Evaluation of the family violence Integrated Safety Response pilot

Phase II – Years 2 & 3

FINAL REPORT

by

Elaine Mossman

with

Nan Wehipeihana and Michael Bealing of NZIER

Submitted to

Joint Venture Business Unit

30 September 2019

Contents

List of tables

List of figures

Glossary of common acronyms and terminology

1D/5F	Police code for a family violence episode that does not involve an offence
ACC	Accident Compensation Corporation
BAU	Business as Usual
FSS	Family Safety System (previously CMS – Case Management System)
FSP	Family Safety Plan
FVIARS	Family Violence Inter-Agency Response System
LRR	Low-risk Response
ICM	Intensive Case Management
ISR	Integrated Safety Response
IVS	Independent Victim Specialist
JVBU	Joint Venture Business Unit
MOJ	Ministry of Justice
MSD	Ministry of Social Development
NPB	ISR National Project Board (National Governance Group)
NGO	Non-government organisation also referred to as community agency
NZIER	New Zealand Institute of Economic Research
OT	Oranga Tamariki – Ministry for Children (formally CYF)
POL/FVIR	Family Violence Investigation Report
POS	Perpetrator Outreach Services
PSO	Police Safety Order
ROC	Report of Concern
SAM	Safety Assessment Meetings
SFV	Specialist Family Violence Agency
W&I	Work and Income
WSW	Whānau Support Worker

Commonly used terms

BAU partners – other community agencies that do not have specialist ISR positions but have a formal agreement to respond to ISR taskings/referrals using their existing 'business as usual' (BAU) funding.

Coalition/Collaboration – these are groupings of community agencies that, at the instigation of ISR management, have formed together to collectively deliver ISR specialist services. These specialist services are contracted through Oranga Tamariki's Partnering for Outcomes framework. The two terms refer to the same concept but 'Collaboration' or 'Colab' is the preferred term in Christchurch, and 'Coalition' in Waikato (see Appendix 1 for list of ISR coalitions/collaborations).

Family violence – covers a broad range of controlling behaviours, commonly of a physical, sexual, and/or psychological nature which typically involve fear, intimidation and emotional deprivation. It occurs within a variety of close interpersonal relationships, such as between partners, parents and children, siblings, and in other relationships where significant others are not part of the physical household but are part of the family and/or are fulfilling the function of family. Common forms of violence in families and whānau include: spouse/partner abuse (violence among adult partners); child abuse/neglect (abuse/neglect of children by an adult); elder abuse/neglect (abuse/neglect of older people aged

approximately 65 years and over, by a person with whom they have a relationship of trust); parental abuse (violence perpetrated by a child against their parent); and sibling abuse (violence among siblings).[1] It is important to note that intimate partner violence (violence amongst adult partners and ex-partners) is predominantly gendered in nature with women experiencing the majority of victimisation.

Family harm – the term 'family harm' was first adopted by Police, to encompass the full range of harmful behaviours that occur within the context of family violence situations. Its use is intended to assist frontline officers in understanding the wider dynamics of family harm, the patterns of harm and the adverse circumstances in which they occur. Within this broader context, Police refer to behaviour that constitutes a criminal offence as 'family violence'. 'Family harm' is the term most commonly used within ISR guidelines and operations; however, 'family violence' is retained throughout this report, given that as a term it is more commonly understood across the wider sector. In this context it refers to all levels of harm.

ISR community partners – in this report the term refers to the community agencies that have funded specialist ISR positions (IVS, POS, WSW, LRR) and are partnering with government agencies to deliver ISR. See Appendix 1 for list of ISR community partners.

ISR core team – also referred to as the 'backbone staff', the dedicated local ISR staff at each site and includes:

- Director – oversees strategic management, works with local service providers and practitioners, understands local volumes, and demand and supply issues, and reports to local and national governance groups;

- Operations Manager – manages day-to-day activities including SAM and ICM, and quality assurance process;

- Specialist Practice Lead – works with community agencies to build workforce capability;

- NGO Coordinator (community coordinator in Waikato) – either a rotating (Christchurch) or dedicated (Waikato) role, acts as liaison between community agencies and the SAM/ICM tables;

- Coordinators – assist with the daily running of ISR including chairing the SAM/ICM; and

- Administrators – provide administration support including managing the FSS (entering data, monitoring tasks, and preparing analytics reports).

Kaupapa Māori provider – Kaupapa Māori provider is a Māori-led organisation that designs and delivers services based on tikanga (Māori cultural values) and te ao Māori (Māori perspectives and worldview) for Māori and non-Māori clients.

---

1   Definition taken from the Family Violence Clearinghouse which is based on the one used by Te Rito, New Zealand Family Violence Prevention Strategy. See https://nzfvc.org.nz/content/family-violence-policy-and-legal-definitions.

Whānau – family and whānau are not the same.[2] In the context of family violence, the term family is based on a western understanding of the family unit and typically refers to those directly related to each other who are involved in a family violence episode. Definitions of 'whānau' are many and varied. However, there is broad consensus that whakapapa forms the basis of whānau, and that these relationships are intergenerational, shaped by context, and given meaning through roles, responsibilities and relationships of mutual obligation. Key characteristics of whānau are collective identity, interdependence, mutuality, reciprocity and shared responsibility, and cultural practice and transference within a Māori context. There are two recognised forms of whānau: whakapapa whānau that includes members related by descent only; and kaupapa whānau (having a common kaupapa or purpose) which can include a mix of whakapapa whānau members and non-descent and non-descent members only. The term whānau is a Māori construct and therefore when used in the report it refers to, but is not qualified as, being Māori whānau.

Whānau-centred practice[3] **–** whānau-centred practice has increasingly become a core feature of the ISR pilot. It provides for victim safety in the context of whānau, as defined by the victim. It starts with whānau identifying who for them is whānau, and then being supported to identify their goals and make their own decisions. Whānau-centred practice is responsive to whānau identified preferences, aspirations and need. There are five critical elements to a whānau-centred model of delivery and practice:

- effective relationships – establishing relationships that benefit whānau;

- whānau rangatiratanga – building whānau capability to support whānau self-management, independence and autonomy;

- capable workforce – growing a culturally competent and technically skilled workforce able to adopt a holistic approach to supporting whānau aspirations;

- whānau-centred services and programmes – whānau needs and aspirations at the centre with services that are integrated and accessible; and

- supportive environments – funding, contracting and policy arrangements, as well as effective leadership from government and iwi to support whānau aspirations.

Whānau Ora Initiative – the government initiative launched in 2010 and led by Te Puni Kōkiri, supported by the Ministry of Social Development and Ministry of Health. The initiative is based on findings from the Taskforce on Whānau-centred Initiatives. It aims to better serve the needs of whānau by adopting a whānau-centred approach to improve the wellbeing of whānau and addressing individuals' needs within a whānau context.[4]

---

2   See Wehipeihana, N. (In press). What's working for Māori? A Kaupapa Māori perspective on the responsiveness of the Integrated Safety Response Pilot to Māori. Synthesis Evaluation Report. Wellington: Ministry of Justice

3   See the ISR National Team (In press). Review of Distinct Features and Local Considerations for Implementation. Wellington: New Zealand Police

4   See https://www.tpk.govt.nz/en/a-matou-mohiotanga/whanau-ora/understanding-whanaucentred-approaches-analysis-of

Acknowledgements

Executive Summary

The family violence Integrated Safety Response (ISR) pilot was officially launched in Christchurch on 4 July 2016. A second pilot site (Waikato) came into operation on 25 October 2016. Both sites were initially funded for one year. In early 2017 the government agreed to extend pilot funding for a further two years, to the end of June 2019.

This report presents evaluation findings from the second and third year of the pilot, following an earlier evaluation of year one with a report published in August 2017.

The Joint Venture Business Unit commissioned and oversaw this evaluation, on behalf of the ISR National Project Board. Dr Elaine Mossman was contracted as overall research manager. A Research and Evaluation Reference Group, made up of academics and government sector representatives, was set up to provide advice and ongoing feedback.

This evaluation was undertaken in six discrete but interrelated projects. Using both quantitative and qualitative methods, the six projects were carried out by a number of independent researchers and evaluators, who also drew upon evaluative work undertaken by the ISR National Team.

Each project was intended to specifically or collectively address four high-level evaluation questions.

- What are the distinct features of ISR, and what are the conditions required for it to work optimally?

- Is the ISR model effective?

- Does it represent a good return on investment?

- Have there been improvements since the last evaluation? What is now working well, and what improvements could still be made?

The following summarises the main findings from the evaluation, in relation to the above four evaluative questions.

Distinct features, and conditions required for optimal functioning

The year one evaluation of the ISR pilot highlighted different and competing views amongst stakeholders as to the aims and scope of ISR. In particular, differences centred on whether ISR ought to be a purely crisis safety response ('make safe') or whether it should also aim to ensure long-term safety of families and whānau ('keep safe'). The ISR National Team have since confirmed:

- the primary aim of ISR is an immediate safety response or crisis response (i.e. 'make safe'), with longer term safety and wellbeing work (or 'keep safe') an important and valid focus for the work of other agencies, after the ISR response has ended.

This definition has been found to be increasingly well-understood by many stakeholders, especially those from the ISR core team, but work is still needed to clarify and confirm this definition across all ISR community partners.

The distinct features that define ISR, relative to other family violence crisis response systems, are now also better understood. The significant features of ISR include:

- daily triage of all new episodes of family violence;

- whole-of-family and whānau approach that includes a focus on the perpetrator, whilst ensuring the safety of victims and children is paramount;

- government mandate and ring-fenced funding to deliver ISR, which has resulted in strong and enduring participation by government agencies;

- provision of a dedicated team of staff to oversee operations;

- funding of the community-based specialist positions to provide assertive outreach and intensive short-term safety work; and

- purpose-built electronic case management system that tracks tasks and enables information sharing.

Most of those interviewed felt there was a case for continued investment to maintain the scale of ISR and enable continued learning about the value of this integrated way of working. The model's multiple elements and functions have been designed to work as an integrated package, such that an attempt to selectively implement some elements, while dispensing with others, was viewed likely to significantly 'dilute' the effectiveness of the ISR package.

Effectiveness

With respect to the effectiveness of ISR, the evaluation considered effectiveness not only in terms of outcomes achieved for families and whānau, but also for the participating ISR partner agencies (government and community).

Evidence strongly supports the conclusion that ISR delivers an improved service response for families and whānau. This was evident in:

- rapid responses (for high-risk cases, within 24 hours) routinely being made to victims and family and whānau, enabled especially by the seven days a week triage, the multi-agency participation, and the efficient sharing of information;

- more effective outreach by specialist ISR workers (IVS, POS, WSW, LRR), offering greater opportunity for families and whānau to consider and accept support; and

- better access to the support services needed, brought about through improved relationships and connections among ISR partners (community and government).

Families and whānau were found to value greatly the level of support they received in response to their situation. The evaluation also found some evidence of improvement in wellbeing as a result of this support. Self-report assessments post ISR indicated:

- families and whānau felt safer, particularly if they were high-risk victims;

- families and whānau became better-connected to support networks such as whānau and hapū, friends, wider family networks, and support agencies; also

- more families and whānau enacted their safety plans and kept themselves safe, as indicated by statistically significant increases in reporting of repeat low-level family violence to Police.

A primary area of evaluative interest was the degree to which ISR's short-term safety responses translated to a reduction in actual family violence behaviour. At this stage it remains too early in the life of the initiative to accurately assess the impact of ISR on this outcome. Nevertheless, some indication of reduced rates of family violence behaviour following ISR were found, and included the following:

- significant reductions in self-reported exposure to all forms of family violence post ISR, including victims' experiences of physical harm, and children witnessing family violence;

- evidence of reduced risk of continued use of violence amongst perpetrators receiving support, reflected through improvements in their confidence in ability to manage anger and maintain respectful relationships; and

- Māori victims in ISR sites having significantly lower rates of repeat reported family violence offending against them, compared to a matched control group in the six-month period after their ISR referral.

For those delivering ISR services and responses, the evaluation found high levels of confidence in ISR's ability to generate positive outcomes. Across all of those surveyed nine out of 10 indicated that the pilot was 'effective' or 'very effective'.

Providers of ISR services generally commented on improved processes, better resourcing, and improved workforce capability as key features of ISR. They observed that these achievements of ISR meant providers were better able to support families and whānau and keep them safe.

A further benefit, observed by multiple individuals from community and government agencies, was that ISR was also positively impacting on organisational practices, with improved knowledge and understanding of family violence generally extending beyond the personnel directly involved in delivery of ISR.

Responsiveness to Māori

The independent Kaupapa Māori evaluation found that whānau in both Christchurch and Waikato were very appreciative of the level of support received from ISR Kaupapa Māori partners. The evaluators found Kaupapa Māori providers partnering with ISR felt more valued and supported in their work and use of whānau-centred practices. More equitable resourcing, additional capacity, and the ability to have genuine input into ISR decision-making were factors supporting their positive views.

When assessed against the whānau-centred delivery model, it was concluded that ISR is appropriately responsive to Māori. On a five-point scale from 'poor' to 'excellent', there was:

- 'good' evidence of effective relationships that benefit whānau;

- 'very good' evidence of whānau rangatiratanga support, received through ISR, facilitating whānau to be self-managing and to exert more control over their lives;

- 'very good' evidence of Kaupapa Māori partners having a culturally competent workforce;

- 'good' evidence that ISR strives to operate within a whānau-centred approach; and

- 'good' evidence that funding, contracting and policy arrangements are now more responsive to the needs of Kaupapa Māori partners and, in turn, whānau.

Whilst the overall picture was reported as a positive one, a number of areas for improvement were identified. Several related to the need for increased access for whānau to the support and services they need. There was also a call for data to be recorded in ways that better supported whānau-centred practice. In Christchurch there was a recommendation to explore how ISR and Whānau Ora could be better connected, to ensure seamless support for whānau.

Cost benefit analysis

The assessment of the social costs of ISR was based on the average annual cost of the ISR pilot, which was calculated to be $10.45 million (just over $5 million per site per year). The social benefits were estimated based on a reduction in repeat family violence and avoided consequent social harm. These were based on the expected outcomes from 22,520 ISR cases processed in one year across the two sites.

Evidence of reduced family violence that could be directly attributed to ISR, was provided by the analysis of repeat reports of reoffending/revictimisation six months after ISR referral, compared to a matched control group. This analysis identified an 18% reduction for Māori victims in ISR sites compared to that achieved by a matched control group from elsewhere in New Zealand. This effect was the main scenario considered for the cost benefit analysis.

Māori make up 43% of all ISR referrals, and those who have been victimised by an offence make up just 13% of referrals. An 18% reduction in revictimisation in this group translates to a 2.3 percentage-point reduction in cases of family violence. When applied to the high volumes of ISR referrals, and with a five-year horizon, the cost benefit analysis found the avoided social cost of family violence to be 3.2 times the investment. On this basis it was concluded that ISR represents a good return on investment, based on immediately quantifiable costs and benefits.

Progress since the first evaluation

ISR has been implemented and managed with an ongoing commitment to continual improvement. As a result, multiple improvements to the ISR model have been made over the three years of its operations. Some of the developments seen in years two and three were critical of the future sustainability of the model, and included:

- increased funding resulting in agencies now feeling better able to cope with the demands of delivering ISR;

- a change in leadership approach that began listening to and demonstrating greater respect to community partners, resulting in community agencies feeling themselves to be valued partners with government; and

- Kaupapa Māori providers increasingly perceiving ISR to be sufficiently responsive to Māori, reflecting an increased focus on whānau-centred practice, and the change in leadership approach described above.

Elements that contribute to successful outcomes

The multifaceted nature of the ISR model means that a large number of interrelated elements and processes potentially contribute to outcomes. The current evaluation has sought to identify overarching factors which have particular relevance for effectiveness and successful implementation, which include:

- **better information sharing and problem-solving** - enabling more accurate risk assessment, more efficient safety planning and case management, and the development of trusting relationships between those sharing the information;

- **collective working and collective responsibility** - the importance of these is repeatedly underlined by the serious risks that frequently have to be managed, and the complexity of issues to be addressed;

- **the contribution of the 'infrastructure' that accompanies ISR** – key elements here include FSS, the electronic case management system, e-learning platform, ISR

coalitions/collaborations, but most importantly, the ISR core team and the vital role they play in quality assurance and relationship management;

- **the value of a clear model and structure** – enabling a more organised and efficient way of working across the sector;

- **whole-of-family and whānau approach** – providing more opportunities to break the cycle of violence by supporting families and whānau to keep themselves safe but also working with the person using the violence to prevent further harm; and

- **underpinning values** – key principles or values seen as central to ISR's success are a commitment to continuous improvement, valuing partnerships, and keeping a balanced way of working that is government-enabled but community-led.

Areas for further improvement

While ISR appears to be on a sound path, areas where improvement is needed remain, which can be expected considering the complexity and entrenched nature of family violence and the relatively short-term duration of the pilot. Areas where modifications to the model offer the potential for greater gains include the following:

- **improved implementation of ISR in rural areas** – the key challenge is how to modify the model to enable efficient referral processes, and optimal use of both local and centralised knowledge and relationships, but without duplicating efforts and resources;

- **improved responses for children and youth** – reflecting on the appropriate role and capacity of ISR to respond to children at risk of longer-term adverse outcomes as a consequence of being exposed to family violence; and

- **greater efficiencies in managing the increasing volumes of referrals** – whilst there have been significant increases in funding since the first evaluation, renewed pressure on resources is emerging as volumes of referrals continue to increase with more people now reporting family violence to police.

Other areas for improvements included: improved communication to keep everyone updated on ongoing ISR developments; consideration of opportunities for how the families and whānau engaged with agencies not affiliated with ISR can be better supported through ISR; and development of IT-based solutions that would improve specific functions and reduce workload pressures.

Future considerations for ISR

A coherent and comprehensive family violence response system should comprise the following overlapping categories: primary prevention, early intervention, crisis response and long-term safety and wellbeing. ISR has been piloted as a co-ordinated and effective crisis response for such a system. Going forward, it is important to consider how ISR can best be integrated into the broader family violence response framework, Options that need to be considered include whether ISR should broaden its referral pathways to include self-referrals, and how other parts of the response system (particularly longer term support) can be developed and better resourced to ensure a seamless system. Without further investment, the potential returns from the short-term ISR crisis response are unlikely to be fully realised. Also deserving of greater consideration is the role of community members, and whether more decision-making around intervention can be devolved to those working in the community who know the families and whānau best and are better placed to provide enduring support.

Concluding remarks

Family violence is a persistent, complex and challenging problem that requires new approaches and more effective ways of working, if it is to be eliminated. Over the last three years one such new approach has been piloted, the Integrated Safety Response (ISR). The design of the ISR model occurred over several years, incorporating learnings from reviews of existing approaches, as well as promising approaches identified in local and international research. The resulting model is necessarily multifaceted and ambitious.

At the end of the three years of piloting, this evaluation has found that the ISR model is a robust and effective mechanism for coordinating and delivering credible short-term safety responses to families and whānau experiencing family violence. The communities involved in piloting ISR: affirm the value of working collaboratively; see the benefits to their families and whānau; and are clear that they do not want to go back to the old ways of working. However, it is not without its limitations and shortcomings, reinforcing the need to continue developing and monitoring how this work is done. With ongoing adherence to continuous improvement of processes it seems likely these can be overcome.

Looking forward, there is still much to do, but the creation of the new Joint Venture with 10 government agencies tasked to work together to better respond to family violence and sexual violence represents an exciting opportunity. As a crisis response, ISR can only ever be one part of the wider response system that is needed to tackle family violence. It is now time for the whole-of-government to work together with the community, to develop and resource other parts of the full response system so families and whānau affected by family violence can access a seamless system of support. ISR provides a good platform from which to build, having made a promising start on a more effective, integrated and respectful way of working together.

> *I have worked in the social service sector for thirty years. Never have I felt more hopeful. Never have I been part of such a positive, coordinated, dedicated group of people. I look forward to the future of this way of working -- respectful, smart, cooperative, professional and with shared responsibility for risk and results in a sustainable way. (*Evaluation key informant)

1   Introduction

The family violence Integrated Safety Response (ISR) pilot was officially launched in Christchurch on 4 July 2016. A second pilot site (Waikato) came into operation on 25 October 2016. Both pilot sites were initially funded for one year. In early 2017, the government agreed to extend the pilot's funding for a further two years to the end of June 2019. This was to allow more time to refine the model, gain further outcomes information, and better understand its full costs and benefits.

This report presents evaluation findings from years two and three of the pilot. It follows two earlier reports of the first year of the pilot: (i) an interim report completed in November 2016 that focused on the early implementation of the ISR model in the first pilot site (Christchurch) and (ii) a final report of the first year of the pilot, published in August 2017.[5] The August report presented emerging evidence of the effectiveness of the ISR model, together with observations about changes in practice, and the degree to which the model had taken into account early findings (i.e. evidence of continuous improvement).

The Joint Venture Business Unit (JVBU)[6] commissioned and oversaw the current evaluation, on behalf of the ISR National Project Board. The evaluation consists of several interrelated projects carried out by a number of independent researchers and evaluators, together with work completed by members of the ISR National Team. Dr Elaine Mossman was contracted as overall research manager. A Research and Evaluation Reference Group, comprised of academics and government sector representatives, was set up to provide review and advice.

The primary aim of the evaluation is to inform advice to Ministers on the: possible continuation and further expansion of the ISR pilot, and the future of the ISR model within the wider family violence system. Emerging findings from different evaluation components have already been released to assist with this process. This report collectively summarises and presents findings from all components.

1.1   Background

There is increasing recognition of the prevalence and severity of the harm caused by family violence and whānau violence in New Zealand.[7] The social and economic costs of family violence are very high,[8] and the impacts on the many families and whānau affected can be

---

5   Mossman, S.E., Paulin, J., and Wehipeihana, N. (2017). Evaluation of the family violence Integrated Safety Response pilot: Final report, August 2017 Wellington: Superu, https://thehub.sia.govt.nz/assets/documents/ISR_pilot_evaluation_FINAL.pdf

6   The Joint Venture is a new way of working for government that brings chief executives together in a joint venture to deliver an integrated, whole-of-government approach to family violence and sexual violence. The JVBU is the dedicated Business Unit set up to support the work of the Joint Venture group.

7   Note: the definition of whānau violence is not the same as family violence. See Office of the Prime Minister's Chief Science Advisor, 2018, p.11. Every 4 minutes: A discussion paper on preventing family violence in New Zealand (https://thehub.sia.govt.nz/assets/Uploads/Every-4-minutes-A-discussion-paper-on-preventing-family-violence-in-New-Zealand2.-Lambie-report-8.11.18.pdf).

8   The economic cost of intimate partner violence and child abuse has been estimated to be between $4.1 and $7 billion per year (Kahui, S & Snively, S (2014) *Measuring the Economic Costs of Child Abuse and Intimate Partner Violence to New Zealand*. Wellington, NZ, More Media Enterprises).

devastating and long lasting. Statistics which underscore the scale of the problem include the following:

- in 2018 police attended 132,978 family violence investigations, an average of 364 calls a day, or one every four minutes.[9] Estimates suggest, however, that this accounts for only 27% of the family violence incidents that actually take place;[10]

- according to the recent New Zealand Crime and Victims Survey (NZCVS), 16% of adults experienced one or more incidents of partner violence during their lives to date (21% of women and 10% of men);[11]

- the NZCVS also re-confirmed the predominantly gendered nature of the problem, with the proportion of female victims of family violence (71%) more than twice that of male victims (29%);[12] and

- around half of all homicides in New Zealand are committed by an offender who is a family member.[13]

The scale of this persistent, complex, problem points to the importance of developing new responses to eliminate family violence. To make a difference, new approaches and ways of working will need to tackle family violence from multiple angles including:

- prevention;

- early intervention;

- crisis; and

- long-term recovery.

ISR tests a new approach primarily focused on one of these areas: a new multi-agency crisis safety response which commences following either a report of a family violence episode to Police, or a Corrections notification of the imminent prison release of a high-risk perpetrator of family violence.

The Joint Venture[14] is working to develop a comprehensive national system to eliminate family violence and sexual violence. How a crisis response, such as the ISR model, fits within the wider family violence response system, is an important consideration for efforts to create an effective system.

---

9   Personal communication New Zealand Police, 25 June 2019.

10 Ministry of Justice (2019) Key findings: *Cycle 1 (March – September 2018) Descriptive statistics*. https://www.justice.govt.nz/assets/Documents/Publications/NZCVS-findings-report-2018-fin-for-release.pdf

11 Ministry of Justice (2019). As above.

12 Ministry of Justice (2019). As above.

13 Family Violence Death Review Committee. (2014). *Fourth Annual Report: January 2013 to December 2013*. Wellington, Health Quality and Safety Commission (Retrieved June 2014 from http://www.hqsc.govt.nz/our-programmes/mrc/fvdrc/publications-and-resources/publication/1600/)

14 The Joint Venture is a new way of working for government that brings chief executives together in a joint venture to deliver an integrated, whole-of-government approach to family violence and sexual violence. It consists of the Chief Executives who sit on the Social Wellbeing Board: the Department of Prime Minister and Cabinet, Oranga Tamariki, Health, Te Puni Kōkiri, Social Development, Education and Justice, with the addition of Police, ACC and Corrections. The Joint Venture reports to the Under-Secretary of Justice, as the lead Minister.

Living without family violence as an indicator of wellbeing – reducing family violence and increasing the number of New Zealand children living in homes free of abuse are priority goals for this Government. The impact and progress of government polices is to be measured by monitoring the wellbeing of New Zealanders using Treasury's Living Standards Framework.[15] Family violence is a factor with critical relevance for wellbeing, as noted recently by Prime Minister Jacinda Ardern:

> *Preventing and eliminating family violence and sexual violence is one of the greatest opportunities we have to improve wellbeing.[16]*

Improved safety is one of the 12 wellbeing domains being tracked, with reduced family violence and, relatedly, homicides being the two indicators of improved safety. Increasing the number of children living in homes free of abuse is also a focus area within the Child and Youth Wellbeing Strategy. This strategy is a key requirement in the Child Poverty Reduction legislation, which was passed into law in December 2018 and is due to be launched on 29 August 2019.[17]

1.2   The ISR model

1.2.1   The evolution of the ISR model

The ISR pilot is a cross-agency project, funded by government, with New Zealand Police taking the operational lead. Multiple government agencies partner with community agencies to deliver ISR. It presents a co-ordinated mechanism for agencies to work together to improve immediate safety of families and whānau.

ISR is essentially a revised and expanded model of the Family Violence Interagency Response System (FVIARS) that has drawn upon recommendations from the evaluation of FVIARS. FVIARS is the current national multi-agency model for responding to family violence crises. FVIARS was developed in 2006 and is operating in 63 locations throughout the country. The need to modify the FVIARS model has been noted since 2010, when a Taskforce Advisory Group concluded that, while it was an excellent platform to build on, a number of improvements should be made.[18] The FVIARS governance has continued to work on improving the FVIARS operating model.[19]

The development of the ISR model began in 2015 when Ministers tasked New Zealand Police to improve operational responses to family violence crises. ISR combined two Justice Sector initiatives that had been under development since 2014:

(i)   Intensive Case Management (ICM) project – a specialist support service for domestic violence victims at high-risk of serious harm or death; and

---

15 See 2018 Treasury paper https://treasury.govt.nz/publications/tp/living-standards-framework-background-and-future-work-html.

16 Family Violence and Sexual Violence Work Programme, eUpdate, May 2019. Joint Venture.

17 See Child and Youth Wellbeing Strategy draft outcomes out for review https://dpmc.govt.nz/sites/default/files/2018-11/appendix-a-draft-outcomes.pdf

18 Minutes of the Taskforce for Action on Violence within Families meeting, 1 Dec 2010. (MSD ref A5230723)

19 FVIARS governance includes Police, the Ministry of Social Development, Department of Corrections, and the National Collective of Independent Women's Refuge (NCIWR).

(ii) Multi-Agency Response System (MARS) – a general crisis model responding to all family violence-related calls to Police, not just high-risk cases.

The development of the combined ISR model was also informed by international evidence on effective multi-agency responses, such as the UK's Multi-Agency Risk Assessment Conference (MARAC), and the related Independent Domestic Violence Advocates (IDVAs),[20] and with lessons learnt from responses trialled in New Zealand.[21]

Another key driver of the ISR model was a 2016 report from the Family Violence Death Review Committee. This report highlighted the need to shift from a fragmented assortment of services, referred to as 'islands of practice', to a more integrated system. It called for more 'joined up' ways of working that brought government agencies and non-government organisations (NGOs) together to share relevant information, work collectively, and improve access to services.

1.2.2 Details of the model

As already noted, the ISR model is a multi-faceted entity involving a range of government and community agencies. It takes a whole-of-family and whānau-centred approach, and considers the risk and needs of victims including children, and those of perpetrators, in a context where victim safety is the paramount concern (see section 2.2 for a more detailed description of the model).

One of the key components of ISR is the multi-agency Safety Assessment Meeting (SAM). At these daily meetings, partner agencies come together to:

- share relevant information about families;

- collectively assess risk and triage cases;

- identify the level of response needed to make a family safe; and

- appoint a partner agency best suited to work with the family as 'plan lead'.

Those families and whānau identified as at high-risk of harm are referred to the weekly multi-agency intensive case management (ICM) meeting for specialist review and case management (see Figure 1.1).

An allocated 'plan lead' is appointed; this person is responsible for the overall management of a plan. In addition, a case manager from the lead partner agency is tasked as the primary engager to work alongside the family. The case manager reviews risks, identifies needs, and develops a safety plan with the family. The case manager also co-ordinates services from their own and/or other partner agencies, to address risk and promote safety, as well as planning the steps needed for sustainable safety and longer-term wellbeing. Individuals inflicting the violence (perpetrators) are actively managed and then supported towards making longer-term change.

---

20 See Howarth et al (2009) *Safety in numbers: a multi-site evaluation of Independent Domestic Advisor Services,* http://www.safelives.org.uk/sites/default/files/resources/Safety_in_Numbers_full_report.pdf.

21 Payne, P and Robertson, N. (2015). A Formative Evaluation of the Waikato Family Safe Network Pilot. School of Psychology, Waikato University; Campbell, L. (April 2014) ReachOut Men's Community Outreach Service: Connections and Conversations with a Purpose. An Evaluation of the Pilot. The earlier intervention approach of ReachOut was found effective as it offered perpetrators with an opportunity to engage with an intervention service at a point of crisis when they were most likely to be open to change efforts.
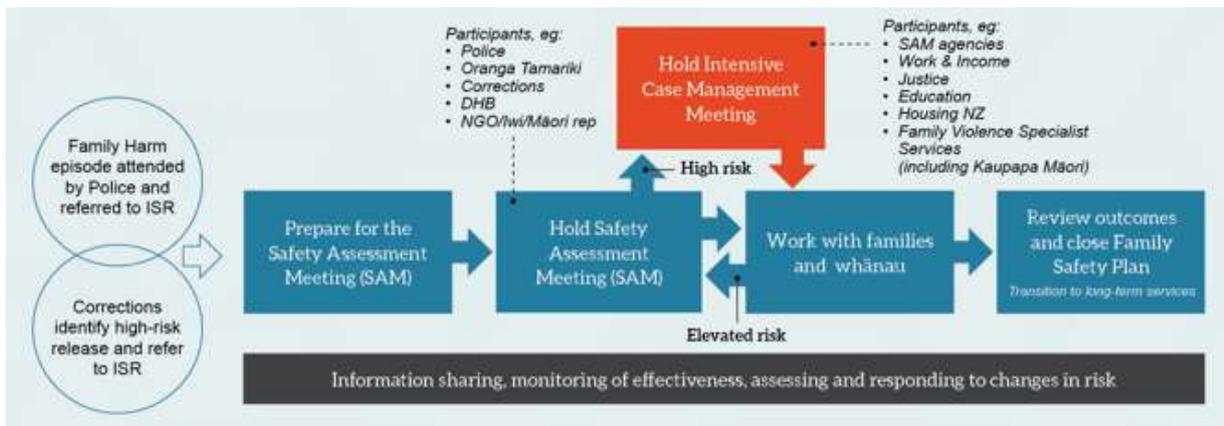
Figure 1.1 Key features of the ISR model

The intensity of response and nature of work carried out depends on the assessed level of risk:

- **Low-risk response** (LRR) – usually a brief telephone response, commencing with an initial call, then a follow-up call six weeks later, averaging 1.25 hours of contact time per family including any follow-up case work;

- **Medium-risk response** – requires a face-to-face visit within 72 hours, family members can be allocated a Whānau Support Worker (WSW) and/or Perpetrator Outreach Service (POS) with an average of 4.5 hours contact with the family over six weeks; and

- **High-risk response** – a mandatory face-to-face visit within 24 hours, victims are allocated an Independent Victim Specialist (IVS) and/or POS, with an average of 40 hours contact time delivered over a 12-week period.

Plans are closed when agreement is reached between the plan lead, case worker and the family or whānau, that the agreed outcomes set out in the plan have been achieved. The family or whānau then 'owns and drives' the long-term plan, with ongoing support from community and statutory agencies.

Key differences to the FVIARS system include: the mandatory participation of an increased number of government agencies;[22] frequency of meetings (triage meetings are held seven days per week); triage decisions informed by an evidence-based risk assessment framework; and safety plans that involve all members of the family, including the perpetrator.

Additional aspects of the ISR operating model that contrast with FVIARS include:

- dedicated staff to oversee ISR operations;

- a purpose-built electronic case management system to record plans and actions (Family Safety System (FSS));

- provision of specialist services for high-risk victims and perpetrators;

- whānau support workers (WSW) for medium-risk cases;

---

22 Statutory agencies involved in daily SAM tables are Police, Corrections, Oranga Tamariki, Health and Māori/Iwi; ICM statutory agencies are those involved in SAM plus ACC, Education, Work and Income, Justice, Housing NZ.

- availability of funding for related support services such as non-mandated perpetrator programmes;

- training packages for all those involved in the delivery of ISR; and

- national and local multi-agency governance and management structures.

Whilst the core aim of ISR is to ensure the immediate safety of victims and children, other aspects of the model (e.g. the case management system, and multi-agency governance structure) enable broader aims to be targeted. These include:

- developing a shared understanding of family violence across and within agencies;

- improved information sharing amongst agencies and with service providers;

- expanding the evidence base around family violence;

- monitoring supply and demand issues for services; and

- continuous trialling of new ways of working with families and whānau.

