalities to avoid the risk of continuation of indigenous, ethic and class discrimination.

[23] See above (p. 3) for a brief explanation of these headings. Further explanation is in Report 1, p. 39.

Prevention

Primary prevention initiatives are generally focused on reducing risk factors and enhancing protective factors, and are either universally applied to the whole population or are targeted at specific groups who have been identified as high risk.

Broad based primary prevention through public education campaigns has been shown to influence attitudinal and behavioural change. Gendered stereotypes can be effectively challenged by population-wide campaigns. Home visitation and delivery of parenting programmes, which may be delivered separately or in tandem, are overwhelmingly supported in the research literature. With the acknowledged interface between IPV and CAN these programmes require adjustment in terms of aligning their service philosophies and goals, but their methods protect children and support parental behaviour change. Outcomes for children and young people in terms of health and education are better for those who have benefited from early childhood family intervention. Child homicide is less likely to occur where a family is connected with a social service. Assertive outreach is necessary to ensure that families have access to the right type of service at the right time. Attachment theory and related therapies are particularly effective for families with co-occurring mental health and substance dependency issues. Parent and child interaction therapy aids those parents with knowledge deficits in parent child relationships. None of the interventions in this category are fully effective unless wider socioeconomic factors are attended to.

<u>Child abuse</u>

There are frequently caveats on particular interventions as to the population aimed at, the particular behaviour change targeted, the level of risk involved, socio-cultural relevance and resources required. Nevertheless, despite the complexities, there are promising examples in the New Zealand context which have been variously evaluated and where evidence of positive change has been demonstrated. Such interventions have not arisen in a vacuum of knowledge, and their underpinning rationale is usually well supported in the international literature and in a variety of practice contexts. It is important to recognise some responses to child abuse and neglect are home grown, innovative and are showing excellent results.

National level

There are a number of prevention strategies including free Well Child/Tamariki Ora checks, Strategies with Kids, Information for Parents (SKIP) , and Child, Youth and Families' *Never Shake a Baby* social marketing campaign. Poole et al. (2014) note that most child physical abuse and neglect prevention programmes target populations at high risk and there are fewer examples of universal programmes. Roberston (2014) notes that universal programmes, such as those provided by Well Child/Tamariki Ora providers, are not only less stigmatising than targeted services, they also provide an important opportunity to identify risks and deliver parenting education and interventions. The examples provided by Robertson include the United States Safe Environment for Every Kid (SEEK) intervention, which involves paediatric resident education in a primary care setting, and which has shown promising results by reducing maltreatment reports (Dubowitz et al., 2009, cited in Roberston, 2014). In particular, a time of pregnancy of having a new child is an opportunity to engage with parents and identify those who need additional support. As an example, a randomised control trial of the Family Foundation programme which delivers psychosocial prevention through

childbirth education programmes "indicated significant programme effects on parental stress and self-efficacy, co-parenting, harsh parenting, and children's emotional adjustment among all families, and maternal depression amongst cohabiting couples" (Roberston, 2014, p. 32).

Poole et al. (2014) conducted a systematic review of selected studies that examined universal interventions with a media component aimed at preventing child abuse. They also wanted to assess the key risk factors addressed by the campaign and the impact this had on informing the future development of universal primary prevention campaigns. The risk factors commonly targeted in the campaigns ranged from lack of knowledge about parenting technique, poor social support and inappropriate expectations. Poole et al. (2014) conclude that there was insufficient evidence to assess the ability of universal campaigns to reduce child physical abuse due to the lack of good quality evaluations. They did identify that the Triple P programme (universal component) was the exception as the evidence was promising. The other campaigns produced significant parent and child behavioural effects and improvements in parental knowledge about child physical abuse, corporal punishment, and shaken baby syndrome. However, whether the campaigns impacted on attitudes and beliefs was less conclusive due to weak evaluation designs.

Programme level

Many effective treatments are, in fact, early intervention or preventative treatment for parents who have been identified as high risk due to substance abuse and/or mental health needs. Such programmes have demonstrated good effects with mothers with substance abuse (Belt & Punamäki, 2007), maternal depression (Bernard et al., 2012) and identified problems with attachment (Tereno et al., 2013). These findings have been repeatedly found in New Zealand early intervention/ treatment programmes. For example, Family Start, Triple P, Parents as First Teachers, Family Help Trust, Early Start and Home Instruction Programme for Preschool Youngsters (HIPPY) were all found to be effective. In addition, reflecting the increased potential risks associated with parenting children with disabilities (Jones et al., 2012), early intervention programmes such as the multi-disciplinary service offered by the Champion Centre have reported good effect in child outcomes and parental coping. Recognising the systemic nature of child abuse and neglect, many of these effective programmes in New Zealand involve whole families in multi-disciplinary settings; and an increasing proportion of interventions have demonstrated efficacy and effectiveness with Māori and Pasifika families, and are tailored to incorporate, or are developed around, whānau ora models of family intervention.

<u>Intimate partner violence and sexual violence</u>

Primary prevention aims to stop violence before it occurs through initiatives that are designed to promote healthy, non-violent relationships and change negative attitudes and behaviours. Similar to child abuse and neglect prevention activities, interventions are population based and can be applied universally to the whole population or targeted at specific populations at risk of becoming perpetrators or victims (Ministry of Women's Affairs, 2013).The Ministry of Women's Affairs (2013) provides an overview of trends in primary prevention internationally and identifies areas where New Zealand could enhance our primary prevention response.

National level

New Zealand's Campaign for Action on Family Violence is an example of a primary prevention universally applied to the New Zealand population and includes the social marketing campaign 'It's not OK', a suite of resources providing education, support and promotional material; media advocacy training; and an 0800 telephone line for the public to freely access information. The campaign targets individuals in family violence situations and communities generally with messages about the unacceptability of violence and advice on where to get support. Nevertheless, the Campaign for Action on Family Violence has shown positive outcomes in terms of raising awareness about family violence, and this work needs to be built on and include a wider set of prevention activities across local, regional and national levels. An evaluation of 'It's not Ok' conducted in 2010 found:

> "The Campaign is highly visible and recall of Campaign messages is high across all groups; the understanding of the behaviours that constitute family violence appears to be increasing; the Campaign has had an impact on people's motivation to act; the Campaign has given strength to local initiatives, including given them the confidence to use a wide range of social marketing strategies; the Campaign is contributing towards increased reporting of family violence and more people are seeking help from agencies; and family violence is being reported in the media with greater accuracy and is more likely to be portrayed as a serious social problem" (cited in Cismaru and Lavack, 2011, p. 194).

