



waves

Waitakere Anti-Violence Essential Services

WAVES Trust

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Committee Secretariat Health Select Committee

Submission on the Inquiry into Preventing Child Abuse and Improving Children's Health Outcomes

Submitted by:

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We wish to speak with the Council about our submission if that is possible

WAVES Trust is an interagency family violence (FV) network organisation. The membership is primarily government and non-government service providers who work in the area of FV. There are also members who are not specifically FV agencies but their work complements or supports efforts to reduce violence in Waitakere.

We are committed to strengthening the work of those who support and inform victims of FV and those who hold offenders accountable and support them to make positive changes to their behaviour. WAVES acts to support and resource all member agencies to practice to the highest standards of integrity and professional ethics.

WAVES Trust provides:

- A networking forum to encourage and support statutory and community services to provide integrated and collaborative services to reduce FV
- Links to other organisations through the interagency network
- Community advocacy and representation on initiatives that target FV
- Information about best practice in FV intervention and support for the implementation of best practice

- Primary prevention, capacity building and education opportunities for those working to reduce FV
- Contract management of interagency projects and contracts
- Access to current, relevant research Monitoring of community initiatives such as the Waitakere Family Violence Court
- An overview of information deficits and initiation of local research

WAVES Trust is a charitable trust. Governance is vested in the Board chaired by trustee Waitakere Family Court Judge David Mather. There are 5 trustees including Judge David Mather, Penny Hulse (Auckland Council Deputy Mayor), Howard Dawson (CEO Man Alive), Steve Kehoe (NZ Police) and Tiaria Fletcher (Lifewise Family Services).

There are currently four staff members – a Manager, two part-time Coordinators, and an Administrator, as well as one contracted part-time Project Leader.

Summary

For many New Zealand children, living in a home affected by FV presents a serious risk to their long term wellbeing and development. Therefore it is vitally important that services working with children and families understand FV, engage wherever possible in screening for FV, and have strong relationships with local FV service providers and networks. Local and international research indicates that FV prevention and intervention initiatives are best placed within a coordinated community-government plan of action that encourages multi-level, multi-agency, and multi-sector communication on FV and development of collaborative responses.

WE RECOMMEND: that the Committee make use of the expertise in the Ministries of Health and Social Development to find current, recent literature on factors promoting best childhood outcomes.

WE RECOMMEND: that the Committee utilise this information to assess current performance in relation to the other terms of reference to this inquiry.

WE RECOMMEND: the Committee engage with the Green Paper process and look at how its findings could contribute to an Action Plan for All Children.

WE RECOMMEND: the Committee familiarise itself with information about multi-agency/multi-sector collaboration and whole of government responses to family violence¹ with a view to developing similar approaches for children presenting within the health, social, education, and justice sectors.

¹ See for example S. Ross, M. Frere, L. Healey, C. Humphreys, 'A Whole of Government Strategy for Family Violence Reform', Australian Journal of Public Administration, 70, 2, 2011, pp.131–42.

Submission

WAVES Trust is a network organisation that supports a variety of agencies working with individuals and families affected by family violence (FV). Because services in our sector respond to children's needs in relation to the impact of FV on them (including as witnesses to violence and also as victims themselves) our submission focuses on FV and draws on research literature and evidence gleaned from the FV sector. The information given in this submission aims to educate the Select Committee on the prevalence of FV in New Zealand, its impact on children, its relevance to the work of the health, social, education, and justice sectors responding to children, and the importance of a coordinated community plan of action for children.

Lately, government agencies and select committees have made a number of requests to the public for information on matters affecting children, including:

1. The Green Paper on Vulnerable Children (Ministry of Social Development)
2. Family Court Review (Justice and Electoral Select Committee)
3. Determinants of the Wellbeing of Maori Children (Maori Affairs Select Committee)

WAVES has submitted to each of these processes (and our submissions are attached for your reference) drawing attention to the need for a co-ordinated community-government plan of action addressing the needs of children. In this submission to the Health Select Committee we reiterate some of the main points contained in our earlier submissions.

Our submission addresses only the first of the Select Committee's terms of reference:

To update knowledge of what factors influence best childhood outcomes from before conception to 3 years, and what are significant barriers.

We feel that the Ministries of Health and Social Development are well-placed in terms of resources and expertise to answer this question themselves and we wonder why the Committee feels the need to ask the public? Social and medical literature on the factors influencing best childhood outcomes is extensive: for example recent New Zealand-based studies have illuminated the negative influence of childhood poverty on health and welfare outcomes.²

From our perspective there is a more important question that needs to be answered:

What is the role of government in promoting best childhood outcomes and how can government reduce barriers to this?