Additional practice principles of the ISR model are outlined in an ISR guidelines manual.[23]

1.2.3 Key characteristics of ISR response

ISR involves the operation of the SAM tables seven days per week, with an additional ICM table each week for high-risk cases. Across the two locations, nine government agencies partner with 38 community agencies, who are funded to deliver over 70 specialist ISR services.[24]

In 2017/18, a total of 22,520 episodes of family violence were processed through ISR, which equates to around 422 episodes per week across the two sites. These numbers have continued to increase since the first year, with an average 534 per week in the first quarter of 2019.

Referrals are almost entirely through reports to New Zealand Police of family violence, with a small volume (1.4% of the total) coming via Department of Corrections notifications of high-risk prison releases.

Table 1.1 Total numbers of family violence episodes, safety plans and people in 2017/18 financial year.

	Christchurch	Waikato	Totals
Total episodes 2017/18	10,898	11,622	22,520
Average number of episodes per week	204	218	422
Total number of Family Safety Plans	6,994	7131	14,125
Total number of people (individuals counted more than once)[1]	34,347	37,974	72,321

---

23 Integrated Safety Response. *People and the process: ISR Guidelines (version 3.0, Sept 2017).* This manual is considered a living document, and it is expected to be updated regularly as the ISR initiative is refined and improved.

24 A large number of other community agencies are also involved, responding to ISR taskings and referrals using BAU funding.

| Total number of unique people | 19,386 | 21,623 | 41,009 |

Table Notes: [1] people who appear in more than one episode over the year are counted each time they appear.

Some other characteristics of the type and flow of cases includes the following:

- **Nature of family violence** – intimate partner violence was the most common type of family violence (69%); 19% involved episodes between parents and a child; 5% between siblings; and 6% were categorised as 'other'.

- **Demographic details:**

    - 77% of victims were female, 23% male, and 0.1% gender diverse;

    - 43% of all people associated with episodes were Māori (25% in Christchurch and 59% in Waikato); and

    - children and youth under the age of 18 were present in 56% of all episodes.

- **Repeat episodes** – of all those identified as a victim in 2017, 54% were recorded with one or more repeat episodes in the following 12 months.

- **Level of risk** – Table 1.2 shows the risk status and characteristics of ISR referrals for 2017/18. High and medium-risk plans typically have more tasks assigned and more agencies assigned to implement tasks and work with them. Recording risk is, however, challenging, as risk is dynamic and changes over time (e.g. high-risk cases have subsequently transitioned to medium- or low-risk, or low-risk have transitioned to high). The breakdowns in Table 1.2 are based on assessed risk status as at time of last contact. However, if risk level is based on 'highest level ever assessed', the proportion of high-risk increases. Of all the cases dealt with to date, 1150 (8%) were deemed to be high-risk at some point in the previous 12 months of case management.

Table 1.2   Characteristics of cases by risk category (2017/18)

	High-risk (n=403)	Medium-risk (n=7209)	Low-risk (n=6,513)
Percentage of family safety plans in 2017/18	3%	51%	46%
Average number of tasks allocated	24.2	7.0	1.7
Average number of organisations tasked	8.1	4.1	1.5

Table notes: Data extracted on 15 May 2019. Reported risk tiers are based on the current risk status of plans.

1.3   Findings from the first evaluation (Year 1 of the pilot)

As noted above, the ISR pilot during its first 12 months of operation was subject to a separate independent evaluation (Mossman et al., 2017). [25] This evaluation was commissioned by the Social Policy Research and Evaluation Unit (SUPERU), now disestablished. Findings were largely positive, with evidence presented to demonstrate improvement in terms of ISR's core aims, including:

- better information sharing, risk assessment and safety planning;

- wider awareness and responsiveness to family violence amongst government agencies;

---

25 Mossman, S.E., Paulin, J., and Wehipeihana, N. (2017*). Evaluation of the family violence Integrated Safety Response pilot: Final report*, August 2017 Wellington: Superu, https://thehub.sia.govt.nz/assets/documents/ ISR_pilot_evaluation_FINAL.pdf

- more families and whānau members being offered, and accepting assistance;

- better engagement with the person using violence (i.e. the perpetrator);

- more efficient case management; and

- better understanding of capacity issues and mobilisation of resources in response.

These improvements in processes were accompanied by emerging evidence that: adult victims and children were better protected; and safer; and perpetrators were better supported to stop their violent behaviour; and as a result, more families and whānau (and those from diverse backgrounds) were living in non-violent homes.

The first evaluation report also pointed to some important areas for improvement for ISR in order for it to become a sustainable crisis response model, including the need to:

- clarify the aims and scope of ISR -- particularly whether the focus should simply be on immediate safety ('make safe') or whether longer-term safety and wellbeing ('keep safe') is also part of the purpose;

- increase resourcing of the community agencies who are primarily responsible for delivery of services to families;

- develop more robust and genuine partnerships between statutory government agencies and community agencies; and

- improve responsiveness to Māori whānau, and more generally, integrate family and whānau-centred practice so families and whānau can have input into their own safety plans.

Following this first evaluation, the case was made to continue the pilot so as to establish a more effective and efficient foundation from which to consider future service design and scale. A budget bid in 2017 provided a substantial investment ($22.4 million) to extend the pilot in Christchurch and Waikato for a further two years to the end of June 2019. Importantly, this additional funding ensured the pilot was sufficiently resourced for it to function as designed. Around three-quarters of the funding was to be allocated to community service provision. Funding also allowed for evaluation of the extended pilot.

1.4   Evaluation objectives

For this second formal evaluation of the ISR pilot (years two and three) four high-level evaluation objectives were set. These objectives focused on ensuring that information and evidence would be sufficient to support decision-making around the future of the ISR model within the wider family violence system. The objectives were:

1. **Understand the distinct features of ISR and the context required for ISR to work optimally (policy review work)** - what are the key features that make ISR effective? How does it differ to previous/alternative existing models? Is the model transferrable?

2. **Understand the effectiveness of ISR (outcome evaluation)** - does it reduce recidivism and revictimisation in the short-term? If so, for which groups particularly, and by how much more compared to existing interventions? Are there any unintended consequences (either positive or negative)?

3. **Determine whether ISR represents a good return on investment** – conduct a cost benefit analysis to determine whether the costs of delivering ISR are acceptable in light of the beneficial returns to communities and reduced future costs to government.

4. **Examine the efficiency of the model (process evaluation)** – have the needed improvements identified in the last evaluation been made (i.e. is there evidence of continuous improvement)? Are more improvements/changes needed? Is it sufficiently responsive to the needs of whānau? Does the model enable whānau-centred practice? What elements of ISR contribute to successful outcomes?

Across these four objectives, the importance of understanding the specific impact and responsiveness of ISR to Māori has been emphasised. To that end, a dedicated Kaupapa Māori evaluation project was incorporated within the overall evaluation plan.

1.5   Methodological approach

The overall evaluation design was developed following consultation in March 2018 with evaluation experts and interested parties from key government agencies. These included New Zealand Police, Department of Corrections, Ministry of Justice, Te Puni Kōkiri, Ministry of Social Development, Oranga Tamariki, Joint Venture Business Unit (formerly Multi-Agency Team), and the ISR Directors.

Advice from specialists in Kaupapa Māori whānau-centred research and evaluation was obtained during a workshop held on 30 April 2018. This input informed the Kaupapa Māori component of the evaluation.

The design was then reviewed by the Family Violence and Sexual Violence Research and Evaluation Reference Group, which is made up of academics and evaluation experts from key government agencies.[26] The methodology was also reviewed by the MSD Insights Ethics Panel. Subsequent to further changes as a result of these reviews, a final evaluation design was approved and signed off by the ISR National Project Board.

Rather than one team undertaking all evaluation work, as occurred in the first evaluation, the current evaluation utilised a number of professionals to complete six discrete but interrelated evaluation components. Each component was intended to either specifically or collectively address one or more of the four high-level evaluation objectives outlined above. The approaches used include both quantitative and qualitative evaluation methods.

Table 1.3 (p.11): outlines the six evaluative components, indicates the evaluation objectives each component contributes to, and identifies the researchers who undertook the evaluation work in relation to each. Formulation of these six components were completed after input from a range of independent evaluators, in collaboration with members of the ISR National Team.

Full details of the methodology used for each component are documented in the evaluation plan and in respective standalone reports (see over). The descriptions presented in this section provide short summaries of key details.

---

26 This group was set up by JVBU to provide critical review of methodologies and results. It comprises members from Corrections, Oranga Tamariki, MSD, Ministry of Justice, Police, Te Puni Kōkiri, together with Professor Denise Wilson from Auckland University and Professor Devon Polaschek from Waikato University.

Standalone reports and documents include:

- Mossman, S. E. (2018) Integrated Safety Response (ISR) pilot evaluation – High level evaluation plan – phase II. Internal report prepared for the ISR National Project Board.

- ISR National Team (In press) Review of Distinct Features and Local Considerations for Implementation. Wellington: New Zealand Police.

- ISR National Team (In press) 12-week review of cases referred to the Integrated Safety Response (ISR) pilot. Wellington: New Zealand Police.

- Wehipeihana, N. (In press) What's working for Māori? A Kaupapa Māori perspective on the responsiveness of the Integrated Safety Response Pilot to Māori. Synthesis Evaluation Report. Wellington: Ministry of Justice.

- Mossman, S.E. and Morris, M. (2019) ISR phase II evaluation: Exploratory analysis of rates of repeat reoffending and revictimisation post ISR referral. Draft internal technical report prepared for New Zealand Police, Wellington.

- NZIER (2019) Scoping the costs and benefits of Integrated Safety Response. Phase 1 report. Internal report prepared for Ministry of Justice, Wellington.

- NZIER (2019) Evaluation of ISR. The costs and benefits of the pilot. Internal report prepared for New Zealand Police, Wellington.

Table 1.3   Phase II ISR Pilot Evaluation Components

Evaluation component	Associated evaluation objectives	Completed by whom
1. **ISR policy review** - review exercise to clarify aims and scope ISR, identify distinct features of ISR and local conditions required to support a wider rollout of ISR	(1) - Policy review work	ISR National Team
2. **12-week ISR case review** – in-depth review of 129 ISR cases over 12 weeks illustrated by case studies (collection of qualitative outputs and outcomes)	(2) - Outcome evaluation (3) - CBA (identification of potential outcome indicators) (4) - Process evaluation	ISR National Team with assistance from external contractors: Dr Elaine Mossman; Judy Paulin; Julie Peake; and Hēmi Te Hēmi
3. **Kaupapa Māori evaluation** - structural analysis and qualitative fieldwork to understand experiences of ISR for Māori at an individual, whānau and iwi level	(2) - Outcome evaluation (3) - CBA (identification of potential outcome indicators for whānau) (4) - Process evaluation	Kaupapa Māori core team including: Nan Wehipeihana; a team of researchers from Te Ihi Research led by Cath Savage; Dr Trish Young; Dr Michelle Levy; and Dr Neville Robertson
4. **Reoffending/revictimisation exploratory analysis** – investigated the impact of ISR on family violence reported to Police compared to that of previous and existing FV system responses using propensity matching analysis	(2) - Outcome evaluation (3) - CBA (identification of outcomes)	External contractors Dr Michele Morris and Dr Elaine Mossman
5. **Cost benefit analysis** - complete costing of ISR pilot compared to budget, and conduct CBA of ISR	(3) - CBA	External contractors NZIER
6. **Process evaluation** – an online survey together with fieldwork to update progress made since last evaluation, and inform next steps	(4) - Process evaluation	External contractors: Dr Elaine Mossman; Judy Paulin; and Julie Peake

Brief details of methodology

1.5.1 ISR policy review work – review of distinct features and local considerations for implementation

Members of the ISR National Team - Ginny Mclean and Anna Thomson -- completed a policy review of ISR. The primary aim was to clarify the aims and scope of ISR. This responded to a recommendation from the first evaluation, which arose in relation to confusion amongst ISR stakeholders over whether ISR was intended primarily as a crisis safety response ('make safe'), or whether it should equally attend to ensuring long-term safety of families and whānau ('keep safe'). Further, the review sought to identify the essential elements of the ISR model, in order to better inform the CBA analysis and future decisions on a wider rollout of ISR.

The review included:

- description of the ISR model and its unique features, including how whānau-centred practice is incorporated within the model;

- confirming the aims and scope of ISR;

- specification of the ways in which ISR differs from other existing family harm systems (e.g. FVIARS and Whāngaia Ngā Pā Harakeke);

- identifying the main 'lessons learned' from initial implementation of ISR in the two pilot sites; and

- consideration of contextual constraints potentially affecting location-specific implementation of the ISR model.

1.5.2 12-week case review

This component provides an in-depth review of who receives what type of support and services over a 12-week period following referral. The intention was to collect a wider range of ISR outputs and outcomes than was possible with the concurrent reoffending/revictimisation analysis (see section 1.5.4), and be able to illustrate findings with real life cases. This work was completed by Jo Ryan and Michelle Block of the ISR National Team, with support from external contractors (Dr Elaine Mossman, Julie Peake and Judy Paulin). It provides a comprehensive picture of what the ISR response entails.

Sample – 129 cases were sourced from all cases considered at the ICM and SAM tables held in Waikato on 2ⁿᵈ and 3ʳᵈ of May 2018 and in Christchurch on the 9ᵗʰ and 10ᵗʰ of May 2018.[27] The inclusion of the ICM table resulted in an intentional over-sampling of high-risk cases: in total there were 42 high-risk cases, 63 medium and 24 low-risk cases. This over-sampling was necessary to provide a sufficient sample of high-risk cases to review (high-risk cases were of particular interest as these are where most attention and ISR resource is focused). However, this over-sampling means it is not a representative sample of those typically referred through

---

27 Note: SAM cases are all family violence episodes referred to Police the day before (some will be new referrals, a few will be high risk prison releases, and others repeat episodes. SAM cases include all levels of risk). ICM cases are just high risk cases, either newly referred or existing cases being reviewed.

ISR, and caution is needed when interpreting characteristics of the complete sample (other than results broken down by risk level).

Each case was associated with one family violence episode or high-risk prisoner release and involved 456 individual people (132 victims, 129 perpetrators, and 195 witness/subjects), of these 456 individuals, 173 were children under 18 years of age.

In addition to the case review, interviews were conducted at the end of the 12-week period with eight family and whānau members from the sample and their support workers.[28]

Variables and approach – following initial fieldwork individual cases observed at each SAM/ICM table, were then followed using the FSS database. This included review of pre-coded data and free text data from case notes. Where necessary, case data was supplemented by data from other databases, such as from Oranga Tamariki, Corrections and Police. Relevant de-identified data were transferred to an excel spreadsheet.

The characteristics of the families and whānau were recorded including: demographics; composition; relationship status; nature and roles in family violence; risk level; criminal history; and a range of wellbeing factors. Also noted were: patterns of engagement; safety actions and tasks; support services received by which members of the family and whānau; and case status at the end of the review period (i.e. case open or closed, change in risk status, any repeat episodes). All information was then summarised and synthesised to describe major case trends and characteristics.

Interviews with families and whānau focused on their experiences of the support received through ISR. With family and whānau permission, their ISR support worker was also interviewed to explore their perspectives on how ISR processes facilitated their support to the families and whānau.

1.5.3 Kaupapa Māori evaluation

The first evaluation of ISR found some positive results specifically for Māori at the individual case level, but raised concerns over the ability of ISR to deliver a truly whānau-centred response. To ensure the current evaluation's findings were equally representative for whānau, evaluation work and methodology incorporated approaches that considered changes in Te Ao Māori outcome states for the whole whānau (including tamariki), not just individual whānau members (e.g. perpetrator or adult victim).[29]

---

28 Cases for interview were purposefully selected based on family and whānau willingness and appropriateness to participate (i.e. those with sufficient experience of the pilot to be able to comment meaningfully on their experience, for the relationship leading to the violence to no longer be considered in crisis and not likely to find talking to evaluators too stressful/uncomfortable). All cases came from the 12-week sample and could be closed or still open. Selection prioritised safety and wellbeing factors, but also attempted to represent the range of ISR responses identified through the 12-week case review. ISR support workers made initial approach to families and whānau to gain their consent to be contacted by evaluators.

29 Outcome states for whānau may include being self-managing; living healthy lifestyles; participating fully in society; confidently participating in Te Ao Māori; economically secure and successfully involved in wealth creation; cohesive, resilient and nurturing; responsible stewards of their natural and living environments. Short-term outcomes are the improvements in quality of life for whānau that can be achieved within four or five years. Medium-term outcomes focus on what can be achieved in five to 10 years. Long-term outcomes focus on 11 to 25 years. See https://www.tpk.govt.nz/docs/tpk-wo-outcomesframework-aug2016.pdf.

Specialists in Kaupapa Māori whānau-centred research and evaluation, particularly in family violence interventions and/or with evaluation experience in the ISR regions, were invited to a hui to provide advice on how to progress the whānau-centred focus in this evaluation (this event took place on 30 April 2018). The outcome was the decision to conduct a separate Kaupapa Māori evaluation component to sit alongside other evaluation components. This would specifically investigate the responsiveness of the ISR model to Māori, and assess how well whānau-centred approaches are integrated within ISR.

Approach – two local Kaupapa Māori teams completed fieldwork in July and August 2018. This included interviews with 22 whānau units (30 whānau members), 22 interviews with managers and kaimahi from the seven ISR Kaupapa Māori partner agencies, and eight interviews with other Iwi and community stakeholders, including the members of the ISR core team. Findings from each local team were synthesised into one standalone report.

The core Kaupapa Māori team comprised Dr Catherine Savage, Hēmi Te Hēmi, Letitia Goldsmith and John Leonard of Ihi Research (Canterbury); Dr Trish Young, Dr Michelle Levy, Dr Neville Robertson (Waikato); and Nan Wehipeihana, author of the synthesised report.

1.5.4 Exploratory analysis of impact of ISR on reports of family violence reoffending/revictimisation

This component explored the degree to which an ISR short-term safety response translates into reduced incidence of family violence, and if it did, by how much more than previous or existing approaches. The indicator used to assess the impact of ISR on repeat family violence was Police reported episodes of family violence. Other more direct measures, such as victim's self-reported occurrences of family violence, could not be used as comparative self-report data from non-ISR locations would not be available. Limitations of Police reports of family violence were identified at the outset, which means that the findings reported are indicative only.[30]

The work was completed by external contractors Dr Michelle Morris and Dr Elaine Mossman. A quasi-experimental approach was designed within which rates of repeat family violence, following an ISR referral, were compared to those for non-ISR control groups. Two sets of analysis were undertaken.

(i) a sample of Police family violence referrals in ISR sites were matched using propensity scores to those in non-ISR sites elsewhere in New Zealand and compared to repeat family violence episodes reported over a six-month follow-up period;[31] and

(ii) site-specific time series analysis of repeat family violence episodes in ISR sites, comparing post-ISR rates over six months with rates occurring two years prior to the introduction of ISR.

---

30 A key limitation of this proxy measure is that it can only indicate changes in Police *reported* family violence, not actual family violence occurring within the home. If ISR also impacts on reporting behaviour, it makes interpretation of results difficult (e.g. does an increase in repeat reports of family violence indicate increase willingness to report - a positive outcome - or increased revictimisation - a negative outcome?).

31 Propensity score matching is a statistical matching technique, where matching is based on the propensity to be referred to ISR (i.e. treated). The matching on propensity scores attempts to ensure that the propensity to be involved in a repeat family harm episode is the same between people who were referred and the comparison group.

Study population – this included all individuals over 14 years of age associated with a report to Police of a family violence episode dated between 1 November 2017 and 31 January 2018; for the site-specific comparisons, the pre-ISR dates were 1 November 2015 to 31 January 2016. This resulted in a total study population across the two time periods of 98,000 individuals associated with over 64,000 family violence episodes (some individuals are involved in more than one episode).

Variables and analysis – a relatively wide range of roles and types of family violence occurrences were considered in this analysis, as well as pilot site location. For each family violence episode where an offence is recorded there will be at least one 'offender' and one 'victim'. An episode where no offence has been identified is considered an 'incident', and there will be at least two individuals identified, each with the role 'subject of'.[32] While it is more common for evaluations of family violence interventions to be limited to incidents which involve at least one identified 'offender', these episodes represent a minority of cases referred to ISR (only 30% of family violence call-outs involve actual offences). Therefore, for this study all three groups were looked at separately (offenders, victims and subjects) and a full range of outcomes considered, including frequency and seriousness of subsequently reported family violence episodes.[33]

1.5.5 Cost benefit analysis

NZIER was contracted to conduct a cost benefit analysis (CBA) to measure the degree to which ISR represents a good return on investment. This comprised the following tasks:

- review of the costings of the ISR pilot, compared to what was budgeted;

- estimation of the cost of a staged national roll out of the model;

- review of relevant CBA approaches, and development of a methodology specifically suited to ISR; and

- undertaking the CBA.

The CBA analysis was completed after results of the ISR outcomes analysis became available.

1.5.6 Process evaluation

The purpose of the process evaluation component was to assess progress since the first evaluation; evaluate new ISR processes; and provide information on what further improvements are needed. It also sought to inform decisions around a wider roll-out of the model, by providing information on what was needed for successful implementation in other areas. This work was completed by external contractors Dr Elaine Mossman, Julie Peake, and Judy Paulin.

This work consisted of two approaches:

1. **Online survey** – this was sent out in August 2018 to all individuals identified as being directly involved with the delivery of ISR. Use of an online survey was intended to ensure all

---

32 The most common family harm incidents are designated '1D' or Domestic Dispute, which since May 2018 have been referred to as '5Fs'

33 The findings were reviewed by Professor Devon Polaschek of Waikato University and Dr Michael Slyuzberg of the Ministry of Justice.

involved had an opportunity to provide feedback. The survey was sent to individuals across the two sites, including those in government and non-government agencies who attend SAM or ICM tables; those delivering ISR-funded specialist services (IVS, POS, WSW, LRR); and other individuals in ISR community partners; operational managers; and local and national governance. A total of 264 surveys were sent to respondents, with 139 responses received (53% response rate). A breakdown of responses received was: 66 from NGOs; 56 from government representatives; and 17 from ISR team members.

2. **Fieldwork** – in March 2019 in-depth interviews were carried out with selected key informants; this included 35 interviews with 48 individuals and focus group interviews with each of the local ISR governance groups. Interviews allowed detailed exploration of issues raised in the earlier online survey. They were scheduled late in the evaluation fieldwork phase to enable consideration of newly embedded ISR processes and general cross-sector progress.

Interviewees included:

- members of core teams;

- members of the National Project Board;

- local governance groups;

- representatives from coalition partners with paid positions;

- Business as Usual community partners (no paid ISR positions);

- specialist family violence agencies not partnering specifically with ISR; and

- government agency representatives.

1.6   Report structure

This report summarises the results from each of the six evaluation components. Relevant findings from these components are collated under each of the evaluation objectives across five separate chapters. Where applicable, additional data from the FSS database, such as pre-post assessment data, have also been included. Anonymised quotes from families, whānau and ISR key informants are used throughout the report to illustrate points made. The remaining sections of this report are as follows:

- **Section two** - primarily presents findings from the ISR policy review work that focused on the first evaluation objective 'to understand the distinct features of ISR, and the context required for ISR to work optimally in other locations'.

- **Section three** – summarises evidence collected on the effectiveness of the ISR pilots. It considers the impact and outcomes for families and whānau, as well as for partner agencies (community and government) that participate in delivering ISR.

- **Section four** – presents key findings of the Kaupapa Māori study taken directly from Nan Wehipeihana's report. This study assessed the responsiveness of ISR to Māori and how well whānau-centred approaches are integrated within ISR.

- **Section five** – considers evaluation evidence related to the second evaluation objective: 'Does ISR represent a good return on investment?'. The primary evidence is a cost benefit analysis carried out by NZIER that included a review of the costings of the pilots. Results presented in this section are taken directly from their report.

- **Section six** – presents evaluation data related to the fourth evaluation objective, which relates to the efficiency of the ISR model. It includes updates on progress since the first evaluation, and identifies elements that contribute to successful outcomes, and areas for improvement. It concludes with a discussion of future challenges and considerations for ISR within the wider family violence response system.

A final conclusion section of the report offers observations on the value and success of the ISR pilots.

2   Distinct features of ISR and considerations for a wider rollout

This section addresses the first evaluation objective, which is 'to understand the distinct features of ISR, and the context required for ISR to work optimally in other locations.' The material following is drawn primarily from a report prepared by the ISR National Team. The full report on their review (also titled 'Review of Distinct Features and Local Considerations for Implementation') is referred to as the Distinct Features Report. In places, findings of this review are supplemented with evaluation information sourced from the interviews and the online survey.

Presenting a summary of this review within the current evaluation report serves a number of purposes:

- it confirms the aims and scope of ISR, and thus clarifies the relevance of evaluation data; providing context for considering the validity of some criticisms of ISR (e.g. absence of provision for long-term intervention with families and whānau);

- it is relevant to this report's conclusions as to how ISR should function within a wider system of responses, particularly as work begins on developing a comprehensive national family violence response system; and

- it enables a more informed consideration of the implications of revising or scaling down the model, insofar as that is a consideration for making a wider rollout more affordable.

2.1   Aims and scope of ISR

As already noted, the initial evaluation of the pilot identified some confusion amongst stakeholders around the aims and scope of ISR. Confusion primarily centred around the extent to which ISR should serve as a crisis safety response ('make safe') or whether it was also aimed at ensuring long-term safety of families and whānau ('keep safe').

It has since been clarified that the model was in fact intended as the former, a crisis safety response. Since the first evaluation, the description of aims, principles and scope of the model have now been revised to better capture this core purpose. To that end, the 'Distinct Features' report asserts the aims of ISR as:

> *…. to **ensure the immediate safety of victims and children**, and to ensure perpetrators referred through the ISR system are connected with an appropriate service to assist in preventing further violence. ISR aims to provide safe, effective, and efficient services to victims, children and perpetrators, families and whānau. (p4, Distinct Features Report)*

The report also clarifies that other aspects of the model (e.g. the case management system, multi-agency governance structure) exists to enable 'broader aims' to be pursued. These include: developing a shared understanding of family violence across and within agencies; improved information sharing amongst agencies and service providers; improving the evidence base around family violence; monitoring supply and demand issues for services; and trialling new ways of working with whānau.

The scope of ISR is therefore summarised as follows:

> *ISR is <u>part</u>* (emphasis added) *of the family violence system, which very simply comprises the following overlapping categories: primary prevention; early intervention and crisis response; long-term recovery.* **The formal scope of ISR is crisis response**, *however there is no hard and fast line between the system categories. (pg7, Distinct Features Report).*

In the first evaluation, a lack of clarity around the appropriate end point for intervention (i.e. when an ISR plan should close) was a key issue which led to confusion over the aims and scope of ISR. More detail and clarification has since been given on this point. In the Distinct Features Report, ISR is further described as *an end-to-end process for crisis response*, with the following junctures more clearly specified:

- commencement – the response begins with notification of a family violence episode attended by Police, or the imminent prison release of a high-risk offender by the Department of Corrections;

- response – variable levels of intervention occur when a family and whānau engages, with contact time based on level of risk - individual cases will vary, with guidelines suggesting: 1.25 hours of contact time for low-risk; 4.5 hours over 6 weeks for medium-risk; and 40 hours over 12-weeks for high-risk; and

- closure – the service ends when presenting risks are adequately reduced; victims' and children's immediate safety needs have been met; and appropriate plans are in place for longer-term safety.

As noted in the introduction, a plan is closed when agreement is reached between the plan lead, case worker and the family or whānau, as to the agreed outcomes (improved safety and reduction in risk) set out in the plan. The family or whānau then 'owns and drives' the ongoing safety plan, with the support of involved community and statutory agencies (access to some of whom may have been through the ISR response).

Therefore, actions to achieve longer-term safety and wellbeing goals are expected to continue after ISR engagement has ended. ISR sets goals, and families and whānau are supported in pursuing these goals by the support services they have been connected with through ISR.

Analysis of the 12-week case review material repeatedly confirmed the need for transition support and ongoing work after ISR. At the end of the 12-week crisis response, the assessed status of families and whānau was summarised as follows.

- 44% of victims had improved or greatly improved their ratings of safety at the end of their 12-week review period. However, the complex needs of those involved meant the remaining 56% required further support beyond the 12-week crisis intervention, in order to achieve sustainable safety and longer-term wellbeing.

Given its defined scope, ISR funding does not extend to supporting longer term services. The assumption is that necessary services should be sourced from within the community. This assumption may not always be valid however, a concern frequently raised, both in the online survey and interviews with key informants, was that current capacity and funding for longer-term services were inadequate. This issue is addressed further in chapter six.

Other concerns identified which involve a 'blurring of boundaries' in relation to the defined aims and scope of ISR are as follows:

- **family violence crises tend to be episodic and recurrent** – a short-term crisis intervention has to contend with the realities of family violence for some families and whānau, in which a series of crises recur over time, each of which may demand a new crisis response. This means that ISR-led responses can be repeatedly called upon, with the result that a family or whānau's involvement unavoidably stretches over periods much longer than 12 weeks;

- **high-risk prison releases** – not all of these events are necessarily a 'crisis', so the purpose of the ISR referral becomes one of 'crisis prevention'; and

- **secondary prevention** – whilst the formal scope of ISR is not primary prevention, it does extend to secondary prevention, with crisis response aimed at progressing work to prevent further family violence episodes.

2.1.1   Level of understanding of aims and scope

The efforts of the ISR National Team to provide clarity around ISR aims and scope has been welcome. The ISR core teams themselves now appear to have a better grasp of the issues. Teams at both sites appear to be working hard to implement ISR in line with the agreed aims, including using quality assurance processes to monitor the nature and length of support service being delivered by community partners.

However, understanding among community partners appears to be on more of a continuum. One community partner had recently re-structured their services to include dedicated 'transition workers' who focused on supporting families and whānau from the ISR short-term crisis response into the longer term supports they needed. This provider had been able to adapt and incorporate the ISR crisis safety response within their full range of support services.

However, multiple instances were identified where agencies were continuing to deliver longer term support services to families, well past the 12 weeks crisis response guideline.

This pattern of behaviour is perhaps understandable, given that other parts of the wider integrated family violence response system are often under-resourced. Thus there is a strong temptation among providers to direct ISR resourcing into longer term support, despite this being outside the intended scope of ISR. However, doing so means that the core ISR crisis response is potentially depleted; a case kept open longer than intended means reduced capacity to respond to new referrals.

The need to improve resourcing and capability for longer-term support services was noted by one National Project Board member:

> *So, I think there's a system there that you just still need to -- it's responsibility of the joint venture to build … Yeah, I just don't think the services are there -- and it's great that we've got whānau resilience coming out, so that's 15 million. ... but ... so in your [ISR] 12 weeks you respond to the crisis; then there's kind of this, okay, now we've sort of calmed things down…What's [next] -- you know, do you need to go on a family intervention? ... Does Dad need to go to drug and alcohol? Do you need … perpetrator support? You know, does he want someone to talk to? What does the victim need? What are the kids' needs? ... And then obviously for those hard ones, there will be the long, we're going to work with you for a long time to sort out some of your housing, you know, that will take three months; and put you in some programmes.* (National Project Board)

2.2　Distinct features of the ISR model

Making the distinct features of the ISR model more explicit was also an evaluation objective. As ISR draws to the end of its piloting phase, and decisions on the future of ISR need to be made, it is useful to know exactly what ISR is, and how it differs from existing models for responding to family violence.

The Distinct Features Report summarised nine key features together with four 'less tangible' features of the model, which are presented in Table 2.1. However, the report makes it clear that the features do not operate in isolation but work as a package (for further details of the ISR model see the full ISR guidelines).[34]

Table 2.1　Key features of the ISR model

Feature	Comment
1　Structured governance	▪ Each site has a governance group comprising senior management from government and non-government agencies and iwi. ISR National Project Board comprises membership from participating government agencies. As operational lead, NZ Police reports to the Minister of Police. Participating agencies report to their respective Ministers. ▪ National support team provides: programme and budget management; FSS maintenance enhancements and analytics; specialist practice advice and support; and operational policy advice and support. ▪ Waikato has a joint leadership team including the Children's Team and ISR.
2　Backbone staff	▪ The core dedicated staff are the Director (one at each site), Operations Manager (one at each site), Senior Practice Lead++ (one at each site), Coordinators**+** and Administrators**+** (Waikato – 5 coordinators and 5 administrators in total).
3　Specialist services	Dedicated specialist roles and services work with individuals, families and whānau: ▪ Independent Victim Specialists for high-risk victims**+;** ▪ Perpetrator Outreach Services (sometimes called Independent Perpetrator Services) for high- and medium-risk perpetrators**+;** ▪ Whānau and Family Support Workers for medium-risk families and whānau**++;** ▪ Non-mandated Group Programmes for perpetrators**+;** ▪ Outbound calling follow-up service for low-risk victims**+; and** ▪ Flexi fund to pilot innovative services such as couples/whānau counselling, tamariki specialist, 0800 HEYBRO. Funded separately by MSD**++.**
4　Electronic Case Management System (Family Safety System 'FSS')	▪ A multi-agency, secure, electronic Family Safety System (FSS) with business intelligence reporting capability, the first of its kind for a family violence crisis response. At the SAM, a 'SAM response action' is created within FSS for each referral**+.**

34　Full details are contained in the 53 pages of the 2017 ISR Guidelines Document (see Integrated Safety Response. People and the process: ISR Guidelines (version 3.0, September 2017). This manual is considered a living document, and it is expected to be updated regularly as the ISR initiative is refined and improved.

