Family Violence Risk Assessment and Management Framework

Summary of submissions

29 November 2016

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Introduction

New Zealand has one of the highest rates of family violence and sexual violence in the world. The family violence system is fragmented and difficult for families to navigate. Key issues are: family violence is often not recognised; information is not always shared; a lack of coordination to refer people for assessment and support; and it is not always clear who is responsible for victim safety and managing the perpetrator's behaviour.

The Government is committed to reducing family violence and sexual violence and keeping victims safe. The Ministerial Group on Family Violence and Sexual Violence Work Programme was set up as an all-of-government work programme focused on improving the family violence system to better support victims and manage perpetrators more effectively. The work programme has several projects, including: piloting an Integrated Safety Response (ISR) model; creating a common Risk Assessment and Management Framework (RAMF); implementing a Family Violence and Sexual Violence Workforce Core Capability Framework, appointing agencies to lead coordination of primary prevention and perpetrator programmes.

The Ministry of Justice (the Ministry) is leading the RAMF development. The RAMF seeks to create a shared understanding of family violence and its dynamics and a consistent and coordinated approach across agencies and services to undertake: screening; risk assessment; risk management.

The Ministry developed a discussion document on RAMF and engaged with stakeholders via three mechanisms:

> **Pre-engagement**: The RAMF project team engaged with key individuals in the family violence and sexual violence sector to check the discussion document before it was released for wider sector consultation. This feedback was reflected back into the discussion document.

> **Targeted sector workshops**: A series of targeted regional workshops were held with front-line practitioners and other stakeholders in the family violence and sexual violence sector.

> **Online consultation**: The draft discussion document was released for sector input via an online consultation tool (Delib Citizen space). Submissions could also be made by email or post. The discussion document was available online between 29 July and 16 September.

This document summarises feedback from the written submissions received in the online consultation.

Executive Summary

To gather feedback on the RAMF discussion document we called for written submissions. There was a six week consultation period from 4 August to 16 September. We received 120 written submissions, ranging from brief emailed comments on a single issue to extensive, detailed feedback. Submissions were received from a wide range of stakeholders, including national family violence networks, specialist family violence agencies, general social service providers, health organisations, legal associations, kaupapa Māori providers and advocacy groups. Many individual practitioners also made submissions. Around half of submissions were from organisations and half from individuals.

There was criticism about the length of the submission period and about short notice and insufficient advertising for the consultation workshops held within the same period. Further, there were some concerns that stakeholders should have been more directly involved in early development of the RAMF.

However, submitters appreciated the opportunity to submit and demonstrated a strong willingness to engage and participate in developing and implementing the RAMF. Although there was extensive comment and debate about what the RAMF should look like and what it could achieve, submitters were very supportive that this work was being done. Submitters welcomed the idea of a consistent and coordinated approach to screening, risk assessment and management for family violence.

The focus of this document is to outline the key, general themes of the submissions overall. Submissions also contained a large amount of detailed and technical feedback, including information on the practice and needs of specific sectors which it is not practical to summarise here. This detailed feedback will be used to inform the further development of the RAMF, related practice guidance and implementation planning.

Key themes

Stronger relevance to Māori and a clear Māori perspective: tikanga Māori principles, kaupapa Māori models, whānau-centred and strengths-based practice needs recognition.

More focus on diverse population groups: approaches for different population groups more vulnerable to family violence should be reflected such as for Pacific peoples, migrants and refugees, lesbian, bisexual, gay, transgender and intersex people, and older people among others.

Stronger recognition of child-related risks and needs: child abuse, direct risks to children and their unique needs requires more acknowledgement as distinct from being seen as secondary victims to adult family violence.

Clarify scope, purpose and target audience: the intended sectoral coverage, objectives, applicability and type of family violence focus needs clarification.

Clarify links with related work: links with existing family violence-related guidelines, policies and work across the Ministerial Group work programme needs clarification.

Significantly more resourcing, increased services and an integrated system: existing services are overloaded and cannot keep up with current demand. For RAMF to be effective increased service capacity via better resourcing is needed together with a more joined-up, on-going service system.