There is now more focus on engaging men and boys in preventing family violence (Ministry of Women's Affairs, 2013; World Health Organization & London School of Hygiene and Tropical Medicine, 2010).

Cismaru and Lavack (2011) conducted a review of 16 primary prevention campaigns targeted at perpetrators of family violence from five countries, including the 'It's not Ok' campaign from New Zealand.

Regional and population, or programme level

The 'It's not Ok' campaign also provides a suite of resources for communities and local government wanting to promote non-violence, and businesses wanting to promote awareness of family violence and support their workforce affected by it. We note there have been multiple community campaigns, locally developed and some utilising the resources provided by the Campaign for Action on Family Violence, but due to cost and capacity issues hardly any have been evaluated.

WHO (2010) reviewed international studies on primary prevention initiatives including universal and targeted population initiatives and identified the following strategies where some evidence was available.

A summary of key findings are presented in Table 3 which categorises primary prevention strategies targeted at different stages of life and universal strategies for all stages of life at the end of the table. The effectiveness of each strategy is identified in separate columns for IPC and for sexual violence.

Table 3: Evidence base for addressing IPV and sexual violence[24]

Primary Prevention Strategy	IPV	Sexual violence
During infancy, childhood and early adolescence		
Interventions for children and adolescents subjected to child maltreatment and/or exposed to IPV	Emerging effectiveness	Unclear
School-based training to help children recognize and avoid potentially sexually abusive situations	Unclear	Emerging effectiveness
During adolescence and early adulthood		
School-based programmes to prevent dating violence	Effective	N/A
Sexual violence prevention programmes for school and tertiary populations	N/A	Unclear
Rape-awareness and knowledge for school and tertiary populations	N/A	Ineffective
Education (as opposed to skills training) on self-defence strategies for school and tertiary populations	N/A	Ineffective
Confrontational rape prevention programmes	N/A	Probably harmful
During adulthood		
Empowerment and participatory approaches for addressing gender inequality: microfinance and gender-equality training	Emerging effectiveness	Unclear
Empowerment and participatory approaches for addressing gender inequality: communication and relationship skills training	Emerging effectiveness	Unclear
Home-visitation programmes with an IPV component	Unclear	Unclear
All life stages		
Reduce access to and harmful use of alcohol	Emerging effectiveness	Unclear
Change social and cultural gender norms through use of social norms theory	Unclear	Emerging effectiveness
Change social and cultural gender norms through media awareness campaigns	Emerging effectiveness	Unclear
Change social and cultural gender norms through working with men and boys	Emerging effectiveness	Unclear

[24] Adapted from World Health Organization, & London School of Hygiene and Tropical Medicine. (2010). *Preventing intimate partner and sexual violence against women: taking action and generating evidence*. Geneva: World Health Organization. p. 40.

Elder abuse

Fallon (2006) notes the need for a commitment to the prevention of elder abuse and/or neglect although reviews of elder abuse interventions, including a recent systematic review which assigned an evidence grade to 590 articles found little evidence to support any intervention to prevent elder abuse (Daly, Merchant, & Jogerst, 2011; Fallon, 2006).

We recommend that the following activities are prioritised:

Universally applied to whole population:

- *Continuation and expansion of the Campaign for Action on Family Violence including promotion of gender equality and respect.*
- *Consideration of a universal campaign to promote healthy parenting strategies.*
- *Actions to address structural inequalities to promote family wellbeing including poverty, housing and employment.*

Targeted to specific populations:

- *Parenting programmes and home visiting initiatives which may be delivered to both targeted at risk populations where violence has not yet occurred as well as families where child abuse and neglect has occurred.*

Supported parenting education programmes:

- *Triple P (Positive Parenting Program).*
- *Incredible Years.*
- *Home Instruction Programme for Preschool Youngsters (HIPPY).*

Supported evidence to reduce child abuse and neglect:

- *Nurse-Family Partnership (US).*
- *Early Start (New Zealand).*
- *Parent-Child Interaction Therapy (US).*
- *SafeCare (US).*

Emerging evidence (promising direction) to reduce child abuse and neglect specifically for high risk cases:

- *Family Help Trust (New Zealand).*

That the New Zealand Government encourage active collaboration between researchers, evaluators, policy makers and elder abuse workers to undertake research and evaluation about 'what works, what doesn't and why' to strengthen what is known about the effectiveness of elder abuse prevention.

That the New Zealand Government and iwi, community and sector leaders consider how informal networks of family, whānau, friends, work colleagues and neighbours can be supported to assist those experiencing FV and CAN.

The effectiveness of school based programmes internationally to prevent dating violence suggest it is worthwhile investigating what is currently being implemented in New Zealand and how this can be enhanced.

Response and Recovery

Child abuse and neglect

There are a number of options from which government can choose in order to reduce CAN, and there are promising examples of responses to CAN in the New Zealand context where evidence of positive change has been demonstrated.

International research overwhelmingly supports home visitation. In addition, attachment-based interventions are well evidenced, particularly with families experiencing co-occurring mental health and substance dependency issues. Such families are very likely to constitute 'ultra-high risk' and are likely to have criminal histories related to their substance dependency.

Enhanced Triple P and Enhanced Group Behavioural Intervention (Sanders et al., 2004) have been found to be effective with this sub-group. Parent child interaction therapy has also been found effective in supporting high-risk families (Bagner, Rodriguez, Blake, & Rosa-Olivares, 2013).

A range of interventions have evolved in the New Zealand context, some of which are modelled heavily on overseas programmes, such as the Incredible Years, while others have been adapted, such as Early Start, Family Help Trust and HIPPY.

Given the widely reported difficulty of reaching ultra-high risk of CAN populations, it is relevant to note that the Family Help Trust evaluation results show that it is possible to engage and work with this group, and this is worthy of further scientific investigation.

The international research significantly points to the later benefits for young people who have benefitted from a range of early-in-life family support services and whose health and educational outcomes have improved.

Other forms of family violence:

There are three features found in common across emerging, successful programmes: social support; knowledgeable frontline workers; and broader political and economic opportunities.

Social support was found to be most critically beneficial if victims received care and support from a family member or case worker for an extended period of time. Therefore, it is important to invest in measures that allow for consistent care work so victims are not moved from worker to worker over the duration of their care, which leads to victim apathy in continuing the care work.