5	**Safety Assessment Meeting (SAM)**	▪ Seven days per week SAM facilitated by a core rostered multi-agency team that assesses risk; tasks specific government and non-government agencies to engage with the families; and monitors progress. The SAM completes quality assurance of its work. SAM table uses a risk guide to guide discussions and assignment of risk to victims – high, medium or low. All work is recorded in the FSS.
6	**Intensive Case Management (ICM)**	▪ ICM for high-risk victims, families and whānau. ICM meets weekly to problem solve and monitor cases. Cases are referred to SAM when the risk has been reduced.
7	**Training and development**	▪ Training is provided to staff in both NGOs and agencies. Completion of the Learning Management System (which rolled out in June 2018) contributes to the Careerforce Certificate in Health & Wellbeing**+**.
8	**Evaluation and continuous improvement**	▪ Formal evaluation of phase one and phase two of the pilot. ▪ Tiered Quality Assurance Framework to support monitoring, continuous improvement and development.
9	**Flexi Fund (available in Christchurch)**	▪ Availability of an ISR Flexi Fund to improve the ability of victims, perpetrators, child witnesses and their whānau to access necessary services; and/or ▪ Directly purchase specific services and/or interventions which reduce the occurrence of further family violence.
	+ denotes services or features that received increased funding following the decision to expand the pilot in the two sites for a further two years. As a result, the service or feature was increased or enhanced. *++ denotes new services funded under the decision to expand the pilot in the two sites for a further two years.*	

Less tangible features of ISR include:

Feature		**Comment**
1	**Whānau-centred practice**	▪ Whānau-centred practice is victim focused, supporting victims and their families and whānau no matter what form they take. This practice is not unique to ISR, but has been incorporated into ISR as part of locally-driven practice.
2	**Build on local collaborations**	▪ Building collaborations, which strengthens the support and safety of family and whānau members.
3	**Local ownership**	▪ Devolved commissioning model enabling sites to procure services to meet local demand. ▪ Locally driven development and continuous improvement, for example whānau-centred practice, and the establishment of specialist practice lead.
4	**Wider impact**	▪ Although ISR focuses on crisis response for Police and Corrections referrals, it has a wider, flow-on impact. ▪ Wider prevention work and awareness raising to spread the message that family violence is not okay and how people can safely access support and get help. Opportunities to respond and impact on the family violence sector taken where possible, e.g. navigators in cells and 0800 HEYBRO.

Source: Distinct Features Report, see Appendix C for further details of each feature

2.2.1 Key modifications to the ISR model in Years 2 & 3

Following are some of the key modifications to the ISR model since the first evaluation. They indicate how the model has evolved over time, and evidence an ongoing commitment to continuous improvement:

- **Community specialist services have been substantially increased to meet demand** – case load volumes experienced in both pilot sites was significantly higher than anticipated, resulting in capacity short-falls. This experience led to a well-evidenced budget bid for additional funding, resulting in:

  - a significant increase in capacity of existing services (e.g. specialist ISR positions such as IVS and POS);

  - an enhanced out-bound calling service to offer follow-up support to low-risk families;

  - increased capacity of non-mandated group programmes;

  - an increase in numbers of ISR coordinators and administrators; and

  - creation of new positions:

    – whānau support workers to work with medium-risk families and whānau, this can include high-risk families transitioning to lower risk pathways; and

    – Specialist Practice Leads to work with community partners to build workforce capability.

- **Formation of agency collaborations/coalitions** – these new groupings of community agencies were expected to enhance collaboration, facilitate workforce capability and, most importantly, enable a more devolved commissioning model of service procurement (services are procured by each collaboration/coalition, based on referral numbers, but the agencies within each coalition collectively decide how they allocate specific positions across the group of agencies).

- **'Flexi Fund' (in Christchurch)** – a fund that enables quick access for emergency safety responses, and purchasing of complementary local services that reduce/prevent family violence (e.g. 0800 HEYBRO and 'navigators in cells').

- **E-learning platform developed** – easier access to training, with ability to gain sector relevant qualifications, and opportunity for career development (Careerforce Certificate in Health and Wellbeing).

- **Enhanced electronic case management system** – ability to better track support services accessed and the introduction of pre-post assessments to monitor ISR safety and wellbeing outcomes.

- **Quality assurance process enhanced** – a process now run locally involving three tiers: (i) tactical (weekly samples of Family Safety Plans to check for quality), (ii) operational (monthly meetings with providers to assist with professional development) and (iii) strategic (quarterly meetings with service providers to consider performance against outcomes).

2.2.2   How ISR differs from other family violence crisis response systems

The distinct features of ISR can also be highlighted by contrasting it with other crisis/safety response systems. Table 2.2 summarises the key features of ISR and indicates where they are similar to, or distinct from, two other current crisis response models: the multi-agency FVIARS

model, and the Whāngaia Ngā Pā Harakeke (WNPH) initiative, which has been piloted in Counties-Manukau since 2016.[35]

Table 2.2   Distinguishing between ISR, WNPH and FVIARS

High level features	ISR	WNPH	FVIARS
Government mandate and ring-fenced funding	✓		
National governance – multi agency	✓		Partial
Local governance – multi agency	✓	✓	
Multiple government and non-government agency involvement in safety planning for families	✓	Depends on site	Depends on site
Partnering with iwi and Kaupapa Māori services	✓	✓	
Relevant information sharing by participating agencies at daily triage/risk assessment meeting	✓	Depends on site	
Direct purchasing of services for victims, perpetrators and whānau	✓		
Police funding for co-deployment of Police and community workers to visit families post triage	✓	✓	
Daily Safety Assessment Meeting operating seven days per week, supported with funding for core ISR team	✓		
Mon-Fri daily triage using local resources	See row above	✓	Depends on site
Case management system	✓	Depends on site	
Intensive case management for high-risk	✓		
Additional Police family harm constables for post-crisis intervention	✓	✓	
Training through Learning Management System	✓		
Flexi Fund for additional interventions to reduce further family violence or remove barriers that prevent engagement with services.	✓		

Source: Distinct Features Report p21. Note comparison to FVIARS can be problematic as the FVIARS operating model varies from site to site nationally.

In summary the most significant features differentiating ISR from the other two models are:

- the government mandate and ring-fenced funding to deliver ISR, which has resulted in strong and continuing participation by government agencies;

- the provision of a dedicated team of staff to oversee the operations;

- the funding of the community-based specialist positions to provide more assertive outreach and intensive short-term safety work; and

- the purpose-built electronic case management system that tracks tasks and enables information sharing.

---

35 WNPH was developed by Police in partnership with local iwi and communities and is funded from within Police baseline. WNPH was piloted in three sites: Counties Manukau (commenced in April 2016), Tairāwhiti/Gisborne (commenced in March 2017) and Te Hiku/Kaitaia (commenced in November 2017), and is being extended into additional Police districts. WNPH is included in the table as there has been confusion over how it differs to ISR.

Two other features that set ISR apart from FVIARS specifically are the daily case triage process, and the whole-of-family and whānau approach that includes a focus also on the perpetrator.

2.3   Considerations for a wider rollout

This section briefly considers key informants' views on the expansion of ISR before presenting other views on the issue of scaling it down, if it was considered that doing so would enable a more affordable rollout.

Overall this evaluation found strong support from informants for the continuation and wider rollout of ISR. Without exception, the current ISR community partners and agencies in the two pilot sites are supportive of ISR continuing. The majority were also strongly in support of a wider rollout of the pilot, believing families and whānau in other areas will benefit:

> *Yeah, so I mean I think that rolling it out throughout the country I think would just be beneficial for all of the families experiencing family violence.* (Health)

Some were supportive of a wider rollout, as a wider joined-up approach was also expected to further benefit the pilot sites as a result of increased information sharing in relation to transient families.

> *I think it would be bloody good actually because I find the FSS system so handy that, for example, we had a child come in here today for a physical examination because someone had reported this little baby had been assaulted by its mother. Now, I couldn't find any information on the health databases and there's several of those. And then I put the name of the mother into FSS and, lo and behold, she has had three episodes up in the Waikato and the last one in January, being through exactly the same thing as her son was being seen in hospital for today. And without FSS and without us being able to look at the Waikato information I wouldn't have known that and it made a huge difference to the treatment that that kid got today.* (Health)

A few informants expressed caution about rushing into a wider rollout, including one senior government agency representative. In their opinion ISR should be given more time 'in pilot mode' to fully develop its methods and processes, and that this would also enable further development of the broader community responses that ISR, as a crisis safety response, would sit within.

> *I think people try to get to the end too quickly …we need to think about the whole system that we're trying to develop. … we should be doing a plan on working out how we build that infrastructure up. … providing that non-existent long-term support. … don't try to rush it all at once, otherwise you'll just create more mess … because if you're trying to do everything, expand it all at once, you'll lose what you are actually trying to achieve.* (National Project Board)

This board member viewed ISR as "a great model", and a useful testing ground, and the starting point for understanding "what an integrated crisis safety response should look like".

2.3.1 Views on a scaled-down ISR model

Rolling out a scaled-down version of the ISR model might be fiscally appealing, but this option was not supported by those interviewed for the current evaluation. Concern was expressed about trying to select out and implement parts of a model that was designed to work as an integrated package. Whilst it might be tempting to think of the components of ISR as stand-alone elements from which it is possible to 'pick and mix', the writers of the Distinct Features Report cautioned against this, noting 'None of the features operate in isolation; they work as a package' (Distinct Features Report, p.11).

Several key informants expressed concerns that scaling down ISR would risk reducing or 'diluting' its effectiveness:

> *I think they probably all are part of the process and without one, the other doesn't work in some format, no matter which way you put them*. (Police)

> *I think there's probably a minimum viable product that you would need in order to get the outcomes that you want … So, I'd be very wary about scaling it down …* (National Project Board)

> *.. we've stumbled upon something that actually works. Why would we scale it back? .. And because -- unless you absolutely know what the critical element that's making a difference in [pilot site] is - and often, it's not just one thing; it's several things - then you have to incorporate that into another area as well. Like, you have to keep the model similar enough so that you can get the effects*. (Health)

Whilst it is possible to separate out individual elements, the effectiveness of each element is arguably dependent on others. For example, the value of the FSS electronic case management system is widely acknowledged, yet those who use the FSS understand its effectiveness is dependent on other elements such as the willingness to share relevant information and collective development of safety responses at the SAM table, and the quality of entered data being overseen by the ISR core team.

> *But the biggest single thing that's made this work is co-ordination and collaboration and getting a plan together, and that can't just happen through a computer. So, for me, there is a need for a SAM table of some description.* (ISR community partner)

Most struggled to imagine how the model could be scaled down.

> *I wish we could [scale it back] because it would make it more sustainable financially, you know, and more able to be rolled out. But I really don't see where it could be done. … you know, if I could scale that back my bosses would love me giving them some resource back.* (Corrections)

> *I think the ISR is a huge task but it's very, very necessary. And if anyone can figure out a way to work smarter or more cheaply, then I can't wait to hear the ideas, but I can't see us doing without it in [Pilot site] now.* (Health)

> *…I know there's been a lot of talk about the resource commitment involved in ISR. But when you actually look at it, I think about 80% of that resource financially is going on services. So the services that are actually delivered to whānau and perpetrators and families that are identified in responses to family harm incidents …So then when you look at what parts of it are scalable, that doesn't seem to be one of them and it accounts for*

80% of the funds. The remaining 20% is all, I'll say bureaucracy ... to keep it running ...you need a coordinator and you need a manager and you need commitment from other agencies to contribute to this to make the process work. (National Project Board)

The most common response to questions about rollout and scaling was that the model needed to be scaled up, not down, to cope with the increasing numbers of families and whānau coming through.

All the international evidence suggests that it's not out of line with other jurisdictions. This is what it costs. It's a big problem. We haven't got a Rolls Royce [model] … it's not a Japanese car either. It's a good, solid, pretty effective, making-a-difference model. … We know it's making a difference and so we need to … scale it up. (Oranga Tamariki)

The only suggestions on how things might be scaled back centred around increasing efficiencies through 'working smarter', for example developing and utilising IT solutions for information retrieval and making information sharing more efficient. Also suggested in this context was re-considering whether ISR should focus on just medium- and high-risk families (see section 6.3.3. for more discussion).

2.3.2   Considerations for a wider rollout

The Distinct Features Report outlines a range of considerations for wider rollout of ISR, including a table outlining local considerations that might influence the design and delivery (see pg. 23). This includes how the model may need to vary based on expected volumes (e.g. if volumes in an area are low and geographical distances large, consider using virtual meetings), geography (e.g. recognition of fewer services in rural areas) and other local resources including the receptiveness of the areas to participate. However, the main focus of the Distinct Features Report was outlining the right overall approach to ensure successful implementation (see also section 6.2 on elements critical for successful outcomes).

As discussed above, the report writers stressed the importance of understanding that ISR was more than a set of discrete components and therefore should be implemented as a complete package. Three other important pre-requisites noted for the model to work as intended were:

- ensuring the right people, with the right 'mindset', including a deep commitment to 'making a difference', are recruited and retained;
- that those involved have a willingness to collaborate and work together; and
- identifying and removing barriers to information sharing.

The main recommendation from key informants for a successful implementation was to ensure a sufficient lead-in time before ISR is implemented, widely observed to be lacking when ISR was first rolled out in the pilot sites. This was seen as essential to enable consultation with all stakeholders to obtain buy-in; build the necessary trusting relationships between all parties (government and non-government agencies); deliver joint training; and ensure appropriate infrastructure is in place (e.g. suitable facilities).

Another recommendation was to ensure sufficient flexibility in the model to enable local innovations and adaptions, whilst maintaining adherence to core principles.

Relatedly, a more general recommendation was to ensure an approach that prioritised local ownership. Several informants argued that the successful operation of ISR in years two and

three was due primarily to the partnership that had been developed with the local community, which had been less strong in the first year. A phrase commonly mentioned was for ISR to be 'locally led, government facilitated' – this was the direction several felt was important to work towards.

> *While in the early stages you might kind of want -- have some national oversight and direction, it is actually really important that the community and the people involved really own what is happening and drive it, and don't sit back and wait for direction or being told by somebody from Wellington.* (Health)

> *ISR is, at its core, a sector owned response, innovative in its aspiration to be driven and led by sector partners - inclusive of government and non-government partners. This has enabled an improved view of capability, capacity and funding gaps that impact on the family violence sector and its ability to deliver services to vulnerable families. Any future national rollout would be wise to enable the flexibility of a contract purchasing process that was sector led ... and tailored to the communities being served, enabling responses specific to community need.* (ISR core team)

2.4 Summary

This section of the report presents information to address the first evaluation objective, 'to understand the distinct features of ISR, and the context required for ISR to work optimally'. Key points included:

- confirmation that the primary aim of the ISR is an immediate safety response or crisis response (i.e. 'make safe');

- there is increasing understanding of ISR as a crisis response, but work is still needed to clarify and confirm this purpose across all ISR community partners;

- other aspects of the model (e.g. the case management system, multi-agency governance structure) enable 'broader aims' to be pursued. These include developing a shared understanding of family violence across and within agencies, improved information sharing amongst agencies and service providers, improving the evidence base around family violence, monitoring supply and demand issues for services, and trialling new ways of working with whānau;

- ISR has a number of distinct features compared to other crisis response systems such as FVIARS. The most significant features that differentiate ISR from other systems include the:

  - daily triage of all new episodes of family violence;

  - whole-of-family and whānau approach that includes a focus on the perpetrator, whilst ensuring the safety of victim and children is paramount;

  - government mandate and ring-fenced funding to deliver ISR, which has resulted in strong and enduring participation by government agencies;

  - provision of a dedicated team of staff to oversee operations;

  - funding of the community-based specialist positions to provide assertive outreach and intensive short-term safety work; and

  - purpose-built electronic case management system that tracks allocated tasks and enables information sharing.

- the evaluation found strong support for the continuation and wider rollout of ISR; a wider rollout would extend the benefits of ISR to families and whānau outside the pilot sites but would also improve responses within the current ISR sites with increased information sharing related to transient families;

- most of those interviewed felt there was a case for continued investment to maintain the scale of ISR and enable continued learning about the value of this integrated way of working. The model's multiple elements and functions have been designed to work as an integrated package, such that an attempt to selectively implement some elements, while dispensing with others, was viewed likely to significantly 'dilute' the effectiveness of the ISR package; and

- local conditions of new locations should influence the design and delivery of ISR and need to be considered (e.g. volumes, geography and local resources). Also important was ensuring the right approaches underpinning the model are adopted from the outset. This included a partnership approach and ensuring collaboration and involvement of people with the right approach and mindset. An overall commitment to ISR being a locally led but government facilitated initiative was also viewed as important.

3 Effectiveness of ISR

This section summarises evidence collected on the effectiveness of the ISR pilots. It considers the impact and outcomes for families and whānau, as well as for partner agencies (community and government) that participate in delivering ISR. Additional outcomes for Māori identified through the Kaupapa Māori evaluation component are presented in Section 4.

While the main focus of this section is on what has been achieved for families, whānau and partner agencies through the ISR model, areas requiring further improvement are flagged and discussed in more detail in chapter six. Unintended consequences of ISR are also considered.

Challenges to evaluation of the effectiveness of ISR

The ISR model is a multi-faceted entity, with multiple participating parties and interacting components. Consequently, there is potential for a range of impacts, affecting multiple parties, and occurring at multiple stages. The complexity is represented in the model logic diagram presented as Figure 3.1 on the next page.

This complexity creates three particular challenges for evaluating the effectiveness of the ISR model (see also Appendix 2 for more details):

- many families and whānau were not aware of what constitutes an 'ISR response', as a result of which their views and perceptions tended to reflect their experiences of the services they received as a result of ISR;

- differentiating any effects that are specific to the ISR short-term safety response from impacts generated by the services and supports that ISR initiated; and

- the fact that the evaluation timeframe was not sufficiently long to capture outcomes which tend to become evident over much longer time periods, reflecting also that family violence behaviour is usually symptomatic of complex needs and entrenched patterns of behaviour.

These challenges may explain the dearth of studies to date that have been able to isolate and provide clear evidence of the impact of such interventions. This includes evaluations of MARAC in the UK, which have not used a comparison group, instead relying on pre-post comparisons to attribute effectiveness, and evaluations of FVIARS in New Zealand that have relied primarily on qualitative data to assess outcome for families.

Figure 3.1 ISR model logic (version 3)
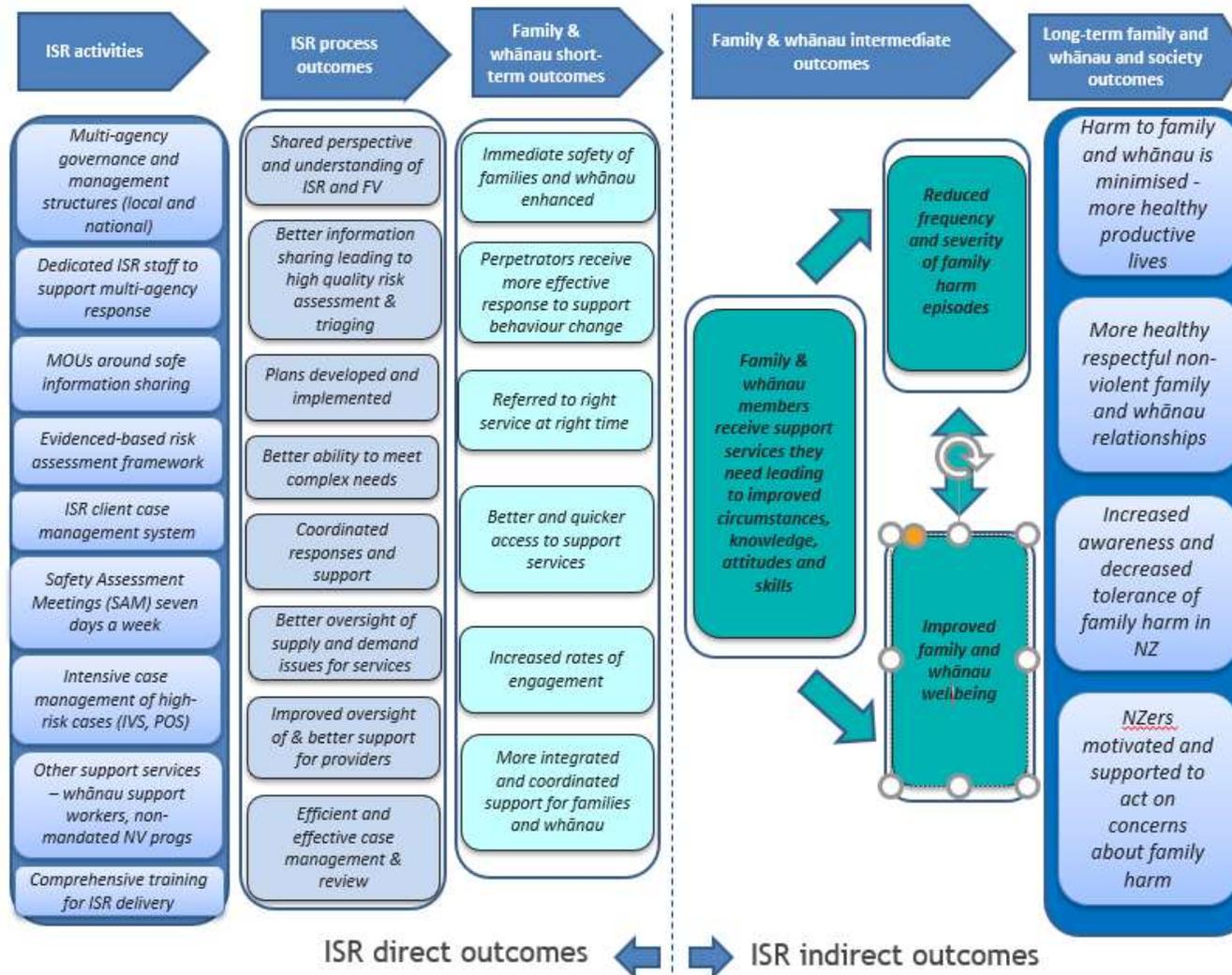
Note: The intervention logic underpinning the ISR model is dynamic in nature, changing as the understanding of the model and the model itself evolves. This logic diagram will continue to be revised over time and following further evaluation activities.

3.1 Outcomes for families and whānau

ISR is intended to deliver a range of beneficial impacts and outcomes for families and whānau. This section summarises these impacts, synthesising evidence from a range of different data sources. Sources included the experiences of families and whānau, learned about through face-to-face interviews. A total of 30 interviews were carried out with 38 family or whānau members who had received support through ISR (a combined total from the Kaupapa Māori evaluation and interviews from the 12-week case review). Other sources included outcomes for family and whānau sourced through pre- and post-ISR self-report assessments; responses of those delivering ISR collected through the online survey; Police data on repeat reports of family violence; and observations by the support agencies working with the families and whānau.

The main impression gained from the family and whānau interviews was a positive sense of appreciation for the level of support they were now receiving. Although few had awareness of what ISR was, or the fact that they were being engaged via a new form of social service response, they typically expressed relief and gratitude for the way in which their concerns were being addressed.

> …the only time we've ever had what we believe is help is when we got here, because [previously] no one was listening, this is how we felt.

Community agency views were surveyed on the impact of ISR on the families and whānau they had supported. These views reflected differences between what they had observed under ISR compared to what was typical prior to ISR. Summary results are presented below in Figure 3.2 and further expanded on throughout this section. 'Families and whānau being more informed about supports available' was the highest-ranked impact of ISR, with 96% of providers agreeing or strongly agreeing that this outcome was achieved. This was followed by families and whānau getting faster access to support services they need (85% agreeing or strongly agreeing). According to providers there was also agreement that, as a result of ISR, women especially tended to feel safer, followed by families and whānau and, to a lesser extent, children. The proposition with the lowest level of agreement was that those using the violence were less likely to use violence again in the future (just 42% agreeing this was an outcome of ISR).

Figure 3.2 Community partner ratings of impact of ISR on families and whānau (Online survey – n=56)
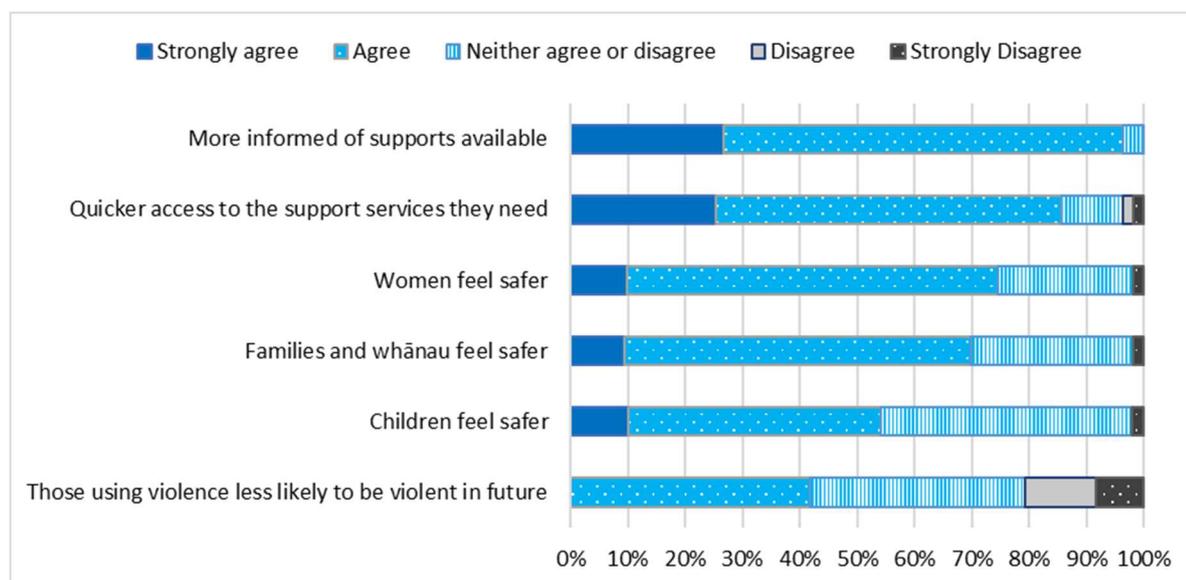
3.1.1 Improved service response

Improved service response for the families and whānau, referred to ISR, is a core expected outcome according to the model logic. Support for this was found in a number of the evaluation components.

Aspects of an improved service response identified by respondents as resulting from ISR included:

- quicker multi-agency response;
- improved outreach and corresponding increased rates of engagement with families and whānau;
- more families and whānau receiving safety planning and support; and
- more families and whānau having the confidence to enact their safety plans.

Quicker multi-agency response

Two features distinct to the multi-agency ISR model were identified as enabling a quicker response:

i. **ISR operates seven days a week** – this means all new episodes of family violence reported to Police or imminent high-risk prison releases can be reviewed by a multi-agency team of professionals at the SAM table the following day (or the same day if urgent cases come to light). This frequency of meetings is particularly important given the elevated incidence of family violence on Friday and Saturday nights.[36]

ii. **Minimum response standards** – the ISR model entails minimum response standards, based on the assessed level of risk (i.e. minimum number and type of contacts). For example, ISR requires that high-risk families and whānau receive a face-to-face visit within 24 hours, and medium-risk within 72 hours (pre-ISR responses typically were phone-based).

Eighty-five percent of ISR partner agencies agreed that families and whānau have quicker access to the support services they need as a result of ISR. Key informants interviewed often referred to this as being the primary strength of the model.

> *So, the fact that there is a daily SAM meeting, that cases are discussed and allocated quickly, and that we've got team members who are actually able to knock on doors and to speak to victims and perpetrators and their family members within a really short timeframe has been a massive improvement.* (ISR community partner)

---

36 ISR moved to a seven days a week operation half-way through the first year of piloting, based on the rationale that the highest rates of family violence occurred over the weekend and then having to wait until Monday morning for review. This was an easy extension for Police where shift-work was the norm. More adjustment was needed for other agencies used to working five days a week, but despite initial reservations has been achieved without issue. There are typically five or so members of a team per agency that cover the SAM tables, and arrangements were made for each member to take turns to work a weekend shift and swap for a day off in the week. Those in the community are also required to supply information prior to the SAM table over the weekend. They do this recognising the benefit for their families but it can still create resourcing issues.

It's dealt with that same day and you've got all the people in the room that can then take that case on rather than going, "Oh, we need to do an external referral to OT and then they're going to take three weeks to assess it." (ISR community partner)

As documented in the first evaluation, under ISR there is input from more agencies than had previously been possible (e.g. review of cases by ACC, and daily attendance at SAM by Health representatives as well as from Police, Oranga Tamariki and Corrections). This has meant that the response was not only quicker, but also much better informed (section 3.2.1 further discusses this aspect).

An example of speedy response was provided by an ISR community partner. She related a recent case of a family assessed at SAM as high-risk in the morning, and an emergency safety response activated by the afternoon following discussion and action by all relevant parties.

The really good thing that ISR has done – is the flexibility of ISR to be able to move really fast. Like, you know, if somebody comes to the SAM table in the morning as a high-risk and it comes to us really quickly… we can have - and we have had - a client here, provided with food, water, clothing, her child looked after and [both of them] on a plane out of [here] within three hours… And that's really significant. (ISR community partner)

The efficacy of ISR's quicker response was also noted by several government and community agencies for both victims and perpetrators. It was seen as particularly important for the victims that a response was initiated as soon as possible after an episode, as the chances of engaging otherwise dwindled rapidly.

If the time of crisis passes, women can move past the place where they are wanting to make changes, or accept support. (ISR community partner)

For perpetrators, providing a response as soon as possible after the event, was also seen to be important.

… one of the key principles in dealing with crime from our point of view is the closer you bring the consequence or the response of the event to the event itself, the better chance you have of success. That's why we've been so supportive of the ISR model because you have an event and it gets to a SAM table and there's a decision on a response and then either agencies or whoever are tasked with implementing that response. (ISR National Project Board)

One agency that provides a nationwide crisis phoneline acknowledged the speediness of ISR responses by expressing their frustration about the lack of timely responses in non-ISR areas.

Because we have other cases [phone calls], where it might be a similar same sort of violence thing [to ISR cases] and we're like … we can't make this go to SAM. They're in Whangarei or they are, I don't know, somewhere else. … And it's like, … what are we going to do now? There's no SAM table ... if we refer there, it's going to take six weeks. If we refer there it's not going to make the threshold. … I mean, it doesn't stop us. We'll make the referral but we know that it's not going to get them help. (ISR community partner)

Despite the general approval of case response times, volumes of referrals to ISR increased in late 2018 and early 2019, and concern was raised from several key informants that delays in response time were creeping upwards, particularly for medium- and low-risk cases. Ensuring timely response capability in the face of rising volumes is discussed further in chapter six.

Quicker access to safety and service responses following the SAM table

Informants commented further on how, once a case has been reviewed at the SAM table, speedy access to services and support continues, enabled by two critical factors:

- improved relationships among contributing agencies; and

- easy access to client information stored within FSS.

As also found in the first evaluation, improved relationships and connections among ISR agencies mean they can mobilise the support families need more quickly.

Multiple instances of families and whānau receiving quicker and better access to support and services they needed were identified:

> *Before the process was so long and drawn out. You'd go back and forth, back and forth, with lots of different people … With ISR ... you've got all of those people in one room: Work and Income, from OT, ACC …, you've got the decision-makers there or somebody even equivalent to those decision-makers that can get those results faster because, as we know, time is of the essence when dealing with our clients and that is what they do not have a lot of. Having those people there just speeds up the results that we need and gives them access to the services they need in a timely manner ...* (IVS)

As described in the previous section, the primary aim of ISR is to ensure the immediate safety of families and whānau. Multiple examples were elicited where important safety actions were implemented rapidly within the ISR environment (including those described above). Access to information in FSS that was being regularly updated was also seen as a factor which enhanced timely safety responses. Whilst adhering to strict information sharing rules, an IVS explained how she used this updated information from a POS worker to alert a high-risk victim to an escalated risk to her safety.

> *"Hey, just a heads up. Things haven't gone well for [perpetrator] today. Be aware", and things like that… and even, not yesterday -- yes, it was yesterday, he had been sent to do a mandated programme because of the protection orders and so he was sent [there] on Monday for his first assessment. That did not go well at all. He kicked off and became aggressive and abusive to them, so [agency] emailed me to advise me of that and what had happened. Once again it triggered me to give [victim] a call and say, "Hey, how are things going?"* (IVS)

Another example was provided by a Corrections Officer, who noted the efficiency of the information sharing and networks could extend beyond ISR geographical boundaries.

> *This pilot is ground-breaking, we have attempted to share information in the past via FVIARS, [but] ISR is far more effective and structured. The response times are quicker, the plans and tasks have a home rather than just blowing in the wind. For example, we had a high-risk family harm offender who had taken off from a residential programme, there was a potential victim at risk as he had gone to prison for offending against her and had served a two-year sentence. Within one hour we had a probation officer organising a recall to prison for the offender, we had spoken with Police in Dunedin to attend a welfare check on the victim to safety plan. Considering the victim lives in a different area this was not going to be straightforward, however Police attending ISR made this happen. We had plans in place instantly that never would have happened without ISR. This is what saves lives, this is why we have had no fatalities up to now. I am a practical person and this pilot 'works' for me. We can talk the talk but we are now able to walk the walk.* (Corrections)

More families being offered support - improved rates of engagement

Those responsible for contacting families and whānau described higher rates of success with the more intensive outreach strategies now employed. As noted prior, ISR has minimum response standards (i.e. minimum number and type of contacts) based on assessed risk. These now include 'cold calling' to achieve face-to-face contact for all medium and high-risk cases, and increased efforts to contact low-risk families by phone, including a minimum of six attempts occurring at different times of the day. ISR specialist positions are now resourced to carry out these more assertive efforts. The value of these provisions was contrasted by a community worker who reflected how things were done pre-ISR.

> *I'd come in in the morning, pick up my pile [of new episodes] and I'd flick through them. And I'd triage them in order of priority ... In a town of 10,000, 12,000 people all they had was me and so I would have to do the work and if I couldn't find them or couldn't get a response, that was it; I had to move on because I had to do the next ones.* (ISR community partner)

The 12-week case review report provided detailed analysis of rates and types of engagement for 129 ISR cases.[37] Overall, in 71% of cases reviewed there was some form of contact made and support offered. This included:

- contact made, some engagement but no uptake of services (13%);[38]
- contact made and support accepted (35%); and
- ongoing engagement through an existing statutory agency (23%).

Of the 29% where there had been no contact and/or support offered, 8% had been contacted but immediately declined. Others not contacted or engaged included a small number of individuals that were deemed unsafe to contact (14%), for example where a perpetrator was the subject of a complaint, but was unaware of the victim having done so. In these cases, attempting to engage the perpetrator may put the victim at further risk. There were also cases where neither the victim or the perpetrator were able to be located (7%).

Rates of engagement varied by role and risk level, the overall rate of those engaged who accepted ongoing support was 35%. Of this group, rates were higher for victims (48%) compared to perpetrators (21%) and for those at most risk (e.g. high-risk = 47%, medium-risk = 32% and low-risk = 17%).