² See for example Dannette Marie, David Fergusson, and Joseph Boden, 'Ethnicity and Pathways to Welfare Dependence in a New Zealand Birth Cohort', *Policy Quarterly*, 7, 2, 2011, 14–22; David Fergusson, L. John Horwood, and Sheree Gibb, 'Childhood Family Income and Later Outcomes: Results of a 30 year Longitudinal Study', *Children*, No. 79, Summer 2011, 24–8; Dannette Marie, David Fergusson, and John Boden, 'Does socioeconomic inequality explain ethnic differences in nicotine dependence? Evidence from a New Zealand Birth Cohort', *Australian & New Zealand Journal of Psychiatry*, 44, 2010, 378–83.

In our discussion on this question below, we draw the committee's attention to the prevalence of FV in New Zealand and its relevance to numerous service sectors and encourage government representatives to think carefully about how best to encourage coordinated community-government responses to children living with FV at home.

FV is pervasive social problem in New Zealand. It is a complex phenomenon that is understood to encompass a range of behaviours that operate to enhance perpetrators' power and control over victims and others in the family. Described in the 1995 Domestic Violence Act under the term domestic violence or abuse, FV is defined as a single act or a pattern of behaviours including physical, sexual or psychological abuse of one person by another where there exists between them a domestic relationship such as a close personal or family relationship or shared accommodation such as in the case of caregivers or flatmates.³ FV can manifest in a variety of ways including intimate partner violence (IPV) which includes abuse of a current and former intimate partner, child abuse, abuse of vulnerable adults including elders and disabled people by family members or caregivers, and can include young people's abuse of siblings and/or parents. Abuse may be physical, sexual, psychological, economic or financial, emotional, or cultural, and includes neglect. Very often victims disclose to services that they have experienced a range of different types of abuse not just violence against their person.⁴

For children, growing up in homes affected by FV can have profound impacts on their health and development regardless of the nature of the abuse or whether the child is victimised directly. FV households are often characterised by high levels of stress and chaotic or inadequate parenting.⁵ During their lifetimes, children living with FV at home are 3 to 9 times more likely to be victimised either within or outside the family than those from non-FV-affected homes.⁶ And between 30% and 70% of the children living in FV-households are also likely to experience some form of maltreatment from adults in the home including physical, sexual, or emotional abuse, or neglect.⁷ Living with FV is associated with a range of adverse health and social outcomes for children across all age groups. For pre-schoolers and school-aged children these outcomes include attachment problems in infants; behavioural problems, mental health issues such as anxiety and depression, difficulties in

³ Domestic Violence Act, 1995, Ss3–4.

⁴ For example see the discussion on the links between pet abuse and FV see Michael Roguski, *Pets as Pawns: The Co-existence of Animal Cruelty and Family Violence*, Wellington, 2012, <http://www.womensrefuge.org.nz/users/Image/Downloads/PDFs/Pets%20as%20Pawns.pdf>, (Accessed 1 May 2012).

⁵ Cecilia Martinez-Torteya, G. Anne Bogat, Alexander von Eye, and Alytia Levendosky, 'Resilience Among Children Exposed to Domestic Violence: The Role of Risk and Protective Factors', *Child Development*, 80, 2, 2009, 562–77.

⁶ Sherry Hamby, David Finkelhor, Heather Turner, and Richard Ormrod, 'The Overlap of Witnessing Partner Violence with Child Maltreatment and Other Victimitizations in a Nationally Representative Survey of Youth', *Child Abuse & Neglect*, 34, 2010, 734–41.

⁷ Stephanie Holt, Helen Buckley, and Sadhbh Whelan, 'The Impact of Exposure to Domestic Violence on Children and Young People: A Review of Literature', *Child Abuse & Neglect*, 32, 2008, 797–810.

their relationships with peers, and low educational attainment.⁸ Adolescents and young adults are more likely than their non-FV peers to engage in crimes against property, to abuse alcohol or other substances, to experience or perpetrate violence within intimate relationships, and live with chronic mental or physical health problems including depression, obesity, cardiovascular or lung disease, diabetes, and other inflammation-related conditions.⁹

New Zealand-based longitudinal studies have found that between 20% and 40% of young adults recalled that during their childhood in the 1980s and 1990s they had witnessed at least one incident of physical or verbal abuse occurring between adults at home, with up to half of these children living with ongoing abuse for extended periods of time.¹⁰ In Waitakere today, these percentages equate to between 12,000 and 22,000 children.