Frontline workers must have opportunities to access training and educational opportunities that keep them informed of the latest findings in the field of family violence: this is far more critical than focusing on frontline worker educational credentials alone in the hiring and promotion of case workers. Additionally, frontline workers must be given ample opportunity to share their perspectives within the administrative structure of an organisation to allow for improved quality of care.

Lastly, victims benefit from supplemental support in the form of long-term housing support, job training, educational opportunities, and child care.

Social support stands as the most consistent factor of any programmatic attempt to assist victims. Across studies in the legal, health, and educational domains, more researchers identified social support than other factors as the key element to move victims away from violence; support behaviour changes necessary to decrease a victim's own use of violence; and to improve overall physical and psychological health as related to behavioural changes and the cessation of violence.

Theoretical explanations for family violence underpin the development of perpetrator programmes: e.g., structural explanations based on feminist analysis of gender inequality that promotes male power and control in societies, commonly known as the Duluth model[25], or psychological explanations of violence that use treatment modalities such as cognitive behavioural therapy (CBT) to change individuals thinking and behaviour inform models. Increasingly programmes are based on a combination of these models in recognition of the interrelationship between structural and individual factors.

In deciding which format of IPV treatment is warranted, two key factors are important: a) risk of harm and physical and psychological vulnerability of the victim and b) chronicity and severity of the IPV offending. While *mild to moderate* IPV offences, associated with low levels of power and control /threat of harm, may be served by couple or family based interventions, *moderate to severe* offences or threat of harm are more appropriately served by group or individual perpetrator intervention programmes.

Family violence perpetrator interventions that do incorporate both individual responsivity factors (trauma history, substance abuse and/or mental health comorbidity) as well as psychosocial responsivity factors (poverty, support, housing, social norms, cultural participation) tend to fare better in terms of effectiveness and efficacy (e.g. Multisystemic Therapy for Child Abuse and

[25] Developed from the Minnesota Domestic Abuse Intervention Project (DAIP) the 'Duluth model' is based on feminist analysis that family violence is men asserting power and control over women which reflects patriarchal structures and attitudes in societies. Violence is regarded as a product of cultural conditioning and this model aims to change behaviour by giving male perpetrators a better understanding of gender relationships, redefining their conception of masculinity, and challenging them to take responsibility for their violence. Integral components of the Duluth model include a coordinated community response (CCR) involving the criminal justice system and social service providers with a focus on victim safety and offender accountability. The Duluth non-violence programme, *Creating a Process of Change for Men who Batter,* was designed to be delivered in conjunction with CCR including monitoring of offenders progress and imposing criminal justice sanctions for noncompliance with conditions of probation, civil court orders, or programme violations. (Pyamar & Barnes n.d.)

Neglect, Swenson et al, (2010); and systemic therapy for couples experiencing *mutual* couple conflict (S. M. Stith, McCollum, Amanorâ Boadu, & Smith, 2012)).

The Good Lives Model (GLM) has been developed in New Zealand by Tony Ward and colleagues for offender populations such as sex and violent offenders (Ward & Stewart, 2003; Whitehead, Ward, & Collie, 2007) and more recently, has been posited as an effective strengths-based treatment for IPV offenders (Langlands, Ward, & Gilchrist, 2009). GLM was developed to enhance traditional Risk/Needs/Responsivity models of offending (Andrews, Bonta, & Hoge, 1990) and was intended to incorporate cognitive behavioural therapy techniques, as both model and modality have been found to be effective in reducing reoffending (Ward, Melser, & Yates, 2007). Unlike relapse prevention models, GLM is a strengths based treatment model that is responsive to both individual needs and socio-cultural context (particularly pertinent to New Zealand) and it is increasingly used internationally to inform offender treatment programmes. The incorporation of mental health and substance abuse treatment into offence reduction programmes for general violent offenders and child sex offenders has contributed to an increased effectiveness (e.g. Harkins, Flak, & Beech, 2012). A similar model of offender-responsive treatment for IPV is likely to be additionally beneficial (Kelley et al., 2010).

The GLM can be easily adapted to kaupapa Māori models of treatment (such as the Department of Corrections' Māori Focus Units) and kaupapa Māori and Pasifika models of mental health, such as Te Whare Tapa Whā, (Durie, 1994) and the Fonofale model (Pulotu-Endemann, Annandale, & Instone, 2004). It could in fact be argued that the GLM model is more consistent with kaupapa Māori and Pasifika models of treatment than the Risk/Needs/Responsivity Model (Andrews et al., 1990) as these models (Te Whare Tapa Whā & Fonofale) incorporate individual, social and cultural *strengths*, as well as focus on *dynamic* factors as targets for change. In addition, the GLM has an inherent regard for the socio-cultural context of offending, which is vital for working with New Zealand offender populations (Ward, Day, & Casey, 2006).

Along with sensitivity to sociocultural factors, the GLM is similarly responsive to individual factors that influence offender behaviours and is an alternative to the 'one size fits all' approach of relapse prevention models.

Additionally, the GLM is consistent with the more recent application of restorative justice in New Zealand, found to be an effective and humanistic approach to offender treatment and victim justice (Julich, 2006; Ward & Langlands, 2009).

Meta-analyses and reviews of perpetrator programmes (predominantly group programmes for male perpetrators using the Duluth model, cognitive behavioural therapy (CBT) or a combination of these approaches) found:

1. Meta-analyses of group programmes show a very modest positive impact on ending violence, although there are well documented methodological issues with many studies.
2. A comprehensive study of group programmes in the United States tracked 840 men over a four year period and found if re-assaults occur they mostly take place within 15 months after intake into a programme. Over time the recidivism rate decreased and in interviews with men's partners four years after intake approximately 90 per cent of men had not re-assaulted their partners in the last year. The authors suggested that the increasingly low

recidivism rates over time points to the success of programmes (Gondolf, 2002, 2004 as cited in Edleson 2012).

3. It is not yet clear which components of group programmes help create these changes and no one treatment modality showed any significant difference in effectiveness.
4. Group programmes incorporating motivational enhancement components help more men change.
5. Group programmes that are part of coordinated responses with the criminal justice system achieve better outcomes: e.g. more timely access to treatment; on-going monitoring of mandated referrals; courts responding swiftly with consequences for men who violated their mandates.