It is not possible to assess how these rates of engagement compare with those in non-ISR locations as such data are not routinely collected elsewhere. However, community agencies in Christchurch during the first evaluation reported significant increases in rates of engagement compared to the pre-ISR period, with overall estimates of three times as many families and whānau now taking up offers of support (Mossman et al., 2017). Further, the online survey of those delivering ISR indicated improved rates of engagement, such as in uptake of support:

---

37 See section 1.5.2 the 12-week case review sample was not a representative sample of ISR referrals, it consisted of an intentional over-sampling of high-risk cases. Cases reviewed were sourced from one day of SAM referrals and one ICM meeting at each site (that reviewed high-risk cases only). The inclusion of the ICM table enabled review of where most of the ISR work and effort is focused: in total there were 42 high-risk cases, 63 medium- and 24 low-risk cases.

38 These included cases where there was sufficient engagement to do initial safety assessment and planning.

- 76% of survey participants reported that ISR agencies' ability to make initial contact and offer support was now 'better' or 'much better'; and

- 80% reported these agencies were now 'better' or 'much better' able to engage with families and whānau and provide ongoing support.

Perhaps more relevant is the evidence from interviews with families and whānau suggesting that the 'assertive outreach' approach had been successful in connecting with those who would not have initiated contact themselves. One informant noted that while some people will "stick their hands up" and find their way to a service voluntarily, many would not, needing instead to be approached directly with offers of support.

A high-risk family member who had received considerable input from an IVS expressed surprise when she was contacted.

> *I didn't even think about [specialist family violence agency] … so I was quite surprised that [IVS] called me – [and] I'm grateful.*

Another high-risk perpetrator in his 20s recalled how he had 'fobbed off' a provider's approaches until someone from that service had actually turned up on his doorstep.

> *'When he showed up to my house … it was different … I felt more like they want to help me …'*

After the initial meeting, this particular individual went on to meet with his POS on a weekly basis. They completed safety planning together, talked about his life goals, and discussed the kinds of support he needed in the short-term to avoid relapsing into abusive behaviour.

A well delivered response over the phone to a low-risk person was also seen to be able to achieve positive results.

> *..I heard about a phone call recently when one of our people called a woman whose son was being violent and he was, you know, having drug and alcohol issues and this woman hasn't had a chance to actually -- she's so ashamed that if we hadn't called she wouldn't have had somebody to talk to about it and the call was 40 minutes long and there's lots of crying and she got a lot out and then lots of resources so, "Oh, there are people who can help?" "You're not alone in this. It's quite normal to feel like that". And this person, she just said, "Wow, this has … really turned me around today". Yeah, so you see the benefits like that. People are getting help when they otherwise wouldn't ever seek it themselves. Yeah, so I think that's good.* (ISR community partner)

Safety education and support received

Higher engagement rates logically mean that more families and whānau can be assessed for their risk and needs, receive essential safety planning and education, and be connected with the support services they need. The 12-week review reported uptake of services for those who had some initial engagement (i.e. those contacted and support, at least, offered), details of types of services can be found in Figures A1 and A2 in Appendix 3.

- **Victims** – of those initially engaged, 73% received some form of support such as provision of safety alarms, safer housing, counselling, legal support, parenting programmes, safety programmes, alcohol and drug programmes, and mental and physical health-related support (of the 120 victims in the sample, 88 were initially engaged).

- **Perpetrators** – of those initially engaged, 50% received one or more types of support, including referral to stopping violence programmes, mental health services or alcohol and drug counselling, and support with sentence compliance (of the 117 perpetrators in the sample, 58 were initially engaged).

The Kaupapa Māori report also details the range of support whānau received through ISR and the families and whānau interviewed as part of the 12-week review also spoke of their appreciation of the extent of support provided:

> *'When I moved in here, I had a mattress. [Now] my house is fully furnished and that's from her [IVS] too, getting certain people to help us with food, with furniture, with St Vincent de Paul, and WINZ too.'*

In terms of safety education, important outcomes include: families and whānau obtaining a better understanding of the effects of family violence on themselves; recognising these impacts and seeking help to address them; further, that families and whānau know what support is available, and who to contact for help. This latter outcome was in fact the most strongly supported, according to online survey results - 96% of ISR community partners agreed or strongly agreed that under ISR, families and whānau were better informed about available supports.

Level of achievement of these two outcomes is now routinely monitored through pre- and post-assessments (at intake and case closure) for all who engage with ISR. Results from just under 500 ISR assessments completed between November 2018 and March 2019, following support from IVS, POS, WSW or LRR, appear in Figure 3.3, which reflects a seven-point scale for responses.

Figure 3.3 Impact of ISR short-term support
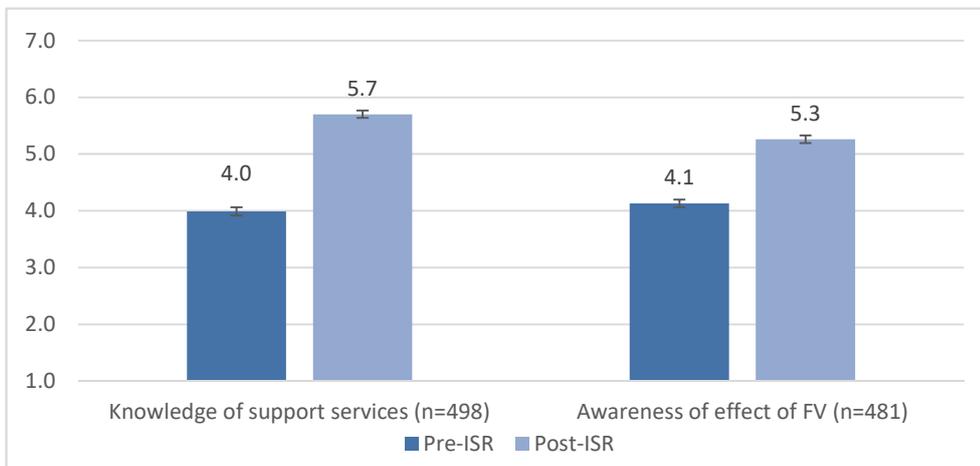
Figure note: Proportion of responses relating to support provided by IVS=9%, POS=7%, WSW=27% and LRR=58%

These results suggest that, as a group, regardless of level of support received (IVS, POS, WSW, or LRR), there is an improved knowledge of support services, and of who to contact for help, as well as an increase in their awareness of the effects of family violence. Whilst pre-ISR levels were reasonably high, paired sample t-tests found increases to be statistically significant (p<0.01). Results varied by type of support service received, with greatest improvement in 'knowledge of support services', reported by those working with a POS. Results specifically in relation to support provided by Kaupapa Māori to 33 clients were also statistically significant (p<0.01).

Increased reporting: more families and whānau enacting their safety plan

Analysis or repeat reporting of family violence to Police (see section 1.5.4 for details of method) revealed, six months post ISR, statistically significant increases in reports of less serious family violence episodes to Police, compared to matched controls in non-ISR sites.[39]

Figure 3.4 presents these rates of repeat reports of less serious family violence episodes six months after referral, with results for the two ISR pilot sites combined.[40] In ISR sites there was an increase in less serious repeat reporting compared to matched-controls in non-ISR sites across offenders, victims and subjects. All differences were significant at p<0.01 significance level.

Figure 3.4 Rates of repeat reports of less serious FV incidents – six months after referral
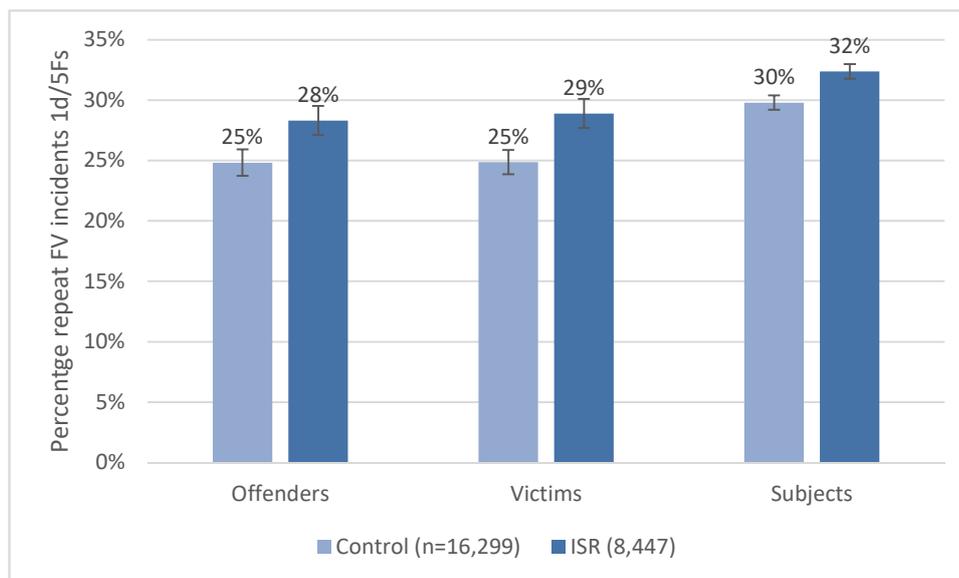
A number of possible explanations exist for this finding, including that the increased reports reflect an actual increase in low-level family violence occurrences (which would be a negative outcome). However, the interpretation considered most likely was that the difference reflects an increase in propensity to report incidents of family violence at the ISR locations. This interpretation was an expected outcome of ISR highlighted in the initial cabinet paper[41] and was supported by a number of anecdotal reports. It was also supported by findings from the online survey, where a large majority (84%) of ISR community agency respondents perceived that ISR-engaged families and whānau were either 'more likely' or 'much more likely' to report any future family violence-related behaviour to Police.

---

39 Less serious episodes were those where no offence was identified, and/or no PSO issued; they tend to involve verbal disputes among family members, and were coded as '1Ds' or, since May 2018, '5Fs'.

40 The increase in reporting of less serious incidents was found to be statistically significant for the 'Combined ISR pilot samples' for all groups in the Christchurch ISR site and for 'subjects' in Waikato.

41 Cabinet Paper - Ministerial Group on Family Violence and Sexual Violence: Update on the Progress of the Work Programme - https://www.justice.govt.nz/assets/Documents/Publications/Ministerial-group-fv-sv-work-programme.pdf (2016)

According to some research respondents, propensity to report depends on the circumstances of the individual or family and whānau.

Some families are more likely to call because they know they're going to get an appropriate response. Some families don't cope with the influx of professionals in their life, so less likely to call. I guess with my client base, I'm getting the most challenging families, who don't call generally anyway, so it's taking me months of engagement before I'm getting them confident to let me know - let alone to call. (IVS)

Most of those delivering ISR displayed awareness of increases in reporting by clients, and generally attributed this to ISR effectiveness.

I think it's [ISR] probably working well but because it's working well there's more calls, more people are reaching out to the Police because the word's out there that it's good to get support. You're not going to get in trouble. You're just going to get support. (ISR community partner)

Some query whether it is working … with same families coming back – but what I see is de-escalation – people using safety plans …And, yes, we do have some very hard-to-reach families and some very complex whānau situations and complex cases, but what I'm seeing is a de-escalation. … I'm seeing people taking responsibility for keeping themselves safe, for phoning the Police before it reaches a point that's incredibly severe. So we might still be seeing the same names, but the detail of the episode doesn't seem to be as high-risk as it has been. (ISR community partner)

As highlighted in the latter quote, informants generally interpreted the increase in reporting of less serious violence as evidence that more families were now enacting their safety plans. A core component of safety planning is encouragement to immediately contact Police if safety concerns arise. However, to do this it is important that families have confidence that calling will elicit a positive outcome. Considering longstanding concerns around the proportion of family violence that goes unreported, greater willingness to report is a positive finding, and one that, according to many informants, was likely to increase.

[We see] more whānau recognising family harm, and they're reporting it ... (Kaupapa Māori partner)

Because the one thing that I have noticed is that as we have developed this model, we're actually increasing our communities' confidence in our response, and so we're generating more and more calls of help to the Police. So, the volumes and the need are only going to increase. (ISR community partner)

3.1.2   Improved wellbeing

This section considers indicators of wellbeing for the families and whānau referred to ISR. Wellbeing is of course a complex concept with multiple dimensions; in the current context it is defined in terms of safety and access to social support.

Feeling safe

A key indicator of wellbeing, particularly within the context of family violence, is feelings of safety. As noted at the beginning of this chapter, the majority (70%) of ISR partner agencies agreed that families and whānau, particularly women, feeling safer was a critical outcome of ISR, and is supported by self-reports by the families and whānau themselves.

Since November 2018 all victims who have engaged with an ISR support worker, and have had their case closed, are asked to rate fears held for their own safety and, where applicable, for their children. The rating uses a scale of 1 to 7, where scoring 1 equates to 'no fear' and 7 to 'extreme fear'. Victims are asked to make these ratings when they start working with the support worker, and again when their case is closed. These and other ratings are now routinely sought by workers, and recorded in the ISR electronic database (FSS).

Figures 3.5 and 3.6 present results from 471 self-reported ratings collected between November 2018 and March 2019, for all relevant types of ISR support received.

Figure 3.5 Pre- and post-ISR self-reported fear for own safety
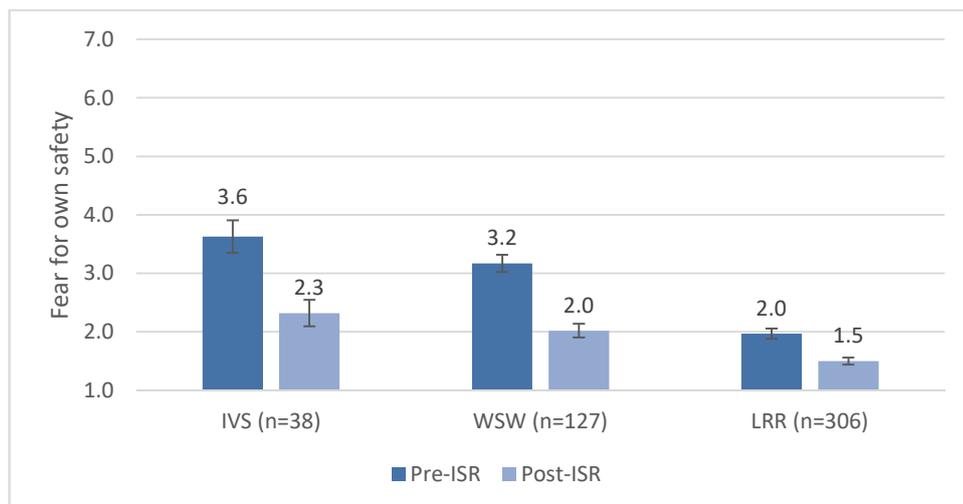
Figure 3.6 Pre- and post-ISR self-reported fear for children's safety
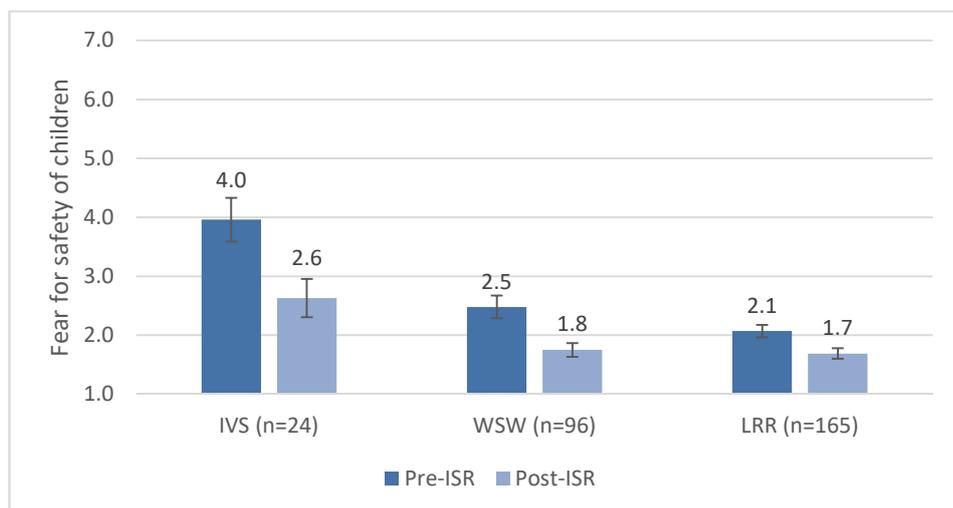
Analysis of responses indicates that, post ISR, clients' fear for their own safety, and for their children's, are reduced. Paired sample t-tests suggest all reductions are statistically significant (p<0.01).[42]

---

42 Families and whānau supported by Kaupapa Māori providers also showed decreases in fear, that approached but did not reach statistical significance.

Unsurprisingly, self-reported fear levels are initially highest for victims assessed as high-risk and who are allocated an IVS (who also hold strongest fears for the safety of their children). Anecdotal reports suggest however that, for this group, initial self-reported levels of fear are lower than they perhaps *should* be. This finding may be a consequence of the fact that it is only after working with a support worker that victims come to a more accurate perception of the actual level of risk they face.

> *Feedback from sector partners so far suggests, changes in feelings of safety are not showing as big of a leap (because), as clients become more knowledgeable and aware of family harm, they become more self-aware of their own risk.* (ISR core team)

A key point to note is that, whilst ISR appears to improve victims' feelings of safety, for a number, the elimination of fear for themselves or their children depends on whether those using the violence against them get the help and/or intervention they need. Thus, a mother interviewed as part of the case study thought it was *'too early'* to say whether she felt safer. While she now had more strategies to keep herself safe, her stress levels were still high, largely due to her anxiety over her son's ongoing volatile and (at times) threatening behaviour, and his resistance to attend stopping violence programmes, and his related mental health needs so far unaddressed.

Availability and connection with a network of support

Another indicator of wellbeing is having available, and being connected to, support networks. These can include whānau/hapū, friends, family members, or support agencies. ISR support workers assess this pre- and post-ISR, and an important focus for intervention is improving the strength and number of social support relationships. When combined together, a total of 499 assessments were collected for all those engaged with an ISR support worker between November 2018 and March 2019. Average ratings of availability of support networks on a 7-point scale increased from 4.2 pre-ISR, to 5.4 post ISR, a modest but statistically significant increase ($p<0.01$).[43]

3.1.3 Reduced family violence

A primary area of evaluative interest is the degree to which short-term safety responses translate to a reduction in actual family violence behaviour. At this stage it remains too soon in the life of the initiative to accurately assess the impact of ISR on this outcome. There is also more to be done in developing and properly resourcing effective services for perpetrators.

However, some data exists which potentially sheds light on rates of family violence behaviour following ISR referral, although these data all have limitations. Indicators considered in this section are the following:

- data collected pre- and post-ISR on victim's self-reported experiences of family violence;

- perpetrators' self-rated confidence in their ability to manage their own violent behaviour;

- changes in assessed risk of family violence recorded in the 12-week review; and

---

43 Families and whānau supported by Kaupapa Māori providers also showed statistically significant increases in availability of support networks ($p<0.01$)

- repeat reports of family violence compared to matched controls elsewhere in New Zealand.

Self-reported family violence

Assessment of the type and severity of actual family violence behaviour occurring within families and whānau has recently commenced, being recorded at the time of ISR referral, and again when a case is a closed. This period varies depending on type of support but usually between six weeks for low-risk and around three months for medium- or high-risk. The questions ask family members the type, frequency and severity of family violence they were experiencing in the three months leading up to their referral, and then again, at the time their case is closed.

These ratings have been informed by those used to monitor the impact of MARAC and the IDVAs in the UK. All ISR specialist support workers conduct these assessments with the families they have engaged with, and record the information in FSS.[44] This assessment data provides a measure of the presence of all types of family violence, regardless of whether it was reported to Police. The key limitation of this pre-post type of data is there is no valid comparison for what might have occurred following a family violence episode, without the ISR intervention.

Between November 2018 and March 2019, around 400 paired assessments were recorded. Around 60% related to low-risk assessments, 26% from WSW, 6% from POS, and 9% from IVS. Figure 3.7 presents types and levels of recorded family violence experienced prior to ISR and again at case closure.

Figure 3.7 Self-reported family violence occurring pre- and post-ISR
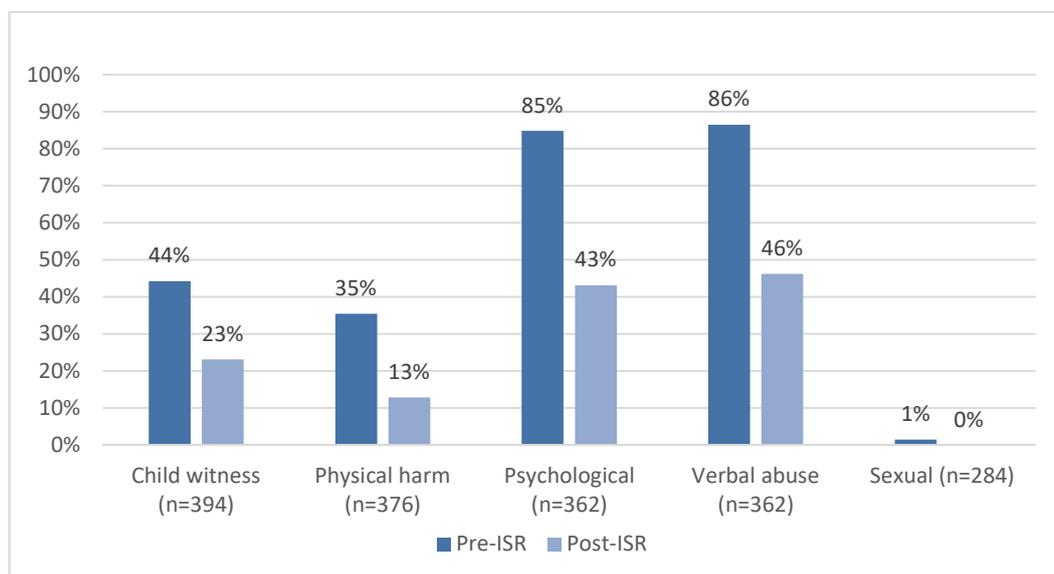
Figure notes: numbers of matched assessments appear in brackets; numbers vary based on whether the information was sourced from the families and whānau.

Figure 3.7 indicates reductions post-ISR across all types of family violence. Particularly encouraging is a 48% relative reduction in children witnessing or being exposed to family violence (44%, down to 23% post-ISR). Verbal and psychological abuse were the most commonly recorded forms experienced prior to referral, but despite comparatively lower initial

---

44 For the low-risk response, this would occur when the worker conducts their six-week follow-up phone call

rates, the greatest impact was in relation to physical harm, with a 64% relative reduction (35% down to 13%).

As noted with other outcome measures, results vary by type and intensity of response received. When occurrence of self-reported family violence is limited to high-risk victims receiving IVS support (n=35), rates of pre-ISR physical abuse are higher (60% compared to 35% for all referrals), dropping down to 20% post ISR (a 67% relative reduction).

Positive changes in perpetrator knowledge and skills

As noted in section two, one of the distinct features of ISR is the intent to engage those who use the violence with the aim of preventing further harm. When a POS engages with a perpetrator, they monitor changes in the person's skills, knowledge and intentions. The client provides a self-reported rating on their confidence (1 = 'no confidence'; 7 = 'complete confidence') in their ability to:

- identify when they are using violence in the home; and
- form/maintain respectful relationships.

In addition, the support worker makes their own assessments using a similar 7-point scale, based on their perceptions of the client's:

- ability to manage their anger; and
- self-responsibility for their behaviour.

When assessed pre- and post-ISR, these measures provide information on changes in knowledge, self-awareness and confidence to use skills, and other indicators of positive change. Results from the first 34 of these assessments, completed between November 2018 and March 2019, appear in Figure 3.8.

Figure 3.8 Changes in perpetrator knowledge and skills
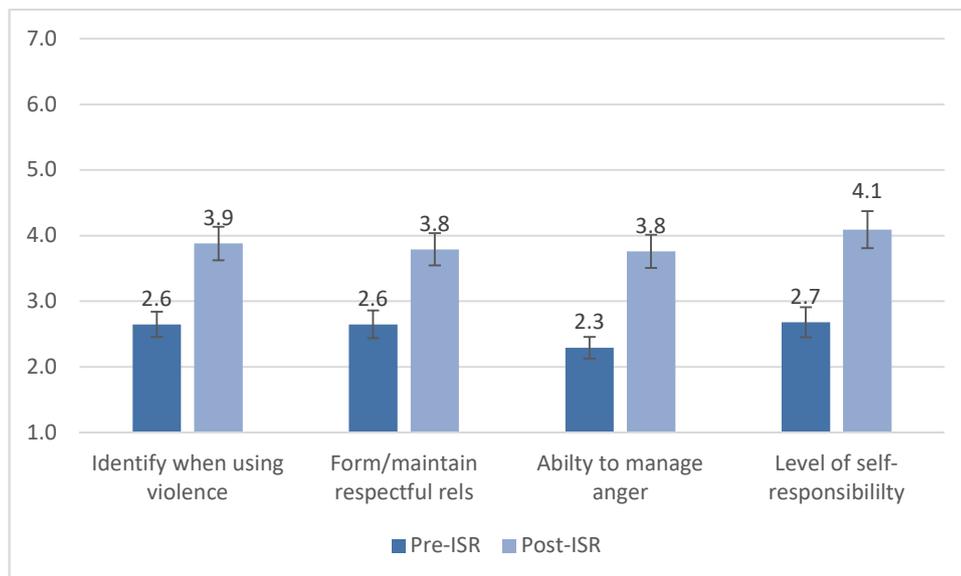
Both client self-report and support worker assessments suggested positive improvements in the clients' skills, knowledge and self-awareness post-ISR. Greatest improvements were seen in the case worker's assessment of their clients' ability to manage their anger. Despite the relatively low number of assessments, paired sample t-tests found all improvements to be statistically significant (p<0.05).

Apparent progress made by these individuals needs to be considered against the recognised challenges of achieving lasting behavioural change with this group. When providers rated the relative success of ISR in achieving a number of outcomes, the lowest level of agreement (just 42%) agreed that those using the violence were less likely to use violence again in the future as a result of ISR (see Figure 3.2). This is likely to reflect workers' realistic appreciation for the persistent propensity for violence that afflicts many of these individuals, and the fact that a significant therapeutic intervention is usually required to effect genuine change.

Reduced risk

Risk assessment tools are commonly used in the family violence domain to estimate the likelihood of future violence.

A distinct feature of ISR is its use of an evidenced-based risk framework to guide these assessments. Level of risk is collectively decided by considering: (1) level of concern around the likely frequency and imminence of future of family violence; and (2) the level of potential harm or seriousness of any further violence.

The case review tracked the progress of 129 ISR referrals over a 12-week period, part of which involved monitoring changes in assessed level of risk. This sample of cases included 42 cases initially assessed as high-risk. In one third of these cases, risks were assessed as having been 'managed down' to medium-risk level over the 12-week period, indicating a decreased likelihood of future family violence for this group. There is no comparative data to gauge the significance of this result, but considering the high and complex needs of this group and the relatively short timeframe in which to achieve change, it appears to signify positive progress.

The review found a small percentage of medium-risk plans (3%) had been escalated to high-risk and were then managed through the Intensive Case Management team. Less than 5% of plans initially deemed to be low-risk were escalated to medium-risk. These involved cases where subsequent engagement had revealed a higher risk, and where the families required more support and oversight. This capacity to review cases and, on the basis of accurate risk assessment, to elevate them to a higher level of response, is a positive aspect of the ISR model.

Impact of ISR on revictimisation

As noted in the beginning of this section, while ISR is a short-term safety response, there is interest in understanding the degree to which the response translates into intermediate or longer-term goals of reduced rates and/or severity of family violence. Achieving these goals requires a stable level of safety for families and whānau to be maintained, often complex needs to be addressed and, importantly, sustained behavioural changes by those using the violence. It is important to note these outcomes take time to achieve and are dependent on the willingness and ability of families and whānau to engage and the availability and effectiveness of support services.

Analysis was carried out to determine the impact of ISR on reoffending and revictimisation rates; section 1.5.4 contains details on the approach employed. An important feature of this analysis, and an improvement on the pre-post data reported above, was comparison of ISR participant reoffending/revictimisation data with that of a matched control group from other locations across New Zealand. This enabled the level of impact of ISR to be compared to that achieved by existing approaches. Repeat rates of family violence reported to Police were the primary data used to measure the impact of ISR on reoffending and revictimisation.

Two key limitations to the analysis are noted: (1) only a short follow-up period of six months after the ISR referral was available for observing changes in family violence behaviour; and (2) reports of family violence to Police are known to be subject to multiple influences, only one of which is actual changes in incidences of family violence. With respect to this latter limitation, the key concern was that ISR impacts primarily on reporting behaviour. Consequently, a genuine decrease in family violence behaviour may be masked by victims' greater willingness generally to report incidents of concern. Unfortunately, this concern related to increased reporting was found to have occurred (although restricted to less serious family violence episodes, see Figure 3.4 above), which made interpretation of findings problematic.

Analysis of the data, using multiple perspectives including different roles (perpetrator, victim, etc.), ethnicity, and ISR location, was able to produce evidence of reduced family violence revictimisation for one group, Māori victims.[45] As seen below for this group, decreased rates of victimisation were found even though there was an apparent increase in reporting of low level family violence episodes. Unfortunately for other groups, it was not possible to reliably determine whether the observed increased reporting behaviour potentially disguised decreased rates of actual repeat family violence, or if there was in fact no impact.

For Māori victims, despite higher rates of reported low-level family violence episodes (1D/5Fs), this group were observed to also have significantly lower rates of repeat reported family violence offending against victims (i.e. reduced revictimisation). These key results for Māori victims are presented in Figure 3.9. Full details of all statistical results for this group appear in Table A1 in Appendix 4, which includes comparison of frequency of occurrences, as well as proportions experiencing one or more occurrence.

Figure 3.9 Impact of ISR on repeat reports of family violence over six months for Māori victims
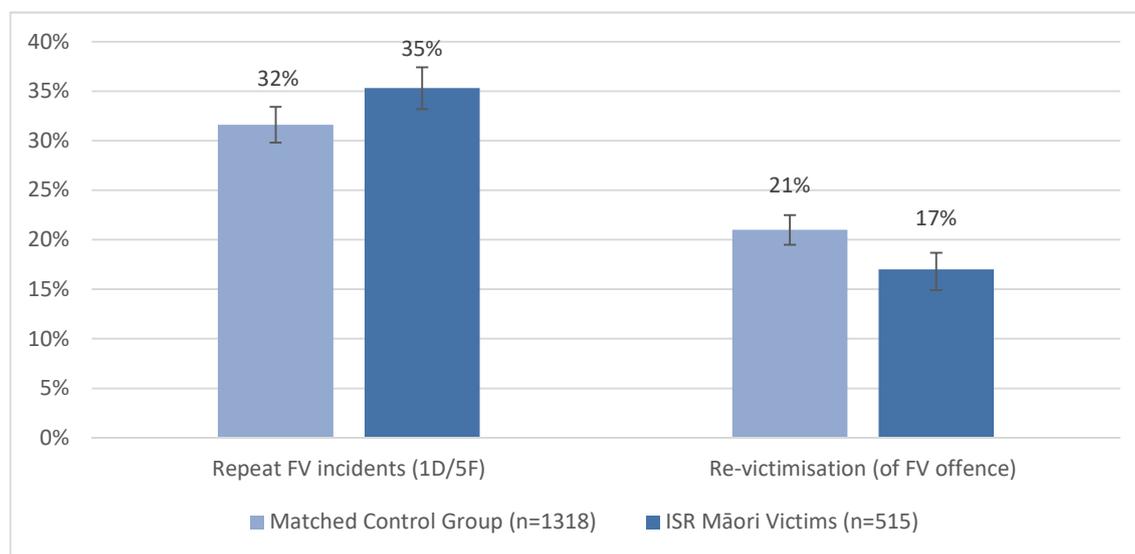
Figure note: Data in this figure presents the proportion of each group experiencing one or more event, data on overall frequency of events can be found in Table A1 in the appendix.

---

45 As described in section 1.5.4 two approaches to analysis were undertaken. In Christchurch, site-specific time series analysis also found after the introduction of ISR, significant decreases in rates of reported family violence re-offending and revictimisation, despite seeing increases in reports of less serious family violence. The same result was not found for Waikato. Whilst on the face of it a positive finding for Christchurch, it is less reliable than the analysis that compared ISR in Christchurch to elsewhere in New Zealand that used propensity matching to ensure comparison groups were comparable across time.

The first two bars in Figure 3.9 show that in the six months after ISR referral, there was an increase in repeat *reporting* of less serious family violence episodes (family violence incidents coded 1D/5F by police) in the ISR sites (35% compared to 32% elsewhere).

The 'revictimisation (of FV offence) second two bars show the reduced rate of actual offence-related revictimisation for Māori victims in ISR sites (17% compared to 21% elsewhere experiencing one or more victimisations, a relative decrease of 18%).[46] This was significant statistically at the 10% level (p=0.08). When frequency of revictimisation was considered, Māori victims in ISR sites on average also had fewer numbers of revictimisation (0.22 over six months, compared to 0.29 in the matched comparison group; see Table A1 in appendix). This was significant at the 5% level (p=0.02).

Finding a specific impact of ISR for Māori victims is an interesting and important result. Māori are over-represented in family violence statistics as both offenders and victims. In many ways it is arguably more important that a family violence intervention is effective with this cohort than with any other.

Finding a positive result for victims as opposed to offenders likely reflects ISR's greater emphasis on victims and, in particular, their safety. With the short follow-up period, it may be more likely to observe an effect for victims, many of whom are supported to leave violent relationships. Observing measurable changes in behaviour amongst those using violence could be expected to require a longer period of follow-up.

Explaining the positive impact only for victims who are Māori is more difficult. It could reflect the more equitable funding for Māori providers that accompanies ISR, or possibly that Māori whānau respond uniquely well to the approach used within the ISR model.

The form of outcomes analysis used in this study is more sophisticated than is usual in the family violence domain as it utilises a matched control group, and considered the range of family violence occurrences (i.e. incidents and offences) and roles associated with them (offender, victim, subject). In summary, however, the results are not clear-cut, with only limited support for a positive "treatment effect". The findings in fact highlight the complexities of evaluating an initiative such as ISR, and particularly the limitations of using Police-reported family violence as an outcome measure. Arguably also, a six-month follow-up is insufficient to reveal the extent to which families and whānau have made changes in their lives, with downstream evidence of reduced family violence behaviour.

