



EVALUATION OF WRAP AROUND SERVICE

A report prepared for
Te Whakaruruhau
regarding their provision of
the Wraparound Service.

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Executive summary

This evaluation aims to determine the effectiveness of the Wraparound Service delivered by Te Whakaruruhau. The focus is on improving the health and wellbeing of whānau. The evaluation sought to answer three main questions.

- What are the features of their environment which undermine the health and wellbeing of whānau?
- How do Te Whakaruruhau kaimahi work with whānau to address these features of the environment?
- How has the development of the Wraparound Service contributed to enhancing the health and wellbeing of whānau?

Data and information for this evaluation was gathered from in-person interviews with women and whānau accessing the Wraparound Service; an internal scan of communications, case files, background history, and staff notes; attendance at Te Whakaruruhau team meetings; and informal conversations with Te Whakaruruhau staff; along with a review of recorded expenditure. Our findings are grouped around 3 core themes: housing, system navigation, and restoration of self-worth.

Housing is a core priority. Whānau need housing that is suitable for intergenerational living, that is warm, dry and affordable as well as safe and secure. These are key priorities for whānau. When whānau have safe, secure and affordable housing, this contributed to stability and to improved health outcomes for women and their whānau.

System navigation: In the wider social service environment there is an absence of holistic services. This requires Te Whakaruruhau kaimahi to spend many hours navigating, advocating, and lobbying on behalf of their clients. There is a need to fund flax roots organisations such as Te Whakaruruhau to directly provide whānau with the relevant services and resources they need in a timely manner. These were essential to health and well-being. Such services need to be wraparound, holistic and whānau-centred.

Restoration of self-worth: Crown agencies and other service providers often fail to engage with whānau in a mana-enhancing manner. Experiences of being treated dismissively, a lack of follow up, or of stressed and busy staff meant that women were hesitant to engage with unknown service providers. The lack of a welcoming environment has created a barrier to engaging with health services. The support of Te Whakaruruhau staff was instrumental in restoring a sense of self and of self-worth in the aftermath of family violence.

Recommendations:

1. **Improve Accessible and Holistic Service Provision**
2. **Foster Dignifying Engagement**
3. **Strengthen Resources for Whānau-Centred Services**

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Background

Family violence in Aotearoa New Zealand is a persistent and pervasive social issue. Disproportionately enacted by men against women and children (Fanslow et al., 2022), the physical and psychological nature of the violence leaves victims with multiple health and social service needs (Every-Palmer et al., 2020). However, despite being entitled to state support and assistance, victims too often find themselves at the receiving end of structural violence enacted by the state agencies tasked with providing support (Hodgetts et al., 2013). Refuge services and advocates can provide support and mitigate the impacts for whānau of overwhelmed and/or disinterested social service providers.

Exposure to family violence has substantial physical and psychological impact on children. International research has found that the chronic stress associated with abuse and violence impacts on the nervous, immune, and metabolic systems, resulting in increased risks of poor physical health throughout the life course (Danese et al., 2009). Additionally, children exposed to family violence externalise this through increased instances of aggressive behaviour, conduct problems, and attention deficit hyperactivity disorder (van Wert et al., 2017; Vu et al., 2016). Alternatively, the internalising of abuse is characterised by increased instances of anxiety, depression, and self-harm (Cassiers et al., 2018; Jones et al., 2018). These negative impacts are cumulative, with the levels of stress increasing and capacity to cope decreasing (Jones et al., 2018). Intervening early and the creation of abuse and violence free lives is critical to redirecting these life course outcomes for children.

Adult wellbeing is also harmed by exposure to intimate partner violence. This harm is summarised in the following extract from the 2018 report, *Every 4 minutes: A discussion paper on preventing family violence in New Zealand* by the Office of the Prime Minister's Chief Science Advisor:

Research shows that those experiencing intimate partner violence are at substantial risk of mental health issues, in particular depression, anxiety and post-traumatic stress disorder (112, 113). There are also increased rates of self-harm, sleep disorders and suicide. (30, 102). Intimate partner violence is also associated with multiple physical-health impacts, including soft-tissue and musculoskeletal injuries, poor functional health, chronic disorders, chronic pain, gynaecological and pregnancy problems and loss, and increased risk of STIs (102). The violence does not have to be physical to cause severe harm: psychological violence, such as intimidation, verbal abuse, controlling behaviour, and threats, has also been shown to significantly impact mental health outcomes (112).
(Office of the Prime Minister's Chief Science Advisor, 2018, p. 21)

Yet, despite the many reports on the harm caused by intimate partner violence and family violence, men continue to enact violence against women and children. Additionally, Crown and Crown-funded agencies tasked with providing support can – and do – further this harm when women seek assistance to rebuild their and their children's lives. For example, this can happen when child protection agencies hold mothers responsible for protecting their children but do little or nothing to hold the abuser to account for his violence. It can happen when the impact of the violence on mothers is mis-read as character flaws such that they are regarded as unsuitable to care for their children. And it can happen when agencies put women in harms way through unsafe arrangements for court hearings, family group conferences and shared care of the children (Robertson et al, 2007; Robertson & Masters-Awatere, 2017). These sorts of problems particularly disadvantage whānau Māori (Allport et al, 2020; Williams Blyth et al, 2019).

About Te Whakaruruhau

Located in central Hamilton, Te Whakaruruhau has been in operation for nearly four decades. The first safe house opened in 1986: a four-bedroom house with four staff and which dealt with upwards of thirty cases of family violence a month (Sherson & Irvine, 2018). Central to their approach throughout this time has been the provision of refuge services that are culturally appropriate and capable of catering to the needs of Māori (Kurei & Campbell, 2016).

Kaupapa Māori in orientation, Te Whakaruruhau utilises a framework of service that is underpinned by te Ao Māori (Sherson & Irvine, 2018). This framework includes values of care, dignity, and respect for the whole person and their whānau, which are enacted by Te Whakaruruhau kaimahi across multiple settings and in a myriad of flexible ways (Kurei & Campbell, 2016; Robertson et al., 2013). Kaimahi utilise a range of tools for engaging with the whole whānau and take a collective approach to providing support (Kurei & Campbell, 2016; Robertson et al., 2013).

For women and children receiving refuge support, kaupapa practices provide a transparent, safe process where initial connections are made. Kaimahi also explore existing networks for practical support outside of the refuge programme and develop pathways that provide both safety and stability (Robertson et al., 2013). This is achieved by Kaimahi providing wraparound services where they design a tailored programme and advocate for women across a range of agencies (Kurei & Campbell, 2016).

Wraparound support

Te Whakaruruhau has been developing wraparound services for a number of years. This work has been supported by flexible funding from Te Puni Kōkiri and the Ministry of Social Development. In 2022, Te Whatu Ora contracted Te Whakaruruhau to extend their wraparound services to whānau impacted by domestic violence. This contract is part of the COVID-19 Omicron Response Services Fund which aims “to support equitable health outcomes for Māori”. It is envisaged that a wide range of services can be provided but it is required that they are:

- **Integrated** - “to contribute to more aligned service provision to local whānau and communities”,
- **holistic** - by “providing a range of appropriate services at the same time” and
- **safe and of high quality** - to “meet the needs of whānau and communities”.

In practical terms, Te Whakaruruhau is extending its services by providing wraparound support to whānau addressing the oppressions, challenges and resource constraints that underlie their precarious position. Funding of approximately NZ\$10,000 per whānau is available to support this work.

In order to participate in the Wraparound Service, each client has to meet the following criteria:

- a) Develop a health and well-being plan with their Te Whakaruruhau Advocate; and
- b) Have specific goals that they were working towards; and
- c) Be actively engaged in meeting their stated health and well-being goals.

The Wraparound Service is seen as an opportunity to create a holistic approach to enhancing the wellbeing of whānau. There are three aspects to this:

- a) **Address the health needs of whānau.** Individually focused interventions often prove inadequate and unsustainable because they fail to engage with the wider whānau group. This service aims to address the health of whānau as a group.
- b) **Address wider aspects of hauora** (e.g. environmental, physical, emotional and relational health). This includes wider holistic health approaches beyond those specifically related to violence and abuse. A narrowly targeted approach that fails to

address all aspects of wellbeing is unlikely to see lasting change or improvements in health outcomes.