Other research indicates that significant numbers of children are currently living in households affected by FV. A 2004 population-based study on violence against ever-partnered women in Auckland found that 17.2% disclosed experiencing psychological abuse and 5.7% disclosed physical or sexual violence from a current or former male intimate partner during the previous 12 months.¹¹ Although only 25% of IPV incidents are believed to be reported to the police,¹² FV is the most common cause of police callouts in the Waitakere region with over 50% of callouts attributed to concerns about FV. According to police data for 2010, at 55% of FV callouts in Waitakere children were present or identified as usually residing with the victim (on average there were 2 children per family at such callouts) and 41% of those children were under 5-years-old at the time.¹³

In summary, living in a home affected by FV presents a serious risk to children and can have long term negative impact on their wellbeing and development. Therefore it is vitally important that services working with children and families understand FV, engage wherever possible in screening for FV, and have strong relationships with local FV service providers and networks.

⁸ Holt et al.; Abigail Gewirtz and Jeffrey Edleson, 'Young Children's Exposure to Intimate Partner Violence: Towards a Developmental Risk and Resilience Framework for Research and Intervention', *Journal of Family Violence*, 22, 2007, 151–63.

⁹ Holt et al.; David Fergusson and L. John Horwood, 'Exposure to Interparental Violence in Childhood and Psychosocial Adjustment in Young Adulthood', *Child Abuse & Neglect*, 22, 5, 1998, 339–57; David Russell, Kristen Springer, Emily Greenfield, 'Witnessing Domestic Abuse in Childhood as an Independent Risk Factor for Depressive Symptoms in Young Adulthood', *Child Abuse & Neglect*, 34, 2010, 448–53. Andrea Danese, Carmine Pariante, Avshalom Caspi, Alan Taylor, and Richie Poulton, 'Childhood Maltreatment Predicts Adult Inflammation in a Life-Course Study', *Proceedings of the National Academy of Sciences*, 104, 4, 2007, 1319–24.

¹⁰ Fergusson and Horwood; Judy Martin, John Langley, and Jane Millichamp, 'Domestic Violence as Witnessed by New Zealand Children', *New Zealand Medical Journal*, 119, 1228, 2006.

¹¹ Janet Fanslow and Elizabeth Robinson, 'Violence against Women in New Zealand: Prevalence and Health Consequences', *New Zealand Medical Journal*, 117, 1206, 2004, pp. 4–5. Janet Fanslow and Elizabeth Robinson, 'Sticks, Stones, or Words? Counting the Prevalence of Different Types of Intimate Partner Violence Reported by New Zealand Women', *Journal of Aggression, Maltreatment & Trauma*, 20, 7, 2011, p. 756.

¹² Family Violence Indicators, 2011, <http://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/initiatives/action-family-violence/indicators-may-2011.pdf>, p.5 (Accessed 1 May 2012).

¹³ Our thanks to New Zealand Police for supplying these statistics.

WAVES Trust is a FV network organisation. Such networks exist to provide a structure within which the various FV service providers and other agencies from which they receive referrals can build relationships, interact and inform each other to bring a coordinated approach to FV within local areas, improve awareness of FV at the community level and within non-FV services and organisations, and facilitate the development of local culturally relevant and innovative prevention initiatives involving lay communities and other non-FV services.¹⁴ Activities undertaken by networks include:

- Primary Prevention: raising public awareness and understanding about FV and building community and individual resilience.
- Early Intervention: support for families and parents around relationships and parenting, screening for FV.
- Crisis Intervention: social service and statutory responses (e.g. police and courts) to victims and perpetrators of FV and their children aimed at support and accountability and ameliorating long term harms.¹⁵

Networks address these three activities by encouraging the whole community to engage with the issue of FV through implementation of FV policies, training and awareness and a commitment to working collaboratively across the spectrum of lay community organisations, social service providers, local government, and national government agencies. A coordinated community approach to FV recognises that FV thrives in environments of silence, privacy, and ignorance. Challenging FV and reducing its impact on children requires multi-level engagement on the matter within organisations and multi-agency agreement on the nature of the problem and an on-going commitment to addressing it.

In our submission to the Green Paper on Vulnerable Children we highlighted concerns about matters that work against inter-agency collaboration: particularly the Paper's emphasis on targeting services to 'vulnerable' children and the lack of acknowledgement that 'vulnerable' is not the same as 'at risk'.¹⁶ In that submission and also the Family Court Review we argued that any changes implemented to services for children must be implemented with the goal to reduce the numbers of children experiencing harm and with the intention to respond better to children at risk in order to reduce cumulative harms.¹⁷ Our network supports the view that producing the best outcomes for children requires government and community collaboration embodied in an Action Plan for all children supported by legislation that defines outcome goals for children, requires adherence to these goals across ministries and has cross-party support, and which monitors government performance.¹⁸

¹⁴ Sheryl Hann, 'About Family Violence Networks in New Zealand', MSD, March 2010, pp.1–3.

¹⁵ Hann, p.4.