Enabling more information sharing and collaboration: better information sharing and collaboration should be enabled and sound practice clarified, as long as victim safety remains key.

Shared consistent language and a better understanding of family violence: common understandings of terminology and the nature of family violence would reduce inconsistent practice and ultimately risk so needs greater clarification.

Overall feedback

As a final question, submitters were asked:

'Overall, how confident are you that the risk assessment and management framework, proposed in the discussion document, is a useful framework that can be further developed and implemented to support consistent, co-ordinated family violence screening, risk assessment and risk management practice?'

Out of the 120 submitters 75 (about 60%) answered this question. Of these 75 in relation to total submitters, 7.5% were very confident, 33% were somewhat confident, 18% were somewhat unsure and 3% were very unsure. The remaining approximately 40% of submitters' position is unknown.

Key themes

Stronger relevance to Māori and a clear Māori perspective

The need for the RAMF to work effectively for Māori was a strong theme among submitters. Around 25% of submitters addressed Māori issues.

Several submissions were received from Māori stakeholders. These stressed that the RAMF needs to incorporate a strong Māori perspective to be effective and that this is missing from the current document. While submitters acknowledged the value of international experience and research, there was a concern that the RAMF draws too heavily on these instead of on local sources. Drawing on local evidence and solutions was recommended.

Submitters recommended that tikanga Māori principles and kaupapa Māori models be built-in to the RAMF. In particular, submitters mentioned the importance of including by-Māori-for-Māori approaches and solutions, including holistic whānau-centred and strengths-based practice. They considered the RAMF should be empowering for Māori and acknowledge the role of whānau and the wider community. It was noted that whānau are the central mechanism of support for many Maori. This whānau support can provide ways to ensure that children are protected, that victims are empowered to make change for themselves, and that perpetrators are helped to address their actions and the underlying issues causing their behaviour.

The lack of reference to the principles of the Treaty of Waitangi was mentioned. Several submitters also thought the impact of colonisation on Māori should be discussed, including dispossession, loss of language and culture. Submitters emphasised the importance of all services being culturally responsive to Māori but also stressed that this should not be seen as a replacement for specific kaupapa Māori services. Any tools or practice guidance developed as part of RAMF should be appropriate for Māori.

Submitters also emphasised that the RAMF and further work on it needs to reflect a partnership and co-design approach with Māori and that practitioners should build relationships and consult with local iwi.

 "A more holistic approach so whānau can access help as a whānau rather than as individuals …"

"… approach ignores the complexity of Māori history, culture, relationships, lore and social structures and the richness that Tangata Whenua can bring to understanding and addressing, not only family violence for Māori, but for all people."

"Te Ao Māori me onā tikanga needs to be far more visible in the document and Māori need to help drive the work."

"A greater focus on strengths, protective factors and solutions for Māori …"

More focus on diverse population groups

Many submitters discussed the need for the RAMF to be relevant for and address the diverse needs of different population groups, some of which experience disproportionate rates of family violence. Submitters acknowledged that most of these groups were already recognised in the RAMF but thought that greater attention should be given to the particular features unique to these groups and that they need to be specifically consulted on the RAMF.

- **Pacific people**

Submitters thought the needs and models of Pacific peoples should be included in the RAMF. It was noted that it is important to recognise the diversity of Pacific people and to engage with the different Pacific communities.

- **Diverse ethnic groups, refugees and migrants**

Submitters thought the RAMF needs to be responsive to the diverse range of ethnic groups in New Zealand. It was noted that the definition of family may be different or broader within different cultures. Particularly, RAMF needed to address the needs of recent migrants and refugees who can face language and cultural barriers to accessing services and can be vulnerable to the threat of having their visa sponsorship revoked.

- **Lesbian, Bisexual, Gay, Transgender and Intersex (LBGTI)**

Submitters thought that the RAMF needs to be responsive to the needs of LBGTI people and recognise the particular forms of abuse that LBGTI victims could be subjected to, for example, threatening to reveal a person's sexual orientation.