3.2 Outcomes for ISR partners (government and non-government)

For those delivering ISR, such as those providing the support to the families and whānau, information collected for the evaluation mostly indicated strong confidence in ISR's ability to achieve positive outcomes for families and whānau. Most providers felt that the processes within ISR enabled them as agencies to deliver better quality and more intensive support to their families and whānau. Across all of those surveyed (n=117), 90% indicated that, from their perspective, the pilot had been 'effective' or 'very effective'.

---

46 Note 18% is the relative reduction when analysing data to 2 decimal places (21.22% compared to 17.48%, difference = 3.75, relative reduction =17.7%)). This was significant at the 10% level p=0.08.

Positive views on this point were at similar levels for both community providers and government representatives.

3.2.1 Improved processes enabling more effective support for families and whānau

As indicated by the ISR model logic presented earlier (Figure 3.1), improved outcomes for families and whānau are intended to be achieved through multiple and inter-related processes. The online survey asked those involved in the delivery of ISR to rate how well these core processes were functioning as a result of ISR. Results, in descending order of endorsement strength, are presented in Figure 3.10 (representing responses from 124 survey participants).

Figure 3.10 Ratings of change in ISR core processes (online survey)
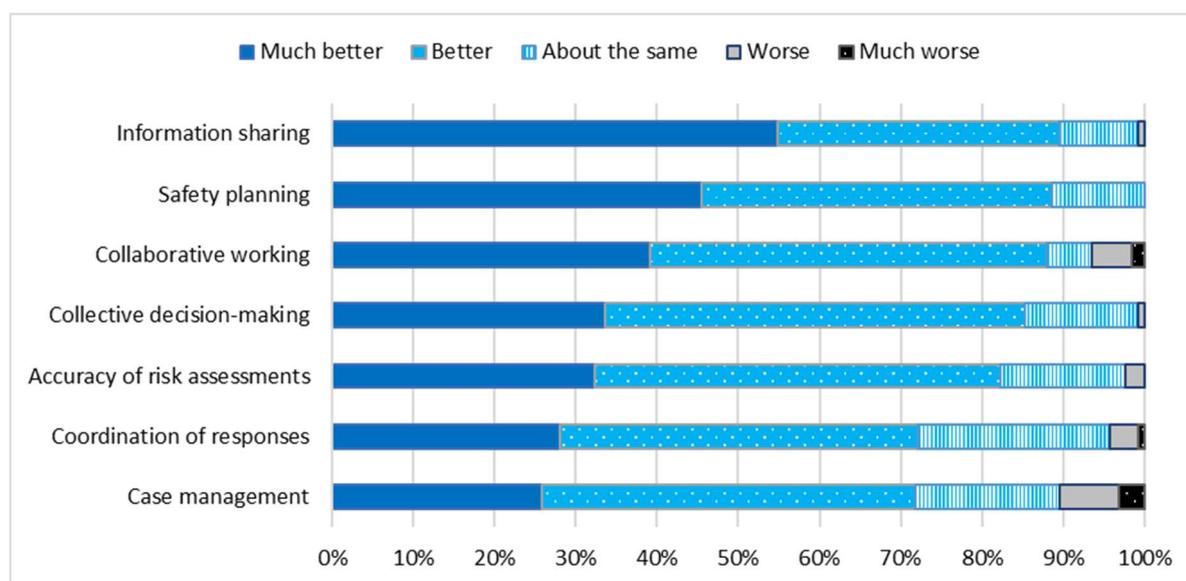
Overall, a clear majority (over 70%) considered that all core processes had improved; in particular, improved information sharing (90% rated this as 'better' or 'much better'); safety planning for families and whānau (89%); and collaborative working/trusting relationships among agencies (88%) were strongly endorsed by respondents.

Separately from the survey, one community partner described how information sharing had changed under ISR, with input now available from more agencies.

> *... under the ISR model, what's become obvious to all government agencies, including Health, DHB, ACC, Work and Income, everyone has got information that collectively paints a more holistic picture of what's happening in any one family than before. And if you're working to heal the whole family you also have to know the whole information around them without -- but using it constructively to help them, not to penalise them.* (ISR community partner)

Nine out of 10 (88%) survey participants also believed that the improved information sharing that ISR created was actually making families and whānau safer. As one interviewee commented:

> *Quality information sharing between agencies and joint agency planning is a cornerstone of reducing the harm of family violence. ISR has been successful in bringing this process forward.* (Police)

49

While improved information sharing was identified as the most important achievement of ISR, it also presented a number of challenges and complexities. The dependence of sound information sharing practice on staff capability (and thus on adequate training) is discussed in chapter six.

3.2.2 Better resourced

Increased levels of specialist service provision were also seen by informants as a significant advance, and something that meant community providers were delivering a much-improved service to families and whānau. The fact that ISR came with more funding for support workers was viewed generally as a much-needed boost for the family violence domain.

> *I believe family violence clients and perpetrators are getting a much better service. The ISR process has highlighted that with more funding we can do a better job. It always boils down to funding. We want to do the work as do our community partners but without the resources this places undue pressures on them.* (Health)

> *The resourcing has been good, … So we now have a car that they do just for ISR work. The whānau support worker has a new phone, new computer, all this stuff. So we're right up-to-date with resources. Got money to pay them wages to do a good job. You know, and all these things help to provide a better service. So more money can buy more resources, can send people on programmes.* (ISR community partner)

Whilst acknowledging the improvements in workforce capacity brought about through increased funding, several key informants (both government and community) were concerned that recent increases in family violence reported to Police, meant demands on these additional resources was now increasing (see section 6.3.3 for more details).

3.2.3 Improved workforce capability

A number of key informants noted the increased capability within the sector (both within government and community agencies) that was being built up as a result of ISR and its associated boosts to service provision. Survey data indicated that 81% of representatives from government agencies reported that their understanding of family violence issues had improved as a result of ISR; for over half this had increased 'significantly' or 'very significantly'.

Key informants identified specific processes associated with ISR that they felt had contributed to workforce capability; these included:

- Funding for specialist positions such as the IVS, POS and WSW that not only recognises the need for expert family violence practitioners, but also creates meaningful career path progression within the sector.

  > *(P)eople that work, myself included, work in this area, pay wise, working for NGO structures, when you could be working in the government – (there's) a huge differential in pay. Absolutely huge. And ISR has actually recognised that and has made it easier for people to work in the area but also values those that have been working in it for many, many years, often being volunteers, you know, myself included.* (Kaupapa Māori partner)

- The development of a new e-learning platform improved access to professional development. Completion of online modules allowed expertise to be achieved and recognised through formal qualifications (e.g. Careerforce Certificate in Health and Wellbeing).

- The Specialist Practice Lead positions, who identify and address capability gaps, were promoting sector-wide improvement in practice.

    So, she (SPL) has made us grow as an agency to make sure that the notes that we are putting in there are good and others get to read them and they can easily understand them and we share our information completely. Yeah, so I love that position. (ISR community partner)

- ISR coalitions or collaboratives[47] between community agencies promoted the sharing of knowledge and expertise across members.

    And I guess because of our extensive experience around family violence over the years, being able to kind of guide that and lead that but at the same time, you know, also working alongside [other agencies within collaboratives], not trying to determine everything, and sometimes working things out as we've gone on as a team.., it's a good experience and our other four agencies have really valued the opportunity to work as a true collaboration and, you know, a sharing of things. (ISR community partner)

Wider impacts on organisations

Community agencies gave examples of organisational change following their involvement with ISR. These included improvements to, or development of, new internal policies and guidelines for working with family violence clients. Examples included health and safety policies, and practice guidelines on matters such as home visits.

    We have developed as a collective a standardised set of practice guidelines to support staff and ensure high quality practice in every community throughout our region. (ISR community partner)

Government agency representatives also gave examples of more general improvement in workforce capability, extending beyond those directly involved in the delivery of ISR. For example, nine out of 10 government agency representatives felt there had also been an increase in the level of knowledge and understanding across their organisation; for over half this was perceived to have increased 'significantly' or 'very significantly'.

Another example of ISR-inspired capability building was family violence response training which had been rolled out in-house within ACC, Corrections, MSD, and Oranga Tamariki. Other process changes included the introduction of family violence alerts within agency databases, for use by staff within those agencies. For example, Ministry of Health have a new alert for emergency department staff that indicates the person had experienced family violence, which allows staff to be mindful of the issue in the event of subsequent presentations.

The following quotes illustrate the ways in which improvements in family violence knowledge and practice extend to other staff and processes of the organisation.

    Because it flows on now, so it's not just about family harm. So if we've got an offender, you know, who has been having family troubles with his partner, we can put him in touch with the right people at the family court, or we can speak to his social worker about if he is

---

47 Canterbury refers to these groupings as 'Collaboratives' whilst Waikato uses 'Coalitions', but both reflect the same set up of community agencies grouping together to tender and deliver ISR specialist positions.

doing the right thing. All of those things, it's connected us on a much better level than ever before, the whole of the district. (Corrections)

[We have] integrated ISR knowledge into our wider processes, openness and interest from staff to change, growing skills and new ways of working, equipping selected staff with access and support and training around that. (Justice)

I suppose, there is the central core thing that happens every day of the week [SAM] and then it's just like all these feelers that go out, which means that there's much bigger support system for clients ... So …GPs and [other health services], their understanding about what's happening and their responsibility and what they can do to assist patients … that's really improved tremendously. (Health)

3.3   Unintended consequences

In the online survey participants were asked to comment on any unintended consequences for themselves or for families and whānau arising out of ISR intervention. Only a few such consequences for families and whānau were identified, at least one of which was positive in nature: an ISR community partner observed that heightened awareness of family violence was occurring in the community. This in turn meant more 'by-stander' calls to Police, which was seen as beneficially 'taking the burden off' the victims themselves to have to call.

Four negative unintended consequences for families and whānau were identified by community agencies. The format of the online survey data meant it was difficult to determine whether these were anxieties over what might occur, or actually observed consequences. Nevertheless they are important issues to acknowledge and monitor:

- certain families and whānau were perceived as less likely to phone Police, as doing so was seen as also precipitating the involvement of statutory agencies such as Oranga Tamariki (n=5);

- increased information sharing led to instances where information was shared without a family's knowledge, leading to decreased trust. Three of these concerns related to high-risk families where information had been legitimately passed on from ISR to schools and GPs as a result of new ISR processes (n=4);

- some families feeling 'overloaded' by the number of different agencies seeking involvement with them; clients becoming confused over who they were supposed to contact about which issues (n=2); and

- non-ISR families and whānau having to be waitlisted due to ISR clients being given priority for available resources (n=1).

There were also some unintended consequences identified for ISR partners (government and community). The two main negative unintended consequences identified were:

- some providers struggling to deliver 'business as usual (BAU)' services, with ISR referrals taking priority for available resources; and

- existing interagency meetings in non-urban areas being superseded by the centralised SAM and ICM meetings, resulting in perceptions by some of a loss of functional inter-agency relationships.

These two concerns are discussed in more detail in chapter six under Areas for Improvement.

Other impacts mentioned by key informants during interviews or in the online survey include:

- isolated instances of reduced collaboration between agencies – while collaboration apparently increased *within* coalitions, one ISR community partner had observed less communication and interaction by frontline staff *between* coalitions;

- reduced participation in existing integrated service delivery initiatives – in one pilot site, respondents observed that the advent of ISR drew resources from an already operating integrated model (the Children's Team). The ISR had the advantage of mandatory participation by government agencies together with additional funding for community agencies. It was noted agencies generally struggled to allocate resources to more than one initiative of this type;

    > *I think with the children's team we lost probably a lot of support when ISR came along because there was funding and, you know, realistically people are going to go where the money is. (Oranga Tamariki)*

- having to pay greater attention to the safety of their workers - one ISR community partner raised concerns over the safety of workers who were now regularly undertaking home visits with medium- and high-risk referrals;

    > *Cold call home visits [for women we cannot contact via phone] has increased the number of women we can engage with. This also provides us with an opportunity to assess the security of the homes. However, it also creates safety issues for workers which are not addressed or supported by the "system" … Police do not have the capacity to always complete joint home visits. (ISR community partner)*

- new expectations from statutory agencies (e.g. Corrections and Oranga Tamariki) that ISR workers engaged with families would assist with wider responsibilities of these agencies:

    > *We are finding that some of the Oranga Tamariki workers are inclined to pass their issues on to our staff, and expect them to follow up, and track whānau, and that doesn't sit well with me. (ISR community partner)*

One positive unintended outcome related to the increased partnership between ISR and community agencies and availability of flexi funding. The latter had resulted in opportunities for locally developed initiatives to be trialled that complemented the ISR response. For example, Christchurch agency personnel had initiated the '0800 HEYBRO phone service, and the 'Navigators in the Cells' outreach:

> *We really want to look at prevention … so we've got the Hey Bro hotline, so perpetrators are able to ring or men are able to ring when they think they might be going to hurt a loved one and talk it through, we'll go and pick them up, we'll remove them, we'll talk them down … so real prevention. … [If] they've already been picked up, they're inside [the cells], and between 6pm and 9pm our people visit them in the cells and they engage so that when they get out we've already got their engagement, so we've got the correct phone numbers, the correct address, and then sometimes they don't end up going back. They get some wraparound services and some help, yeah, so those are the things that have been really exciting out of ISR. We've been able to work exciting new pilots that we wouldn't have had the opportunity to that make a difference. (ISR community partner)*

3.4   Summary

This section has highlighted a range of outcomes for families and whānau, and for the ISR partner agencies (government and community) that participate in ISR.

Families and whānau who were interviewed deeply appreciated the support they received through ISR. Outcomes of the response for families and whānau included:

- access to an overall improved service response, with families and whānau:

  - receiving quicker access to services and support;

  - more opportunities to consider and accept support following outreach by specialist ISR positions (IVS, POS, WSW, LRR); and

  - more opportunities to be connected with support services.

- emerging evidence of improved wellbeing for families and whānau including:

  - enhanced feelings of safety, particularly for high-risk victims;

  - more families and whānau enacting their safety plans and keeping themselves safe, as indicated by increases in reporting of repeat low-level family violence to Police; and

  - families and whānau becoming better connected to support networks such as whānau and hapū, friends, wider family networks and support agencies.

- evidence of reduced family violence including:

  - self-reported reductions in exposure to all forms of family violence post ISR, including fewer experiences of physical harm and children witnessing family violence;

  - reduced perceptions of risk for repeat use of violence amongst perpetrators receiving ISR specialist support, reflected through their significant improvements in confidence in ability to manage anger, and maintain respectful relationships; and

  - a reduction in offence-type revictimisation for Māori victims.

For those delivering ISR services and responses, the evaluation found high levels of confidence in ISR's ability to generate positive outcomes. Across all of those surveyed nine out of 10 indicated that the ISR was 'effective' or 'very effective'.

Providers of ISR services generally commented about improved processes, better resourcing, and improved workforce capability as key features of ISR. They observed that these achievements of ISR meant that providers were better able to support families and whānau and keep them safe. Some key findings in this area include:

- a clear majority (over 70%) considered that all core processes had improved; in particular respondents reported improvements in information sharing, safety planning for families and whānau, and collaborative working/trusting relationships among agencies;

- nine out of 10 online survey participants (88%) held the view that the improved information sharing that ISR created was actually making families and whānau safer;

- the increased levels of specialist service provision through ISR was seen as a significant advance, something that enabled the community providers to deliver much improved services to families and whānau;

- key informants noted an increased capability within the sector (both within government and community agencies) was being built up as a result of ISR. Key factors in achieving this

were access to training, the ability to obtain formal qualifications through the e-learning platform, appropriate funding of specialist ISR positions that recognised the expertise required, and opportunities for increasing workforce capability through the community collaborations and the new Specialist Practice Lead role; and

• evidence was emerging of ISR impacting on organisational practice changes and improved knowledge and understanding of family violence that extended beyond those directly involved in the delivery of ISR.

Some unintended consequences were identified for families, whānau and providers arising out of ISR. For families and whānau these stemmed out of increased attention from agencies following an ISR referral. There were also concerns that non-ISR families and whānau may have longer wait times to access support and services. Some providers in rural areas were concerned the centralised model of ISR may be having a negative impact on local networks and relationships.

4 Māori experiences of ISR

A Kaupapa Māori evaluation was carried out concurrently with other evaluation activities (for details of the approach, see section 1.5.3). This section presents the key findings taken directly from the standalone report prepared by the Kaupapa Māori evaluators.

Overall, findings appear positive, and support those presented in other sections of the current report. This includes corroboration of significantly lower rates of repeat reported family violence offending against Māori victims (i.e. reduced revictimisation) and significant increases in self-reported awareness of the effects of family violence awareness, knowledge of support services, and connections with support networks for those whānau supported by ISR Kaupapa Māori partners.

4.1 Family violence and whānau violence

The preamble to the Kaupapa Māori evaluation report notes again that family violence is a major issue that affects the lives of many New Zealanders. Further, that Māori are over-represented in the family violence statistics both as victims and perpetrators.

The Evaluators also note that 'family' and 'whānau'[48] are not synonymous terms. The definition of family (in family violence) is based on a nuclear family model. Definitions of 'whānau' are many and varied.[49] However, there is broad consensus that whakapapa forms the basis of whānau, and that these relationships are intergenerational, shaped by context, and given meaning through roles, responsibilities and relationships of mutual obligation.[50] Key characteristics of whānau are collective identity, interdependence, mutuality, reciprocity and shared responsibility, and cultural practice and transference within a Māori context.[51] There are two recognised forms of whānau: whakapapa whānau that includes members related by descent only; and kaupapa whānau (having a common kaupapa or purpose) which can include a mix of whakapapa whānau members and non-descent members.

---

48 Note: As whānau is a Māori construct when used in this report it specifically refers to Māori whānau.

49 Cunningham, C., Stevenson, B., & Tassel, N. (2005). *Analysis of the Characteristics of Whānau in New Zealand.* Report Commissioned for the Ministry of Education. Research Centre for Māori Health and Development, School of Māori Studies, Massey University. Palmerston North; Durie, M. (1997). 'Whānau, whanaungatanga and healthy Māori development'. In P. Te Whaiti, M. McCarthy, & A. Durie (Eds*.). Mai i Rangiatea: Māori Wellbeing and Development* (pp. 9-12). Auckland University Press, Auckland; Durie, M. (2001). *Mauri Ora. The dynamics of Māori health.* Oxford University Press, Auckland; Irwin, K., Hetet, L., Maclean, S., & Potae, G. (2013). *What works with Māori: What the people said.* Families Commission, Wellington; Lawson-Te Aho, K. (2010*). Definitions of whānau: A review of selected literature.* Families Commission, Wellington; Metge, J. (1995). *New growth from old. The whānau in the modern world.* Victoria University Press, Wellington; Smith, G. (1995). '*Whakaoho whānau: New formations of whānau and an innovative intervention into Māori cultural and economic crises'.* He Pukenga Korero, 1: 18-36.

50 Kruger, T., Pitman, M., Grennell, D., McDonald, T., Mariu, D., Pomare, A., Mita, T., Maihi, M., & Lawson-Te Aho, K. (2004). *Transforming whānau violence – A conceptual framework.* An updated report from the former Second Māori Taskforce on Whānau Violence. Te Puni Kōkiri, Wellington; Kukutai, T., Sporle, A., & Roskruge, M. (2016). *'Expressions of whānau'. Families and Whānau Status Report* 2016 (pp. 51-77). Superu, Wellington - see http:// https://thehub.sia.govt.nz/resources/subjective-whanau-wellbeing-in-te-kupenga/.

51 Durie, M. (2013) *Whānau Capacities: A framework for measuring whānau outcomes* paper presented at the Whānau Development National Hui 2013, in Te Pa Harakeko Vol 1 (2014) 8.

The western view of family violence focuses on family structure and functioning, and on the household as the economic unit of production. It has little in common with a Māori worldview of whānau.[52] For Māori, the household is not an independent economic unit but is part of a wider group, with resources flowing between the household and the larger collective.[53] However defined, Māori connect strongly with whānau including whānau they don't live with.[54] Whānau violence includes a wider understanding that all forms of violence on whānau, constitutes family violence for Māori.[55] Key elements of whānau violence are transgression of tikanga and transgression against whakapapa.

Kaupapa Māori programmes and whānau-centred approaches are culturally grounded, holistic and strengths-based. They focus on improving the wellbeing of whānau and addressing individual needs within a whānau context. Founded on long accepted best practice methodologies[56], they are a powerful catalyst for creating positive change[57] and an integral part of Kaupapa Māori services and ways of working with whānau.[58]

4.2   Evaluation approach

The aim of the Kaupapa Māori evaluation was to assess the responsiveness of the ISR model to Māori; and how well whānau-centred approaches are integrated within ISR.

Two independent, Kaupapa Māori evaluations were completed in Christchurch and Waikato in 2018. The evaluators interviewed whānau, Kaupapa Māori partners, providers, iwi, the ISR governance and core team and community stakeholders in each of the two pilot sites. Each local team was guided by the same four overarching research questions. The findings from each site related to each question were combined into a final synthesised report. Findings taken directly from this report are presented over.

---

52 Cram, F. & Pitama, S. (1998). *'Ko tōku whānau, ko tōku mana'*. In Adair, V. & Dixon, R. (Eds.), The family in Aotearoa New Zealand (pp. 130-57). Longman, Auckland; Cunningham, C., Stevenson, B., & Tassel, N. (2005). *Analysis of the Characteristics of Whānau in New Zealand*. Report Commissioned for the Ministry of Education. Research Centre for Māori Health and Development, School of Māori Studies, Massey University. Palmerston North; Taiapa, J. (1995). *'Ta te whānau ohanga: The economics of whānau: Cultural survival at fiscal expense'*. He Pukenga Kōrero, Spring, 1995, pp. 10-17.

53 Discussed in Kukutai et al., 2017.

54 http://archive.stats.govt.nz/browse_for_stats/people_and_communities/maori/TeKupenga_HOTP13/ Commentary.aspx?_ga=2.203578069.479726247.1524091223-703322228.1506995954#maj

55 Te Puni Kōkiri (2010a). *Arotake Tūkino Whānau: Literature review on family violence.* Wellington: Te Puni Kōkiri..

56 Te Whare Tapa Whā (Durie, M. H. (1985). Te Whare Tapa Whā: A Māori perspective of health. *Journal of Socia Sciences and Medicie*, 20(5), 483-486); Te Wheke, (Pere, 1991 - https://www.health.govt.nz/our-work/populations/maori-health/maori-health-models/maori-health-models-te-wheke); Te Hoe Nuku Roa (Durie, M. H. (1995) Te Hoe Nuku Roa Framework: A Māori identity measure. *The Journal of the Polynesian Society*, 104(4), 461-470) and Te Pa Māhutonga (Durie, M. H. (1999, December) *Te Pae Māhutonga: A Māori model for Māori health promotion*. Health Promotion Forum of NZ Newsletter).

57 Te Puni Kōkiri. (2015). *Understanding whānau-centred approaches. Analysis of Phase One Whānau Ora research and monitoring results*. Wellington: Te Puni Kōkiri.

58 Pipi K., Cram, F., Hawke, R., Hawke, S., Huriwai, TeM., Keefe, V., Mataki, T., Milne, M., Morgan, K., Small, K., Tuhaka, H. & Tuuta, C. (2002). *Māori and iwi provider success: A Research report of interviews with successful iwi and Māori providers and government agencies*. Wellington: Te Puni Kōkiri.

4.3   Findings

Key evaluation question 1. How responsive is ISR to whānau?

ISR was found to be highly responsive to whānau. Whānau[59] interviewed in both Christchurch and Waikato deeply appreciated the support they received from ISR Kaupapa Māori partners. Whānau describe the services as being delivered with respect and in a tikanga way, such as through the use of karakia and the presence of wairua for example. Whānau also felt that the approach seemed (as one person said) 'connected to te ao Māori'; they could express themselves, and their identity; and they felt safe. Whānau draw strength and confidence from the tikanga embedded in Kaupapa Māori approaches and the culturally safe environments created.

Key evaluation question 2. How well and in what way are whānau-centred approaches integrated within ISR?

Whānau-centred practice has increasingly become a core feature of the pilot. Whānau-centred practice provides for victim safety in the context of family and whānau, as defined by the victim. It starts with whānau identifying who, for them, is whānau, and then being supported to identify their goals and make their own decisions. Whānau-centred practitioners work in ways that are responsive to whānau identified preferences, aspirations and needs.

ISR, through its Kaupapa Māori partners and whānau-centred practice approach, including manaakitanga, whanaungatanga, rangatiratanga and whakapapa, is supporting whānau on their pathway to wellbeing. It is clear that this approach has been able to overcome barriers to whānau engagement.

Manaakitanga (an ethic of care), whanaungatanga (relationships and connections) and whānau rangatiratanga (leadership, autonomy) are at the heart of Kaupapa Māori partners' whānau-centred approaches. Kaupapa Māori partners are adept at whanaungatanga; developing and maintaining responsive and trusting relationship with whānau. They give expression to manaakitanga through mana enhancing ways of working and caring and respectful relationships. They promote whānau rangatiratanga by encouraging and supporting whānau to be self-determining; to set their own goals and make their own decisions. Culturally competent kaimahi reconnect whānau to tikanga, affirm their cultural identity as Māori, and create a safe, familiar and welcoming environment.

Key evaluation question 3. How responsive is ISR to Kaupapa Māori partners?

ISR is now more responsive to its Kaupapa Māori partners. ISR Kaupapa Māori partners spoke of a significant turnaround from the first year of the ISR pilot, where they now feel listened to, their expertise valued, and that ISR supports their ways of working. It therefore now feels to be supportive of genuinely whānau-centred practice. ISR Kaupapa Māori partners and their kaimahi feel strongly that ISR enables them to better support their whānau. They now:

- feel like valued partners;
- appreciate the re-balancing of funding;

---

59 Members of whānau from 22 whānau units across the two sites were spoken with.

- appreciate the increased Māori representation through coalitions and new roles on the ISR (e.g. Specialist Practice Lead and NGO coordinator);

- welcome the opportunities for capability development (e.g. Certificate and Diploma);

- value the support provided through ISR investment in testing initiatives (e.g. 0800HEYBRO, navigators in cells); and

- appreciate the improved access to information sharing that assists them to engage whānau safely.

In Christchurch there was some confusion about: 'Tū Pono', the Whānau Ora approach to family violence developed across and for Te Waipounamu; and 'Tū Pono' the ISR coalition and how they relate to each other. The Tū Pono Whānau Ora approach was developed by Māori, it has a strong, whānau-led *prevention* focus. In contrast, ISR funds an immediate safety response that focuses on making safe victims and children, including by working with the perpetrators of the harm.

The Tū Pono ISR Coalition was given the same name, and it appears the intention was to achieve the outcomes of the Tū Pono Whānau Ora approach as part of ISR. However, this has been difficult for the coalition to realise. ISR is a short-term, crisis intervention and ISR does not fund the depth and breadth of the philosophical approach envisaged as part of the Tū Pono Whānau Ora approach.

In Christchurch, therefore, there are mixed views about the responsiveness of ISR to Māori. Those inside ISR tend to be very positive about the impact of ISR. Stakeholders on the periphery are less positive and have expectations that are more focused on prevention and supporting whānau-led aspirations (the 'Tū Pono' Whānau Ora approach) rather than the crisis response approach of ISR.

Key evaluation question 4. What changes are suggested to improve the responsiveness of ISR to Māori?

From the perspective of whānau and ISR Kaupapa Māori partners, ISR is responsive to Māori. Whilst the overall picture at this stage is a positive one, there are areas for improvement. These include to:

- work with government partner agencies to support them to understand and adopt whānau-centred practice by government partner agencies to improve their responsiveness to whānau and to align with ISR;

- review workforce capacity and coalition funding allocations to ensure support and services are adequately resourced;

- strengthen relationships across the sector to manage service gaps, facilitate access and to advocate for more funding of non-ISR programmes and services;

- vest decision-making about the collation and reporting of ISR whānau outcomes in Māori to support a Kaupapa Māori analytic lens to the consideration of outcomes and to minimise the misuse or misrepresentation of Māori and whānau data;

- clarify for the ISR governance, ISR government agencies and the ISR core team in Christchurch the 'Tū Pono' Whānau Ora approach to family violence developed across Te Waipounamu, and the Tū Pono (ISR) Coalition and how they relate. This needs to be clarified for all those involved;

- explore the potential role, relationship or contribution of Te Pūtahitanga (Whānau Ora Commissioning) to ISR Christchurch. There is a need for ISR and Whānau Ora to be better connected, more joined-up to ensure seamless support for whānau; and

- increase reporting (and research if needed) about tamariki and rangatahi experiences of ISR to address the lack of visibility about how well ISR is working for children and young people.

Whānau-Centred Delivery model

The report concludes with an assessment of ISR against the five core elements that make up the Whānau-Centred Delivery model: (1) effective relationships; (2) whānau rangatiratanga (whānau leadership); (3) capable workforce; (4) whānau-centred services and programmes; and (5) supportive environments. The authors note these elements provide an appropriate framework for assessing the responsiveness of ISR to Māori and the integration of whānau-centred approaches in ISR. Each element of the model is assessed against the rubric scale which goes from 'poor' to 'excellent'.

Overall, there is 'good' evidence that ISR is responsive to Māori, when assessed against the Whānau-Centred Delivery model, as illustrated in the following dashboard.

	Poor	Improving	Good	Very good	Excellent
Effective relationships	███	███	███		
Whānau rangatiratanga	███	███	███	███	
Capable workforce	███	███	███	███	
Whānau-centred services and programmes	███	███	███		
Supportive environment	███	███	███		

Effective relationships – overall, there is 'good' evidence of effective relationships that benefit whānau. Kaimahi relationships with whānau are 'very good' and Kaupapa Māori partner relationships with ISR agencies and stakeholders are improving. Kaimahi are highly adept at whanaungatanga - developing and maintaining responsive, respectful and trusting relationships with whānau. A key aspect is the non-judgemental approach and listening skills of kaimahi. At the same time, ISR processes (e.g. the safety assessment meetings) and ISR government partners help to connect whānau more speedily to support and to access non-ISR services with limited capacity such as counselling, and alcohol and drug services. They do this by facilitating kaimahi access to personnel and services within their own agencies, as well as following up and/or advocating for ISR whānau. Iwi are now actively involved in ISR. Three of the four Waikato iwi, Tainui, Maniapoto and Ngāti Haua are involved in ISR, and the Waikato ISR management team is working with Hauraki, the fourth iwi, on their involvement. In Christchurch, Ngāi Tahu is on the Governance Group. Iwi feedback is largely positive, particularly around the Kaupapa Māori collaborations and the increased, and more equitable, resourcing.

Whānau rangatiratanga – there is 'very good' evidence of whānau rangatiratanga. Support received through ISR facilitates whānau to be self-managing and to exert more control over their lives. This is evident in the ways kaimahi and ISR Kaupapa Māori partners work with whānau to set their own goals, make their own decisions and take back control of their lives.

They also work with whānau to identify strategies to progress and achieve short, medium and long-term goals. They know if whānau engagement is to be sustained and successful, it needs to happen on whānau terms. Whānau are achieving increased independence and autonomy. There are examples of whānau moving on from abusive relationships, choosing to access additional services and/or staying engaged with services.

Capable workforce – there is 'very good' evidence of Kaupapa Māori partners having a culturally competent workforce. Kaimahi take a holistic approach, utilising culturally-grounded ways of working, such as whanaungatanga, manaakitanga and whakapapa, responsive to supporting whānau aspirations. There is also 'very good' evidence that ISR is supporting the workforce capability development of community partner agencies. The newly created Specialist Practice Lead positions have been particularly important in building the capability of community partner agencies. Specialist Practice Lead positions are new to the family violence sector as substantial investment in workforce development had previously been lacking. NGO and agencies are also being supported to complete the Careerforce Certificate in Health and Wellbeing and Diploma studies. Further, a whānau-centred practice approach that specifically relates to the family harm sector is emerging and there is support for practice learnings to be shared across the ISR network of partners and agencies.

Whānau-centred services and programmes –there is 'good' evidence that ISR strives to operate within a whānau-centred approach and connects whānau to whānau-centred services and Kaupapa Māori programmes. Whānau-centred practice has increasingly become a core feature of the pilot. It provides for victim safety in the context of family and whānau, as defined by the victim. Culturally grounded approaches of manaakitanga (an ethic of care), whanaungatanga (building relationships), and whānau rangatiratanga (leadership, autonomy) are at the heart of providers' responsiveness to whānau. ISR is not a Kaupapa Māori programme. However, it connects whānau to Kaupapa Māori partners who provide culturally-grounded Kaupapa Māori services and facilitate access to support and services responsive to whānau needs.

Supportive environment – there is 'good' evidence that funding, contracting and policy arrangements are now more responsive to the needs of Kaupapa Māori partners, and in turn whānau. In 2017, there was increased funding to expand the pilot in both sites with approximately two thirds of the funding increase directed towards NGO service delivery. Sixty to 70 additional fulltime-equivalent positions for specialist victim, perpetrator and whānau work were created and there was increased Kaupapa Māori service provision to match demand (approximately 33% in Christchurch and 73% in Waikato).

4.4   Summary

The independent Kaupapa Māori evaluation found that whānau in both Christchurch and Waikato greatly valued the level of support received from ISR Kaupapa Māori partners. They found Kaupapa Māori providers partnering with ISR felt more valued and supported in their work and use of whānau-centred practices. More equitable resourcing, additional capacity, and the ability to have genuine input into ISR decision-making were factors supporting these positive views.

When assessed against the whānau-centred delivery model, it was concluded that ISR is appropriately responsive to Māori.

Whilst the overall picture was reported as a positive one, a number of areas for improvement were identified. Several related to the need for whānau to have increased access to the support and services they need. There was also a call for data to be recorded in ways that better supported whānau-centred practice. In Christchurch there was a recommendation to explore how ISR and Whānau Ora could be better connected, to ensure seamless support for whānau.

5 Cost benefit analysis of ISR

This section considers evaluation evidence related to the second evaluation objective: 'Does ISR represent a good return on investment?' The primary source of evidence is a cost benefit analysis (CBA) of the ISR pilots carried out by NZIER, who also undertook a review of the costings of the pilots.