- c) **Environmental change.** Rather than taking a deficit-oriented approach which aims to “fix” individuals, the aim of the service is to address unhealthy features of the environment which entangle whānau and undermine their efforts to live dignified lives. These features are potentially wide-ranging and include such things as inadequate and/or insecure housing, difficult to access health and social services, culturally inappropriate services, punitive responses from state agencies (e.g. Family Court, Work and Income), and predatory credit providers.

Considering these aspects, we see the Wraparound Service as emancipatory in its intent. It aims to free whānau from the oppressive systems which have thus far acted as barriers to their efforts to achieve what may be regarded as a good life.

Evaluation Aims and Objectives

This evaluation aims to determine the effectiveness of the Wraparound Service. The focus is on improving the health and wellbeing of whānau who have engaged with Te Whakaruruhau.

To do this, the evaluation will seek to answer three main questions.

- a) What are the features of the environment which undermine the health and wellbeing of whānau?
- b) How do Te Whakaruruhau kaimahi work with whānau to address these features of the environment?
- c) How has the development of the Wraparound Service contributed to enhancing the health and wellbeing of whānau?

Methods

Ethical statement

Our evaluation research methods were independently peer reviewed and approved by two experienced Māori research practitioners – one an evaluator and the other an independent researcher.

Data collection

Data and information for this evaluation was gathered from the following sources:

1. **In-person interviews.** These were semi-structured; conducted in-person and were undertaken with 8 women and their whānau who accessed the Wraparound Service health funding. Four interviews with staff were also conducted to assist the evaluators understand the context of the funding. All interviews were transcribed and then those transcriptions were utilised in the analysis.
2. **Internal scan of communications.** These were Te Whakaruruhau staff files associated with accessing external services for women and their whānau. This information provided a sense of the time, energy, and effort undertaken by Te Whakaruruhau staff in attempting to connect clients and whānau with existing health and social service providers. Data was reviewed for 13 clients from the period 1 July 2021 and 28 February 2023. This was contact by kaimahi with other agencies on behalf of their clients.

3. **Case files, background history, and staff notes.** This is the information that Te Whakaruruhau has on file for each of the women* and their whānau. Reading background information enabled the evaluation team to understand the wider context for each woman and their whānau.
4. **Attendance at Te Whakaruruhau team meetings.** Evaluation team members attended staff meetings with kaimahi. This information provided wider context not contained in emails and case files.
5. **Informal conversations with Te Whakaruruhau kaimahi.** Evaluation team members had ongoing informal conversations with Te Whakaruruhau kaimahi which provided additional background information and wider context not contained in emails and case files.
6. **Recorded expenditure.** A spreadsheet that captured expenditure for the relevant clients involved with the Wraparound Service was shared with the Evaluation team. This accounts for expenditure for a one-year period (between 1 May 2022 and 30 April 2023). An analysis of this expenditure can be found in the Appendix of this report.

Analytical approach

Our evaluation sought to understand what assists – and what hinders – the restoration of whānau hauora. In doing so, we draw on the Whānau Ora Outcomes Framework as a useful tool for guiding recommendations. This framework is widely accepted and utilised across government agencies and ministerial departments. As such, it is useful for framing recommendations in a way that Te Whatu Ora and other Crown agencies can immediately apply and incorporate into their work.

We acknowledge the wider health and social service environment within which women's refuges operate. There are challenges and complexities for all who work in the health sector due to persistent and ongoing under-resourcing that sees many involved overworked and over-stretched. This is not to excuse the instances of entrenched racism which occur at a systemic and a personal level, but rather to emphasise that the wider sector is also struggling with increased needs for services alongside inadequate levels of staffing and resourcing.

We acknowledge the lasting impacts of a settler-colonial society, which has resulted in Māori, and wāhine Māori in particular, being devalued, dismissed, and expected to tolerate being subjected to harm. The ongoing harm of racism, the devaluing of Indigenous bodies, and the dismissal of Māori ways of being and knowing contribute at a systemic and personal level to the abuse received and the poor provision of state support. Addressing these issues is an ongoing challenge.

In analysing our findings, we have utilised the entire research corpus; interviews, communication scans, case files, records of expenditure, staff meetings, and conversations with kaimahi. Together, each of these data sources provides wider nuance and depth regarding the experiences of wraparound support. In particular, these sources give detailed information regarding what the support enabled Te Whakaruruhau staff to provide to each of the woman and their whānau. Across all of this, we prioritise the information from the interviews undertaken with each of the eight women and their whānau regarding the impact of Te Whakaruruhau support in their lives.

In the next three sections, we present our findings organised in three core themes. These are (1) Housing (2) System navigation and (3) Restoration of health and self-worth. While it has been convenient to report our findings under these headings, it is important to acknowledge that they are intricately intertwined. For example, inadequate housing adversely affects physical and psychological health and undermines self-worth – and not having a stable address can make

navigating helping systems more difficult. The visible physical and psychological impacts of violence can make it harder for women to obtain housing in a market in which landlords or their representatives can make snap judgements about the suitability of a prospective tenant. And the stress of navigating unfriendly and sometimes hostile health and social services can aggravate poor mental health and undermine self-worth – and vice versa.

The inter-related nature of these features of the lives of whānau affected by violence will become more evident as we move through the three themes which follow. Note that in presenting quotes from participants, we have utilised pseudonyms in order to protect their privacy and preserve anonymity.

Core theme 1: Housing

Article 11 of the *International Covenant on Economic, Social and Cultural Rights* enshrines adequate housing as a human right. What counts as adequate is not a simple question. Nonetheless, the United Nations Committee on Economic Social and Cultural Rights (1991) defines this as the “right to live somewhere in security, peace and dignity”. A more specific definition arose in an interagency hui on housing attended by the evaluation team: “a warm, dry, safe and secure house.” For the whānau supported by Te Whakaruruhau, their housing does not meet either definition; addressing whānau housing needs is a major focus for Te Whakaruruhau staff. This section covers housing as a top priority, the need for intergenerational housing, the need for safe and secure housing, and barriers to finding a suitable home.

Housing is a top priority

Housing instability and homelessness have long been recognised as a major consequence of family violence, particularly where women and children flee their home to get away from the violence (Dichter et al, 2017; Klein et al, 2021). Moreover, stable, good quality housing is a prerequisite for health – including when healing from trauma (Rolfe, et al, 2020).

A senior manager from Te Whakaruruhau told us, “We are never going to get them [whānau] to well-being if all their windows are broken”. One kaimahi (staff advocate) noted, once housing issues were addressed, whānau became “more engaged” with other services and supports that could help their journey towards wellbeing. Our interviews with whānau confirmed that good quality housing is a prerequisite for health and that it needs to be prioritised. For example, when asked what was important for her and her family “right now”, Jane replied:

Stability. Having a place... That's my main thing at the moment. A house for our kids... so I can actually set them back into routines.

At the time, Jane was in a safe house with her children. While that answered an important and urgent need for physical safety, it wasn't a great environment for her neuro-diverse children. For that, she needed her own place where she could structure the environment in a way that would meet their needs.

Similarly, when Tania was asked what were the things that were really important to her at that time she replied:

Getting a house, a bigger house. Seeing my kids settled again in their own rooms. Being able to have more time with my kids who aren't currently in my care at this point and working towards getting them back full-time.

At the time, Tania and her two school-age children were living in a rental flat, consisting of one main room - a combined living and bedroom with bunks along the wall - plus a bathroom and a small kitchen. The main room had just one window and was described by the kaimahi as “cold

and dark.” The small yard outside was described as “boggy.” From her window, Tania looked out on three other houses/flats where all-night parties were regular events and people often knocked on her door in the early hours of the morning.

In some instances, the lack of suitable housing prevents women from being able to actively mother their children. For example, in the process of getting away from her abusive partner, Kylie was forced to relinquish her Kainga Ora tenancy. She was then housed in a motel unit as emergency housing. This unit was unsuitable for the children, who were then placed in the care of their grandmother. This is not a long-term solution; Kylie needs a place for her and her children. She has approached Kainga Ora. Despite initial assurances, Kylie has been told it could be months before a suitable place becomes available. For her, having her own place literally means that she would “get all (her) kids back. And (she) would be back on track again.”

Similarly, a kaimahi told us about a woman she was supporting who had her children uplifted by Oranga Tamariki and placed with whānau in a different part of the country. There was general agreement that the mother would be helped to relocate so that she would have the support of whānau members who were caring for the children, have regular contact with the children and, in time, resume their day-to-day care. However, because of long waiting lists for social housing and complex eligibility rules, months later there was almost no progress in finding a suitable place.