(Akonensi, Koehler, Losel, & Humphreys, 2012; Eckhardt et al., 2013; Edleson, 2012; Slabber, 2012).

Slabber's (2012) review of non-violence programmes for perpetrators in New Zealand, Australia, Canada, North America, and the United Kingdom found no significant differences in effectiveness between programme models. Overall Slabber states, 'at best programmes appear to have a weak positive impact on recidivism rates'.

There has been increased attention paid to the use of couples therapy as a possible intervention modality for IPV, both internationally and in New Zealand. While this has been highly controversial, due to the gendered nature of IPV (see section 3, Part I, on gender effects), it is already used in this country as a means of addressing *mild* forms of violence that occur within the context of relationship dysfunction. While this is likely to be an effective intervention for low level mutual couple conflict, careful attention must be paid to the dynamics of power and control. A high degree of clinical skill is required to assess these factors to gauge the suitability of couples therapy. See the review by Trute and Connolly (2003) for a thorough analysis of the relationship, safety and psychosocial factors apparent in couples therapy for IPV.

Although we do not yet have a central agency or body that evaluates or administers family violence perpetration programmes, such a body would provide an avenue for placing wider socio-economic risk factors (poverty, housing, job prospects, family support, cultural engagement) on the national agenda, as well as directing and facilitating treatment that is appropriate given psychological or individual responsivity issues (e.g. intellectual disability, comorbid psychopathology, motivation, substance abuse) through interagency collaboration.

In New Zealand, many community nonviolence programmes (E.g. Stopping Violence Services) may demonstrate more than adequate responsiveness to these comorbidity issues. However, many of them are 'stretched' to their capacity in providing additional staff for individual mental health or substance abuse treatments alongside nonviolence programmes.

With an agency or body responsible for risk and responsivity issues (including *access* to public mental health services), incorporated in a systemic way (such as through the use of the GLM), IPV programmes in New Zealand may increase their effectiveness in reducing reoffending as well as increase the quality of living and care of our children and families in this country.

While there is substantial literature on good practice on interventions with victims and offenders, there is a lack of local independent evaluations on the effectiveness of family violence programmes.

There is a growing body of research which questions traditional approaches to punishment and restitution, which has revealed iatrogenic effects (unintended and negative consequences of a solution) of traditional adversarial approaches to justice (Corvo, Dutton, & Chen, 2008; Corvo & Johnson, 2003; Hampton, LaTaillade, Dacey, & Marghi, 2008). Such effects have been described, not just for victims and perpetrators, but also for all those individuals involved with court processes where secondary trauma is likely to be experienced.

Recent writing in this field raises concerns about a disjunction between criminal justice systems which are concerned solely with punishment, and community responses which are predicated on therapeutic, empowerment responses which seek to address structural and gendered inequalities (Barner & Carney, 2011).

The failure to adequately investigate the outcomes of criminal justice sanctions when these decisions have far-reaching consequences for individuals, calls into question the very foundation of responses to offending and whether the extraordinary funding required for this enterprise is justified (Mears & Barnes, 2010). The Good Lives Model described earlier offers an alternative theoretical perspective on the rehabilitation of perpetrators and the recovery of victims.

In addition to the development of fundamental alternatives to current criminal justice systems, others have investigated the effects on victims of participating in justice processes and this work raises questions about long term effects.

In the contemporary context, traditional approaches to justice are under critical review and the mandate to intervene in the lives of individuals and families must come with ethical responsibilities as to the evidence on which decisions are made, their likely long term effects on both victims and perpetrators, and on the communities from which they come.

It is widely acknowledged that legal systems have limited ability to influence shifts in public opinion and will usually act as technical processes within which wider public attitudes will hold sway.

There is a curious contradiction between media reports calling for greater punitive measures for violent crimes and at the same time victim blaming. The common theme in the media is the absence of structural analysis and the effect of instilling discriminatory, sometimes racist and individualised portraits of offenders and victims and ignoring the oppressed, poverty-stricken neighbourhoods from which they are likely to come.

One of the few modalities that have been extensively studied in working with families is Multi-Systemic Therapy (MST). MST was originally developed by Scott Henggeler and Charles Borduin as a wraparound treatment for antisocial youths(Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998).

With its focus on both individual responsivity issues and community involvement, MST is a fitting model for families experiencing IPV with more complex needs.

MST is used in New Zealand generally with youth populations, run by organisations such as Richmond New Zealand and some district health boards. While few studies have piloted MST with IPV, promising effects have been demonstrated with parents with substance abuse (Swenson et al., 2009) and child abuse and neglect (Brunk, Henggeler, & Whelan, 1987; Swenson et al., 2010). Austin,

Macgowan and Wagner's (2005) review similarly highlighted MST as one of the few demonstrated effective treatments for whole family interventions.

Slabber's review of New Zealand studies found few that focused on responses to family violence among Māori. The existing literature 'supports the importance of developing kaupapa Māori programmes that address the impact of colonisation and include the whānau and broader community. This is consistent with the Department's [of Corrections] Māori Strategic Plan and the Māori Reference Group's E Tū Whānau Ora framework, but stands in contrast to current domestic violence approaches. Interventions for Māori would need to be localised, strengths-based kaupapa Māori programmes that support not only the offender but also the community and risk factors in that community' (Slabber 2012, p. 8).

Dobbs & Eruera (2014, p. 18) also note that the whole-of-whānau focus of the Māori Reference Group, E Tū Whānau and the emphasis on addressing some of the structural stressors facing many Māori, 'including whānau being able to meet basic and fundamental family needs such as education, parenting, health needs and healthy relationships; a focus on solutions that address the wider whānau issues (not just those of the victim and/or perpetrator); ensuring that the safety of women and children is paramount within this focus; the importance of role modelling; and the importance of more men being involved in the solutions for change.'

Dobbs and Eruera (2014, p.28) state that 'Māori academics, health, welfare, education and justice professionals also argue that models of analysis and intervention methodologies based on Western models have been consistently ineffective for Māori .

Kaupapa Māori models of response to family violence have been developed within a tikanga Māori conceptual framework: for example, the Mauri Ora framework developed by the Amokura Family Violence Prevention Consortium described by Dobbs and Eruera (2014), and the effective He Waka Tapu wraparound service in Christchurch (Makwana, 2007). To evaluate the effectiveness of these frameworks in reducing family violence, Dobbs and Eruera call for 'clearly developed research strategies that enable in-depth, strengths-based research to be undertaken. Adequate funding for both research and interventions is required' (Dobbs & Eruera 2014, p.42).