¹⁶ Rick Ingram and Joseph Price, *Vulnerability to Psychopathology: Risk across the Lifespan*, 2nd ed., The Guildford Press, 2010, p.19.

¹⁷ WAVES Trust, 'Submission on the Green Paper on Vulnerable Children', 28 February 2012, p.3.

¹⁸ WAVES Trust, 'Green Paper', pp.17–20.

We refer the Committee to the 13 recommendations in our submission on the Green Paper on Vulnerable Children:

1. That government undertake service reviews within a coordinated plan of action that is evidence-based and evaluated with the aim of improving services to children and reducing service gaps and deficiencies.
2. That a **Children's Act** be developed appointing Government and Community Boards and ensuring political independence of the Office of the Children's Commissioner. These Boards and the Commissioner would oversee the development, implementation, and reporting on an Action Plan for All New Zealand Children and a national strategy on child maltreatment.
3. That government should not limit its discussion to targeting vulnerable children in the forthcoming White Paper and should produce an **Action Plan for All Children**.
4. That government make reducing child poverty a key priority for this term and ensure that progress is assessed and evaluated.
5. That government investigate and implement solutions to promote children's interests across ministerial portfolios and seek cross-party support for these measures.
6. That all New Zealand government policies and legislation affecting to children be brought into line with UNCROC and Te Tiriti o Waitangi/The Treaty of Waitangi as soon as opportunities arise.
7. That existing and future government reviews with potential impacts for children immediately be revised ensuring that impacts on children are assessed as part of the review process and solutions implemented to mitigate any adverse consequences.
8. Government investigate ways to promote and support inter-agency collaboration for children and fund these accordingly.
9. That the forthcoming White Paper place greater emphasis on recognising government's role in supporting prevention and early intervention strategies to reduce the harmful experiences for our children.
10. That government ensure they engage with social services and NGO sector agencies when formulating quality standards for the workforce for children and extend these standards on to those working with families.
11. That government undertake wide and comprehensive consultation when developing common principles and standards, assessment frameworks, protocols and accreditation processes to ensure these are applicable across the spectrum of the workforce for children.
12. That government commit to funding professional development of the workforce for children and providing adequate funding for their employment.
13. That government incorporate the points listed in Section Three of this submission into plans for a Children's Act and Action Plan for All Children the forthcoming White Paper.

It is our experience in the FV sector that the most significant barrier to improving outcomes for children is the government's lack of focus on funding streams that promote:

- building strong referral pathways between services
- encouraging inter-agency and inter-sector communication and collaboration
- lack of focus on the 'big picture' in terms of providing adequate service provision in local and regional areas
- failure to produce policies aimed at reducing major social ills affecting children such as poverty, gambling, and FV
- failure to mirror successful responses to social ills like FV across ministerial portfolios or geographic areas, for example some areas in the health sector have successfully implemented screening for FV but implementation varies from DHB to DHB. Another example is the dearth of engagement on FV within the Ministry of Education, which is the Ministry with the largest daily contact with children

The recent government emphasis on frontline services has seen significant downgrading of FV networks around the country because coordination activities now have no dedicated funding stream and do not qualify for 'frontline' funding.¹⁹ Coordination activities represent value for money in terms of promoting wider understanding of service delivery within and across sectors and reducing the gaps in families' ability to access to support.²⁰

WE RECOMMEND: that the Committee make use of the expertise in the Ministries of Health and Social Development to find current, recent literature on factors promoting best childhood outcomes.

WE RECOMMEND: that the Committee utilise this information to assess current performance in relation to the other terms of reference to this inquiry.

WE RECOMMEND: the Committee engage with the Green Paper process and look at how its findings could contribute to an Action Plan for All Children.

WE RECOMMEND: the Committee familiarise itself with information about multi-agency/multi-sector collaboration and whole of government responses to family violence²¹ with a view to developing similar approaches for children presenting within the health, social, education, and justice sectors.

We commend the Committee for its commitment to discussing ways to better service children's needs. We look forward to seeing government put these discussions into action.

¹⁹ See for example 'The Future of Family Violence Sector Funding', WAVES Trust Newsletter, Autumn 2011, http://www.waves.org.nz/media/Autumn_2011.pdf, pp.1–2.

²⁰ Myfanwy McDonald and Kate Rosier, 'Interagency Collaboration: Part A', Australian Family Relationships Clearinghouse, Briefing Paper 21-A, 2011, <http://www.aifs.gov.au/afrc/pubs/briefing/b021/bp21a.pdf> (Accessed 2 May 2012).

²¹ See for example S. Ross, M. Frere, L. Healey, C. Humphreys, 'A Whole of Government Strategy for Family Violence Reform', Australian Journal of Public Administration, 70, 2, 2011, pp.131–42.