Such experiences are not uncommon for women who have had their children taken into care. On the one hand, child protection services typically require women to have suitable accommodation before the children will be returned. On the other hand, housing services often struggle to provide appropriate and timely solutions to the housing problems women face. Three other women we interviewed were facing the same problem: a lack of suitable housing was frustrating their efforts to reunite with their children. Not only is this frustrating for the women: it is likely harmful to the children. Having a solid relationship with their mother has been identified as a major factor in children’s recovery from trauma (Humphreys et al., 2006; Katz, 2015).

Intergenerational housing

Whānau relationships featured heavily when discussing housing. Beginning with an observation that “a house is a house: it’s not necessarily a home”, Raylene reflected on what her home meant for her whānau. Initially built for her grandparents, the house is where Raylene grew up and she and her husband have raised their children, grandchildren and now great grandchildren – as well as foster children. The house serves some of the functions of a marae: it is known to many as the “(name) street marae”. At various points, the interview was joined by grandchildren, partners of grandchildren, great grandchildren and a friend of a great grandchild. All seemed to value the home as the physical heart of the whānau.

The whānau are also very appreciative of the renovation which has been carried out. With little money available for maintenance, the house had become damp and cold, timber had rotted, and plumbing, wiring and gas lines had become unreliable and potentially dangerous. The kitchen was cramped and poorly fitted out. The backyard was poorly drained adding to the dampness. With the help of various sponsors, Te Whakaruruhau has transformed the house so that it is now warm, dry, airy, spacious and well-fitted out. It is likely to provide a haven for several more generations. Not that the past has been forgotten. Certain elements have been purposefully retained because they are associated with the memory of departed tupuna (ancestors). As Raylene commented: “I think my grandmother approves.”

Housing analysts in Aotearoa have repeatedly pointed to a shortage of multigenerational housing (Olin et al., 2022; Waa et al, 2017). Whānau Māori are often at the sharp end of this shortage. One whānau interviewed included an older couple living in private rental accommodation with their three adult children and a grandchild. The house is in a very poor condition; it is mouldy, condensation is a problem, there are holes in the floor covered with carpet, the external wooden

decking is rotting, the kitchen ceiling sags and drips water, there is asbestos cladding in the walls and floor, and the stove does not work properly. As such, the landlord is failing in their statutory responsibility to meet minimum standards for rental accommodation. However, the whānau are reluctant to exercise their rights as tenants as they fear that, rather than repair the house, the landlord would end their tenancy, demolish the house, and redevelop the section (or sell the property). If the tenancy was ended, finding an affordable house suitable for their multigenerational family would be highly challenging. Instead, their strategy is to make what improvements they can afford; they bought a working stove, purchased a dehumidifier, and do not run the heat pump (as it is too expensive). Such strategies are a response to a limited income but do not address the underlying health risks of living in cold, damp, asbestos-riddled housing.

Safe and secure housing

Historically, providing a safe house – a literal refuge - was the main function of women's refuges. A safe house provides both a physical and psychological space for women and children in crisis. Safety featured in conversations about housing with whānau and kaimahi. "Safe and secure housing" is a very common goal of case work and is often seen as a prerequisite for achieving other goals. When we asked Mary what had helped her make major changes in her life, she replied "Safety is always first." She went on to elaborate:

My house is a safe house when I go home... because it's only me and babies living there, and (ex-partner) is not allowed there at the moment. His monitor goes off (if he is nearby).

A safe home is as much about a psychological space as it is about a physical space. After sustaining significant physical and psychological injuries in her first relationship, Sarah is establishing a new relationship and is currently living with her boyfriend's parents but wants;

Just my own place. I need somewhere to feel comfortable in. I do feel comfortable at my boyfriend's place, but that's his room, that's his space ... I do want my own space.

When one thinks about the coercive control that is a common, insidious, and powerful feature of many men's violence, Sarah's desire for her own space is both understandable and strategic. It gives her a place to reflect on the new relationship.

Case work frequently involves improving the safety of houses through the provision of strong locks, lighting, cameras, and alarms. By accessing Te Whakaruruhau's Wraparound funding, such improvements could be implemented quickly, without having to negotiate with other agencies (see Appendix).

Unfortunately, some housing interventions are not safe. When we asked Marina what she wanted she said, "having a door to open and shut." Here she was making a contrast to living in a motel being used for emergency housing.

Six of the women we interviewed had experience of being housed in emergency housing through Work and Income (MSD). This housing was typically in motel units located around the central city. Kylie lived in a motel while her gang-associated ex-partner was on bail on charges relating to a serious assault on her. She comments below on how unsafe this felt:

There's nothing to make you feel safe. You could you just... open your door and someone could be ... people in your room before you, knocking on your door, when you don't know who they are... the wairua is gross.

Kylie's reference to wairua relates to the 'feel' of the motel unit. She identifies that safety is important to her, and being housed in a motel along with other transient persons is not conducive to her feeling safe and secure. The absence of a sense of safety is problematic, and even more so given that Kylie has left a violent relationship and is seeking safety. The transient and chaotic nature of the motel is not conducive to facilitating healing or supporting her wellbeing.

Karla talked about needing stability.

I need to get stability. I'm sick of being in emergency housing. The reason why I struggle with emergency housing is because I know everybody in Hamilton ... And that's the struggle, is that getting caught up in that same environment. It's so easy to do.

Emergency housing is preferred to being on the street, but the situation is not a long-term solution. Women who are leaving violence need to be able to access secure short-term housing but motel units are entirely unsuitable for providing adequate housing for women and their whānau seeking to rebuild their lives. It was clear from interviews that motels were not felt to be safe or secure home environment.

Sometimes, safe housing is not about the house itself but rather the location of the home. A common tactic of abusive men is to isolate their partner by moving the nuclear family away from supportive whānau. It is common, therefore, for women to want to return to the support of their whānau. For example, Paula, who has a Kainga Ora house, would like to transfer to where her parents and whānau are. Ariana, who is currently in a refuge safe house, would like to move to be close to her sister who can support her when she resumes the day-to-day care of her younger children. However, there has been almost no progress on these plans for either woman, despite the work of kaimahi, who have spent many hours advocating on their behalf with the relevant state agencies. It is very frustrating for the women, their whānau, and kaimahi alike.

Barriers to finding a house

Whether whānau want to move from or remain in their home, they often face major barriers in finding a safe, healthy, and affordable home. Tania, who has three children, reflected on her experience of trying to find a suitable house.

So many unsuccessful applications. You go for the viewings, you fill out ... I've been shortlisted a few times, and then you fill out the other half of the application only to be told, "Oh, sorry. You aren't successful." I can't understand why I'm not getting anywhere, and it's very disheartening... I'm looking at three to four bedrooms and that's anywhere between \$570 to \$600 - \$ 650 - which I can't afford. It's just not on a benefit you can't. I've tried looking for employment, but even that's hard when you've got kids and you've got to find something during school hours. It's just impossible.

Like most of the women Te Whakaruruhau works with, Tania is on a benefit. She cannot say definitively but it is very likely that her status as a beneficiary works against her when trying to find accommodation. Either way, Tania cannot afford a home suitable for her family.

As many kaimahi noted, poverty is the most significant barrier for whānau seeking housing. Although Te Whakaruruhau does not collate data on the wealth of whānau they work with, it is apparent that most belong to the 5.5% of households in Aotearoa whose liabilities exceed the value of any assets they have (Statistics New Zealand, 2022). With negative wealth, even if they might be able to afford the rent, such whānau cannot afford the bond required by private landlords.

There are various scenarios in which whānau have gone into debt but two stand out. The first is loans from the Ministry of Social Development. In what seems like a vicious cycle in which poverty breeds poverty, having used loans for crucial un-met needs they couldn't fund themselves, many whānau face repaying the state, leaving them deeper in poverty. The second scenario is debt incurred as a consequence of the abusive relationship. This can include having to pay for damage to the house and/or rent arrears. In Sarah's case, this was exacerbated by the landlord's refusal to allow her to end her tenancy early. She managed to sub-let the place but that led to further debt when her tenant left leaving unpaid rent, damage and a power bill.