Evaluating the degree to which ISR represents a good return on investment is an important component of this evaluation, as costs associated with the intervention are significant and, since the pilot began, have attracted attention. Those directly involved with ISR tend to hold the view that the relatively substantial costs of the intervention are outweighed by the likely benefits to communities (80% of online participants 'agreed' or 'strongly agreed' that ISR represented 'a good return on investment'). However, from others the argument is frequently put that ISR is 'too expensive'.

Such a debate underlines the importance of a formal cost benefit analysis, using a rigorous and valid methodology. Such analysis necessarily takes into consideration the substantial social and economic costs of family violence in New Zealand. Recent estimates of the economic costs of intimate partner violence and child abuse are between $4.1 and $7 billion per year.[60] Economists from the United Kingdom have claimed that, in the family violence domain, even marginally effective interventions can nevertheless be cost effective.[61]

The aim of the current CBA was to see if ISR reached the threshold of an acceptable cost benefit ratio, based on estimates of its actual effectiveness.

5.1 Costs of ISR

In order to assess if ISR represents a good return on investment, it is important to first understand what the costs associated with the delivery of ISR are. This was the first component of the work carried out by NZIER. Details of the funding history of ISR are also presented.

5.1.1 Funding history

The policy review of ISR documented a useful history of the funding of ISR (see chapter four of the Distinct Features report).

Year 1 – Christchurch ISR Pilot: The Justice Sector Fund provided $1.24 million to fund the initial piloting for 12 months of ISR in Christchurch starting 1 July 2016.

This funding focused primarily on providing the 'machinery part' of ISR (dedicated ISR staff, facilitation of the daily triage and high-risk forums, provision of independent specialist positions (4 x IVS and 1 x POS) and the case management system.[62] Other than the specialist positions,

---

60 Kahui, S. & Snively, S. (2014). *Measuring the Economic Costs of Child Abuse and Intimate Partner Violence to New Zealand*. Wellington, NZ, More Media Enterprise

61 NICE (2013). *Economic analysis of interventions to reduce incidence and harm of domestic violence*. Report prepared by the National Institute for Health and Care Excellence (NICE): London, UK.

62 Enhanced agency participation and project management and implementation costs were met from agency baselines. Participating agencies were Police, Ministry of Social Development (which at that time included Children, Young People and their Families), Ministry of Justice, Department of Corrections, ACC, Ministry of

no extra funding was provided for local service delivery, relying instead on the existing 'baseline' funding for these services (e.g. contributory funding by MSD, Police funding for Family Safety Teams in Christchurch, and philanthropic funds).

However, it soon became clear the level of funding required to adequately deliver the ISR model had been under-estimated. Local service capacity in Christchurch was substantially depleted within weeks of the pilot commencing. This was not from a sudden and unexpected increase in demand for the pilot's services *per se*, but a consequence of adhering to the principle that every family in a family violence crisis would receive a response, based on assessed risks and needs. The pilot thus provided, for the first time, a proper quantification of the extent of service need, allowing for a well-founded business case to be communicated to government.

February 2017: Additional funding of $680,000 was provided from the Justice Sector Fund to purchase more specialist frontline services in the wider Christchurch area.[63]

Year 1 - Waikato ISR Pilot: Costs for the second pilot site in Waikato were estimated as the same as for the Christchurch site, with resultant funding adjusted for the later start date of November 2016, minus one-off costs for evaluation and other set-up costs.

Toward the end of the ISR pilot, there was a far clearer understanding of the costs of delivering ISR and this was reflected in a significantly increased budget bid to extend the pilots in both sites for a further two years. The bulk of the funding sought was for community provided services for victims, perpetrators and whānau (e.g. 60-70 additional NGO FTEs).[64]

ISR Pilots - Years 2 & 3: In early 2017 government provided $22.4 million to fund the ISR pilot in the two sites for another two years. This was complemented by a reprioritised agency spend of $12.45 million.

5.1.2   Break down of FY17/18 ISR pilot costs (actual vs budgeted)

Details of how the ISR funds are allocated has not been readily available, hence NZIER was directed to itemise the costs of the pilot in terms of individual programme components.

Figure 5.1 (over) indicates budgeted vs actual costs for the two pilots in the 2017/18 financial year. Total annual costs for both sites were $10.45m, meaning the annual cost of ISR per site is around $5m per year.[65]

As highlighted by NZIER in their report, the single largest cost item is NGO contracts (64%). These relate to: Independent Victim Specialists (IVS); Perpetrator Outreach Service (POS) workers; whānau support workers; non-mandated perpetrator services; low-risk calling services; Specialist Practice Lead positions; and the 'flexi-fund'.

Health (which met the costs of the Canterbury District Health Board), and Education (which met the costs of the local schools).

63 Because the Waikato site had only recently been launched, it was unable to demonstrate service needs and therefore was not provided additional funding at that time.

64 Recent analysis suggests actual funded positions are between 70-80.

65 Other analysis by the ISR National Team calculates that ISR costs $10 per person per year population coverage cost or $214 per Family Safety Plan. Based on 800,000 total population covered across two sites, of which 80,000 came into contact with ISR in previous two years, equating to 10% of the population in the two sites.

When national overheads associated with implementing ISR are removed (see Table 6 of NZIER report), the proportion spent locally on NGOs across the two pilot sites rises to 80%.[66]

Figure 5.1 Budget vs actual incremental costs of the two pilots

Source: NZIER, New Zealand Police, Ministry of Justice
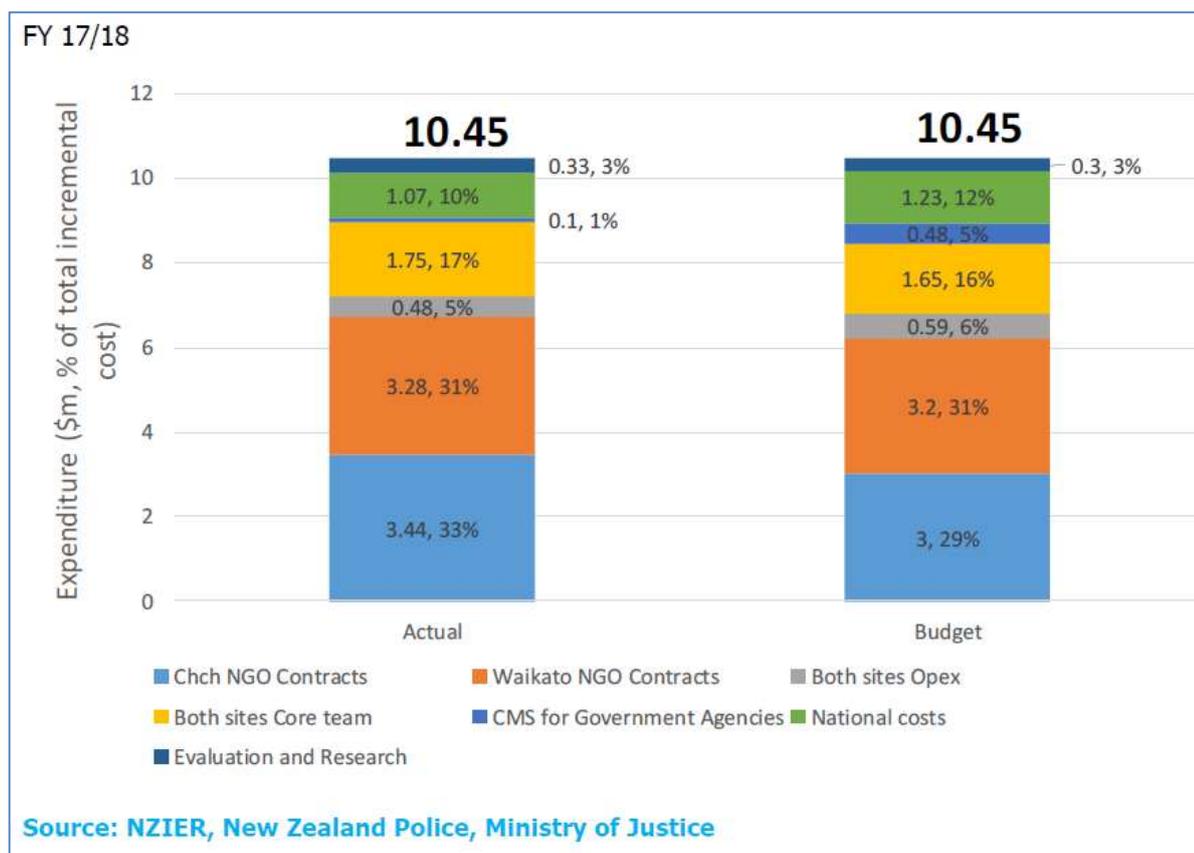
5.2 Cost benefit analysis of ISR pilots

Using the costs of ISR, NZIER followed up with a CBA, which updated some preliminary CBA work in support of the extension of the ISR pilots in 2017. This current analysis used the Treasury's CBAx framework but replaced estimated impact results with those recorded in the current evaluation (i.e. reoffending/revictimisation analysis described in section 1.5.4). The initial CBA methods were also extended to consider a more comprehensive estimate of costs and to consider multi-year benefits.

Results presented below are taken directly from their report (NZIER, 2019).[67]

---

66 Annual NGO costs were $5.3 million in Christchurch and $4.7 million in Waikato, whilst in each site the ISR core team and OPEX (overhead costs) are calculated to be $1.2 million. Hence, total NGO costs are 9.4 million (80%) of the total local ISR costs of $12.4 million).

67 NZIER (2019). *Evaluation of ISR. The costs and benefits of the pilot*. Internal report prepared by NZIER for New Zealand Police, 12 June 2019, Wellington.

5.2.1 Objectives and scope

The objective of this project was to assess the costs and benefits of the ISR pilot based on the information that can be currently quantified.

The scope of the work excludes a range of other unquantified benefits as these require further research to quantify. They include:

- the potential for a reduction in the severity in family violence;
- increased engagement with 'the system';
- the benefits of the increase in information sharing;
- the long-term impact on child mental wellbeing;
- the effect of ISR on long-term recidivism and behavioural change; and
- the impact on community and social norms associated with family violence.

The scope of the quantified benefits was on a reduction in family violence based on the combined estimate of the short-term social cost for the following:

- violent assault;
- sexual assault;
- homicide; and
- threats of violence or property damage.

5.2.2 Methodology

A cost benefit analysis (CBA) method was used to assess the cost and benefits. The 10-step method is outlined below. This is consistent with academic literature and Treasury's guidance on the application of cost benefit analysis for assessing policy. Therefore, the method is a robust and appropriate approach to assess the costs and benefits of the ISR.

NZIER's 10-step CBA methodology for good practice policy development:

(i)   Define the problem/opportunity.

(ii)   Decide whose costs and benefits count.

(iii)   Select scenarios and specify the baseline (i.e. the 'without') scenario.

(iv)   Classify the kinds of costs and benefits and select the measurement indicators.

(v)   Quantify the consequences (via the measurement indicators) over the life of the options.

(vi)   Value (attach dollar values to) the costs and benefits.

(vii)   Discount future costs and benefits to obtain present values.

(viii) Calculate decision criteria.

(ix)   Analyse sensitivity of the results to assumptions.

(x)   Make a recommendation and document the assessment.

The problem definition – the objective

The objective is to evaluate the social costs and quantifiable benefits of the ISR pilot to understand whether the social benefits of the pilot justified the investment. If quantifiable social benefits exceed the social costs the investment was value for money and justified.

Whose costs and benefits matter?

A whole-of-New Zealand perspective was adopted in the assessment. This means that the costs and benefits of all resident New Zealanders matter and all resident organisations matter.

Baseline and scenarios

Baseline – the baseline scenario was a model of the expected counterfactual -- what was expected to happen without the ISR. The counterfactual is related to the risk of recidivist family violence among the 22,520 cases associated with ISR annually.

The recidivism rate for Police callouts to family violence offences or incidents, was used to estimate the future baseline for recidivist family violence that was predicted to occur without ISR intervention. The rate of recidivism for family violence offenders is 42% (Mossman, 2014).[68] Therefore, the baseline was modelled using a 42% probability that family violence was likely to reoccur annually for the 22,520 ISR cases.

This means that without ISR it was expected that 42% of the 22,520 cases would experience family violence recidivism annually. The analysis is based on ISR reducing that rate of recidivism.

The scenarios – based on the available data, it is too early to say whether there has been a reduction in the pattern of family violence as a result of ISR. A minimum of three years of information following the implementation of a new initiative is needed to be confident that a trend can be observed. This difficulty of reliably assessing the impact is noted in the literature (Mossman & Morris, 2019).[69]

The results of the quasi-experimental evaluation were mixed. The only identifiable effect was an 18% reduction in reported family violence among Māori victims of an offence. The reduction in any repeat occurrences of family violence among Māori victims was statistically significant at the 10% level (i.e. there can be at least 90% confidence in the finding that the ISR reduced family violence among Māori (see section 3.1.3).

This result was only found for Māori victims of offences, not offenders or subjects among Māori or any other community. This result is the basis for the most conservative scenario, Scenario 1. Scenario 2 applies the 18% reduction to all cases involving victims of family violence offences, Māori and non-Māori. Scenario 3 applies this reduction in family violence cases that involve all Māori (both offences and incidents). A fourth scenario applies the 18% reduction in all ISR family violence cases (Māori, non-Māori). Table 5.1 outlines the benefit scenarios evaluated.

---

68 Mossman, S.E. (2014). *Evaluation of the use and predictive ability of ODARA (Ontario Domestic Assault Risk Assessment) in New Zealand*. Unpublished internal final report for New Zealand Police. New Zealand Police: Wellington.

69 Mossman, S.E. and Morris, M. (2019). *ISR phase II evaluation: Exploratory analysis of rates of repeat re-offending and revictimisation post ISR referral*. Draft internal technical report prepared for New Zealand Police, Wellington

Table 5.1   Benefit scenarios

Scenario	Description
Scenario 1	18% reduction in family violence for cases involving Māori victims of offences
Scenario 2	18% reduction in family violence for cases involving all victims (Māori and non-Māori)
Scenario 3	18% reduction in family violence involving all Māori cases
Scenario 4	18% reduction in family violence involving all ISR cases

Source: NZIER

In general, victims of offences are 31% of the various population groups that come to Police attention and Māori are represented in 43% of ISR cases.

Classifying the costs and benefits

The assessment of the social costs was based on the average annual cost of the ISR pilot, which was calculated to be $10.45 million. The social benefits were based on the avoided social harm that was predicted to occur in the baseline due to a reduction in recidivism.

Monetising the benefits of avoided family violence

As discussed, the benefits were quantified based on a reduction in family violence. The value of the benefits is based on the value of the avoided family violence. The cost of a family violence incident was based on the values for violence in the CBAx Impacts Database (The Treasury, 2019).[70] The relevant impacts are shown in Table 5.2. These values are a permanent feature of the Impacts Database. They are updated estimates based on Roper & Thompson (2006).[71] Threats of harm or damage are not included in the database. The social cost of threats of harm or property damage was assumed to be equivalent to property damage. Also included are the social cost of homicide from family violence, based on the latest estimate of the value of a statistical life by the Ministry of Transport (2019).[72]

Table 5.2   Benefit scenarios

Impact	Value (in 2019 dollars)
Violent offences	$19,784
Sexual offences	$160,159
Property damage or threats of damage	$4,796
Homicide	$4,370,000

Source: The Treasury (2019) and Ministry of Transport (2019)

---

70 The Treasury. (2019). *The Treasury's CBAx Tool*. Retrieved 16 April 2019, from https://treasury.govt.nz/information-and-services/state-sector-leadership/investment-management/plan-investment-choices/cost-benefit-analysis-including-public-sector-discount-rates/treasurys-cbax-tool.

71 Roper, T., & Thompson, A. (2006). *Estimating the costs of crime in New Zealand in 2003/04*. 31.

72 Ministry of Transport. (2019). *Social cost of road crashes and injuries 2018 update*. Retrieved from https://www.transport.govt.nz/assets/Import/Uploads/Research/Documents/b67f729bf5/Social-cost-of-road-crashes-and-injuries-2018-update.pdf.

The variation in the social cost of these offence categories is substantial. The monetisation scenario ranges are described in Table 5.3.

Table 5.3   Scenarios for monetising the avoided family violence case

Scenario	Description
Simple estimate of the social costs	The value of avoided case at the cost of violent assault
Comprehensive estimate of the social cost	The weight average cost of the four categories of offences – using the number of offences to weight the social costs.

Source: NZIER

Figure 5.2 shows the distribution of family violence offences in the four categories of social harm (and therefore social cost) associated from family violence. Note that family violence incidents can involve more than one category of harm. The relative proportion of offences was used to weight the offence value to estimate the average cost of family violence case.

Figure 5.2 Family violence offences
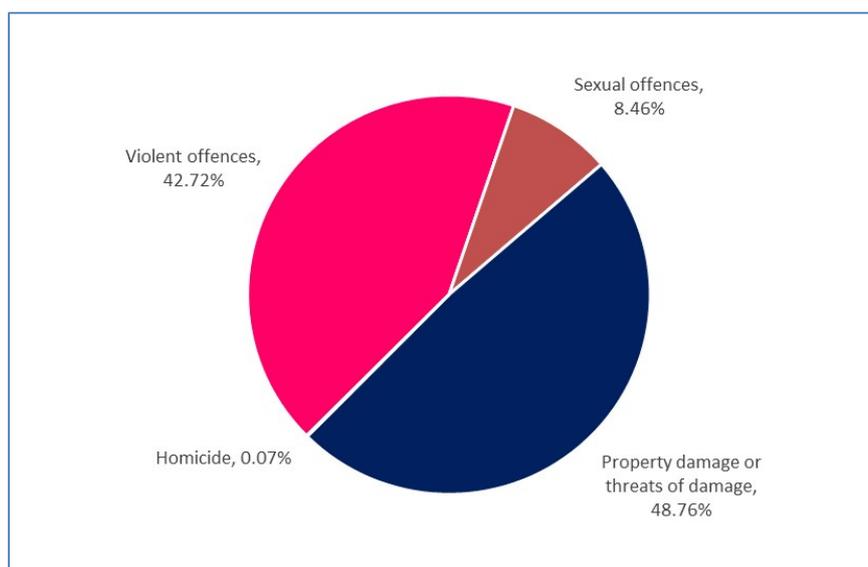
Source: NZIER based on Ministry of Justice (2015) [73] and supplementary communications with New Zealand Police regarding homicides

Table 5.4 shows the estimates of the upper value for the monetisation scenario. The values of the monetisation scenarios are shown in Table 5.5.

73 Ministry of Justice. (2015). *New Zealand crime and safety survey (2014): main findings*. Retrieved 16 April 2019, from https://www.justice.govt.nz/assets/Documents/Publications/NZCASS-201602-Main-Findings-Report-Updated.pdf.

Table 5.4   Estimating the comprehensive costs of family violence incidents

Impact	Value (in 2019 dollars)	Weighting	Weighted average cost per incident
Violent offences	$19,784	42.7%	$8,451
Sexual offences	$160,159	8.5%	$13,546
Property damage or threats of damage	$4,796	48.8%	$2,338
Homicide	$4,370,000	0.07%	$3,059
Weighted average cost per incident			**$27,394**

Source: NZIER

Table 5.5   Monetising scenarios (per incident)

Scenario	Value (2019 dollars)
Simple estimate of the social cost	$19,784
Comprehensive estimate of the social cost	$27,394

Source: NZIER

Quantifying the impacts

To assess the costs and benefits, the effect of ISR was based on the findings of the quasi-experimental evaluation, which identified an 18% reduction in family violence for Māori victims of offences. Māori victims of offences are associated with 31% of Māori ISR cases. The cases where there was no victim means that the offence was not recorded by Police.

It is not known whether the effect of ISR on family violence due to a reduction in reoffending will persist into future years. Therefore, the assessment of avoided future family violence was limited to five future years.

The extent that ISR has an enduring effect on recidivism is unknown and worthy of further evaluation. To show the sensitivity of the results to assumptions related to the persistence of the effect a sensitivity scenario using a 10-year time horizon has been included. Under this scenario the benefits of ISR would persist twice as long as in the main scenario (five years), but the additional benefits are affected by greater discounting.

To test the sensitivity of the analysis the effect of changing three factors was considered:

- the number of years that a reduction in family violence persists;
- the value of social harm associated with family violence cases dealt with by the ISR;
- extending the results of the quasi-experimental evaluation to the following:
    - all victims of offences;
    - all Māori ISR cases; and
    - all ISR cases.

A discount rate of 5% was applied to future costs and benefits in scenarios to ensure they are comparable.

The results of the main scenario and the sensitivity analysis are discussed in the next section.

5.2.3 Results

Table 5.6 shows the benefit cost ratio and net present for the Māori victims scenario for avoided social harm from an 18% reduction in recidivist family violence. The main results are based on the benefit persisting for five years. It is also based on a social cost of each family violence case at $27,394. Also shown are the results for the same scenario, but with a 10-year time horizon.

Table 5.6   Results for scenario 1 (Māori victims only)

Evaluation criteria	5 years	10 years
Benefit cost ratio	3.2	5.2
Net present value ($m)	$22.68	$43.77

Source: NZIER

Under the Māori victims-only scenario, the benefits exceed the costs of ISR. Under the five-year time horizon, the avoided social cost of family violence is 3.2 times the investment. If the effects of ISR on family violence persist for 10 years instead of five years, the benefit cost ratio increases to 5.2. The net present value of the social net benefits of the ISR is between $22.68 million and $43.77 million.

Sensitivity analysis

Table 5.7 shows the benefit cost ratio for the other scenarios using the two values for the social costs of an ISR case. The quasi-experimental analysis only found a statistically significant reduction in harm for Māori victims. Therefore, the other scenarios show what kind of results may be possible if the same level of reduction in revictimisation could be realised for other people who experience family violence.

Table 5.7   Benefit cost ratios

Social cost per case	Simple estimate $19,784	Simple estimate $19,784	Comprehensive estimate $27,394	Comprehensive estimate $27,394
Years	5	10	5	10
Māori victims	2.3	3.7	3.2	5.2
All victims	5.33	8.7	7.4	12.1
Māori	7.4	12.1	10.2	16.7
All	17.2	28.1	23.8	38.9

Source: NZIER

Table 5.8 shows the net present values for each of the sensitivity scenarios.

Table 5.8   Sensitivity analysis (Net present value; $millions)

Social cost per case	Simple estimate $19,784	Simple estimate $19,784	Comprehensive estimate $27,394	Comprehensive estimate $27,394
Years	5	10	5	10
Māori victims	$13.48	$28.71	$22.68	$43.77
All victims	$45.20	$80.62	$66.60	$115.65
Māori	$66.74	$115.87	$96.43	$164.46
All	$191.64	$360.06	$238.11	$396.32

Source: NZIER

Future recommendations

The analysis of the costs and benefits of the ISR show the conservative value this initiative offers society. It is conservative as there are other known additional unquantified benefits, which would increase the benefits. The result is unambiguously positive.

The results provide the foundation to further this research. This could include:

- considering the potential that could be achieved by rolling out the ISR to other areas;

- understanding and quantifying the additional benefits and long-term effects of family violence on victims, peers and children; and

- extending the evaluation period for the quasi-experimental analysis to see how the results change if more time for behavioural change is allowed.

5.3   Summary

This section considered if ISR creates a good return on investment. Key findings include:

- each pilot site costs around $5 million per year to implement, with the majority of funding spent on community service provision;

- in terms of the benefit cost ratios:

    - under the main 'scenario' that considered the benefits of Māori victims alone, the CBA determined that the benefits of ISR exceed the costs. Under the five-year time horizon the avoided social cost of family violence is 3.2 times the investment;

    - if the effects of ISR on family violence are assumed to persist for 10 years instead of five years, the benefit cost ratio increases to 5.2; and

    - the net present value of the social net benefits of ISR is between $22.68 million and $43.77 million.

- NZIER suggest the evaluation was most likely conducted too soon after the implementation of ISR. If the evaluation was extended it is possible a similar level of reduction in revictimisation could be realised for other cohorts:

- if the reduction in family violence for Māori victims was applicable for all victims, then the benefits cost ratios would increase to between 7.4 and 12.1;

- if the reduction in family violence for Māori victims was applicable for all Māori, then the benefits cost ratios would increase to between 10.2 and 16.7; and

- if the reduction in family violence for Māori victims was applicable for all people, then the benefits cost ratios would increase to between 28.3 and 38.9.

- the CBA analysis indicates that ISR represents value for money; and

- the scope of current work excludes other unquantified benefits. If these were included in future work, it is likely the estimated value for money from ISR would increase further.

6 ISR progress and future directions

This section presents evaluation data related to the fourth evaluation objective, the efficiency of the ISR model. It includes updates on progress since the first evaluation, and identifies elements that contribute to successful outcomes and areas for further improvement. It concludes with a discussion of future challenges and considerations for ISR within the wider family violence response system.

6.1 Progress on areas for improvement

An important conclusion from the first evaluation was that staff and partners displayed a clear commitment to continuous improvement, as evident in ongoing efforts to improve processes and outcomes. The current evaluation has found this to still be the case, with evidence from a range of sources confirming progress with all areas identified for improvement by the first evaluation. These included:

- **Clarification of aims and scope of ISR** – as reviewed in section 2.1, the intended aims and scope of ISR have been clarified by the ISR National Team. These are now well understood by ISR core teams, and increasingly by ISR community partners, but more work is still required with this latter group.

- **Increased resourcing of community agencies to deliver ISR** – as already noted, a substantial increase in funding from year two ensured that those responsible for the delivery of the ISR specialist safety response are coping with demand. The online survey, administered in August 2018, suggested that this was happening for the majority of providers:

    - 70% of agencies (NGO and government) reported their organisation was now coping 'well' or 'very well' with current levels of demand. Across the NGOs, in general their reported level of coping was better than that of all government agencies (74% vs 61%), although a regional difference emerged, in that agencies (NGO and Government) in Christchurch more frequently reported themselves to be coping than did those in Waikato (79% vs 53%).

    On the other hand, interviews with key informants suggest several (particularly those in the community who did not receive any ISR funding) felt themselves to be 'under pressure', something that may reflect recent increased volumes of referrals via ISR.

- **Development of true partnerships between community NGOs and statutory government agencies** - several sources of evidence point to significant improvements in the extent to which agencies feel themselves to be valued partners with government. The Kaupapa Māori evaluation referred to a new 'respectful and relational-based way of working' as a key factor in the turnaround in support for, and active participation in, ISR by Kaupapa Māori providers.

    > *When it originally started it was very hierarchical and systems focused …(but) there has been a massive improvement …Yes there's been a big change and they're approachable. And they understand the importance of working with the whānau … they now also understand the importance of that workforce and the ability of that workforce to do things that government agencies can't do.* (Kaupapa Māori Partner)

Similar sentiments were expressed by other ISR community partners via the online survey and interviews.

> *We are hugely appreciative of the strength of the relationship we have with ISR and the respect we are shown as specialists in our field.* (ISR community partner)

> *We felt incredibly heartened throughout the whole process that our ideas for our community have been recognised and supported, and that we have been able to create a model within a pilot that works for us.* (ISR community partner)

However, there was a general consensus that efforts should continue to build on and further strengthen this partnership; in particular by increasing opportunities for representation and voice of community agencies within ISR, for example at local governance, and in the triage process.

- **Improved responsiveness to Māori whānau and more generally integration of family and whānau-centred practice** – the main conclusion of the Kaupapa Māori evaluation. Mainstream providers responding to the online survey were also aware of improvements in opportunities for families and whānau to have input, with 78% agreeing that, once engaged, family and whānau have 'significant' or 'very significant' input into the development of their safety plans.

6.2   Elements that contribute to successful outcomes

The multifaceted nature of the ISR model means that a large number of inter-related elements potentially are contributing to successful outcomes. Many of these elements have already been discussed in detail in section 3; the aim of this section is not to repeat those points but to build on them and consider the overarching success factors. These overarching factors have been identified by the evaluator based on themes emerging across different evaluation findings and supported by new data as applicable.

Before presenting these higher-level success factors, key elements already reviewed are briefly acknowledged. The first ISR evaluation report described in detail the aspects of ISR that key informants had observed as working well (see section 1.3 for a summary). These all re-emerged in the current evaluation as factors contributing to successful outcomes. For example,

- more efficient processes (see section 3.2.1);

- wider sector awareness of, and responsiveness to, family violence (section 3.2.3); and

- high engagement rates (section 3.1.1).

Additional factors identified in the current evaluation as significantly contributing to better outcomes were:

- the speed of response enabled by a seven-day a week operation (section 3.1.1);

- being better resourced generally (section 3.2.2); and

- support to improve workforce capability (section 3.2.3).

The following sub-sections now draw out the most significant and higher-level factors viewed as contributing to the successful outcomes.

6.2.1 Better information sharing and problem-solving

The value of improved information sharing emerges as the single most important 'process-related' factor contributing to successful outcomes, according to survey respondents; 90% noted this as 'significantly improved' under ISR. It was similarly regarded as a critical factor in keeping families and whānau safe.

This is no small achievement, as information sharing in relation to family violence is complex, and critical to get right. Awareness of this meant that, before ISR was implemented, considerable work was completed to support the conditions for safe and appropriate information sharing. This included privacy impact assessments, and the development of inter-agency MOUs and guidelines. Following implementation, ISR core teams provided oversight to ensure information is routinely shared, and in a safe and appropriate manner.

One SAM representative described how the process of sharing information had developed over time from (initially) very little sharing, then to a situation that seemed to be 'over-sharing', to the current state where information was willingly shared, but only if relevant.

> *Well, when we first started everyone was so used to, "I can't tell you that. You know, it's private information. It's locked away somewhere. I can't tell you; I'm not sharing", to quite quickly oversharing…. And there was a lot of information not required and not needed, totally irrelevant to what we're talking about, but because the relationships around the table were so safe and secure people thought that they could -- they would just share it anyway. …And then we realised ... this was unsafe... and we got serious about privacy again … you can see clearly ... people checking their information, not doubling up on information, and really thinking about, "Is this appropriate information to give?" You know, that we're not missing out any pieces of the puzzle, but do you really need to know that this woman had 16 STIs in her life? No, you don't, and that won't be shared anyway. And I think everyone's really careful about that.* (SAM representative)

Recognising the complexity involved, it is reassuring that key informants generally felt that information sharing was being done safely. While a few participants in the online survey had some concerns around how information was shared (see section 3.3), none of those interviewed were able to offer examples of problems arising due to information shared. Community agencies, such as the refuges, have been particularly vocal about privacy rights of individuals, and the potential for serious consequences arising from improper use of information. A refuge worker was asked if they had any concerns about inappropriate sharing of information:

> *You know, we came out of NCIWR [National Collective of Independent Women's Refuge], we've always said that government agencies will misuse the information and further punish our families. So, we were the biggest, … you know, protectors of that. [But] I have no concerns, and I haven't. If I have I've just reminded people that they can only share information based on safety and for the purpose in which it's intended -- so I just email people and just remind them. No, I don't believe it's being misused.* (ISR community partner)

Awareness of the risks related to sharing information was reflected in online survey comments, with many calling for ongoing training on the issue, particularly for those new to ISR, to help them get up to speed quickly on how information should be used.

Active problem-solving: The adoption of active problem-solving approaches, directly arising out of the information shared, was also seen as important. Information from multiple community

agencies is fed into daily SAM tables, with core agencies sharing and discussing this, within 24 hours of the family violence episode. These face-to-face discussions maximise the value of information shared, as noted by one key informant.

> *I have spent a bit of time over at ISR just getting to know their model and their approach, and … something I see that works really well is that there's that space where people can come together, can build relationships, share information … but I think it's more than just sharing information; it's those conversations that actually allow people to go deeper into "Okay, what's actually happening here?" "Well, we've seen this, we've seen this" and that triggering conversation around the table I think is really valuable.* (Oranga Tamariki)

Increased information sharing has enabled improvements in other core processes such as: accurate risk assessment; case management (people knowing who is working with whom); and safety responses (as up-to-date information enables IVS and POS to monitor changes in risk status, and work together to implement safety actions). Improved sharing of information was claimed to be a factor in 'saving lives'.

> *Love it, I love the ISR team, I love the fact that we're sharing information because before ISR I really feel like we were all working in silos … we all held like really critical information. And if you think about the situations where someone's died, whether that be a woman or a child, every time there's an investigation and it goes to Coroner's Court, the Coroner is always saying, "Well, the agencies weren't sharing information". No one can say that with ISR.* (Health)

Information sharing is also pivotal to the formation of trusting relationships, and collaborative working. One community provider described how the absence of information sharing prior to ISR had made it hard to form close working relationships, especially with government agencies, but that this had now changed. Further commentary on this topic is included below.

6.2.2   Collective working and collective responsibility – an integrated response

At the core of the integrated response is a collective working arrangement, perhaps less appreciated is an associated collective responsibility.

Throughout this report examples are given of improved relationships and collaborative working across all parties (government and non-government) involved in the delivery of ISR. These enhanced relationships are essential components of an integrated or joined-up approach and enable more rapid access for families and whānau to the services they need (see also section 3.1.1).

> *The joined-up approach between different agencies and being able to access government's total contact with that person. … that creates a quite holistic approach to actually trying to sort out (problems). So, violence is the outcome that you've identified -- but actually: they're not getting the right benefit, it's causing financial stress; someone's got drug and alcohol issues; there's a child at risk; he's witnessing violence.* (National Project Board)

The primary expression of collective working is at the SAM and ICM tables. In the first year of ISR, coordinators tended to be very 'hands on' when facilitating meetings. Evaluation team observations noted that at times it was like 'pulling teeth' when trying to get collective input. Recent observations, however, reveal the coordinator role in meetings now tends to be much less overt, with participants themselves now driving the discussion and the decisions.

Achievement of this collective working style is significant, but something that has not occurred by accident. It is instead the result of sustained, focused efforts over an extended period of time, albeit with a few setbacks along the way. Mandatory participation by government agencies is likely to have been pivotal.

> *It [ISR] forces -- probably the wrong word ... but - it forces collaboration. Having that structure in ISR forces us to be in that position … [but] where we actually realise we're all on the same page with this.* (Corrections)

The first evaluation highlighted the initial focus for ISR was on achieving buy-in and participation from government. However, from year two onwards, priority appears to have shifted to building trust and partnership with the community. A 'top down' approach during year one came at a cost to certain relationships. But new leadership and new approaches – expressed in greater receptivity to the community agencies, and acknowledging their expertise etc., have seen these relationships and partnerships strengthen.

