



## **Waitakere Children and Family Violence Project**

**Do West Auckland children who  
witness family violence get an  
adequate response?**

**An assessment of the current  
situation with suggested strategies  
for the future**

**Prepared for WAVES Trust by Deborah Yates  
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WAVES Trust (Waitakere Anti-Violence Essential Services), October 2012

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While I have been at pains to represent all the views expressed, hence the length of this report, it cannot do justice to all the hard work that goes into supporting the families of West Auckland who live with violence and those who work so hard to make their schools safe havens for children. May the children of West Auckland benefit from your efforts and may we find ways of combining your skills and passion ever more collaboratively, creatively and intelligently to maximise that benefit for future generations.

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## Glossary of terms used

CAMHS	Child and Adolescent Mental Health Service
CYF	Child, Youth and Family (statutory child protection services), part of MSD
CWV	Children who witness family violence
DHB	District Health Board, responsible for the provision of local health services
ERO	Educational Review Office
FV	Family violence, here referring to violence between adults rather than towards children
FVIARS	Family Violence Inter Agency Response System
FVIG	Family Violence Interagency Group (Wairarapa)
Health West	Primary Health Organisation (PHO)
KOS	Keeping Ourselves Safe, Police education programme
MoE	Ministry of Education
MoH	Ministry of Health
MSD	Ministry of Social Development, who funded this project
NFA	No Further Action (term used by CYF to assign closure of a referral)
NGO	Non-Government Organisation
ODARA	Ontario Domestic Assault Risk Assessment tool, now used by Police at FV incidents
OSCAR	After school care programme
P&P	Policy and procedures
PHN	Public Health Nurse, employed by local DHB
POL400	Old form used by Police for reporting FV, also called FVIR, now replaced by ODARA and including the Child Risk Factor form
PR	Partnered Response (formerly known as Differential Response)
ProCare	Primary Health Organisation (PHO)
RTLB	Resource Teacher: Learning and Behaviour
SENCO	Special Education Needs Coordinator
SWiS	Social Workers in Schools
WATCS	Waitakere Abuse and Trauma Counselling Services
WAVES	Waitakere Anti-Violence Essential Services
WAPA	West Auckland Principals Association
WINZ	Work and Income services, part of MSD

## Executive Summary

This project set out to investigate how schools in West Auckland currently respond to children who witness family violence (CWFV) and how they could improve their response with support from the family violence (FV) sector. To this end, over 40 primary and intermediate school principals, approximately 140 school staff members and over 30 agencies working in the FV field were consulted.

It was discovered that the effects of witnessing family violence on children has not been an issue put to schools until now, that it is not included as a form of emotional abuse in their policy and procedures for reporting to Child Youth and Family (CYF) and that the Education Review Office (ERO) does not require schools to respond to reports of FV or symptoms of emotional trauma resulting from FV. It was disclosed that teachers are very wary of even asking children if they are upset about anything, for fear of asking leading questions or hearing material they are unprepared for and that Special Needs Coordinators (SENCOs), usually senior staff members, receive minimal training in pastoral care or child abuse and neglect. Furthermore schools who report child protection matters to CYF are frequently not informed of the outcome so that they can be left wondering how to respond to the child. Most schools appear to have few contacts with FV agencies other than CYF (and the Police) and all decry the shortage of assigned social workers in schools (although this is to improve shortly). These factors complicate the prospect of developing the schools' response.

It was also found that of those families reported to CYF for FV, mostly through the Police, the majority (those whose violence is not deemed sufficiently serious or repetitious) are deemed 'no further action' (NFA) and the children, at least, receive no direct support (unless the family is referred to Partnered Response and the parents choose to participate in this). This underscores the fact that CYF, although the main referral and triage point, are a statutory crisis service with a high threshold. The Government's newly proposed Child Protect line operated by NGOs with local Children's Teams appears to have the potential to be an early intervention process that could, with the right values, expertise and sufficient funding, provide much needed support to families and especially children before things become critical. It could also provide impetus to the FV sector to develop its response to children and child trauma resulting from witnessing FV and a Phase II of this project is recommended to carry this out.