Other consequences of family violence leave women facing additional barriers in finding suitable housing for their whānau. They may struggle to provide good references from previous landlords because of the violence. They may be from ethnic groups that often face racism. They may struggle to dress in ways that are often thought to be appropriate in middle class settings. If they are dealing with trauma, they may struggle to present themselves in ways that attract positive appraisals by landlords or their agencies. They may struggle to hide the physical or psychological scars of the violence. For example, Kylie had her teeth knocked out. The kaimahi who works with Kylie is convinced this counts against her: she gets short-listed for rentals but is never offered a rental agreement after the landlord or their agent has met her.

Theme summary

Housing-related advocacy has become a major part of the work of kaimahi. This encompasses advocacy with providers of social housing and private rentals to assist women and whānau in accessing housing and/or to ensure that the housing is fit for purpose. Additionally, housing accounted for just over half of the Wraparound expenditure, with much of this funding the remediation of cold, damp and mouldy homes (see Appendix). Without "a warm, dry, safe and secure house" that meets the needs of the whole whānau, it is unlikely that women and children will be able to progress on their journey to recover from trauma and achieve well-being.

Core theme 2: System navigation

Te Whakaruruhau staff shared their challenges in ensuring that the women and whānau they support received the government-funded services to which they were entitled. This was time-consuming and often repetitive work. A document scan of emails and communications found that accessing any health and/or social service on behalf of the whānau in this report required multiple emails and persistent follow up. We begin this section with a quantitative analysis of this work, which is followed by a discussion of whānau experiences.

Interagency liaison and advocacy

For our scan, we examined the case files for 13 clients who were part of the Wraparound Service. We counted every recorded instance in which the relevant kaimahi made contact with an external agency to advocate for their client. Here, "contact" included email, telephone and kanohi ki te kanohi. The figure below summarises this information. In it, we have grouped the agencies by their primary function¹ and distinguished so-called general agencies from Māori-focused agencies.

¹ These are somewhat overlapping categories. For example, the non-statutory child protection service which accounts for almost 40% of the contacts works with rangitahi through mentoring and other activities that could also be classified as "Health and social services". Similarly, many of the contacts coded as Income Support were about accommodation and could have been classified as "Housing".

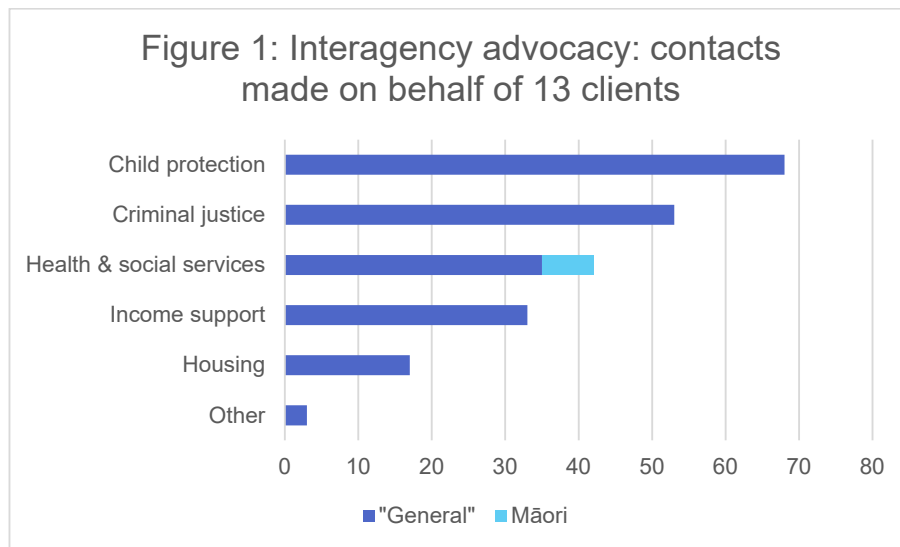


Figure 1: Interagency advocacy on behalf of 13 clients

There were 216 contacts recorded for our sample of 13 clients. This is nearly 17 contacts per client, although almost undoubtedly this is an underestimate of the actual number as some contacts are likely to have not been recorded.

Perhaps unsurprisingly, the largest category comprised of contacts with child protection agencies (n=68). Oranga Tamariki accounted for just over 60% of these. This too is unsurprising: the vast majority of women who seek refuge support are mothers. Seeking help for the violence they experience will typically trigger a referral to Oranga Tamariki, such that many of the tamariki Te Whakaruruhau work with are subject to the control and oversight of the Crown. When tamariki are removed from whānau, kaimahi spend a lot of time advocating for their return – or if that is not possible, for them to have visits with whānau.

Contacts with criminal justice agencies were the second biggest group (n=53). In all but 2 instances, the contact was with the police. Many of these contacts related to further incidents of violence. In some cases, kaimahi asked for police to check that women and children were safe. In other cases, the contact related to the prosecution of an abusive (ex)partner and the woman's possible involvement as a witness.

Thirty-five contacts were with health and social services. This was a broad category covering physical and mental health and other forms of support. Examples included specialist trauma counselling, addiction services, hospitals, general practitioners, and specialist social worker support. Also included here were contacts about enhancing home security through the installation of cameras and the provision of personal alarms. Where a woman was relocating to live near whānau, contact was made with the local refuge to ensure the client would continue to receive refuge support.

Thirty-three contacts were made with the Ministry of Social Development in relation to income support. Here, kaimahi were working to ensure that their client received their entitlements. Examples included negotiating special assistance for clothing, clearing rent areas, prescription glasses, and cell phones (needed for safety and access to the internet). Many of the contacts related to housing: organising for women to be assessed for housing assistance, getting whānau into emergency housing or being transferred to a different emergency housing because where the whānau was living had become unsafe.

A further 17 contacts were classified as “housing.” Just over half of these were with Kāinga Ora. The rest were with rental agencies or seeking help from the local provider of Whare Ora (the healthy homes programme).

Typically, it was not enough to simply refer a client for a service, but rather Te Whakaruruhau kaimahi had to follow through, check, email, and, often, escalate to senior management. The CEO of Te Whakaruruhau was often required to become involved simply for whānau to receive basic health and social services that are supposedly available to them. While this intervention usually resulted in the whānau getting the service or resource they needed, it suggests significant inconsistency in the decision-making of some agency officials. It should not be left to chance or high-level advocacy for whānau to be able to access the help they deserve.

Whānau experiences of navigating systems

The previous section, drawing on records kept by kaimahi, provided an overview of the interagency advocacy work they do. In this section, we turn to the perspective of whānau to discuss the challenges they face in navigating their way through the multiple systems in which they become entangled and the impact of the advocacy work described above.

We have elected not to “name and shame” individual service providers here as the experiences told to us by both Te Whakaruruhau staff and by women and whānau was that no one service was any better or worse than any other. That is, poor service provision for these highly marginalised women was endemic, systemic, and slow.

An exemplar of this reality can be seen in Marina’s story. During interviews, Marina commented on the challenges of accessing drug and alcohol support services. Her observations of the way in which she was treated, and how the Te Whakaruruhau kaimahi navigated the system are summarised in the below quote:

I see her [Advocate] and Te Whakaruruhau as my counsellors for drugs too, because they were 24/7, where at [service name] it was like I was just chucked to the side. And with the people here [at Te Whakaruruhau] they were always still there. Always checking up on me, seeing how my day was and I could tell her everything ... there was no kind of help, there was no support for the actual mother [from service name], it was just about the kids and keeping the kids safe ... for me to go in that detox place, apparently only [service name] could do that and that's all [service counsellor] kept saying to me is, "How did [Advocate] do that?" ... I was telling [Advocate], and she was like, "Oh, if she hadn't mucked us around for so long, I wouldn't have had to do what I had to do." ... I was just sitting there listening, the [service counsellor] just kept swearing and it was quite funny. She had me fill out all these forms that me and [Advocate] had already done ... What happened was, when I did the papers with [Te Whakaruruhau], they pushed something forward quicker, and then I got a call from [drug rehab service] so I got an assessment done there. And that wasn't through the help of [service name], that was all done through here, the Refuge. And then after I did the assessment with [drug rehab service] they had to get in touch with [service name], so I have to do a couple of more appointments with them for them to support the funding or whatever. So I've done one phone assessment with [service counsellor] and it made me laugh, because the way she talked to me was all changed [but] I didn't want to listen to her, because nothing would've happened if we had just been waiting and waiting.