Collective decision-making, and collaborative working, also means there is now collective responsibility for decisions in relation to keeping families and whānau safe. Considering the extreme level of risks that frequently have to be managed, the complexity of issues to be addressed, and the scale of challenge involved in addressing needs, the value of a collective responsibility cannot be underestimated.

> *You know, child protection and family violence issues are issues that we all need to be concerned about; that we all have some responsibility to do something about. [ISR] is a good way of sharing the risk across organisations in regard to a particular response.* (Health)

6.2.3 ISR infrastructure and the 'engine room'

Evaluation information underlined the extent to which the 'infrastructure' that accompanies ISR plays a role in the outcomes achieved. Elements of this infrastructure include:

- FSS – the electronic case management system that enables information sharing, accountability and collective working;

- e-learning platform – contributing to increases in workforce capability and career path development;

- multi-agency national and local governance and management structures, facilitating a pathway of communication and action from the community to the national level including reporting to Ministers; and

- ISR coalitions/collaborations – enabling increased partnership amongst community agencies and across coalitions.

The coalitions have also increased the efficiency of communication across the sector, with lead agencies now available to represent to other agencies within their coalition. One community partner made reference to this improved level of communication.

> *We're probably in more contact with each other than we -- in all the 32 years, really -- than we've ever been.* (ISR community partner)

Perhaps most importantly, the coalition concept has enabled a joint procurement process, with devolved responsibility to communities in how resources are allocated (i.e. coalitions decide together on the allocation of their ISR specialist positions).

The historic funding models have not encouraged collaboration and it takes a lot of trust, goodwill, time - and humour - to work through. It has been one of the most beneficial parts of the pilot but has taken a lot of resource from each of our partner agencies to enable us to start working in a collaborative manner. (ISR community partner)

The ISR core team or 'engine room'

Perhaps the most critical part of the infrastructure dimension is the ISR core team. This consists of the ISR Director, Operations Manager, NGO coordinator, Specialist Practice Lead, SAM/ICM coordinators and administrators. This team operates seven days a week to oversee the smooth and continuous operation of ISR processes. They manage relationships with a growing number of community agencies, government agencies and other community stakeholders. They also provide quality assurance across all aspects of the ISR delivery, including data integrity; increasing public awareness through community presentations; and monitoring supply and demand of services.

The value of this role was recognised by many:

So I think whatever the future of ISR is, you can't lose that part of it [ISR core team], there still has to be a quality control mechanism,… or a practice evaluation mechanism built in there, particularly if you end up with more sites. Because I know that Waikato and Canterbury have their own particular flavours and things like that. That will happen more so but you still want your core practice to be sticking to the same support and approaches. (National Project Board)

Several community agencies and government agencies valued for the first time having a single point of contact they could go to for support.

Like the team that they have in [pilot site] are amazing. They're so responsive, if I need anything or I'm questioning something I can just send them an email and they get back to me really quickly. They run the table really, really well, it's a well-oiled machine over there. (Health)

…and also ISR have helped us out -- it's a lot easier than it used to be. You were expected to just fight it on your own, deal with that and, you know, we're paying you for this so you should do it. There's more communication with ISR and understanding -- and I have to say again, it's [team member] and those directors, -- being good listeners. And we felt like we were being valued and heard. (ISR community partner)

The role of the ISR core team was aptly described by one key informant as the 'engine room'.

Obviously you're going to need an engine room …, you know, if a model was being rolled out, ISR [core team] is probably our engine room. And actually it's pretty exciting the way that it has expanded out and I feel that there is kind of more people working together because it's the right thing to do as opposed to it being a contract or a numbers driven thing. (MSD)

6.2.4   Clear model and structure

Another factor contributing to the success of ISR was a clear structure to the model, and efficiencies this created with respect to communication and governance. This was expressed by one key informant in describing which aspects of ISR they felt were most effective.

I like the way it's organised. I like that it's organised; just full stop, organised. ...So prior to the ISR … although the [FVIARS] meetings were scheduled in, it was -- it was very, "He'll take it", or, "I'll take it", and there was no real guidance around who came to the tables, and who was discussed, and all that sort of thing. Pre-ISR we were very ineffective … there was no seriousness to it. There was no governance over it. There was nothing. It was like, "We'll get in a room and talk about what we want to do, and then we'll leave it at that". … So with the ISR I like how it's structured, and it's organised, and it's run at a really professional level, and that can only, obviously, help our families out there. (Corrections)

Another key informant agreed and described the difference that ISR had brought to bear:

I would say if I was thinking about how things happen now versus how things used to happen, it was always a bit of Wild West really, I think, out there. (ISR community partner)

While adherence to the core model was considered particularly important, being flexible to local needs and conditions was also important.

6.2.5   Whole-of-family and whānau approach

Section 2.2 highlighted that an aspect differentiating ISR from previous family violence crisis response systems was the whole-of-family and whānau focus. This has meant in addition to working with a victim to keep themselves and their children safe, there were now more opportunities to work with the person using the violence to prevent further harm. In years two and three this whole-of-whānau approach has been supported more generally by an emphasis on 'whānau-centred-practice' across all aspects of ISR.

A whole of whānau approach was identified in the Kaupapa Māori report as critical if ISR was to be endorsed as responsive to Māori. Kaupapa Māori providers generally take the view that perpetrators are part of the whānau and, as such, a whānau centred approach meant also working with those using the violence for the benefit of the whole whānau.

There's no change unless you're working with him as well, eh? His stuff is going to continue. Intervention by the Police will create that short-term change, but long term it's got to be a much more in-depth intervention. (Kaupapa Māori partner)

The value of the whole-of-whānau approach was also noted as important for those accessing mainstream providers, particularly for those who were intending to continue their relationship.[74] One provider described:

…the most compelling thing was when a client personally told me that, "I know I can ring the Police if something happens again because I know something will happen not just to him but for him to address our issues". (ISR community provider)

A whānau-centred approach that empowered the whānau to make their own choices, to problem-solve their own solutions, was also valued by victims.

[My ISR support worker] laid all my options out on the table. … I've sat there crying and worked it out for myself and what I want to do … She doesn't put the answer in my hand

---

74 The 12-week review found at the end of the review period, 36% of victims had ended their relationship, 25% were continuing, and for 20% the relationship was described as intermittent. For a further 20% the relationship status was unknown. Note relationship status is likely to be affected by risk level, and high-risk cases were over-sampled in this review work.

and say, "This is what you must do" like a lot of people … Giving us options is some way we can actually care for ourselves.'

6.2.6   Underpinning values

Finally a number of values or principles underpin implementation and delivery of ISR, and are central to its success. Key values include:

- **Commitment to continuous improvement** – a commitment to modifying the model wherever doing so will improve effectiveness. Developing the most effective crisis response to family violence will not be achieved overnight; what is important is an approach that gives priority to recognising areas of improvement and making the necessary changes.

- **Valuing partnerships** – from year two onwards there have been increasing efforts to ensure all those involved feel valued as partners in the ISR initiative. Evidence from year one suggests, regardless of what elements are in a model, if the community does not feel a valued partner, the model will not be sustainable.

- **Community led, government enabled** – recognising that, ultimately, communities themselves may be best placed to know how to respond to family violence within their community; the role of government is to support them in this work, not to dictate.

    While in the early stages you might kind of want – to have some national oversight and direction, but it is actually really important that the community and the people involved really own what is happening and drive it. (Health)

    And what I love about that is that we've moved from a space of being very ISR-led and we're moving more to a space of we're being community-led and we are supporting that. (ISR core team)

6.3   Areas for further improvement

Interview and online survey data suggest that those involved in the delivery of ISR are passionate about providing the best response possible for families and whānau. This commitment amongst interviewees was further expressed by the range of ideas offered on how things could be improved:

> *I think people work really, really hard to make efficiencies … [to] review, preview, trial and error, adjust. People have got a shared view that we could do this better and we need to be able to do it better to provide a great service and make sure that we've got the right people at the right time doing the right things.* (MSD)

The following areas featured were those emerging as the strongest themes, with priority given to those with higher level implications related to the effectiveness of the ISR model. As noted above, understanding where improvements can be made is central to enabling continual improvements to occur.

The issue most frequently raised was the need for improvements in long-term support service delivery. However, as this domain is outside the scope of ISR, belonging instead to the broader programme of work to create a comprehensive national family violence response, it is not elaborated on in this section, although it is discussed in section 6.4 under 'future considerations'.

6.3.1   Effective delivery of ISR in rural communities

The need for effective delivery of ISR in non-urban and rural areas was an issue mentioned by respondents in the first evaluation, and it re-emerged more strongly in the current evaluation. The term rural was used most commonly when referring to this issue, but in reality, informants meant all areas other than the major metropolitan centres; smaller towns as well as the wider rural areas.

Prior to ISR, a number of centres across provincial Waikato and Canterbury had their own FVIARS meetings and processes, many of which featured good working relationships between agencies. With the advent of ISR, these local interagency meetings and networks were superseded by the more centralised model. There were mixed views about the impact of this from those outside the two ISR metropolitan centres.

Some outside the main centres are becoming increasingly positive about being part of ISR and having access to the increased resource that comes with ISR. One rural community provider spoke of faster referrals and access to more information from key government agencies that came with ISR's centralised system of referrals:

> *So the fact that there is a daily SAM meeting, that cases are discussed and allocated quickly, and that we've got team members who are actually able to knock on doors and to speak to victims and perpetrators and their family members within a really short timeframe has been a massive improvement …The information we have access to and the real-time updates are a massive advantage in supporting us to work effectively with whānau.* (ISR community partner)

However, for others, ISR's centralised system was observed to have reduced information flow and weakened existing networks and relationships.

> *For a small rural town outside the bigger coalitions and not close to the city we have lost the relationships that we counted on to do the work. This is a loss to us and to the community.* (BAU partner)

Some government agencies also raised concerns in reference to reduced input from those who, in their view, understood their local communities best:

> *… my concern is that moving it out of [those communities] is not a good long-term outcome. So, the lack of a table that focuses primarily on rural needs with rural-based professionals who understand that area, they understand the risks, and they know the families too.* (Oranga Tamariki)

The challenge appears how to modify the model in a way that makes good use of local knowledge and relationships within existing networks, whilst also maximising the efficiencies of the centralised SAM and ICM tables, in other words, to fully implement ISR without disrupting good practice, or duplicating efforts and resources.

The allocation of ISR specialist positions to operate effectively across large geographical distances is another area requiring a modified approach in rural areas. These positions are allocated based on volumes, but in less populated areas there are often insufficient volumes to justify the three or more FTEs to work with each level of risk in their community (i.e. IVS/POS, WSW, LRR). One non-urban coalition had found a workable solution to this, by applying more flexibility to the specified roles. They had divided roles up and combined them into an FTE (e.g. one person responsible for 0.5 FTE IVS, 0.25 FTE WSW and 0.25 FTE POS). This approach was endorsed by an ISR National Project Board member.

You have to be fluid, because one person or two, probably, has to do all sorts of things.

Non-urban and rural areas are typically characterised by low levels of services. Working out an effective operating model for ISR in non-urban areas is therefore essential, to prevent areas already lacking in services becoming further disadvantaged.

I think the ISR model is as applicable to a small rural community as it has been in an urban one and, if anything, rural areas are crying out for investment in services for people. ISR might be the thing that could potentially get a boost in services. It's not right as a New Zealander that you have better access to support and services just because you live in a metropolitan area. That's not equitable and not fair and also, there isn't in a lot of rural areas, a choice about service. (National Project Board)

6.3.2 More integrated responses for children and youth

The responsiveness of ISR to children and youth also re-emerged as an area for improvement. This is a priority focus area for the current government, and there is undoubtedly scope for ISR to improve its responsiveness with this group.

Analysis of the ISR database in fact revealed that children 17 years or under were present in 56% of family violence episodes reported to Police. Given that ISR is described as a 'whole-of-family and whānau approach', children have to be central to any crisis safety response. However, as documented in the Distinct Features Report, despite initial concerns having been raised by stakeholders, there remains an absence of specialist ISR service provision dedicated for children as part of the ISR model.[75]

Key informants from online survey and interviews raised the following concerns:

- ISR was 'adult focused', with insufficient consideration of the voice and needs of children and youth;

- there should be wider development of the 'Child Advocate' role being trialled in Christchurch;

- inadequate capacity and/or response from existing child services (either community or government); and

- the current state meant missed opportunities for early intervention in the lives of children exposed to family violence trauma.

Underneath many of these concerns is a lack of clarity over who should be responsible for intervening with children and youth, and the extent to which such interventions are a legitimate role for ISR, beyond the standard crisis response. It was commented on that Oranga Tamariki tends to focus on only the children at highest risk of harm. There were calls for an earlier, more graduated safety response from Oranga Tamariki, thereby reducing the frequency of removal of children from their homes.[76]

---

75 These were considered to be covered by existing Oranga Tamariki services and through the Children's Teams introduced shortly before ISR.

76 The development and introduction of new services such as Oranga Tamariki's intensive intervention to support high-risk families to keep children in their own homes and out of state care will provide more options.

Several key informants commented on the fact that the initial intention was to align ISR with the Children's Teams, which had been established in pilot sites shortly before ISR. However, despite a willingness from both parties, barriers to integration have arisen. The immediate crisis response approach that characterises ISR did not mesh well with the Children's Team referral process that generally meant delays of four-six weeks, and their requirements for parental consent (which was not always possible to obtain for families not yet engaging).[77]

Part of the reason behind calls for better resourcing for children and youth was the fact that existing child-focused services in the community are subject to long waitlists, and lack the capacity for long-term support and intervention:

> *It takes ages to get them to [community child programme], doesn't it? ...Eight, 10, 12 weeks perhaps. … And then it's only a real basic, basic programme, you know, for kids that have been traumatised, … any kid could go in and do [these programmes] and would benefit from it; but when you're talking about kids that have got trauma, it needs to be a whole lot [more].* (ISR community partner)

There was strong support for the creation of a specialist child advocate role within ISR. Alternatively, one specialist family violence agency suggested that a specialist child unit should be attached to refuge services.

Are child/youth long term wellbeing services within scope of ISR?

The issue of children and youth caught up in ISR referrals again raises questions around the scope of ISR as a short-term safety response. Most respondents perceived that children and youth do receive an effective 'make safe' response through ISR. The concerns centred on the 'keep safe' dimension, the need to respond to children at risk of long-term adverse outcomes as a consequence of being exposed to family violence.

> *At the moment, in general and in crisis we work from the ethos that if Mum is safe the kids are going to be fine in that crisis moment; but, I mean, that's only in that time, and we know that if they've been living with violence there's a lot deeper stuff going on.* (ISR community partner)

Children at risk of longer-term adverse outcomes were readily identifiable by ISR community partners working with the family, but clearly the delivery of a formal family therapy-style intervention to address their needs goes well beyond a crisis safety response.

Intervening with this important group will require either the formal scope of ISR to be extended (and resourced) to include services aimed at prevention and longer-term wellbeing, or there needs to be better linkages formed with increased numbers of existing child services.

6.3.3 Managing growing volumes/resources

One of the more important findings from the first evaluation was the need to address workload pressures resulting from ISR, particularly for the community sector. As a consequence, a successful budget bid in 2017 resulted in a substantial increase in funding for the ISR pilots.

---

77 Children's Teams are an Oranga Tamariki initiative described as an 'approach', not a service. It brings together practitioners and professionals from iwi, health, justice, education and social services to create a single plan to help and support children who are at risk of abuse or neglect.

This additional funding significantly improved the capacity and capability of agencies to cope with the high levels of demand being encountered.

However, since the re-forecast of supply and demand was carried out, there has been a gradual increase in family violence reported to Police (see Figure A3 in Appendix 5), placing renewed pressure on some services. This has been felt most acutely during the most recent seasonal increase between November and February.

> *I'm concerned that the introduction of ISR has been compromised by the increased reporting which has put significant demands on the community resource. As the increase in resources provided by ISR has taken effect they have quickly been swallowed up by the increasing demand, and lost some of the ability to work meaningfully with families and whānau.* (Police)

Concerns were raised that, when volumes increase, a trade-off occurs between 'quantity and quality' of response, and especially speed of response. When there are increases in referrals, it creates pressure in two areas: the ability of the SAM table to properly process cases; and the ability of the community to provide a response.

As noted in section two, spikes in daily referrals can lead to a backlog of cases, as there are limits on the number of cases able to be reviewed at the daily SAM table. When this happens, the primary intent of ISR as an 'immediate' response is compromised. In these cases, sites can (and do) run additional SAM tables, which puts pressure on the government agencies to supply the extra staff required.

In terms of pressure on the community resources, this was felt most among those community agencies that were not receiving ISR-specific funding. Specialist family violence agencies who receive such funding appear to be managing (despite increasing volumes), but agencies using BAU funding to provide responses felt under particular pressure (see the following section on BAU partners).

Most believed that the trend of increased reporting would continue, with the result that volumes of referrals to ISR could only grow higher. There are also calls for ISR to accept self-referrals, a change which would further increase volumes.

In addition, there is general awareness that, even under ISR, significant proportions of family violence is still not being reported. This means that higher profile service delivery across communities will likely tap further into this reservoir of (currently) hidden need. As one informant described in reference to the families they are currently working with:

> *We are working only with the tip of the iceberg.* (ISR community partner)

A strategy for managing high and increasing volumes of cases therefore appears essential. The options appear limited to further increases in resourcing, or 'working smarter' within existing resources.

Whilst more resourcing is undoubtedly the option favoured by many, a surprising number of key informants inclined to the view that the solution was in 'working smarter', and re-prioritising services.

> *…everyone wants more [resources] – but we need to get smarter and (better) use what resource we've got.* (Health)

Reducing the scope of ISR: ISR currently provides a tiered response for reported episodes of family violence, with the intention that all cases are reviewed at the SAM tables. Questions were raised as to the possibility of narrowing the scope, to reduce pressure on resources.

Several key informants raised the idea of introducing a 'preliminary triage' so that genuinely low-risk cases did not make it to a review at the SAM table. In this way SAM resources would be focused solely on medium- and high-risk cases. This option already occurs at times of high volumes but still involves virtual multi-agency review and information sharing, but without collective decision-making or safety planning.

The key concern with this process is the potential for a preliminary triage to mis-identify as 'low-risk' cases that with additional information are revealed in fact as high-risk. For this reason, key informants pointed to the importance of involving specialist family violence workers who know the families and whānau, and experts at identifying risk. However, there is currently no funding for their role in this sort of triage process.

There have been some suggestions from sources external to ISR that perhaps the whole SAM process could become a 'virtual' multi-agency process, assisted by enhanced IT solutions that enabled more efficient information sharing from relevant agencies. However, key informants with experience of this process warned against removing the physical SAM table, and its face-to-face discussion between professionals over cases, and the associated problem-solving. These conversations were seen as critical not only to valid risk assessment, but also essential for developing and maintaining trusting cross-agency relationships.

Improved collaborative working – whilst there had been improvements, duplication of effort appears still to be occurring, where multiple government agencies appear to carry out similar tasks such as home visits to assess families and whānau risks. Identifying where duplication was occurring, and eliminating it, was suggested as having potential to free up capacity (and reduce the burden on families and whānau of multiple visits). One community provider wondered whether agencies needed to share protocols for visits so one agency might be able to provide information to other agencies.

> *I think it's particularly relevant to government organisations. I think we need to work on some skills, some guidelines ... Something that would guide a probation officer, "If I'm going out, these are the things Police want me to think about. These are the things Oranga Tamariki want me to check on". And Health mentioned this, you know, "Let me check that they attended that appointment". … Like, I'd be more than happy for Oranga Tamariki to say, "We're going out. What is it you want us to check on?" Yeah, you know, whatever. "Is she still living there? How many people are in the house?" You know, that sort of stuff.* (ISR community provider)

Expanding capacity: As low-risk referrals make up a large proportion of the workload (around 50% of referrals), a solution raised by one key informant was to widen the pool of agencies who were invited to provide a response.

It was noted that ISR had already achieved efficiencies within the sector by removing the low-risk response from the specialist family violence agencies, thus freeing up their resources to focus on the medium- and high-risk cases. With some capability development, it was suggested more agencies and outlets should be able to provide responses to low-risk cases including those not coming to Police attention.

> *…if we're going to get transformational change, all of our agencies would have built the skill and capability to at least respond to low-risk. … Every government agency, every*

agency that we work with should have an investment ... [and] should be able to … provide a low-risk response. (ISR core team)

Support for 'BAU partners'

The term 'BAU partner' refers to community agencies that do not have ISR specialist positions but who respond to: (i) case referrals directly from the SAM table; and/or (ii) referrals of families completing their ISR engagement. While ISR partners appeared generally to be coping with demands of ISR, many of the BAU agencies were feeling the pressure of managing high volumes of referrals:

.. the method for funding … totally neglected smaller agencies and particularly those that not only provide the initial support but will end up with the clients long term. Whānau Support Workers are time restrained and off-load clients and whānau to agencies such as ours, who are not fully funded. (BAU partner)

Insufficient funding for agencies in this position is a recognised concern. For many of these agencies, ISR has generated increased workload, such as new requirements for face-to-face visits.

No, it makes it challenging because if I can get the client on the phone and have a conversation with them on the phone which, to give you an idea, generally takes between half-an-hour and an hour out of my day, so when I'm doing four or five a day it takes a significant part. If I can't get them on the phone I am required to go and do a home visit and that's where the funding becomes a significant issue. The fact is, we don't get any money to pay for it so we're funding it out of our own pocket - and often. (BAU partner)

Despite the increased challenges, this particular provider remained supportive of the model, stating it was enabling them to provide a better response for those they were supporting.

Increased ISR-related workload for some BAU partners was also seen to reduce their ability to respond to existing clients, or those who came via other pathways such as self-referrals:

Our other Joe Bloggs that walk in, we can't give them quite as much time as we need to give them. We just don't have the staff. (BAU partner)

Community-based services are also shouldering added burdens in accepting ISR referrals for the purpose of transitioning to longer term support. This is becoming increasingly problematic as a result of lengthening waitlists.

There is little point in engaging whānau if there are no services to refer them on to. The process is too frontloaded, all the funding into triage and engagement, no funding in education/prevention and no funding in long-term services. (ISR community partner)

No thought has been put into adding the resources to cope with the extra demands this pilot program has placed on agencies. The expectation of the system expecting other agencies to carry out extra work without extra resources is unrealistic and is placing an unfair burden on the workers at the coal face who are already stretched to the limit. If this programme continues, this aspect must be addressed for the betterment of all. (BAU partner)

6.3.4 Statutory agency responses and systems

Several community partners - and some government agency representatives - were frustrated that state agency policies sometimes ran counter to ISR principles. Relevant policies were sometimes seen to be contrary to getting the best outcomes for families and whānau.

> *Well, you know, don't get me wrong, wonderful people work in those agencies, [but] the system they work in is more important than the families they work for, I think -- that's how I see it … that's when process becomes more important than whānau.* (Police)

Failure to ensure that an 'ISR way of working' had extended to all frontline workers within government agencies was also seen to be limiting the potential impact of ISR. Excellent relationships and collaboration were found amongst those directly involved with ISR. However, when it came to 'rank and file' frontline police officers, social workers and probation officers practice in accordance with ISR principles tended to be less visible. This was particularly so in locations on the periphery of the urban pilot sites.

> *Within statutory agencies we find that there is still an issue around people 'singing from the same song sheet' in the rural branches. Our experience is that those in the city are well on board and familiar with ISR processes and protocols while those in the rural branches often seem to not know much about the process, or even to think negatively of it.* (ISR community partner)

The need for government agency frontline staff to align with ISR's whānau-centred aims was highlighted by Kaupapa Māori providers.

> *'Well I don't think they have changed. I think Oranga Tamariki is a prime example that their system hasn't changed to recognise the needs of these whānau to be able to produce something different. They had a chance to be able to do something outside the square with this pilot. They haven't done it. They still work in their same siloed approach. They have a hard job because they're going in and taking children away from whānau in high-risk situations but it could be done a lot better, a lot more whānau centred, a lot better for the children, and I think we need to really seriously look at how government agencies are sitting in this model, yeah.* (ISR community partner)

Whilst Oranga Tamariki social workers were mentioned most frequently in this vein, similar concerns were raised about DHB mental health workers, Corrections staff, and Police officers. While it can be difficult receiving this feedback, current work to improve responses requires everyone in the system to remain open to opportunities for improvement.

Community agencies suggested that a more supportive way of working, one that built the trust and confidence of families and whānau, was needed, and could come from joint visits to homes.

> *Work alongside, have a korero, hey, what can we do better? Let's do a visit together, let's you and I go and visit this whānau ... Yeah, that's what I would like to see. I think we'd get -- one, more traction; secondly, we'd start changing the view of the public, you know, [from] OT taking our kids, to OT supporting us.* (ISR community agency)

Another aspect to this were perceptions that staff from government agencies were resistant to community agency views on how a family or whānau might best be supported. Situations where this conflict arose included where decisions had to be made about arresting or not arresting a family member, or uplifting or not uplifting children from homes.

We want them [family] to be honest with us and so the lack of -- nonjudgement is the key to opening the door to that family to talk to you. So, if they haven't been sending the kids to school because they haven't got enough money to survive or they haven't got shoes and they're embarrassed about school programmes or whatever, we won't take the, "Well, you know, we have to report you now because of" – you know, we want to find out all the key things and why, you know ...You don't charge him every time he beats her because he's the breadwinner in there and "helps us get there, you know, with the kids and all that". (ISR community partner)

[We need help to] -- stop uplifts when you know that there's another way of doing it; or action uplifts when we're trying to, you know, safeguard the kids; and they don't see that assessment as [valid] -- because, again, it's our perspective. .. They're limited in how they work with people because their boundaries are so [strict]. (ISR community partner)

6.3.5   Improved communication and use of language

ISR's commitment to a process of continual improvement and related achievements has been documented here and elsewhere. However, keeping up with new developments was found to be a challenge for those in the pilot sites. Several key informants called for improved communication from the ISR core teams:

I wonder if an operations bulletin or something like that each month would be a clearer way to consistently make sure everybody's heard the same info and is on the same page in terms of what operationally affects those who are attending the meetings. (Health)

Whilst accepting the need for the specialist terminology that had developed, some reacted to the increasing amount of 'jargon'. This was compounded when similar terms mean different things for different agencies (e.g. ISR's plan lead or specialist practice lead, compared to the Children's Team 'Lead Professional'). Others complained about frequent changes in the terms used, for example:

"Episode" - that's just come in a couple of months ago. How stupid - when it was an "incident" for so many years, and I think it was something else before... if it confuses us as NGOs - and we're the specialists in this - then the other NGOs, they're already muddled because they don't know what they -- what's the difference between "episode" and "incident"? It's like - just call it the same, what we all know. (ISR community partner)

6.3.6   Working alongside non-ISR family violence providers

Whilst government agency participation in ISR is mandatory, participation of community agencies is not, and there are some agencies in the community that do not partner with ISR. Some agencies may simply not want to be part of ISR while some may not fit with ISR's model of collaboration and partnership. Perhaps most common are situations where agreement cannot be reached between parties around service specifications, (e.g. caseloads for specialist ISR positions or number of specialist positions allocated). It is important, therefore, to consider the degree to which families and whānau supported by agencies not partnering with ISR may end up being disadvantaged, and if so how this could be mitigated. This is most pertinent for families and whānau accessing specialist family violence support services that are not part of ISR.

An example of this relates to the restricted access of non-ISR agencies to information held in ISR's FSS on clients these agencies are working with.[78] This situation can occur with existing clients of non-ISR agencies who have repeat family violence episodes and once again come to Police notice. As any new episodes are reviewed by the SAM table, the non-ISR agencies working with these families will not have full access to the latest updated information on the family such as assessed risks and new safety plans, information that could assist them in providing the best response for families.

Restricted access to this information can also limit the speed of response for families that seek help from a non-ISR agency. In these cases, non-ISR agencies have no ability to check whether another ISR agency has already been tasked with the case.

> *[if we knew] we could pick up the phone immediately and contact [the agency], and it may have been as simple as the person doesn't want to pick up the phone, they [the tasked agency] doesn't know what's going on at the moment. We've got them in front of us, we can make the soft connection and we're all good. But now there's a whole lot of emails that need to happen, we need to get information, we may not be able to keep the person here.* (Non-ISR agency)

Creating protocols for how non-engaged agencies should work with ISR was suggested as a means of providing better responses for all families. In particular, principles for appropriate access to information on families known to both ISR and non-ISR agencies was seen as most important.

> *So, what we want is, … to get together with the leadership of ISR to develop policies and procedures that enable [us] as a specialist family violence agency and an agency … to be able to co-ordinate our responses together.* (Non-ISR agency)

6.3.7 IT solutions/improvements

The high volumes of family violence episodes and intensive work of frontline workers means people are constantly looking for increased efficiencies to help manage workload. As with the previous evaluation, those currently involved within ISR would welcome any IT solutions/improvements that could help. Suggestions similar to those raised in the previous evaluation re-emerged. Among common requests were the following:

- Developing and using data mining techniques to make information retrieval and sharing more efficient. This recommendation was focused on pre-SAM table information related to new family violence episodes. Some agencies, like ACC, were noted to have adopted IT solutions that halved the time taken to retrieve and supply information for the daily SAM table.

- Improvements in FSS including: capturing of iwi and hapū information to support whānau-centred approaches; improved reporting ability – some community providers were frustrated that direct reporting through FSS was not easy, and didn't necessarily capture work completed; and further improvements in automated functions within FSS. Those responsible for the (low-risk case) outward calling suggested automatic alerts for those

---

78 It is common for non-ISR agencies to still review the daily list of new family violence episodes and supply information to the SAM table each day, including whether they have an existing relationship with a family.

responsible for follow-up phone calls and ability to search and pull up records by phone numbers.

- Solutions that reduced the amount of duplication by frontline workers in case note recording (frontline are required to record notes in ISR and their own agencies databases) and/or finding mobile solutions to enable those working in the field to access FSS and other information to make their work in the field more efficient and safer.

> *...we recognise that the workers who are completing the mahi with the whānau are really great at what they do. Administratively, however, they have challenges and so we're judging them on what's in a computer-based database, whereas in fact they've already done everything they need to do, it's just that we can't see it… And so we need to have some way of integrating that, which allows them to still be out there doing their mahi and leave them alone to do it*. (ISR core team)

6.3.8 Other suggestions for improvement

A number of areas had additional ideas for improvement, identified by key informants (interviews and/or online survey), as follows:

- **Support for working in ISR coalitions/collaborations** – more support and guidance was needed on the new principle of coalition/collaboration formation among community partners. In addition, the work involved in leading the coalition/collaboration (e.g. general coordination, managing relationships and attending to contractual and reporting requirements) should be recognised and properly funded.

- **More resourcing for work with perpetrators** – whilst the inclusion of the POS role was seen as a strength of the model, community providers, particularly Kaupapa Māori ones, felt more was needed to enable effective responses to perpetrators:

> *I think overall if you're really wanting to work hard with the perpetrators you need more POS's, more resources. I don't think there's enough in the co-lab [collaboration], it's not enough to make a change.* (Kaupapa Māori partner)

> *There's still a political focus on victims … [there is a] need to recognise that if work isn't also done with perpetrators, the victims can't move on. That needs to be unfolded and unpacked for people that are victim focussed and get all the service providers on the same page.* (ISR community partner)

- **Improve quality of information recorded and shared** – improved information sharing was one of the most highly rated perceived benefits of ISR (see section 3.2.1). However, there were suggestions on further improvements, including the need for ongoing training in information management:

  - improved accuracy - there were concerns, particularly from health representatives, that sometimes specialist terms were incorrectly recorded in FSS. It was felt different methods of inputting should be considered (e.g. inserting information prepared by health) and/or ability of those with specialist knowledge to update records with correct details (currently only those with special access can make such corrections); and

  - ensuring accurate and up-to-date phone numbers were listed in FSS was seen as key to saving precious frontline time. Incorrect phone numbers (and addresses) were a major area of frustration for many.

And I don't want to rag the frontline staff because let's face it, they do a great job but when they're out there and they get a phone number, it's very simple to take their phone and dial the number and make sure it's correct because unless that data's coming back to us correct we've got to fish for it and then it becomes time consuming and we lose interest because we've got so much other work to do. (BAU partner)

- **Review of roles and titles of ISR specialist positions** – several key informants felt more flexibility in designated roles could enable a more efficient use of human resources, particularly in rural areas. Suggestions included enabling more fluidity in roles to enable roles to vary with need, for example for a WSW to carry out an IVS role or *vice versa* as a client's risk level changes.

    So, we need to -- so I believe that rather than be stuck in this process of it's high-risk so an IVS is assigned, if it's no longer high-risk we refer to a WSW, that actually doesn't -- that's not the best for the client. Those roles need to be a lot more fluid, just like risk ... then that whānau get a more seamless service and we can flow through risk a lot better. (ISR core team)

As noted elsewhere, there were also calls for formalisation and expansion of the ISR child advocate role, which currently is a 0.5 FTE position in Christchurch only.

- **Expand opportunities for community partnership and representation** – whilst there has been a significant improvement in the sense of partnership between government and community, imbalances in representation were noted, including:

  - at the local governance table, particularly in Christchurch where there is just one community agency representative sitting amongst six representatives from government agencies;

  - at the SAM table, where there is no funding for community or Iwi representation, despite one ISR core team recognising the value of their input following a short trial;

    So -- our two co-labs nominated their staff and they were our NGO reps at the table. -- and that worked superbly. It did. And what was great is it was their knowledge and skills that they brought to the team and to the table. But actually, [also] what they took back to their respective agencies and filtered through their co-labs was fantastic. (ISR core team)

  - there was also a suggestion that ISR be co-directed with a community and a government agency director.

- **Review funding** – concerns were expressed over: hidden overhead costs associated with delivering ISR specialist services; that the true cost of involvement should be better recognised (e.g. administration, co-ordination, management and supervision roles); and that the time taken to perform the 'plan lead' role was fully funded.

- **Increase opportunities for workforce capability development** – with an increasing number of community and government partners coming on board, there were increasing needs for training. One site called for a dedicated training team to be deployed.