- **People with disabilities**

Submitters thought the needs of people with disabilities should be addressed in the RAMF. Family violence victims with disabilities may be reliant on the offender for practical support and can have difficulty accessing appropriate services.

- **Older people**

Submitters thought elder abuse should be included in the RAMF and the particular challenges of elder abuse should be addressed. For example, often the perpetrator of elder abuse is also a caregiver.

Other groups identified included people with mental illness, people with alcohol or other drug issues, people in gangs, and people living in remote areas.

"Understanding the needs of diverse groups ... is a critical component in building trust, enabling people to disclose family violence and feel they will be well supported once a disclosure is made."

"A key component in effective risk assessment and management is the ability to engage effectively with different cultural groups."

Stronger recognition of child-related risks and needs

Submitters emphasised that there needs to be a greater focus on responding to child abuse and children's unique needs in the RAMF. It was seen as a weakness by some submitters that the document seems to focus too much on family violence as experienced by adults, with children merely seen as a subset of this.

Submitters welcomed the acknowledgment of the link between intimate partner violence and child abuse in the RAMF. There was support for recognising that exposure of children to intimate partner violence is also a form of abuse. It was noted by submitters that those who specialise in intimate partner violence need to have an understanding of the dynamics of child abuse and that those who specialise in child abuse have an understanding of the dynamics of intimate partner violence. It is particularly important that services understand the dynamics of intimate partner violence and how this may have impacted on how a victim's ability to parent is perceived and assessed. It was noted that there can be a tendency for some staff involved in care of children decisions to blame the victim of intimate partner violence for not protecting their children which can result in removing children from their mother.

Some submitters also noted that the risks and needs of children may be different to the needs of adult victims and children must be considered separately as well as in relation to their adult caregivers. As part of this, children's views should be sought and considered.

"There are particular strategies for effective engagement with children and young people that acknowledge their particular vulnerabilities, including lack of power and choice, and their dependence on adults."

"…all intervention systems need to take into account the specific needs of children/children's interests. This requires systems that are designed to support professionals working with children to respond appropriately."

"The children of FV victims and offenders need to have a voice in this process. The disruptions to their lives and the uncertainty that arrest and court process creates needs to be factored in."

"We support the inclusion of children and young people more fully in the document. There also needs to be a statement made that the rights, welfare, safety and best interests of children and young people needs to be paramount. A greater emphasis on the impact of family violence on children and young people would be useful."

"Removing children from their mother can result in more vulnerability for both the woman and her children so more effort should be focused on keeping the woman and her children together safely in family violence situations."

"…risks to children are inadequately addressed in the document. It would be helpful to have a separate section on assessing and managing risks to children / child abuse, including children's exposure to IPV."

Clarify scope, purpose and target audience

Several submitters expressed uncertainty about the scope, purpose and target audience of the proposed RAMF. Submitters noted that the RAMF should have a clearly defined vision and purpose. Further, the RAMF needs to clearly state who the document is for and who it is intended to apply to. Many submitters emphasised the complexity and diversity of the sector and the issues, making it critical that the RAMF was clear about its purpose and who it applies to. Submitters also wanted to understand who would be responsible for the different roles of screening, risk assessment and risk management.

Submitters noted the document should clarify the role of different sectors and differentiate clearly between where it is referring to individual practice and where it is focussed on organisational change. It also needs to make clear what kinds of abuse it is focussing on (ie intimate partner violence, child abuse, elder abuse, interfamilial situational violence). Many submitters supported the initial focus on intimate partner violence and child abuse. However, several other submitters thought it should cover all types of family violence from the beginning.

Submitters also wanted clarity on what the next steps would be and how the RAMF would achieve its aims.

"The intended audience and purpose of the framework remains unclear."

"We question how the framework will be implemented practically at the service provider level, if that is the intention, and how it will inform improvement over time."

"Risk Assessment and Risk Management are context specific; there are many different roles within the system. An overarching framework also needs to provide clarity on the specific roles of different sectors, agencies and workers, and points of handover."