The difference that Marina refers to at the end of the quote is that she was then treated with dignity and respect by the service counsellor, instead of being dismissed and disregarded. The process Marina describes at the start of the quote is her initial attempts to access drug and alcohol rehabilitation services. The service that is responsible for referring clients to a rehabilitation facility had been reluctant to engage with Marina, had not made an appointment for her, and had not referred her on (“chucked to the side”, “nothing would’ve happened if we had just been waiting and waiting”). Subsequently, her Te Whakaruruhau staff advocate had to spend time and energy finding a work around to refer Marina directly. This included accessing the required forms and dealing with multiple layers of administrative burden. It was only through the persistent and dogged approach of the Te Whakaruruhau advocate that Marina was able to access rehabilitation services.

Marina commented on how, as a result, she was now settled in a rental home of her own, had improved self-confidence and capacity, and had been able to quit using addictive substances. In particular, Marina very much appreciated being settled in a home. She comments below on having a “door that shuts”:

There're a lot of friends out there that have room and a door that shuts. Yeah, having a door to open and shut my door. Before I was in the motels, all over the place and you had to move from there to another place, another motel. I never had anywhere to settle, I was always just moved around ... now I've got a couch to sit on and table to eat on and our TV. It's just little things, I appreciate it all.

While Marina was enjoying these small joys, she was also highly aware of the difference that having a Te Whakaruruhau advocate made to how she was treated by other service providers. She commented on this concern several times during the interview. In short, Marina felt anxious that, once she was “exited” from Te Whakaruruhau, she would again receive dismissive and/or disinterested engagement from health and social service providers.

Another exemplar is shown in Tania’s story. Tania represents a highly complex case, as she required a significant amount of support. Similar to Marina, Tania was not the recipient of dignified and respectful treatment by other health and social service providers. Her Te Whakaruruhau advocate was essential in helping her to access counselling services, emergency housing and then a rental home of her own, assistance with finding a suitable lawyer, and accessing her full entitlements of Work and Income financial support. Next steps for Tania include dental work to replace badly damaged teeth, purchasing a suitable vehicle for transporting herself and her children, and working with Oranga Tamariki to return her children to her care. Tania herself noted that she was distrustful of many services, and their requirements for assistance meant she did not always get the support she needed:

It was very hard because in my situation, what I'd been through, I didn't know who to trust. So many times before entering the refuge, I'd turn to people for help and they'd ... it'll just turn nasty or Oranga Tamariki reports. So yeah, it was very hard for me and being a single mum with little ones ... through Work and Income [I was referred to as service] ... this was before I found [Advocate]. It was not a good experience ... just nothing but problems ... they were meant to help with housing and things like that, but she did nothing but hassle me and just a lot of problems. So yeah, I changed to [Advocate] and I think she was going to do a complaint. I'm not too sure what happened there.

In the quote above, Tania brushes over the challenges she faced and these were teased out more during the interview. Essentially, it was only because of the involvement of the Te Whakaruruhau Advocate that Tania was able to access the aforementioned services and support.

The nature of family violence in Aotearoa New Zealand means that women who are victimised are often blamed for the effects of the violence and left to deal with social services and traumatised children. Tania herself has health complications that need addressing. She is just beginning the process of making specialist appointments and obtaining diagnoses and treatment for her physical health. This includes a recent initial appointment with the dentist and an upcoming day surgery. Her children continue to attend counselling and additional child-centred services. In order to minimise disruption to their schooling, Tania has kept her children enrolled in the same school. This requires that she, along with her children, take two buses to school every day (two buses there, two buses home). This travel is necessitated as her current provided home is some distance from the transitional housing she was initially placed in.

Tania herself acknowledges that she has much to do before she really feels settled “I’m still in fighting mode”. It has been a long hard journey for Tania, in her own words “quite rough”, and without the support of a Te Whakaruruhau advocate, it is unlikely that she would be settled in a violence-free home, with her children, and able to address their and her health and well-being needs.

Theme summary

Women and whānau dealing with violence often became enmeshed in multiple systems ostensibly designed to assist them. However, those systems were often unresponsive, had inflexible and/or non-transparent criteria, and long waiting lists. Rarely did they treat whānau with dignity and respect. In the worst cases, traumatised women and whānau experienced Crown and other health and social services as actively hostile. In these cases, the agencies had effectively replaced the abusive partner/father in exercising power and control over whānau members.

In this context, it is not surprising that kaimahi spent a lot of their time helping whānau navigate through the systems in which they had become enmeshed. This help was much appreciated by the women we spoke to. While such advocacy was generally effective, we were left wondering how much more effective it might be if Te Whakaruruhau was resourced and empowered to provide needed support directly to whānau rather than having to lobby Crown and other social and health services. We see the ability to bypass unresponsive systems and deliver support directly to whānau as a major strength the Wraparound Service. The Appendix provides an analysis of the variety of ways Te Whakaruruhau has been able to use bulk funding to access services and resources directly, circumventing some of the barriers described above.

Core theme 3: Restoration of health and self-worth

As we stated at the beginning of our report, domestic violence traumatises victims and damages their physical and psychological health. It also undermines victims’ sense of being a worthy person. This is partly because abusers often use tactics designed to debase their victim and partly by the way their abuser and wider society employ certain victim-blaming narratives against women.

In this section we will examine how the Wraparound Service works with women and whānau to restore their health and their sense of self-worth. We will initially focus on physical health before examining psychological health and the way the Wraparound Service has helped to restore participants’ sense of self-worth. However, it is important to remember that these issues are intertwined.

Physical health

Helping women access treatment for physical health problems is an important part of the Wraparound Service. Indeed, in some instances, getting women enrolled with a primary health care provider was one of the first jobs kaimahi had when they took on a new client.

Some of the physical health problems were the direct result of violence. For example, Sarah told us, “My ex broke my leg. I had surgery.” While the surgery was done in a timely manner, Sarah’s kaimahi had to lobby to get Sarah’s ACC payments extended to cover the psychological impacts of the assault (depression, anxiety).

Other significant physical health problems were unrelated – or only partly related – to the violence.² Considering the unhealthy housing described in Theme One, it is not surprising that respiratory problems were prevalent. Kaimahi also talked about helping whānau access hearing aids, surgery to remove an over-active thyroid gland, and medication for epilepsy. Some clients were helped to access herbal remedies and mirimiri to alleviate the symptoms of chronic conditions.

However, in terms of physical health problems, perhaps the biggest contribution of the Wraparound Service was helping women access dental care. The importance of this was explained by one of the kaimahi

Self-esteem and presentation is a really big thing. If you look in mirror and see that you look like crap and know that people will see a meth user.... It is an easy judgement for others to make, whether they are (potential) employers or (social service) agencies. Go for a food grant looking like that – it is less likely you will get one. Go to the doctor and you will get judged – so you don’t go the doctor and the kids miss out because of the way the system treats their mother.

Here, it is important to appreciate that the kaimahi is not inferring that the use of methamphetamine was the only, or even the major, contributor to the dental problems women were experiencing. As we discuss below, some women did use methamphetamine to self-medicate against the physical and psychological pain they were experiencing but other important causes of dental problems were partner assaults and the cumulative effects of years of not being able to afford preventative dental care. The kaimahi is not talking about cause but effect: the way others judge women with bad teeth and the (almost inevitable) way that those women come to judge themselves.

Enabling extensive dental work is a good example of the way the flexibility of wraparound funding allowed vital needs to be met quickly. That this could be life-changing was illustrated by a kamahi’s reflection about one of her clients. The woman had had extensive dental reconstruction costing \$6,400. The outcome: after years of habitually holding her hand in front of her mouth, “she can finally smile.”

Psychological health

The previous example illustrates how physical health problems can lead to psychological problems. In this section, we briefly discuss other psychological problems that were addressed by the Wraparound Service.

Anxiety and depression, which are well-known sequelae of domestic violence and the trauma which accompanies it, were evident in the lives of several of our participants. For example, Karla struggled with severe anxiety. The impact of the abuse and violence left her unable to leave her home and becoming increasingly anxious and fearful. When we interviewed her, she was beginning to recognise that even though she is from a family of strong Māori women and doesn’t see herself as lacking in confidence, the abuse she has been subjected to has created anxiety

² There is a wide range of chronic physical health conditions which are associated with and/or exacerbated by domestic violence such as headaches, chronic pelvic pain, back pain, abdominal pain, irritable bowel syndrome, gynaecological problems and gastrointestinal disorders. See Campbell (2002); Verizon Foundation. (n.d.); World Health Organisation (2012).

and panic attacks. She told us about what happened when she was in hospital talking to a staff member:

And I was in the hospital and talking to her (and) I don't know how to deal with my anxiety... then I realized maybe it was a panic attack.