We recommend that the following supported activities are prioritised:

Victim and perpetrator focus:

- *Integrated systems approach including interagency collaboration to assess and manage risk and refer to appropriate services that can assist with victims and perpetrators needs for example: safety or non-violence programmes; treatment programmes that can co-treat alcohol and other drug (AOD) issues; services to assist with housing, economic and health needs.*
- *Intensive case management for high risk cases and monitoring of offenders.*
- *Robust evaluation of the Family Help Trust intervention in order to further establish efficacy and effectiveness.*
- *Workforce development.*

Victim focus:

- *Targeted screening for family violence at known vulnerable times of a person's life course e.g. at pregnancy, infancy and elderly.*
- *Resourcing and expansion of refuge and social support services.*
- *Expanding capacity to provide support in the community and peer support initiatives.*
- *Identifying gaps in emergency housing and considering accommodation for families with teenage boys; transitional housing; and support for the LGBT community.*
- *Workforce development – there is compelling evidence that victims are most satisfied when working with knowledgeable service providers in the immediate aftermath of a crisis event.*
- *Provision of legal information and accessible and affordable legal services and support for victims and their children.*
- *Social support from a (consistent) case worker or family member for an extended period of time stands as the most consistent factor of any programmatic attempt to assist victims. Across studies in the legal, health, and educational domains, more researchers identified social support as the key element to: move victims away from violence; support behaviour changes necessary to decrease a victim's own use of violence; and to improve overall physical and psychological health as related to behavioural changes and the cessation of violence.*
- *Victims can benefit from supplemental support in the form of long-term housing aid, job training, educational opportunities and child care.*

Perpetrator focus:

- *To select appropriate treatment options, assessing risk, needs and appropriate response: e.g., mild to moderate IPV offences, associated with low levels of power and control /threat of harm may be served by couple or family based interventions; moderate to severe offences or threat of harm are more appropriately served by group or individual perpetrator intervention programmes.*
- *To undertake an evaluation of the Good Lives Model.*
- *Workforce development.*

Advocacy

Advocacy activities focus on system change and ensuring that those affected but not involved in decision making about policies, services and practices are empowered by being aware of options and having a voice in how policies and services are developed, implemented and evaluated.

Research suggests that victims are empowered when they are aware of their legal options. The value of provision of legal services and legal support for victims and their children cannot be understated. Access to advocacy is a necessary component of any coordinated response to FV, as women must initially be given the information about their legal rights, and the option to pursue these legal options. The main areas of legal rights include child custody issues, temporary protection orders, housing rights, and availability of health services owning to their status as a victim of crime.

The introduction of legalisation that defines forms of abuse and paves the way for criminalization of them is a critical step in the prevention of violence, but passing laws alone will not be effective in

ending abuse. Other studies point to the importance of laws providing a framework from which government and non-government sectors can begin to identify rates of violence and provide the necessary services to assist victims, but it appears that the integration and shared responses between social services, the law, and victim wellbeing is minimally developed.

A recent review of randomized or quasi-experimental design interventions for IPV victims examined 16 studies of brief interventions and 15 studies of more extended intervention programmes. The more extended interventions showed that supportive advocacy in community settings reduced the frequency of re-victimization relative to no-treatment controls, although they noted rates of re-victimization were still very high. Brief interventions had inconsistent effects and it remains unclear whether brief safety interventions produce longer-term reductions in IPV re-victimization (Eckhardt et al., 2013).

There are few studies that have investigated how service users can be meaningfully involved in quality improvement processes to improve service offerings and intended outcomes.

We recommend:

- *That service users are provided a voice in the development and refinement of systems, processes and practices to assist in co-ordination; tasking, resourcing and monitoring performance, scanning and planning, purpose and guidance.*
- *That current legislation in regards to family violence and child abuse is reviewed to ensure that it is consistent across legislation and that it reflects New Zealand's current environment in terms of diverse family and domestic relationships and modes of abuse and violence.*
- *That justice (family and criminal) legislation and processes are reviewed to ensure they have no adverse effects on victims and encourage victim confidence and safety. For example: treatment of witnesses providing testimony and cross examination styles; further development of age-appropriate approaches in court systems for children and young people; and evaluation of recent changes to family law; particularly in regards to the use of mediation.*
- *That restorative justice processes are investigated for their effectiveness in addressing family violence, (ensuring victim safety is paramount at all times) for example: restorative justice conferences for intimate partner violence situations; and community justice initiatives for their appropriateness for family violence situations.*
- *That family violence related services (government and non-governmental) meaningfully involve service user and communities representatives in the design, implementation, evaluation and on-going improvement of intervention programmes (primary, secondary and tertiary).*
- *That existing advocacy services are supported to sustainably implement their services through adequate longer term funding mechanisms and capacity/capability development. In particular that they be funded to provide longer term supportive advocacy for victims who require it.*
- *That the front line staff including those working in social service, justice, health, and education sectors are trained in dynamics of, and responses to, various types of family violence (including child abuse and neglect) so they can effectively advocate for victims especially women and children. This should include establishment of common practices and*

processes. For example: in the areas of risk assessment and risk management; and responsiveness so workers are able to interact with victims to appropriately support and inform them about their options and refer to other services to meet victims' needs.

- *That the needs of victims are supported in a timely way to enhance safety including housing, legal, and financial support. That a holistic approach is taken that will provide accessible, affordable supplemental support if required such as longer term housing and educational opportunities.*

Implementing sustainable change

Implementation

"Implementation spans the set of activities necessary to successfully and sustainably apply with high fidelity an intervention of known efficacy within community-based clinical settings" (Raghavan, Bright, & Shadoin, 2008, p. 3). Durlak and DuPre (2008) note eight different aspects to implementation, including fidelity, dosage, quality, participant responsiveness, program differentiation, monitoring of control/comparison conditions, programme reach, and adaptation.

Implementation matters. Not only does "evidence-based practice assume that an intervention is being implemented in full accordance with its published details" (Carroll et al., 2007, p. 41) but Durlak and DuPre (2008), in their review of the role that implementation plays in intervention outcomes, note that "data from nearly 500 studies evaluated in five meta-analyses indicates that the magnitude of mean effect sizes are least two to three times higher when programs are carefully implemented and free from serious implementation problems than when these circumstances are not present".