The findings suggest that these enhancements, plus a response from MoE, also encapsulated in MSD's White Paper, would pave the way for work with primary and intermediate schools in a recommended Phase III. This could include rewriting the reporting policy and procedures to include both FV and new reporting procedures that would involve the use of the Child Protect line; training to staff in FV and trauma, in supporting children with their issues and in information sharing; education to children and families within the school community and the development of collaborative relationships with the FV sector, who would support schools with these changes and processes and provide specialist services. A Phase IV could eventually look at developing responses within early childhood education centres and secondary schools.

This research phase, which is projected to finish in February 2013, is also conducting a survey of young people who witnessed FV as children, for their views on what they felt they needed. Concurrently, a literature review of the needs of CWFV and evidence-based programmes that help meet these needs is underway. It is hoped there will also be time to identify which similar services and supports are currently available to CWFV in West Auckland and gaps requiring attention. A final report including these findings, with the purpose of informing any future phases, will be available by March 2013.

# Introduction

## Background to this project

This project was initially conceived by several West Auckland individuals and groups following the realisation that children who witness family violence (here, for convenience, termed CWFV) do not receive good support, and a more specific literature review on this was commissioned (Richdale 2010). It was found that both locally and internationally, most family violence (FV) services are focused on adults, either as perpetrators or as victims. While it is certainly hoped that by helping the parents, children will also benefit, and while there are in existence reputable prevention programmes and family services (Holland 2009), there appears to have been little attention to the emotional and practical needs of CWFV as victims of FV.

Concerns were based on findings that children who witness FV are potentially seriously affected, whether the FV is physical, sexual or psychological and whether the child actually sees it, hears it, picks up on the upset in the family home as an aftermath or witnesses injuries to a parent resulting from it (Carroll-Lind et al 2011, Mullender 2004). They are likely to be impacted by the conflict, anger, disruption, distress, fear, social isolation and secrecy they experience. Parenting is inclined to be less protective, to result in poor or disturbed attachment, to teach reactions of aggression or internalisation under stress and to impose a model of gender-related power and control in family life (Holt et al 2008; Laing 2000). Serious or repetitive trauma can cause the child to live in either a state of constant hyper-arousal or in a more disconnected, withdrawn state or it could manifest as anxiety (Downey 2007). CWFV are variously estimated to also be victims of child abuse and/or neglect in 30-70% of FV cases (Holt et al 2008). All these factors are liable to interfere in the child's normal development and put their learning, behaviour, emotional development and social relationships at risk (Downey 2007; Boden et al 2010; Fergusson et al 2011, Scott et al 2010). The underlying causes of these manifestations can be overlooked or misinterpreted at school or elsewhere, causing the child further grief (Mullender 2004). On the other hand, due to evidence that a significant number of CWFV may not suffer such effects, protective factors that may buffer them are of interest as well (Gewirtz and Edleson 2007; Laing 2000).

Since schools engage with enrolled children for six hours per day and operate with a child focus, it was thought that a project could be designed around them. Following consultation within the Waitakere Taskforce on Family Violence and with the West Auckland Principals Association (WAPA), it was agreed that a consultative project would be set up and managed by WAVES, who were successful in obtaining funding from the Ministry of Social Development's (MSD) Family and Community Services section. The outcome of this project was to be a proposed strategy or series of strategies designed to improve the response to CWFV in West Auckland. Deborah Yates was contracted to project manage this in September 2011. Deborah works three days per week and is funded until February 2013.

Deborah set out to consult as many of the 80-plus primary, intermediate and secondary schools as possible in WAPA's area (from Avondale to Helensville) on their current response to CWFV, ideas for enhancing this and the support they would need to do so. She approached West Auckland agencies providing services about their views of the response to CWFV by the FV sector, including their own, and how they might be prepared to collaborate in a sector-wide effort with schools to improve this response. She has also worked to fully comprehend the existing community-wide responses to CWFV and to identify all relevant services and programmes available in West Auckland as well as programmes of interest nationally and beyond.