Another woman with anxiety is still struggling to go out anywhere in public, and finds it hard to leave her home to go to the Refuge office:

Even today I was like, "Hmm, I don't want to come in." Because I get anxiety still and stuff like that, but she's just been really good, honestly.

The Wraparound Service enabled Te Whakaruruhau staff to create a bespoke solution that supported the individual's well-being, treated her with dignity, and honoured her values. In this case, it was being able to access culturally appropriate healing services such as mirimiri and herbal tisanes.

Sometimes, psychological issues arise, in part, out of understandable attempts to cope with the trauma women have experienced. This was illustrated by one of our participants, of whom her kaimahi said, "(She was) burying her pain in meth. Meth is easily accessible. It blocks memories of abuse."

It was not uncommon for women to turn to drugs and alcohol, which in turn brought about additional challenges. The priority for Te Whakaruruhau within the Wraparound Service is to assist whānau who making a choice to make changes for themselves and their tamariki, which includes addressing their drug and alcohol addictions. Some of the women initially referred into the Wraparound Service have reached out for help with their addictions but have had to wait for assessments and rehabilitation services. Compounding this is limited access in general to drug and alcohol rehabilitation services in Aotearoa New Zealand, meaning long delays and wait times. During these wait times, it is not uncommon for those seeking help to slip back into drug and alcohol use as a coping mechanism. For those women who resumed drug and alcohol use, this delayed their ability to access the Wraparound Service support. Subsequently, interviews with these women were delayed, and ultimately, we were not able to include their interviews in this evaluation.

Other forms of coping mechanisms were also present. Mary, talked openly of her shoplifting addiction. This was partly attributable to her abusive partner spending her money on drugs and leaving nothing for food, necessitating a shoplifting trip to the store, but at other times, it was due to boredom and a need to escape what was a very grim reality.

After that because I had, I've got a really bad shoplifting conviction. And I really had to stop, and she supported me with kai parcels, and so I could save my money, and meats, and stuff for baby, and blankets and all that. That was a really big help.

Mary acknowledged that it was due to the intervention of her Te Whakaruruhau advocate that she was able to avoid incarceration and change these habits.

Restoring self-worth

As mentioned at the beginning of this theme, domestic violence undermines victims' sense of being a worthy person. As described in theme 2, this can be exacerbated by oppressive, judgemental and controlling "helping" services. Indeed, outside Te Whakaruruhau, the women were often expected to tolerate low-quality service provision. In this section we discuss the way their engagements with Te Whakaruruhau helped to restore women's sense of self-worth.

Generally, women spoke highly of Te Whakaruruhau staff. They described being consistently treated with dignity and respect. They felt heard and listened to. They talked about how having someone advocate for them to receive high quality services and interactions has helped to restore a sense of self-worth. Below, Karla shares how the humane support given by Te Whakaruruhau staff has changed her life:

It hasn't been leaps and bounds, but they've changed my life, you know? I don't feel so alone. I know that there's support, that they're here ... I also know that they have access to a lot of things, and they treat me like a human. I don't feel judged from any of them. Like when you walk in, they don't look at you up and down, or they don't come up to, "Are you all right? What can we do?" They don't pity me.

Participants typically commented on how they had accepted the low-quality service they had been receiving, and it was the involvement of a Te Whakaruruhau advocate that resulted in improved access to services and support and/or higher quality of service provision.

Participants also commented on the ongoing and encouraging nature of the relationship with their advocate. When reflecting together with the interviewer, there were snippets of conversation linking the change in their circumstances to this working relationship. For example, Tania noted that it was due to her Te Whakaruruhau advocate that she switched lawyers, and subsequently she had improved access rights to her children.

As soon as I changed to [name], straight way I got unsupervised access with my son ... she just fought harder than [name].

Similarly, Marina noted that

If it wasn't for them to help with things like that, I wouldn't have it and my son wouldn't have a bed and just a lot of things.

Having a home with basic furniture, including beds and mattresses for the children contributes to the house feeling like a home, and to Marina feeling settled and at ease.

The women consistently commented on how having a trusted person to talk to, who "didn't judge" but listened and helped, was a key component to building trust and walking them into a new future for themselves and their children. Karla talked about the persistence of the Te Whakaruruhau advocate was important for engaging with her and trusting the service, especially because a lack of trust was a key barrier for women. As Karla says,

And that comes down to persistency, like her just consistently being a part of my life, always checking in and I'm like... Having food parcels delivered to us every couple of weeks. Because those things matter. Yeah. They really do ... people are scared that they [services] might tell CYFS [Oranga Tamariki] or they're scared that they might tell the police, because that was the biggest barrier ... you're always scared that they're [services are] going to ring the police.

All interviewees noted that there had been a significant shift in how they were treated and that they had been able to access valued services through the intervention of Te Whakaruruhau. They acknowledged the time and energy the kaimahi had expended, even if they were not always aware of the length and extent of the advocacy required in order to access external services in an ordinary way.

Sarah shared an example of dealing with the Tenancy Tribunal, and how the tribunal registrar expected her and her abuser to be on the same phone call to address the rent arrears claimed

by the landlord. In the end, it was her Te Whakaruruhau advocate who took the call and successfully argued against additional charges added by the rental company.

“She [Advocate] has been calling people on behalf of me, but whatever debt and stuff that I had with my ex, so for example, Tenancy Tribunal ... [she] pretty much fought for it.”

Without the strong advocacy from Te Whakaruruhau, Sarah would likely have been left to pay her and her abusive partner's debts.

Nina mentioned in passing that the renovations of their family home had taken four months. This was a significant renovation and took a large amount of time and effort by Te Whakaruruhau staff to organise. Yet for Nina, this happened relatively seamlessly, and the result was all her and her whānau had hoped for and more. Being able to live together, as a whānau, in a dry, light-filled home has positively impacted on Nina and her whānau, leaving them feeling positive about themselves and their future.

For Kylie, who struggles with anxiety and managing her emotions, it was both the relationship with her Te Whakaruruhau advocate and the high expectations the advocate had of her that resulted in positive change.

There's times where I just can't be bothered. I'll just be like, "Nah, it's too much," and she just kept being there ... sometimes it's stressful and I'm like, "I don't want to carry on, it's too much." And then she'll just keep pushing me and pushing me and supporting me ... [Advocate] keeps me going, yeah ... just explaining to me and trying to get me calm. Because I can't lie, my anger's pretty bad. But yeah, she would just keep pushing me, pushing me, like, "You can do this, don't give up."

Having a consistent source of encouragement from the Te Whakaruruhau advocate assisted Kylie to shift her self-belief and to keep going. Similarly, for Mary, having someone work hard to keep them from being incarcerated, alongside practical supports resulted in significant life-style shift:

[Program name] kept me away from a lot of trouble because I was going out shopping. And my cousins and stuff would always text me and be like, "What are you doing today? Shall we go shopping?" And it's just so easy to get distracted ... And so, [they] pretty much saved me from getting into a bit of trouble, yeah, and it keeps me off the streets.

In the above quote, where Mary refers to “going out shopping”, in this context she is referring to her previous shoplifting habit and addiction. Where she comments on “getting into a bit of trouble” she is referring to her convictions for shoplifting. It was these convictions that nearly resulted in her incarceration but thanks to the work of her Te Whakaruruhau advocate, she received a supervision sentence and the support she needed to do things differently. This support included attending a local empowerment program, attending parenting courses, being able to lay charges against her ex-partner for his violent behaviour, and making her home safe for her children. Mary also had plans for her future, including further training and ways to create an independent and legal employment for herself.

Theme summary

Without the support of this service, the women involved would have lived with low quality service provision, inadequate support, or paid off debts that weren't theirs. Having someone consistently

“in their corner” who worked hard to argue for them to receive what they were legally entitled to (but rarely received), and who persistently provided encouragement and high expectations, meant that the women’s perceptions of themselves also shifted. This restoration of a sense of self, where the self was considered worthy of receiving support, acted to restore a sense of self-worth that is often erased and destroyed through relationships textured with abuse and violence.