While establishing the effectiveness of interventions is a necessary condition (albeit one that is insufficient on its own) to improve health and wellbeing, Durlak and DuPre (2008, p. 327) argue that:

> "Transferring effective programs into real world settings and maintaining them there is a complicated, long-term process that requires dealing effectively with the successive, complex phases of program diffusion. These phases include how well information about a program's existence and value is supplied to communities (dissemination), whether a local organization or group decides to try the new program (adoption), how well the program is conducted during a trial period (implementation), and whether the program is maintained over time (sustainability)."

While our report details a number of evidence-based interventions that, if selected, implemented and utilised, are likely to reduce family violence and/or child abuse and neglect , it is generally accepted that the process of implementing evidence-based practices and programmes is "fraught with challenges" (Aarons, Hurlburt, & McCue-Horwitz, 2011, p. 4). Tansella and Thornicoft (2009) document a number barriers and facilitators to implementation at national, local and individual levels according to intention to implement, early implementation and persistence of implementation. For instance, at the national level, factors such as advocacy and lobby groups, policy measures and opinion leaders and champions may either act as facilitators or barriers to a decision to adopt an evidence-based intervention.

For Mildon and Shlonsky (2011, p. 753), closing the gap between "intervention effectiveness to effective implementation" requires a planned approach to implementation rather than reliance on relatively passive uptake strategies such as one off training sessions. A number of researchers have developed implementation frameworks and strategies to facilitate the dissemination, adoption, implementation and sustainability of evidence based interventions. Aarons et al. (2011) conceptualise implementation as a four phase process involving exploration, adoption/preparation, implementation and sustainment, and they consider what contextual factors are likely influence the different implementation phases. For example, the exploration phase, which involves the awareness of either an issue or the need for an evidence-based intervention is potentially influenced by socio-political/funding contexts, client advocacy, networking, professional associations or clearinghouses as well organisational and/or individual adopter characteristics, such as readiness for change and leadership.

Stith et al. (2006), in a review of the literature relating to the implementation of community-based family violence prevention programmes, conclude that the effectiveness of such programmes depends on the community readiness, effective community collaborations, interventions having fit with the community, intervention fidelity (the degree to which implementation is true to an agreed design), sufficient levels of resourcing, training and technical assistance and robust evaluation. Durlak and DuPre (2008) identify 23 relevant community level factors, provider and innovation characteristics, determinants of organisational capacity and external supports that contribute towards effective implementation (see Table 4). Durlak and DuPre (2008) note that their findings overlap with other reviews, including Stith et al. (2006), and that there is general agreement that funding, a positive work climate, shared decision-making, co-ordination with other agencies, formulation of tasks, leadership, program champions, administrative support, providers' skill proficiency, training and technical assistance matter. While there is debate about the extent to which interventions should be implemented with maximum fidelity (Stith et al., 2006), Durlak and DuPre (2008) draw attention to the importance of adaptation in tailoring interventions to local circumstances. They conclude that "the prime focus should be on finding the right mix of fidelity and adaptation …. [but] it is particularly important to specify the theoretically important components of the interventions, and to determine how well these specific components are delivered or altered during implementation" (Durlak and DuPre, 2008, p. 341).

A number of practical models to support the implementation of evidence-based interventions have been developed, including the US Centers for Disease Control and Prevention Replicating Effective Programs (REP) framework (Kilbourne, Neumann, Pincus, Bauer, & Stall, 2007); Promoting Action on Research Implementation in Health Services (PARIHS) framework (Stetler, Damschroder, Helfrich, & Hagedorn, 2011); and Assessment, Deliverables, Activate, Pre-training, Training, Sustainability (ADAPTS) model (Knapp & Anaya, 2012). Mildon and Shlonsky (2011) (citing Fixsen et al., 2005) note a number of practical strategies to support effective implementation, including staff selection, pre-service and in-service training, on-going coaching and consultation with leaders and champions, staff performance evaluation, decision support data systems (e.g., quality improvement information), facilitative administrative supports (e.g., leadership) and system alignment interventions to secure resourcing from external sources to support intervention activities. Raghavan et al.'s (2008) ecological model of evidence based practice implementation in public mental health settings identifies policy levers at organisational, regulatory and purchasing agency, political and social levels

and sets out a number of strategies for policy makers such as carefully considering enabling legalisation to purchase evidence based practices.

Table 4: Implementation factors[26]

Community level factors	Prevention theory and research Politics Funding Policy
Provider characteristics	Perceived need for innovation Perceived benefits of innovation Self-efficacy Skill Proficiency
Characteristics of innovation	Compatibility (contextual appropriateness) Adaptability
Prevention delivery system (organisational capacity)	Positive work climate Organizational norms regarding change Integration of new programming Shared vision Shared decision-making Coordination with other agencies Communication Formulation of tasks Leadership Program champion (internal advocate) Managerial/supervisory/administrative support
Prevention support system factors	Training Technical assistance

Sustainability

Sustainability is critical to maintaining any gains from evidence informed interventions. In addition, Pluye, Potvin and Denis (2004) note that sustainability is important for interventions when there is a time delay between implementation and outcome, and for avoiding disillusion which may pose barriers to the introduction of future interventions. Scheirer, Hartling and Hagerman (2008) detail four different (but complementary) understandings of sustainability for health programmes, including maintaining project activities within the funded organisation, benefits for intended clients, the capacity of collaborative structures, and attention to the issues addressed by the intervention. Sustainability is one of the critical phases of implementation (Pluye et al., 2004). Gruen et al.'s (2008) systematic review of health programme sustainability found that sustainability was affected by a number of contextual factors, including programme design and implementation, attributes of the organisational setting and factors in the environment in which the intervention was embedded. A number of interventions to promote sustainability were identified, including those at the individual,

[26] Adapted from Durlak and DuPre, 2008, p. 337.

organisational, community action and system levels. Examples include education to promote behaviour change, support for continuous quality improvement, development of collaborative arrangements to promote efficiency and effectiveness, and a supportive legislative and regulatory environment.

We recommend:

- *That the New Zealand Government and sector leaders consider:*
  - *Incorporating sustainability and implementation dimensions into funding criteria to ensure that evidence-based interventions that can be sustainably implemented receive adequate funding.*
  - *Encouraging research and evaluation into what enables or hinders evidence based practice in family violence-related services and how these can be incorporated into service planning.*

Conclusion

This report has set out the elements of an intervention framework to support the review, selection and implementation of initiatives to reduce family violence and/or child abuse and neglect. The intervention framework is based around a vision for a transformed system, a literature review of intervention effectiveness, and consultation with sector stakeholders to prioritise and ground the selection of interventions to support the transformed system. This work has been undertaken during a period of three months, and the time constraint on the overall task must mean that inevitably some information will be overlooked, but we believe the methodology used to develop the intervention framework has ensured that the most critical evidence, issues and debates have been considered.