## Process and methodology

Thanks to the collaboration of WAPA, a questionnaire was originally sent out to all schools and 17 were answered by senior staff members, most of whom were then visited for an informal chat about their schools and their approaches. Meanwhile a presentation at a WAPA meeting also involved two short quizzes, responses to which were collected from 11 principals. Three cluster meetings with over 30 principals provided further insights into their perspectives.

Early in 2012 all schools were offered a series of two workshops in terms 1 and 2, the first on FV and its effects on children and the second to consider how the school currently responds to CWFV, how it would like to respond and what resources and assistance it would need to do so. Only seven schools responded to this initial drive (5 primary, 1 intermediate and 1 secondary, with a decile range of 3 to 10) and further efforts to recruit in Term 2 were thwarted by the upset caused by the Government's sudden stand on increased class size and other announced policies. The seven participating schools did, however, comprise approximately 180 staff members teaching around 3350 children. When reporting on 'schools' views' this is at times the views of small groups of staff participating in these workshops, akin to focus groups. Principals' views are often stated as such.

It must be noted that no more than 25 out of approximately 85 schools in total chose to communicate in any depth with this project and these may have been those who feel most motivated and/or confident of their response to children.

Only one secondary school participated in the workshop process and one other put forward a guidance counsellor for brief consultation. These findings therefore reflect the data from the primary and intermediate schools only (approximately 140 people teaching over 2500 children), with a separate process being considered with the one fully participating secondary school, and perhaps others.

Concurrently, over 30 agencies or services in West Auckland who work in the FV sector were consulted. These included CYF and the Police, those offering specific FV programmes for men, women and/or families, and those offering therapeutic and/or social or community services for a range of issues, including FV. It was not, however, a comprehensive list of all community agencies working with FV. A further 10 or so interviews were carried out with other parties, some of them outside the region, including three adult survivors of childhood violence. Most of the consultation sessions involved more than one staff member, sometimes all the staff, and took place as informal conversations. Discussion usually covered what services they offered and their observations of families, schools and current responses to CWFV, as well as suggestions for improvements.

The theoretical approach is based on key aspects of grounded theory research, action research and practice-based research (Owen 1993; Sarantakos 1993). These approaches share a belief in partnership with the research subject (here the schools and community agencies) and connection to the environment in which it exists (West Auckland) and a focus on process and on finding solutions to identified problems. As such, this piece of work has been designed to be collaborative, interpretive, evolving, a learning process for all, open to developments, focused on the client (here the children) and on 'examining the status quo with a view to suggesting action' (Owen 1993 p141 quoting John Orton). There is considerable commitment to producing practical and feasible ideas for action.

Ethical caution has been taken, and will continue to be taken, particularly in terms of anonymity and data protection, to ensure that no school, agency or individual is identifiable in any written material produced by this project. Nor has identity been available to any party other than the researcher, who has also been careful not to discuss data sources.

While it is recognised that Maori children are seriously over-represented as CWFV and that Waitakere is increasingly multicultural, this project has not identified specific cultural responses. It is acknowledged, however, that a CWFV of any minority culture is likely to experience increased disadvantages, including poorer access to suitable services, and that this would need to be taken into account in any subsequent service developments. Some culturally-specific agencies were consulted but no culturally-specific schools came forward for this consultation.

## **Findings 1 - The current situation**

The witnessing of physical or verbal violence between adults known to a child is now understood to have the potential to cause serious emotional harm. However, it is not clear a) that this is embedded in school policy as a reason to take action in support of a child, b) whether the witnessing of violence generally reaches the threshold necessary for CYF to intervene or c) what should happen if the issue does not reach this threshold.

### **Current processes in place for CWFV in West Auckland**

While there are some excellent programmes of use to CWFV available to schools and in the community, it appears that access to these programmes is either haphazard through schools, or only available to the most serious or repetitive cases in the community and not necessarily taken up by them. This appears to be an area that has not been fully addressed by the FV sector itself, the Ministry of Social Development, the Ministry of Justice, the Ministry of Education (MOE) or the Education Review Office (ERO), perhaps due to a lack of focus on the issue.