Discussion: Health and wellbeing

In considering the impact of the Wraparound Services on the health and wellbeing of the interviewees and their whānau, we have drawn on the Whānau Ora Outcomes Framework (2016). The rationale for this is that this framework has already been widely utilised by the New Zealand government and is recognised across government departments and Ministries, including Te Whatu Ora.

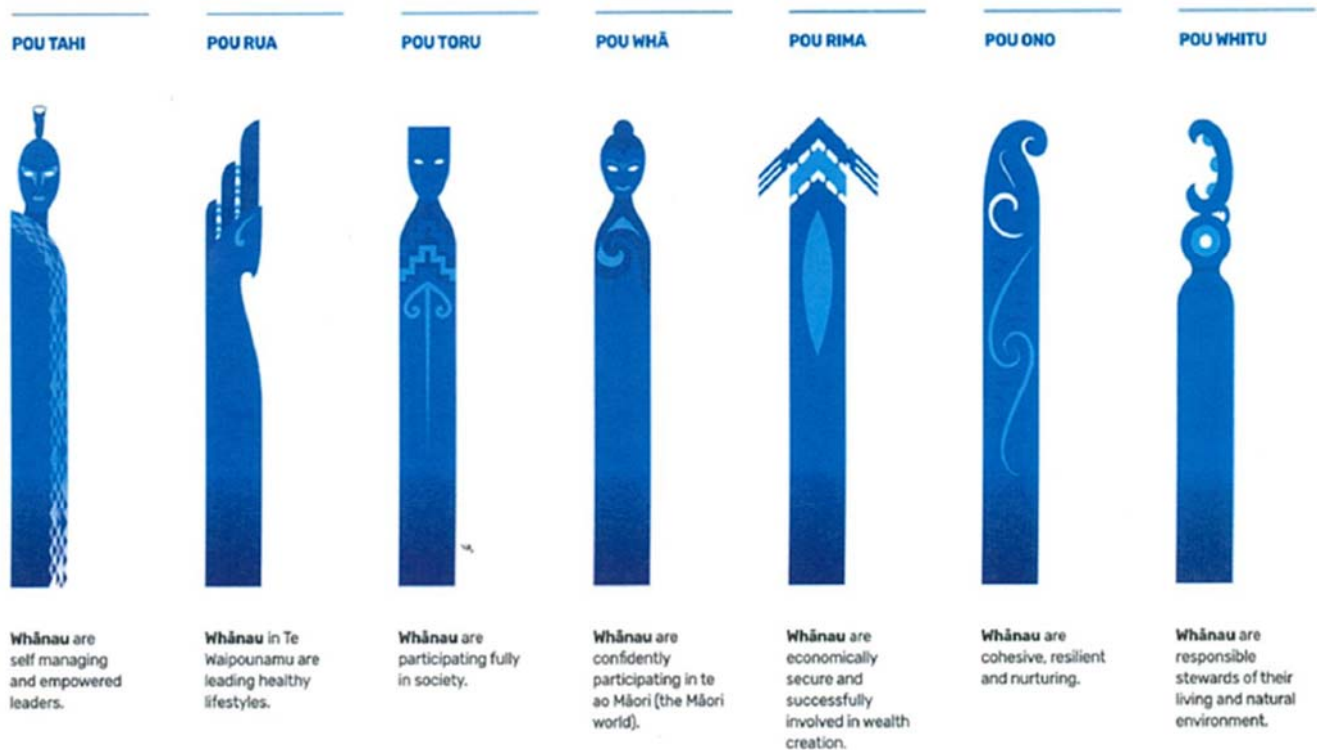


Figure 2: Whānau Ora Outcomes Framework (Te Puni Kōkiri, 2016)

Presented as pou, the physical and psychological impacts of family violence disrupt each of the seven pou that contribute to family wellbeing. The combination of the destructive impacts of family violence, coupled with the erosion of a sense of self-worth, and a difficult-to-navigate health and social services sector, leaves women highly vulnerable. The nature of this vulnerability means that, without advocacy support, it is highly likely that each whānau would only experience low-quality health services and dismissive attitudes from social services staff.

Access to warm, dry, safe and secure housing was a core component for each of the households accessing the Wraparound Service. While Kainga Ora does provide some forms of support, each of the households encountered delays, dismissive attitudes, or unwillingness to address their needs when attempting to source appropriate housing through Kainga Ora.

While the women we interviewed were aware of and appreciated the role of kaimahi in breaking down barriers and accessing external supports, they were not always cognisant of the entirety of

that work. Kaimahi undertook extensive additional work in seeking external support in order to meet the women's health-related needs. The experience of the women was that, after connecting with an advocate and developing their health and wellbeing plan, events and services were provided in what most would consider a relatively ordinary manner (in comparison to being inaccessible, or 'too hard' to navigate, or simply not followed up, as per previously). This was not instantaneous but rather occurred over a period of time as the advocate and client progressed together towards the client's goals. For example, where a client had previously felt overwhelmed by their circumstances, they were now able to make (and attend) an appointment with a dentist to obtain a quote and have confidence in being able to access the required funds to do so.

The advocacy and system navigation notwithstanding, there were clear gaps in available health and social services. The Wraparound Service meant that Te Whakaruruhau was able to bridge these gaps and create bespoke supports that centred the needs and aspirations of the women. As shown in the Appendix, in some instances, it helped that Te Whakaruruhau could fund supports directly.

Many of the supports we have discussed, such as accessing culturally appropriate massage, herbal teas or being able to have a bed and mattress for their child, are highly ordinary and unremarkable. It speaks to the low quality of care and services previously available to the women that these are the items they remarked upon. Without the support of the Wraparound Service, each of the families we interviewed would not have been able to access either the currently available state supports, or the bespoke supports for healing and restoration.

Addressing the evaluation aims

a) *What are the features of the environment which undermine the health and wellbeing of whānau?*

Poverty and inadequate housing. Whānau need affordable housing that is warm, dry, safe, secure and suitable for intergenerational living. They need security of tenure or ownership. They also need an income that allows them to live a life of dignity and be able to afford preventative health care. Undoubtedly, violence had been an issue in most of the whānau we spoke to but often it was the twin scourges of poverty and inadequate housing that provided the bigger challenge – as well as having contributed to the violence in the first place.

A lack of holistic service provision. Consistent with the reductionism and compartmentalisation which are strong features of Western society, many Crown and mainstream agencies divide people up according to need. That is, for housing, you need to go to A; for help with bad debts, go to B; for depression, go to C; if you need rehabilitation for violence-related physical injuries, go to D - except when it's your teeth, when you should go to E. This is a dehumanising approach: it tends to focus on the specific, assumed problem rather than helping individuals and their whānau navigate the complex and inter-related challenges they face in their lives. It is also time-consuming, both for whānau and their advocates. There is a need to fund flax roots organisations such as Te Whakaruruhau to directly provide whānau with the relevant services and resources they need to achieve health and well-being. Such services need to be wraparound, holistic and whānau-centred.

Oppressive, judgemental and controlling "helping" services. Women talked about navigating their way through the multiple systems in which they become entangled. They often felt judged when they sought help from Crown and other "mainstream" services. They were faced with meeting multiple criteria, with long waiting lists and with dealing with busy, stressed staff who spoke down to them and failed to follow through with their commitments. For some, they felt more "hassled" than "helped". Often, that "help" came with onerous and controlling demands.

This was particularly so when they became subject to the oversight of child protection agencies. This kind of disrespectful treatment not only undermined women's health and wellbeing: it also left them hesitant to engage with other service providers – which meant that significant needs continued to go un-addressed. While the support of kaimahi helped, these women needed services that were welcoming, treated them in a dignified manner and engaged with them in meaningful ways – without needing the intervention of an advocate.

b) How do Te Whakaruruhau kaimahi work with whānau to address these features of the environment?

Te Whakaruruhau staff worked hard to get their clients into the appropriate mainstream services (e.g., Kainga Ora, drug rehabilitation). This required considerable time, effort, and energy in emails, phone calls, and follow up reminders to lobby and advocate for their clients. It would be more effective and efficient use of resources for refuge staff to provide the service or resource themselves – but they need to be adequately and flexibly resourced to do this.

c) How has the development of the Wraparound Service contributed to enhancing the health and wellbeing of whānau?