Clarify linkages with related work

Several submitters noted that the RAMF needs to clearly identify how it fits in with existing guidelines, policies and other related work. Some submitters were concerned about whether the RAMF was replacing existing guidelines.

Linkages need to be made with internal risk assessment policies of individual agencies such as Police and Corrections, existing family violence risk assessment tools and with existing interagency processes such as the Family Violence Interagency Response

System (FVIARS), the Integrated Safety Response (ISR) pilots in Christchurch and Waikato and the Children's Teams. Several submissions mentioned the extensive work on the Ministry of Health Violence Intervention Programme guidelines and queried how RAMF aligned with these. Another common question was how the RAMF aligned with the work being done on vulnerable children.

Some submitters also expressed concern about how the different work streams being undertaken by the Ministerial Group on Family Violence and Sexual Violence will join up. Submitters particularly wanted clarity on how the RAMF and the workforce capabilities work aligned.

"My other concern is the lack of recognizing the impact of family violence on it being witnessed by children and where this links with the vulnerable children changes currently occurring."

"As a large NGO provider delivering services across Government departments we strongly support a greater coordination and planning of implementation between the work programmes of Children's Teams, Investing in Children, and the Family Violence and Sexual Violence work programme."

"We note that there are multiple work streams currently underway and, based upon our participation in consultations surrounding some of those work streams, we cannot but express concern about the way in which those seemingly disjointed work areas will fit together."

"It would be useful to clarify how this framework adds value to existing guidelines such as the comprehensive Ministry of Health's Family Violence Assessment and Intervention Guideline."

Significantly more resourcing, increased services and an integrated system

Around 65% of submitters mentioned resourcing or service capacity and availability as an issue. There was a strong message that across the sector both generalist and specialist services are stretched.

Many submitters noted that expanding the amount of services doing screening must be backed by appropriate resources and increased capacity or screening risked becoming an ineffective 'tick box' exercise rushed through by staff. There also needs to be services available for those who screen to refer onto or increased screening would simply add more pressure to an already stretched system.

Submitters also identified that providing the effective risk management described in the RAMF would require significant resourcing and increased services. Submitters noted the difficulties in effectively managing risk without enough services available to meet the varied needs of clients, for example housing or mental health services. Several submitters stated that victims need long-term, intensive support but that current funding

contracts made this difficult. Current contracting practices also make it hard for services to collaborate. Submitters also noted that the cost of services can be a barrier to both victims and perpetrators accessing help as some services are only partially funded by government. For example, private referrals to stopping violence services are often not funded, resulting in some perpetrators not being able to afford to access them. Some submitters felt services only had capacity to help victims identified as high risk, meaning lower risk victims were not adequately supported and prevented from eventually becoming higher risk.

Several submitters felt that resourcing was needed to enable the family violence workforce to become more professionalised. Submitters noted that family violence is a very complex area to work in and that this does not seem to be recognised judging by the salaries or qualifications of the available workforce.

Many submitters also identified that an integrated system delivering joined up services was essential for the outcomes described in RAMF to occur. The current system was described as an 'ambulance at the bottom of the cliff' rather than a system which could effectively prevent and reduce family violence. Some submitters thought trying to design and implement the RAMF before this system is in place was premature.

"… the framework operates on the presumption that the required prevention services are available to access, have the capacity to provide services, and that timely referrals can be made and accepted. This is not necessarily the case, as 'frontline' services are at capacity in many parts of the country …"

"Screening and risk assessment will increase the demand for services beyond current availability and resources."

"… New Zealand needs to implement an integrated system to respond to violence against women. We believe that risk assessment and management is one aspect of this integrated system and should not be developed before an integrated system is in place."

Support for organisational change including training and workforce development

Another key theme among submitters was the need for strong organisational support for change to achieve consistent, coordinated practice. Submitters noted that it was important that the RAMF's implementation did not only focus on individual practitioners. Some submitters mentioned that pockets of good practice are currently driven by 'champions' which is not sustainable. Submitters noted that for change to be effective and permanent it needs to be led from the top and embedded in organisational practice and policies.