    And you need a team to go around to build your capability up -- when I think about Waikato ISR, you need actually a team that -- that's their whole job, is to go around and around and around - because they'll keep going around. (ISR community partner)

6.4 Future considerations for ISR and a wider family violence response system

In the nearly three years of its piloting, ISR has established itself as a promising mechanism for providing an integrated response to family violence. Announcements about the new Joint Venture suggest that integrated government and community responses will be central to the National Strategy and Action Plan to Eliminate Family Violence and Sexual Violence. It is, therefore, timely to consider the potential role, position and development of the ISR model within a broader response framework.

Expanding referral pathways – if ISR becomes the dominant multi-agency short-term safety response to family violence, consideration is needed as to whether the model should be expanded to accept referrals through other pathways. Currently, the primary mechanism for initiating an ISR response is a report of family violence to Police.

However, throughout the pilot, an increasing number of 'backdoor referrals' have been received by ISR teams, originating primarily in community and government agencies but where there has not been a report to Police. It has been proposed therefore that referral pathways could usefully be opened up, even to the extent of allowing self-referrals. As one Local Governance member described:

> *We need to get the 'backdoors' coming through the front door.* (Local Governance)

Doing so would ensure that more families and whānau benefit from the joined-up approach and intensive supports available through ISR. The challenge going forward is how resources would be managed to permit the greater volumes of referrals to ISR that would likely ensue.

Integration of ISR into a more fully resourced wider family violence response system – a recurring theme throughout this report (and the previous evaluation report), has been the importance of both the 'make safe' and 'keep safe' elements of the response. As a crisis response, ISR focuses on 'make safe', and relies on other parts of the wider response system to deliver longer-term safety and wellbeing services ('keep safe').

The most pressing need identified in this evaluation is to improve the 'keep safe' response that comes after ISR. Without further investment, the potential returns from the short-term ISR safety response are unlikely to be fully realised.

ISR has made good progress in engaging families and whānau, working with them to identify what they need for immediate safety and sustainable longer-term wellbeing. However, there is insufficient capacity to meet the current demand for longer-term services and interventions. Where services exist, ISR families and whānau often find themselves on growing waitlists.

> *ISR is nicely resourced at the 'make safe' stage. ... [it is] the remain [or keep safe] phase in the community, which is bereft of investment, is the bit that I think we need to ensure future investment in because that's where we will change attitudes as well as behaviour.'* (Oranga Tamariki)

The development of a comprehensive and well-integrated response system is important in an effective family violence system. More effective prevention efforts, for example, would mean fewer families and whānau requiring the crisis response or needing longer term services.

Transformative change to how agencies partner with community – one of the more important achievements of ISR in the last two years has been the extent to which agencies now feel themselves to be valued partners with government. This is critical, as it is generally

acknowledged that community agencies are best placed to support their families to make change. They know 'their' families and whānau, and are committed to being there for them over the long-term. As highlighted by one ISR National Project Board member:

> *I think longer term the role of big government, you would hope, would get less and less, that's the most cost-effective way. … I think it needs big government to set it up and get it organised but then … supporting the community and the providers and the NGOs … that are going to be there all the time, those are the key to making the larger and sustainable changes.* (National Project Board)

Another ISR National Project Board member went further, suggesting that, for communities to achieve more, government needed to 'trust more', and give greater responsibility back to community agencies to take the lead in decision-making:

> *…we want community to take responsibility, [but] what are we going to devolve, to enable them to take back responsibility?*

This would likely require a step change in how government agencies operate, but perhaps this is what is needed for there to be a more sustainable and significant impact on family violence.

6.5   Summary

This chapter has presented evaluation data related to the efficiency of the ISR model. It has identified elements that contribute to successful outcomes, and areas for further improvement.

Key findings can be summarised as follows:

Progress since the first evaluation – an important conclusion from the first evaluation was that the ISR pilots displayed a clear commitment to continuous improvement, evident in ongoing efforts by staff and partners to improve processes and outcomes. The current evaluation has found this to still be the case, with evidence from a range of sources confirming progress with all areas identified for improvement by the first evaluation. Most important were:

- increased funding meant agencies now felt better able to cope with the demands of delivering ISR;

- a change in leadership approach that began listening to and demonstrating greater respect for community partners, resulted in community agencies feeling themselves to be valued partners with government; and

- an increased focus on whānau-centred practice, combined with the change in leadership approach described above, has led to Kaupapa Māori providers seeing ISR as being sufficiently responsive to Māori whānau.

Elements that contribute to successful outcomes – the multifaceted nature of the ISR model means that a large number of inter-related elements and processes potentially are contributing to outcomes. The overarching factors emerging across different evaluation findings included:

- better information sharing and problem-solving - enabling more accurate risk assessment, more efficient safety planning and case management, and the formation of trusting relationships;

- collective working and collective responsibility - the importance of these underlined repeatedly by the extreme risks that frequently have to be managed, and the complexity of issues to be addressed;

- the contribution of the ISR infrastructure that accompanies ISR – key elements here include the FSS: the electronic case management system, e-learning platform, ISR coalitions/collaborations but, most importantly, the ISR core team and the vital role they play in quality assurance and relationship management;

- the value of a clear model and structure – enabling a more organised and efficient way of working across the sector;

- whole-of-family and whānau approach – providing more opportunities to break the cycle of violence by supporting families and whānau to keep themselves safe but also working with the person using the violence to prevent further harm; and

- underpinning values – key principles or values seen as central to ISR's success: a commitment to continuous improvement, valuing partnerships, and keeping a balanced way of working that is government enabled but community-led.

Areas for further improvement – a number of areas were identified where ISR could further improve its effectiveness. Those judged most significant included:

- considerations for more effective implementation in rural areas – the key challenge is how to modify the model that enables access to an efficient referral process and access to both local and centralised knowledge and relationships, but without duplicating efforts and resources;

- improving responses for children and youth – reflecting on the appropriate role and capacity of ISR to respond to children at risk of longer-term adverse outcomes as a consequence of being exposed to family violence in addition to their primary 'make safe' role; and

- greater efficiencies in managing the increasing volumes of referrals – whilst there have been significant improvements since the first evaluation, renewed pressure on resources is emerging as volumes of referrals continue to increase with more people now reporting family violence to Police.

Other areas for improvements included: improved communication and use of language to keep everyone updated on ongoing ISR developments; considering opportunities for how the families engaged with agencies not affiliated with ISR can be better supported through ISR; and the development of IT-based solutions that would improve specific functions and reduce workload pressures.

Future considerations for ISR – as work proceeds on the development of the National Strategy and Action Plan to Eliminate Family Violence and Sexual Violence, it is timely to consider the potential role, position and development of the ISR model within a broader response framework. This includes whether ISR should open up referral pathways to include self-referrals, how ISR can be integrated into a more fully resourced wider response system, and whether more decision-making for families can be deferred to the community who know the families and whānau, and are best placed to provide more enduring support.

7   Concluding remarks

Family violence is a persistent, complex and challenging problem that requires new approaches, and more effective ways of working, for it to be eliminated. Over the last three years one such new approach has been piloted, the Integrated Safety Response (ISR).

Design of the ISR model occurred over several years, incorporating lessons from reviews of existing approaches, as well as promising approaches identified in local and international research. The primary aim of the model is to ensure the immediate safety of the families and whānau following a report of family violence to Police, or referral from Corrections. The resulting model is necessarily multi-faceted and ambitious.

- ISR takes a whole-of-family and whānau approach that considers the risk and needs of adult victims and children experiencing violence. Whilst their safety is paramount, it also considers the needs of those who have used the violence, to prevent further harm.

- The model has multiple components, most notably the seven days per week multi-agency triage of new episodes of family violence, together with the intensive case management of high-risk families and whānau. There are multiple layers of frontline operations, management and governance, resulting in the collective participation of a large number of individuals and organisations.

- Across the two pilot sites there are over 70 full-time ISR frontline specialists working across 38 community agency partners who work collaboratively in six coalitions. These ISR community partners are supported by a large number of other BAU community agencies and the 10 participating government agency partners. Coordinating and supporting all these individuals and groups are the teams of dedicated ISR staff located in each site.

The model is considerably more complex than other existing approaches in New Zealand, or elsewhere. Despite this complexity, the current evaluation has found that the model has been implemented successfully and much has been achieved in a relatively short period of time. Multi-agency approaches are not new to New Zealand. However, while previous initiatives have managed to get multiple agencies sitting together around a table, there has been much less success in getting agencies to work in a truly integrated way. ISR has achieved this next step, with clear evidence of trusting relationships and collaborative work occurring between agencies and, importantly, this integrated approach has more recently extended to one of genuine partnership with the community.

Prior to ISR people tended to work in silos: Police, Oranga Tamariki and specialist family violence agencies shouldered most of the responsibility for keeping families and whānau safe, whilst Corrections were largely 'on their own' in managing high-risk prison releases. However, these agencies now can participate in integrated ways of working. Agencies can (for example) enlist support from Ministry of Justice Court Victim's advisors, ensure correct allocation of benefits and/or access emergency funding through Work and Income, source funding for victims' injuries through ACC, or alert schools and GPs to the most vulnerable families who are at high-risk of imminent harm. There is also a large and growing pool of non-specialist family violence providers now available and willing to work in partnership, including agencies as diverse as Victim Support, Barnardos, and Age Concern.

This joined-up way of working, augmented by efficient information sharing, is perhaps ISR's most significant achievement to date. However, it has not been achieved overnight, and not without considerable effort and investment.

The first year was characterised by a degree of reluctance from government agencies in response to the new mandatory participation expectations. Commitment was further challenged when ISR moved to a seven days per week operation. However, with the interest of Ministers and national leadership, together with local support and increased resourcing from within local organisations, by the end of year three, representatives from these government agencies have settled into a sustainable routine, working in a collaborative style and are by and large motivated to be part of ISR. Support and training on how to share information appropriately also played a role in the development of the trusting relationships necessary for this collective way of working.

For community agencies, the first year of ISR saw them overloaded, being asked to provide a more intense response to higher volumes of cases, which created perceptions of being unfairly burdened with the responsibility of delivering ISR services to families and whānau. These high expectations on the community agencies were further exacerbated by low levels of resourcing, and only minimal levels of consultation. It was a 'top down' approach, with community agencies feeling they were being dictated to. However, changes implemented from year two onwards meant that community partner agencies began to feel like genuinely valued partners. This was achieved through a significant increase in resourcing and, importantly, a new approach from ISR leadership that signalled the desire to work in partnership with the community. Part of this new approach was recognition of whānau-centred practice as a core feature of the model, which was particularly critical for partnership with Kaupapa Māori providers.

There are opportunities to further strengthen this partnership with community, through increased representation of community across ISR (e.g. funded representation at SAM and increased representation at local governance); and for government agencies to better align their policies and practice to ISR's whānau-centred aims.

Achieving this joined-up way of working, whilst impressive, is insufficient in and of itself. It needs to translate further into well-designed and resourced longer-term interventions which can bring about enduring change for families and whānau.

Evidence from this evaluation points strongly to the conclusion that ISR delivers an improved service response to families and whānau. Prior to ISR, new family violence episodes tended to be followed up by a phone call from a refuge worker. However, making contact in this manner is frequently unsuccessful, meaning that many victims were not contacted. Under ISR, minimum responses now see face-to-face visits for high-risk families within 24 hours, and for medium-risk families within 72 hours. Many observers also commented on the much quicker multi-agency response following the family violence episode, enabled by the seven days per week triage of cases. The faster and more assertive form of outreach has increased the likelihood that families and whānau are engaged and offered support. Not only are more families and whānau being contacted and offered support, but those who engage were seen to benefit from the support offered. Further, the improved relationships and connections among ISR partners means ISR case workers can more effectively link families to the support services they need.

ISR's whole-of-family and whānau approach, and increasing adoption of whānau-centred practice, meant in addition to working with a victim to keep themselves and their children safe, there are now more opportunities to work with extended whānau and, importantly, the person using the violence to prevent further violent behaviour. This latter element to the response was

valued by all providers, but was particularly significant for Kaupapa Māori providers, for whom it reinforced the idea of ISR as 'responsive to whānau'.

The evaluation found emerging evidence of improved wellbeing for families and whānau. Families and whānau were deeply appreciative of the support they received through ISR. A sample of pre-post data indicated that families and whānau felt safer, were more informed of support services, and better connected with social networks following an ISR intervention. This pre-post type data collection cannot confirm that these changes are directly attributable to ISR. However, significant increases in rates of repeat reporting of low level family violence to Police in ISR sites compared to matched controls elsewhere, provides more compelling evidence for a beneficial effect from ISR (given that calling Police for help when appropriate is something that families and whānau are encouraged to do by ISR workers as part of their safety planning).

While the ultimate goal of ISR remains that of reducing the incidence of family violence, it is likely still too early to assess the real impact of the response. This is particularly so given longer-term support delivery that would support this type of behavioural change is still in need of further development and resourcing. Nevertheless, using Police reports of family violence offending in the six months after an ISR referral, a significant reduction in reported family violence was identified for Māori victims, compared to matched groups elsewhere in New Zealand. Finding this result for victims, as opposed to offenders, likely reflects ISR's primary focus on victims' safety, and the ability to observe the impact of those choosing to leave a violent relationship in a shorter time frame. Explaining the positive impact only for victims who are Māori is less obvious. It could reflect the more equitable funding for Māori providers that accompanies ISR, or possibly that Māori whānau respond uniquely well to the ISR model.

Economists have noted that the economic and social costs of family violence are so significant that even marginally effective interventions can be cost effective.[79] The cost benefit analysis undertaken for this evaluation has utilised the quantitative evidence of reduced family violence found for Māori victims. The reduction in revictimisation in this group translates to a 2.3 percentage-point reduction of avoided cases of family violence, however, when applied to the high volumes of ISR referrals, and with a five-year horizon, the cost benefit analysis found the avoided social cost of family violence to be 3.2 times the investment. On this basis it was concluded that ISR represents a good return on investment, based on immediately quantifiable costs and benefits. This significant result is a conservative estimate of the potential returns on investment of ISR considering it excluded a range of other unquantifiable benefits.

The findings of this evaluation indicate that the ISR model is a robust and effective mechanism for coordinating and delivering credible responses to families and whānau experiencing family violence. Clearly it is not without its limitations and shortcomings, which is to be expected considering the complexity and entrenched nature of family violence. The model can however be further improved. Areas where modifications to the model offer the potential for greater gains include the following:

* improved alignment from government agencies' responses and systems. There are a greater number of individuals from government agencies now working collaboratively and in partnership with the community. However, more could be achieved if the policies and

---

79 NICE (2013). Economic analysis of interventions to reduce incidence and harm of domestic violence. Report prepared by the National Institute for Health and Care Excellence (NICE): London, UK.

systems of government agencies were adapted to align with ISR, especially in supporting a more whānau-centred approach to practice;

- improved implementation in rural areas. If the model is to be rolled out to further areas it will be important to ensure that the operating model is sufficient to meet the needs of rural communities;

- responses for children and youth. It is also time to reflect on the role and capacity of ISR to respond adequately to the needs of children and young people affected by family violence; and

- greater efficiencies in managing the increasing volumes of referrals. Whilst there have been significant improvements in this area since the first evaluation, renewed pressure on resources is emerging as volumes of referrals continue to increase with more people now reporting family violence to Police.

While there is more work to be done, at the end of the first three years this evaluation has found strong support for the ISR model amongst those who have been trialling it. These communities affirm the value of working collaboratively, see the benefits to their families and whānau, and are clear that they do not want to go back to the old ways of working.

> *I have worked in the social service sector for thirty years. Never have I felt more hopeful. Never have I been part of such a positive, coordinated, dedicated group of people. I look forward to the future of this way of working - respectful, smart, cooperative, professional and with shared responsibility for risk and results, in a sustainable way. (Justice)*

The creation of the new Joint Venture with ten government agencies tasked to work together to better respond to family and sexual violence represents an exciting opportunity to continue developing new ways of working in the best interests of those affected by family violence. As a crisis response initiative, ISR can only ever be one part of the wider response system needed to tackle family violence. It is now time for the whole-of-government to work together with the community to develop and resource other parts of the full response system so families and whānau affected by family violence can access a seamless system of support. ISR provides a good platform from which to build, having made a promising start on working out a more effective, integrated and respectful way of working together.

References

Campbell, L. (2014). *ReachOut Men's Community Outreach Service: Connections and conversations with a purpose. An evaluation of the pilot*. Christchurch, New Zealand: Aviva Family Violence Services.

Cram, F. and Pitama, S. (1998). 'Ko tōku whānau, ko tōku mana'. In Adair, V. & Dixon, R. (Eds.), *The family in Aotearoa New Zealand* (pp. 130-57). Longman, Auckland.

Cunningham, C., Stevenson, B., and Tassel, N. (2005). *Analysis of the Characteristics of Whānau in New Zealand*. Report Commissioned for the Ministry of Education. Research Centre for Māori Health and Development, School of Māori Studies, Massey University. Palmerston North.

Durie, M. H. (1985). Te Whare Tapa Whā: A Māori perspective of health. *Journal of Socia Sciences and Medicie*, 20(5), 483-486.

Durie, M. H. (1995). Te Hoe Nuku Roa Framework: A Māori identity measure. *The Journal of the Polynesian Society*, 104(4), 461-470.

Durie, M. (1997). Whānau, whanaungatanga and healthy Māori development. In P. Te Whaiti, M. McCarthy, & A. Durie (Eds.). *Mai i Rangiatea: Māori Wellbeing and Development* (pp. 9-12). Auckland University Press, Auckland;

Durie, M. H. (1999). *Te Pae Māhutonga: A Māori model for Māori health promotion.* Health Promotion Forum of New Zealand Newsletter 49, 2-5 December 1999.

Durie, M. (2001). *Mauri Ora. The dynamics of Māori health*. Oxford University Press, Auckland;

Durie, M. (2013). *Whānau Capacities: A framework for measuring whānau outcomes*. paper presented at the Whānau Development National Hui 2013, in Te Pa Harakeko Vol 1 (2001) 8.

Family Violence Death Review Committee. (2014). *Fourth Annual Report: January 2013 to December 2013*. Wellington, Health Quality and Safety Commission (Retrieved from http://www.hqsc.govt.nz/our-programmes/mrc/fvdrc/publications-and-resources/publication/1600/).

Gerrard, J. (2018). *Every 4 minutes: A discussion paper on preventing family violence in New Zealand*. Auckland: Office of the Prime Minister's Chief Science Advisor. Retrieved from http:// https://cpb-ap-se2.wpmucdn.com/blogs.auckland.ac.nz/dist/6/414/files/2018/11/Every-4-minutes-A-discussion-paper-on-preventing-family-violence-in-New-Zealand.-Lambie-report-8.11.18-x43nf4.pdf.

Howarth, E., Stimpson, L., Barran, D., and Robinson, A. (2009). *Safety in numbers: a multi-site evaluation of Independent Domestic Advisor Services,* The Henry Smith Charity. Retrieved from http://www.safelives.org.uk/sites/default/files/resources/Safety_in_Numbers_full_report.pdf.

Irwin, K., Hetet, L., Maclean, S., and Potae, G. (2013). *What works with Māori: What the people said*. Families Commission, Wellington.

ISR National Team (In press). *Review of Distinct Features and Local Considerations for Implementation*. Wellington: New Zealand Police.

ISR National Team (In press). *12-week review of cases referred to the Integrated Safety Response (ISR) pilot*. Wellington: New Zealand Police.

Kahui, S., and Snively, S. (2014). *Measuring the Economic Costs of Child Abuse and Intimate Partner Violence to New Zealand*. Wellington, NZ: More Media Enterprises.

Kruger, T., Pitman, M., Grennell, D., McDonald, T., Mariu, D., Pomare, A., Mita, T., Maihi, M., & Lawson-Te Aho, K. (2004). *Transforming whānau violence – A conceptual framework*. An updated report from the former Second Māori Taskforce on Whānau Violence. Wellington: Te Puni Kōkiri.

Kukutai, T., Sporle, A., and Roskruge, M. (2016). Expressions of whānau. *Families and Whānau Status Report 2016* (pp. 51-77). Superu, Wellington. Retrieved from https://thehub.sia.govt.nz/assets/Uploads/Subjective-whanau-wellbeing-report.pdf.

Lawson-Te Aho, K. (2010). *Definitions of whānau: A review of selected literature*. Wellington: Families Commission.

Ministerial Group on Family Violence and Sexual Violence *(2016) Update on the Progress of the Work Programme.* Retrieved from https://www.justice.govt.nz/assets/ Documents/Publications/Ministerial-group-fv-sv-work-programme.pdf.

Metge, J. (1995). *New growth from old. The whānau in the modern world*. Wellington: Victoria University Press.

Ministry of Justice. (2015). *New Zealand crime and safety survey (2014): main findings*. Retrieved from https://www.justice.govt.nz/assets/Documents/ Publications/NZCASS-201602-Main-Findings-Report-Updated.pdf.

Ministry of Justice. (2019). *Key findings: Cycle 1 (March – September 2018) Descriptive statistics*. Retrieved from https://www.justice.govt.nz/assets/Documents/Publications/ NZCVS-findings-report-2018-fin-for-release.pdf.

Ministry of Transport. (2019). *Social cost of road crashes and injuries 2018 update*. Retrieved from https://www.transport.govt.nz/assets/Import/Uploads/Research/Documents /b67f729bf5/Social-cost-of-road-crashes-and-injuries-2018-update.pdf.

Mossman, S.E. (2014). *Evaluation of the use and predictive ability of ODARA (Ontario Domestic Assault Risk Assessment) in New Zealand*. Unpublished internal final report for New Zealand Police. Wellington: New Zealand Police.

Mossman, S.E., Paulin, J., and Wehipeihana, N. (2017). *Evaluation of the family violence Integrated Safety Response pilot: Final report*, August 2017 Wellington: Superu. Retrieved from https://thehub.sia.govt.nz/assets/documents/ISR_pilot_evaluation_FINAL.pdf.

Mossman, S. E. (2018). *Integrated Safety Response (ISR) pilot evaluation – High level evaluation plan – phase II*. Internal report prepared for the ISR National Project Board, Wellington.

Mossman, S.E. and Morris, M. (2019). *ISR phase II evaluation: Exploratory analysis of rates of repeat reoffending and revictimisation post ISR referral*. Draft internal technical report prepared for New Zealand Police, Wellington.

New Zealand Police. (2017). *Integrated Safety Response. People and the process: ISR Guidelines (version 3.0, Sept 2017).* Wellington: New Zealand Police.

NICE. (2013). *Economic analysis of interventions to reduce incidence and harm of domestic violence*. Report prepared by the National Institute for Health and Care Excellence (NICE). London, UK: NICE.

NZIER. (2019). *Scoping the costs and benefits of Integrated Safety Response*. Phase 1 report. Internal report prepared for Ministry of Justice, Wellington.

NZIER. (2019). *Evaluation of ISR. The costs and benefits of the pilot*. Internal report prepared for New Zealand Police, Wellington.

Payne, P and Robertson, N. (2015*). A Formative Evaluation of the Waikato Family Safe Network Pilot*. Waikato: School of Psychology, Waikato University.

Pipi K., Cram, F., Hawke, R., Hawke, S., Huriwai, TeM., Keefe, V., Mataki, T., Milne, M., Morgan, K., Small, K., Tuhaka, H. and Tuuta, C. (2002). *Māori and iwi provider success: A Research report of interviews with successful iwi and Māori providers and government agencies.* Wellington: Te Puni Kōkiri.

Roper, T., and Thompson, A. (2006). *Estimating the costs of crime in New Zealand in 2003/04*. Wellington: New Zealand Treasury Working Paper 06/04.

Smith, G. (1995). 'Whakaoho whānau: New formations of whānau and an innovative intervention into Māori cultural and economic crises'. *He Pukenga Korero*, 1: 18-36.

Taiapa, J. (1995). 'Ta te whānau ohanga: The economics of whānau: Cultural survival at fiscal expense'. *He Pukenga Kōrero*, Spring, 1995, pp. 10-17.

Te Puni Kōkiri (2010a). *Arotake Tūkino Whānau: Literature review on family violence* Wellington: Te Puni Kōkiri.

Te Puni Kōkiri. (2015). Understanding whānau-centred approaches. Analysis of Phase One Whānau Ora research and monitoring results. Wellington: Te Puni Kōkiri.

The Treasury. (2019). *The Treasury's CBAx Tool*. Retrieved from https://treasury.govt.nz/information-and-services/state-sector-leadership/investment-management/plan-investment-choices/cost-benefit-analysis-including-public-sector-discount-rates/treasurys-cbax-tool.

Wehipeihana, N. (In press). *What's working for Māori? A Kaupapa Māori perspective on the responsiveness of the Integrated Safety Response Pilot to Māori*. Synthesis Evaluation Report. Wellington: Ministry of Justice.

Appendices

Appendix 1 – List of ISR community partners and coalitions/collaborations

Waikato	Christchurch
Hauraki Coalition (1 IVS, 0.7 POS, 5.7 WSW) • HFVIN - Lead • CAPS • Coromandel Independent Living Trust • Family Safety Services • Whangamata Community Trust • Waihi Community Resource Centre • Whitianga Community Services Trust • Victim Support **Te Mana Whānau Coalition** (1 IVS, 6 POS, 3 WSW) • HAIP- Lead • Barnardos • K'Aute Pasifika Trust • Parentline • Shama **The Collective** (6 IVS, 2 POS, 7 WSW) • Te Whakaruruhau, Waikato Women's Refuge - Lead • Te Hauora o Ngāti Haua • Tū Tangata • Waahi Whānui **Western Coalition** (1 IVS, 1 POS, 4.5 POS) • Waitomo Waipa Womens Refuge - Lead • HAIP • Otorohanga Support House • Taumarunui • Community Kokiri Trust **Standalone partners** • Kainga Aroha Community House (1 WSW) • Lifeline Initial Intervention Service (5 LRR)	**Tū Pono Collaboration** (6 IVS, 5 WSW, 4 POS) • He Waka Tapū - Lead • Te Whare Hauora • Te Puna Oranga • West Refuge **BVSH Collaboration** (5 IVS, 4 POS, 9 WSW, 1 IVST (Child advocate) • Battered Women's Trust - Lead • Barnardos • Christchurch Resettlement Services • Home and Family • Stopping Violence Services • Victim Support **Standalone ISR partner** • Shakti (0.25 IVS, 0.5 WSW)

Note: Allocation of specialist positions can change in response to rates of referrals. In Christchurch the LRR response is funded per referral.

Appendix 2 – Challenges to evaluating ISR

Differentiating direct and indirect outcomes: The primary role of ISR is a short-term safety response following a family violence episode, where referred families and whānau are triaged to the most appropriate supports and responses based on collective assessments of risk and need. This results in a set of process-related short-term outcomes (e.g. information shared, enabling high quality risk assessment and triaging, which result in families and whānau referred to the right services at the right time).

Whilst ISR is primarily a short-term safety response, there is significant interest in understanding the degree to which this short-term response translates into intermediate and longer-term goals of enhanced wellbeing and reduced family violence (frequency and severity). However, these goals require sustainable safety to be achieved in families and whānau, which can require complex needs to be addressed and, importantly, a behaviour change of those using the violence. Yet these outcomes take time to achieve and are dependent on the willingness of families and whānau to engage; and availability and effectiveness of those delivering support services. Enhanced wellbeing and reduced family violence are therefore best viewed as an indirect outcome of ISR model, as indicated in the model logic in Figure 3.1.

Both short-term and intermediate outcomes are considered in this section, however it is important to recognise the difficulties in isolating the indirect impact of the ISR model from the more direct role of the support services when considering intermediate outcomes.

Family and whānau awareness of ISR: The majority of families and whānau have limited or no awareness of what the ISR response entails. They can only comment on their experiences of the support they have received through ISR, as a result of being connected with an ISR partner agency. The support agencies are better placed to understand the degree to which ISR has enabled them to provide more effective support services to their families and whānau. Both perspectives are considered throughout this section.

Time frame to assess outcomes: Whilst there is plenty of scope to assess short-term ISR outcomes within the evaluation timeframe available, many of the intermediate and longer term wellbeing outcomes require change to be entrenched and complex issues addressed, which are likely to require much longer, with positive impacts not likely to be observed for several years or even decades.

Appendix 3 – Support services delivered through ISR

Figure A1   Support services provided to victims (who engaged)

Victims (N = 88)

Service	Percentage
Safety Assessment Plan	74%
Case worker support accepted	65%
Legal Support Services	33%
Work and Income Support	28%
Counselling (1:1 or couple)	26%
Stopping Violence or Safety Programme	22%
Parenting Support	17%
Safety Alarms/Locks (Victims)	14%
Health support	13%
Housing Support	11%
Safehousing (females)	11%
Mental Health (non AoD)	8%
Relocation assistance	7%
Pregnancy support (females)	6%
Budgeting Services	6%
Alcohol and drug use support services	5%
Sexual Abuse Support	3%
ACC Support	1%
Supervised access with children	1%

Source: ISR National Team (In press). 12-week review of cases referred to the Integrated Safety Response (ISR) pilot. Wellington: New Zealand Police

Figure A2   Support services provided to perpetrators (who engaged)
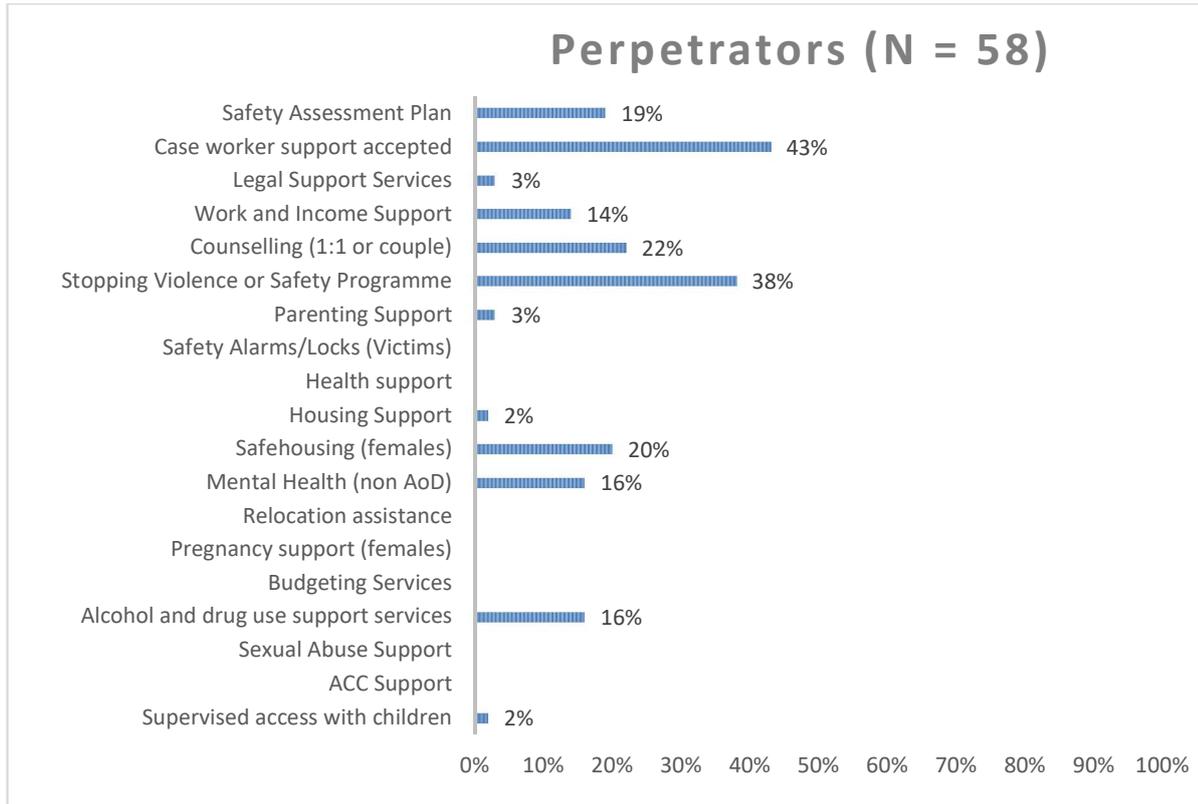
Source: ISR National Team (In press). 12-week review of cases referred to the Integrated Safety
Response (ISR) pilot. Wellington: New Zealand Police

Appendix 4 – Impact of ISR on Māori victims

Table A1   Impact of ISR on selected family violence repeat indicators within six months of index event – Māori victims

Repeat FV indicator		Matched comparison group	ISR (Māori)	ATT	SE mean	P value
Number in sample		1318	515			
% matched		62%	100%			
Any FV occurrence	0/1 flag	46%	47%	1%	3%	0.80
	Count	1.01	1.01	-0.0	0.09	0.96
FV incident (1D/5F)	0/1 flag	32%	35%	%	3%	0.14
	Count	**0.53**	**0.64**	**0.11**	**0.06**	**0.06***
VICTIMISATION related indicators						
Victim of an FV offence	0/1 flag	**21%**	**17%**	**-4%**	**2%**	**0.08***
	Count	**0.29**	**0.22**	**-0.08**	**0.03**	**0.02****
PSO – Person at risk	0/1 flag	10%	11%	1%	2%	0.59
	Count	0.15	0.15	0.00	0.03	0.92
OFFENDER related indicators						
Offender of an FV offence	0/1 flag	6%	5%	0%	1%	0.74
	Count	0.07	0.06	-0.02	0.02	0.34
Serious FV offence	0/1 flag	0.8%	0.8%	0%	0%	1.00
	Count	0.01	0.01	0.00	0.01	0.77
PSO – Bound Person	0/1 flag	4%	3%	-1%	1%	0.42
	Count	0.05	0.03	-0.01	0.01	0.32

Notes:

- All groups were assessed on subsequent offending and victimisation indicators.

- 0/1 flag indicates the proportion who experienced one or more of these indicators

- Count represents the average frequency of these indicators.

- The first and second columns show the mean proportions of offenders involved in different types of repeat family violence episodes for the matched comparison group and the ISR group, respectively.

- The difference in means is the average treatment effect on the treated (ATT).

- Standard error in the means (SE mean) are calculated as per Abadie and Imbens as discussed in text.

- The p value for testing significant difference in the means is also shown. *** p<0.01,** p<0.05, * p<0.1.

Appendix 5 – ISR referrals over time

Figure A3   ISR referrals over time

ISR episode volumes by site and month reported since inception (extracted 7 May 2019)