The Wraparound Service enabled Te Whakaruruhau staff to seek alternative health processes for the women (e.g., herbal medications, mirimiri), engaged with non-publicly funded health services (e.g., dental treatment), seek appropriate mechanisms for whānau connection (e.g., providing safe and secure transport to meet whānau), and engage in the creation of new memories for their children (e.g., providing a fun and memorable birthday party). While safety is the immediate focus, the Wraparound Service takes a wider perspective, addressing a range of factors which are crucial to enhancing the health and wellbeing of whānau .

Conclusion

Our evaluation identified several environmental features which are needed to ensure the health and wellbeing of whānau (families). In particular, warm, dry, and safe housing that is affordable and suitable for intergenerational living, is crucial for stability and improved health outcomes. However, there is a lack of holistic service provision, with different agencies addressing specific needs separately, creating fragmentation and challenges for whānau. Too often, Crown agencies and other service providers fail to engage respectfully with whānau, who are often treated dismissively and/or are not followed up. This is not helped by stressed and over-worked staff. The unwelcoming environment of many agencies creates barriers to engaging with health services, further affecting whānau wellbeing.

Te Whakaruruhau kaimahi play a vital role in addressing these environmental features. They work tirelessly to connect clients with mainstream and Māori-focused services, advocating on their behalf and ensuring they receive appropriate support. However, it is more efficient and effective if refuge staff can directly provide the necessary services, highlighting the need for adequate and flexible resources. That is, funding flax roots organizations like Te Whakaruruhau to directly provide comprehensive and whānau-centered services is essential.

The Wraparound Service offered by Te Whakaruruhau has contributed significantly to the health and wellbeing of whānau. With the help of kaimahi and wraparound funding, whānau have been able to access a wide range of services and support. The flexibility of the funding has meant that help can be delivered quickly, using both Western and traditional modalities. By focusing on both the people and the environment in which they live, the service has provided holistic approach to address the needs of whānau affected by violence.

Overall, addressing the identified environmental features and providing comprehensive, whānau-centred services through organisations like Te Whakaruruhau can greatly improve the health and wellbeing of whānau, ensuring they have access to suitable housing, holistic support, and dignified engagement with service providers.

Recommendations

Improve accessible and holistic service provision: Government agencies and service providers should prioritize holistic approaches that address the diverse needs of whānau. Instead of dividing services based on specific needs, efforts should be made to integrate and coordinate services, creating a wraparound approach that considers the interconnectedness of various issues. This could involve funding and supporting flax roots organizations like Te Whakaruruhau to directly provide comprehensive services that meet the health and wellbeing needs of whānau.

Foster dignifying engagement: Crown agencies and service providers need to prioritize dignifying engagement with whānau. Efforts should be made to create welcoming and inclusive environments that foster trust and respect. Training programs and cultural competency workshops can be implemented to ensure staff members are equipped with the necessary skills and knowledge to engage with whānau in a sensitive and respectful manner. Providing adequate resources to alleviate staff workload and stress can also contribute to a more positive and engaging service environment.

Strengthen resources for whānau-centered services: Adequate and flexible resources should be allocated to organizations like Te Whakaruruhau that provide wraparound services to whānau. This includes financial support to enable refuge staff to directly provide necessary services and resources, reducing the reliance on external agencies. Additionally, allocating resources towards alternative health processes, non-publicly funded health services, transportation assistance, and creating positive experiences for children can further contribute to the health and wellbeing of whānau.

By implementing these recommendations, there is potential to improve the overall health and wellbeing outcomes for whānau, ensuring they have access to suitable housing, comprehensive support, and dignified engagement with service providers.

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Appendix: How Wraparound funding was applied

Under-pinning the effectiveness of the Wraparound service is the ability for Te Whakaruruhau to directly fund the services and resources needed to restore whānau health and wellbeing. This was made possible by grants from three Crown agencies: Te Whatu Ora, Te Puni Kōkiri and the Ministry of Social Development.

Bulk funding from these agencies meant that kaimahi could circumvent the time-consuming, laborious process of having to advocate on behalf of their clients with relevant Crown and other agencies to provide what whānau needed. (This systems advocacy work, helping whānau negotiate their way through complex eligibility rules and lengthy waiting times, was described in core theme 2: System navigation.) Instead, having the ability to directly fund the relevant services and resources meant that kaimahi could ensure that whānau would get help that met their specific needs – and in a timely, straight-forward manner.

Figure 3 provides an overview of how this flexible funding was used for the year 1 May 2022 to 30 April 2023. It shows how a total of \$2,753,106 was spent across 7 categories,

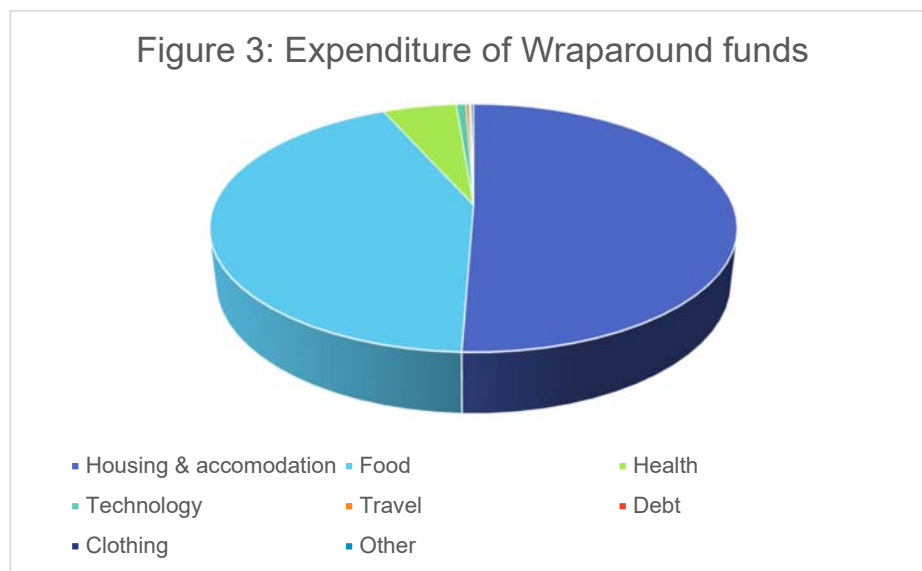


Figure 3: Expenditure of Wraparound funds

This analysis has some limitations, mostly because it relies on data collated for administrative purposes, rather than for evaluating the Wraparound programme per se. Thus, it was not always straight forward allocating items to one of the seven categories which we developed. For example, there were a small number of items that were ambiguous and/or seemed to span two or more of our categories. Such expenditure was coded as “Other” – which accounted for less than 1% of the total.

As can be seen the biggest categories were, in order: housing and accommodation; food; and health.

That housing and accommodation accounted for just over half the expenditure (51%) is consistent with what we reported in Core theme 1. The vast majority of this expenditure carried an administrative code “Healthy homes:” that is, funds which explicitly addressed the widespread problems of cold, damp and mouldy homes discussed in our findings. Also included in this category was the cost of emergency housing, household appliances, furniture and repairs to homes (which may or may not have been related to the kaupapa of healthy homes).

The second largest category was food (43%). Together, food and housing accounted for 93% of the Wraparound expenditure, arguably two of the most basic prerequisites for health and wellbeing.

The third largest category was health (5%). Here we included items recorded as medical, mirimiri, counselling, dietary supplements and dental work. Combining such items seemed consistent with a holistic view of health. For example, mirimiri is not just about addressing physical health but also provides social, psychological and spiritual benefits.³ And as shown core theme 3, dental work was carried out for psychological benefits as much, if not more, than for improving physical health.

Technology was the fourth largest category of expenditure. Although constituting less than 1% of the total, this expenditure is likely to have made a big difference to the whānau concerned. It covered the purchase of smart phones, tablets and security cameras. All of these can play a crucial role in helping to ensure safety as well as providing the means for interacting with government agencies, other services and businesses. Without such basic technology, whānau cannot participate fully in twenty-first century society.

³ See Te Whare Oranga – The Wellness Centre at www.temanutoroa.org.nz/wellness-centre/mirimiri/#:~:text=Mirimiri%20means%20%E2%80%9Cnatural%20gift%E2%80%9D%20and,dating%20back%20hundreds%20of%20years.