We adopt an expansive view of family violence to include intimate partner violence, child abuse and neglect, elder abuse, inter-sibling abuse and parental abuse, but we recognise that dealing with particular forms of family violence requires particular strategies and treatments.

The intervention framework sets out a comprehensive approach involving primary, secondary and tertiary prevention interventions across programme (what is required for each programme or intervention), regional/population (what is required for specific populations and regions) or national (what needs to apply across all regions and populations) levels. We apply a 'hierarchy of support' classification to assess which prevention interventions are 'supported' by evidence, are seen as 'promising' in terms of preliminary evidence of effectiveness and those which, on the basis of 'informed judgement', can still be recommended (subject to research and evaluation).

There is already wide agreement on a range of evidence-based interventions that have been proven to work effectively to address family violence. The caveat on this statement is that fewer of such interventions have been found to work effectively with the most hard to reach populations where the greatest risk of family breakdown exist.

Primary prevention interventions including prevention, targeted prevention and advocacy: Broad based primary prevention through public education campaigns have been shown to influence

attitudinal and behavioural change. Gendered stereotypes can be effectively challenged by population-wide campaigns. Home visitation and delivery of parenting programmes which may be delivered either separately or in tandem are overwhelmingly supported in the research literature. With the acknowledged interface between IPV and CAN, these programmes require adjustment in terms of aligning their service philosophies and goals, but their methods protect children and support parental behaviour change. Outcomes for children and young people in terms of health and education are better for those who have benefited from early childhood family intervention. Child homicide is less likely to occur where a family is connected with a social service. Assertive outreach is necessary to ensure that families have access to the right type of service at the right time. Attachment theory and associated therapies are particularly effective for families with co-occurring mental health and substance dependency issues. Parent and child interaction therapy aids those parents with knowledge deficits in parent child relationships. None of the interventions in this category are fully effective unless wider socioeconomic factors are attended to.

Secondary and tertiary prevention interventions including response and recovery: Constant review of legislation is necessary to ensure that legislation and the legal system becomes more responsive to practice issues and the ability to keep women and children safe. Much greater integration of the legal system with social science stands to inform judicial decision-making, and greater connection between social services and the courts will enable victims to access services more readily. Crisis services require further expansion so that those groups currently excluded from emergency accommodation have alternatives to abusive contexts. The LGBT community is particularly poorly served by existing sheltered accommodation. Training of professionals urgently requires investment, particularly for police and health workers who interact with traumatised victims and with perpetrators. The Good Lives Model (GLM), a 'home-grown' theoretical perspective, offers a unifying approach to risks, needs and responsivity that applies to both victim/survivors and perpetrators. Research on the iatrogenic effects on all participants in the criminal justice system has led in part to the search for alternative justice solutions. New Zealand is at the forefront of such alternatives with a relatively well developed structure for restorative justice in the current justice system for adults and in the youth justice system. New Zealand is one of the few jurisdictions where there is already an established restorative justice service for domestic violence situations. This is a relatively new extension of restorative justice services. It warrants extensive evaluation to compare outcomes with traditional approaches, and ensure that victim safety is paramount and facilitator training includes gender education. New court procedures, particularly for dealing with victims of sexual offences and child witnesses, need to be considered to reduce the retraumatisation of victims. There is little evidence underpinning the efficacy of criminal justice sanctions given their far reaching impacts on young offenders' lives.

Implementation and sustainability of interventions: the effectiveness of interventions critically depends on well thought out implementation strategies and consideration to sustaining gains over time.

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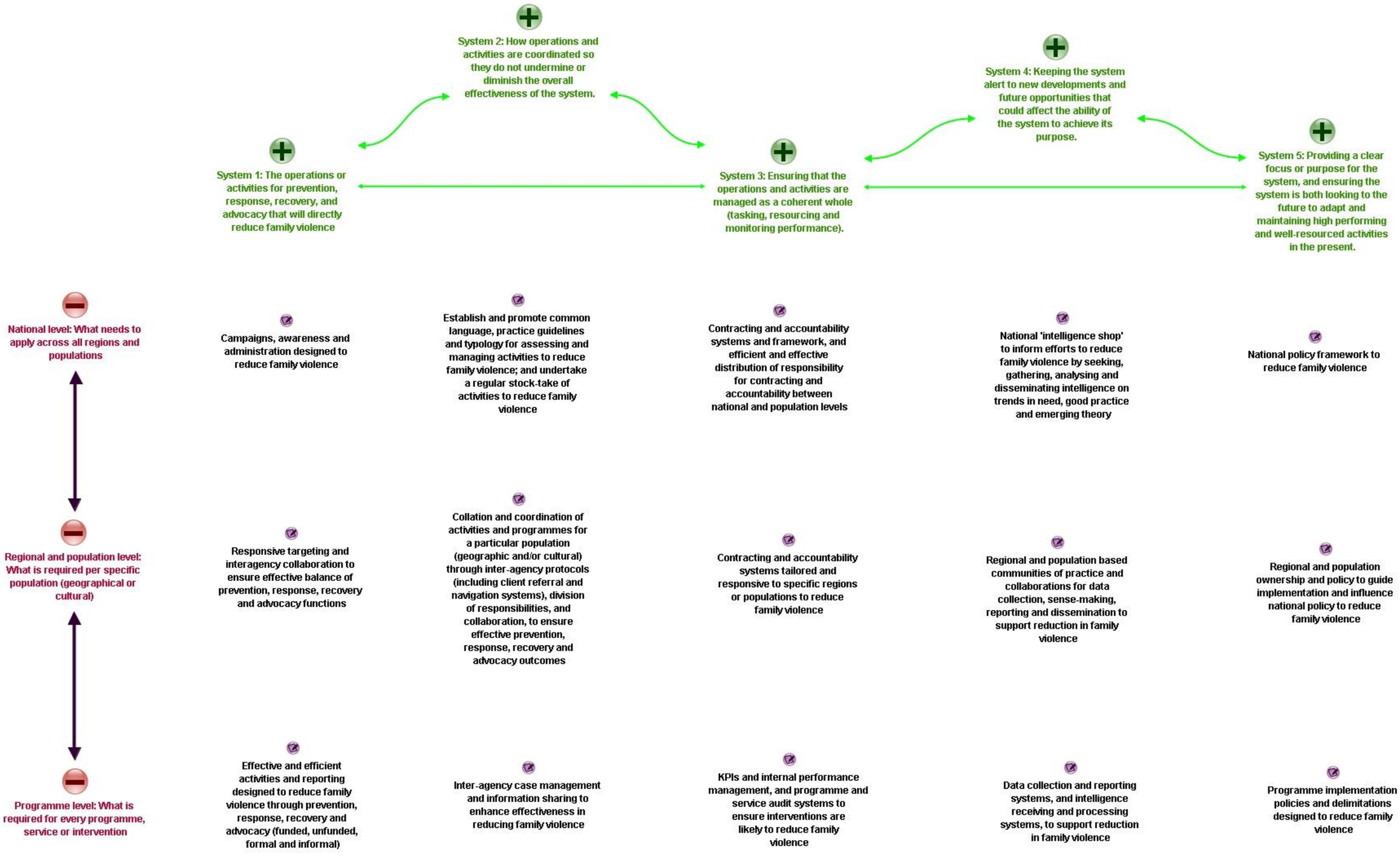
Appendix 1: An intervention framework based on the Viable System Model