#### ***Reporting by schools***

All primary and intermediate schools appear to have policy and procedures (P&P) designed to inform and facilitate the reporting of concerns about child abuse and neglect to statutory authorities, most notably CYF and the Police. This practice arose when the decision was made in 1994 not to introduce mandatory reporting of child abuse and neglect in New Zealand. Instead, any professional agency having contact with children was to develop P&P to ensure that reporting occurred in a timely and appropriate manner (although some, such as DHBs, opted for a mandatory process). The lack of any mention in the schools' P&P of the effects of family violence on children is likely to have stemmed from the era in which they were developed, when causing a child to witness FV was not yet widely recognised as emotional abuse, although it was defined as such in the Domestic Violence Act of 1995.

While there are ERO requirements in their auditing processes for schools to respond to child abuse and neglect, principals report there is no specific requirement for them to respond to CWFV.

It is also highly significant that the current approach is about reporting concerns to CYF, rather than ensuring that the child's wellbeing and safety are improved.

Should CYF decide that a report of concern does not meet their threshold for conducting a full investigation with a view to instigating intervention, they could otherwise decide to take no further action (NFA) or, following a child and family assessment, refer the family to a community agency under their Differential or Partnered Response programme (PR), which offers support at a voluntary level. Should a family choose to participate they will be helped to select the most appropriate agency for their needs, although there could be some financial cost to them. Several participating agencies in West Auckland have FV capability. Should the family decline this offer, the case is closed (NFA).

It is a long-standing issue that reporting the outcome back to the referrer, although required under the CYP&F Act 1989, is frequently overlooked by the busy staff at CYF. If reporting back does not occur, it becomes difficult for a school to know whether their referral led to any progress in securing the child's physical or emotional safety (or indeed whether the child's safety was put at risk by the family being told about the referral), nor whether the school's safety was put at risk by CYF revealing who the referrer was (which CYF should be at pains not to do). The opportunity for the school to work collaboratively with CYF to support the child also seems to be missed.

If the school is aware that the child has not received any support or services as a result of their report of concern/notification, they can then decide what they or any other agency can do to help that child. This is made more difficult if a) they are not informed of the outcome or if this takes some time b) they are unaware of other supports available and/or c) there are no other supports available, especially at no cost.

### ***POL400s***

The other main pathway to help, apart from reports of concern from schools, health professionals, family, neighbours etc as described above, is through Police reporting of children's presence or residence at a FV incident attended by them, which, incidentally, they estimate to be only 20% of the FV incidents that actually occur. Until July 2012, by which time most of this consultation was completed, reporting was through the POL400 or FVIR form. It has now been replaced with the ODARA system, which includes a separate Child Risk Factor form.

In either system, a percentage of incidents, based on criteria, are/were discussed at a meeting of the Family Violence Inter-Agency Response System (FVIARS), which allocates one or both of the adults for further work with appropriate agencies, such as Western Refuge (now part of Family Action), Tu Wahine, The Pacific Island Safety and Prevention Project (The Project) or Man Alive. This work is reported on at future meetings. It is also possible for a member of FVIARS to bring information about a family of concern to a meeting for discussion.

About one third of incidents involving children are notified to CYF by the Police FV coordinator and CYF are required to respond to these and report back on them, as with any report of concern (see above). CYF also receive copies of the non-notified FVIRs, which enables them to note any fresh FV incidents involving current clients or known families.

It is reported that of all FV incidents involving children in West Auckland in 2011, 38% were notified by Police to CYF and, of these, 43% received a FV service, 31% were deemed NFA and presumably the remaining 26% were referred to PR, with a percentage of these being voluntarily taken up by parents (MSD 2012a).

The Waitakere FV sector, aware of shortcomings in services to CWFV, has trained local police to speak to children present at FV incidents and, where age is appropriate, to give each child a specially-designed wallet card which provides numbers for the child to call if they are feeling 'hurt, sad, angry or confused' for 'help and someone to talk to'.