Common issues included needing to have specialist family violence staff for more generic staff to consult with and configuring offices so that there were private spaces to undertake screening.

Submitters also noted that organisational change requires extensive training and ongoing workforce development. Around 60% of submitters mentioned training as important. Many submitters thought training in the RAMF was an essential part of implementing it and ensuring it was used. Submitters also noted this would need to be free or low cost. Further, many submitters also mentioned the need for ongoing workforce development to achieve better practice. Several submitters noted that the family violence workforce needed to become more professionalised and support was needed for this to happen.

Training in understanding family violence dynamics and risk was identified as particularly important for justice and statutory services, such as court staff, probation officers, lawyers, police and Child Youth and Family social workers, as currently decisions and actions taken by these agencies sometimes demonstrate a lack of understanding of these issues.

"We would like to see the issue of organisational capability-building being addressed in the document."

"High quality training for family violence practitioners conducting risk assessments is essential."

"Training makes a little bit of difference in practice, however without the infrastructure to support change, the effects of training are quickly lost. The Violence Intervention Programme (VIP) in Health has shown this. Rather than simply providing training, we need systems in place to support organisational change."

"… government needs to fund the service so that providers like ourselves can recruit at the level of expertise we need, this would allow us to professionally develop all staff working at varying levels within the organisation. It is about workforce development over the coming 5-10 years."

Enabling more information sharing and collaboration

Submitters supported the idea that the RAMF could enable better information sharing and collaboration in the sector. Around 65% of submitters discussed information sharing.

Providers need to understand when they can and should share information. Submitters noted that currently referral pathways and information sharing processes are very unclear. Better information sharing could help reduce situations where interventions done by one provider undermine another provider's approach.

Particularly, there needs to be better communication between those working with perpetrators and those working with victims. Many submitters supported a mechanism enabling these workers to share appropriate information more easily. However, several submitters cautioned that information sharing should still always have the victim's consent and be done in collaboration with them. Further, submitters noted that although

information sharing needs to increase, this should be done carefully so as not compromise victim safety and to ensure privacy is appropriately safeguarded.

Submitters were also very supportive of measures that would enable better collaboration and are already attempting to collaborate wherever possible. Limited resourcing, time and not understanding when they can share information were the biggest barriers to collaboration. Submitters noted that the RAMF needs to include guidance on how agencies can work effectively together. Submitters wanted the RAMF to build on existing successful relationships and collaborations rather than starting again.

"Information sharing without the victim at the centre can result in driving the victim away from seeking help in the future …"

"Information sharing is crucial. It must however always be done in a way that recognises that the safety of the victims is paramount."

"We support the papers statement that effective information sharing is essential in informing and managing risk. In our experience when workers are uncertain about what information they can share they tend not to share, thereby increasing risk. Family violence is enabled by silence and it is important that workers do not inadvertently heighten risk through their lack of information sharing."

"A balance needs to be found so that the privacy rights of victims of violence are respected, while agencies working with victims of family violence have access to all relevant information that will allow them to provide an accurate risk assessment and support to the family. Privacy concerns should not impede the appropriate sharing of information, but thought needs to be given to ensure that the sharing occurs in a lawful and proportionate manner."

"Many situations in NZ become deadly because of lack of collaboration - this needs to be thought about and addressed"

Shared language and better understanding of family violence

Submitters strongly supported the need for a shared language and understanding of family violence throughout the sector. Several submitters noted that this does not currently exist, particularly between different kinds of organisations, leading to confusion and different understandings of risk. Many submitters noted that victim safety could be compromised when decisions are based on subjective or poorly informed understanding of family violence risk. Some submitters noted the risk of workers unintentionally colluding with perpetrators if they don't have an adequate understanding of family violence dynamics.