We have used earlier findings (Foote et al., 2014) to structure an intervention framework (Figure 3). The framework details the kind of intervention or functionality needed at each level (programme, regional/population, or national) for each of the five VSM systems.

The five VSM systems are represented by the linked headings across the top of the figure (marked with ‘ + ’). The three levels of ‘recursion’ are indicated down the left side of the figure (marked with ‘ - ‘). Each of the remaining ‘nodes’ in the figure represents an essential kind of intervention or functionality.

Figure 3: Intervention framework



Appendix 2: Rating best available evidence

We recommend the adoptions and use of a 'hierarchy of support' classification to rate current and proposed intervention programmes.

Various hierarchies have been devised for classifying programmes and interventions according to how well they are evidence based. For example, the Center for the Study and Prevention of Violence (CSPV), at the Institute of Behavioral Science, University of Colorado Boulder classifies programmes as 'promising programs' or 'model programs'. "Promising programs meet the minimum standard of effectiveness. Model programs meet a higher standard and provide greater confidence in the program's capacity to change behavior and developmental outcomes"[27]. The Promising Practices Network on Children, families and communities have classified programmes as 'proven programs', 'promising programs', and 'other reviewed programs' depending on whether they meet specified criteria.[28] The Centers for Disease Control and Prevention have published a continuum of evidence of effectiveness that classifies programmes as well supported, supported, promising, emerging, undetermined, unsupported, or harmful.[29]

The hierarchy of support is shown in Table 5 and adapts the Continuum of Evidence of Effectiveness framework produced by the Centers for Disease Control and Prevention (Puddy & Wilkins, 2011).

Table 5: Hierarchy of support

'Supported' (Sp)	The recommended approach is based on internationally respected research and evaluation that has shown both efficacy and effectiveness and is likely to be able to be implemented effectively in the New Zealand context.
'Promising Direction' (PD)	The recommended approach is based on preliminary evidence that it is likely to be effective. It may be either impractical to thoroughly test before implementing, or be an approach still subject to trial and development. The recommended approach is based on sound theory and non-experimental design.
'Informed Judgement' (IJ)	The recommended approach is a possible way of establishing a functionality that is required for a system to be both systemically and socially viable. There is insufficient evidence to support this specific approach, but the approach seems reasonably well designed and reliable, may be informed by exploratory study, and there is no convincing evidence or reason to not implement it. More research is needed to establish evidence of effectiveness and implementation guidance.

[27] Blueprints for Healthy Youth Development. (2012-2014). Program Criteria. Retrieved 16 September, 2014, from http://www.blueprintsprograms.com/programCriteria.php

[28] The Promising Practices Network. (2014). How programs are considered. Retrieved 16 September, 2014, from http://www.promisingpractices.net/criteria.asp

[29] Puddy, R. W., & Wilkins, N. (2011). Understanding Evidence Part 1: Best Available Research Evidence. A Guide to the Continuum of Evidence of Effectiveness. Atlanta, GA: Centers for Disease Control and Prevention.

We have chosen the term ‘informed judgement’ to cover the categories ‘emerging’ and ‘undetermined’ in Puddy & Wilkins (2011). Within our intervention framework, systemic logic suggests that certain functionalities are necessary, even if there is no empirical evidence to support a particular way of providing a given functionality.

Appendix 3: Viable System Model

The concept of a 'system' is simply a way of thinking of the whole rather than the parts in isolation from one another, and of recognising that the whole (system) has properties that are more than the sum of its parts because of synergistic effects. Systems thinking helps focus on how different activities interact with one another and influence outcomes in what are sometimes intended and sometimes unintended ways.

The concept of viability, on the other hand, means that the system has all it needs to sustain its continued existence and effectiveness over time. Systems research has identified five critical functions that need to work together to sustain a system. These come together in the 'Viable System Model' [VSM] (Beer, 1981).

The VSM requires that the system has a way of deciding and articulating what its overall purpose is (System Five) in relation to some complex environment. The core purpose of the overall system is then expressed by System One activities positively changing the 'environment'. However, the effectiveness and efficiency of these activities depends on making sure they do not undermine each other, overlap unproductively or unnecessarily compete. System Two, then, is how the various activities are organised so that they complement one another in achieving the overall aim. The effectiveness of the various System One activities also depends on appropriate tasking, resourcing and monitoring (System Three); how are particular activities engaged, funded and held accountable to their part in achieving the goals of the system? The way in which the system learns, adapts and improves depends on taking in changes in the 'environment', analysing learning and innovation from practice, and communicating relevant 'intelligence' to shape decision-making in the other subsystems (System Four).

What is important is that these functions are working effectively as a whole, and appropriate communications between the functions are maintained. The model does not assume any particular organisational structure and can applied at any level of recursion such as the local, regional, national and international levels. In this way, a viable system at the national level can be usefully thought of as a number of viable systems at the regional level (e.g., regional activities), which in turn can be consist of a number of viable system at the local level (e.g., specific services or collaborations). See Figure 4.

Figure 4: Levels of recursion