There were also wide ranging opinions on how the dynamics of family violence and appropriate screening, risk assessment and management should be defined. This demonstrates that although important, creating a shared language and understanding is a significant challenge. For example, several submitters expressed the need for a stronger gender analysis and greater focus on coercive control; while others thought that there should be a more general focus on all forms of violence and wanted acknowledgement of situations such as mutual couple violence. A common theme

among submitters was that the RAMF needs more discussion of psychological/emotional abuse and sexual abuse, not just physical abuse.

Several submitters indicated that the current language and definitions in the RAMF require more detailed description and clarification or it could create more confusion. Commonly contested terminology included 'primary aggressor', 'warm referral' and 'screening'. Some frequent comments were that the language used should be consistent, accessible and empowering while avoiding victim blaming.

"The current situation in New Zealand is that people are using the same words (e.g. "family violence") to mean different things – some people use it to refer only to intimate partner violence, and others use it to include a range of forms of violence including IPV, child abuse and neglect, elder abuse, parent abuse etc."

"It could also create confusion, particularly where approaches and terminology in the framework do not align with best practice and terminology in existing guidelines."

General feedback on screening, risk assessment and risk management

Common feedback on screening

- It is important the person doing the screening is engaged and empathetic. Submitters emphasised the importance of building relationships, creating an environment where victims or perpetrators feel comfortable to disclose violence and ask questions in the right way.
- Screeners need knowledge and skill to know how to appropriately respond to disclosures and referral pathways need to be clear.
- Training is important as unskilled interactions with victims or perpetrators can put victims at risk of further harm or revictimisation.
- Lack of time, lack of training, insufficient knowledge and lack of private space were some of the key barriers to successful screening.
- Several submitters were supportive of the concept of a 'warm referral' after screening but some felt that it needed to be better described and others thought a different term should be used (eg well supported referral). Some generalist service providers noted that although they supported the idea of a 'warm' referral, current resourcing/contracts meant doing this would be difficult.
- Most submitters supported developing a national, standardised screening tool and thought it would be useful, particularly for small service providers unlikely to have well developed tools already. This would help more consistent identification and referral of family violence cases. Several submitters noted that the tool would need to be

relevant or adaptable to different cultures. Submitters thought this tool should be based on best practice and needs to be simple and easy to use.

- Several submitters supported making screening routine or mandatory for services, not just when family violence indicators were present. However, it was noted that this would only work if there were sufficient services available to meet any additional demand required.
- Several submitters considered the term screening to be confusing given that the health sector uses the term 'routine enquiry' in their guidelines instead of screening.

Common feedback on risk assessment

- Recognising the dynamic nature of risk and that risk assessment is an ongoing process is important.
- Many submitters emphasised that only appropriately skilled people should be doing risk assessment.
- Several submitters saw the need for uniform risk assessment across the sector and some submitters supported the development of a weighted actuarial tool or scoring system to assess levels of risk and determine the response needed. Some submitters thought that not having this creates confusion and means agencies might not understand what other agencies mean when they refer to 'high risk' and how urgent the response needs to be.
- Some submitters thought that the risks being assessed in the RAMF need to be better explained - ie is it only covering the risk of further assault or lethality or is it covering other kinds of harm?.
- Improving information sharing and addressing barriers to accessing risk management services were seen as important by the majority of submitters.
- Some submitters thought that risk assessment for perpetrators needs to be better addressed in the RAMF.

Common feedback on risk management

- Lack of time, capacity and resourcing are some of the key barriers to risk management.
- Most submitters identified coordination and collaboration as vital for effective risk management. This already happens in many places but needs to be better resourced and more consistent.
- Information sharing is an important part of risk management.
- Practitioners need to know how to access the necessary services for their clients and to have these available without delay.

- Risk management is often a long term process. Victims and perpetrators need intensive support and assistance to navigate through the system.
- Ideally there should be wraparound case management for both victims and perpetrators.
- Several submitters noted that risk management needs to reflect that safety is the responsibility of the system not the responsibility of victims. For example, safety plans should not just include information about what victims can do to increase safety but also focus on what agencies can do.
- Some submitters thought that risk management for perpetrators needs to be better addressed in the RAMF.

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