### ***The FV Court***

Where an offender is arrested regarding a FV incident, he (a large majority are male) will appear before a registrar the following morning and will be required to appear at the Family Violence Court. If he pleads guilty at this appearance, he can self-refer to an offender programme and if he completes this he can be discharged with no conviction. Victim services, such as Family Action and

Victim Support, can make statements to the court about the (woman) victim's requests at this hearing.

If the offender pleads not guilty there is a defended hearing. Although the prosecution is made by the Police, the victim is required to put her case to this hearing. If the offender is found guilty, the Court can, amongst other sentencing powers, grant a Protection Order (PO) on behalf of the victim, without her having to apply. Alternatively she can apply herself to the Family Court. A Protection Order also covers the victim's children.

If a victim becomes a protected person through a Protection Order, she is able to access six free counselling sessions under s9 of the Domestic Violence Act 1995. In fact her children are also entitled to this as victims, but this is apparently rarely used, for unclear reasons. Protection Orders are reportedly less frequently applied for these days in West Auckland due to the cost and the perceived inadequacy of protection they afford.

The Family Court is also able to provide Supervised Access orders covering a child with a parent with a record of perpetration of FV, as a means of protecting the child, or prohibit contact completely.

### ***Other pathways***

It is possible that a CWFV, traumatised or troubled by the violence occurring at home, will attract attention through his or her poor performance at school, behaviour issues, poor socialisation or apparent mental health issues. They may then be referred to a specialist service for their presenting issues, whether FV is recognised as the cause or not (children are not screened for FV). This may also occur through other services, notably Western Refuge, in talking with mothers of CWFV. Significantly there is more funding and programme attention for future perpetrators than future victims, although CWFV are all victims of FV.

### ***Main Service Pathways Flowchart***

This flowchart (see Appendix) has been developed to help clarify and demonstrate the various ways in which CWFV can come to light and the pathways encountered, if referred. It also serves to highlight limitations to access, due to triage processes, parental refusal or oversight.

### ***Services designed to help CWFV in the West Auckland community***

While there are few, if any, services designed specifically for CWFV in West Auckland, a number include FV as an issue that they deal with in working with children, while others have a specific FV purpose, though are less focused on children. Services range from educational programmes offered generally to schools, and therapeutic programmes, some of which can be run in schools, but most of them available at the agencies offering them, or including home visits. A detailed survey of all services available to CWFV in West Auckland is planned as part of the ongoing work of this project.

### ***Summary***

In summary, attendance to a child's FV issues is largely dependent on the rather unclear threshold managed by CYF, which is generally reserved for forensic-type work. Alternatively, if parents are offered PR, there is a chance that their children will get attention should the parents agree to participate. Access to counselling through the courts appears to be dependent on adult interest in children's issues and it is possible that services for adults will be less vigilant with this than services with a stronger child-focus would be. Incidental referrals to behavioural programmes may reveal or touch on FV issues.

Looked at in this way, it becomes clear that the majority of CWFV will not receive any direct support from services in West Auckland. It also appears that the systems in place have largely originated from

an agency or adult point of view, rather than the child's. We need to ask, no matter where a referral originated from or where it goes: 'did this process improve this child's safety, wellbeing and future prospects?'

## **Schools' perceptions of their current response to FV**

### ***Knowledge about FV and fears around responding to CWFV***

Without having attending this project's workshops and no doubt due to a lack of information and training available, school principals tended to underestimate the occurrence of FV experienced by their pupils, most estimating it as at less than 5%, even as little as .5% of their roll, whereas national occurrence is likely to be in the vicinity of 20 - 40% (Fergusson et al 1998; Martin et al 2006).

Alongside this they tended to take the justifiable stand that 'we're educators not social workers'. This seemed to encompass a number of concerns – that responsibility for child protection may be seen as theirs; that they would be side-tracked from their main and very demanding role; that they do not have the skills to deal with such issues; that this is very scary territory and could involve angry and frightening parents. It was also closely linked to their general belief that all schools should be allocated social work hours.

At the same time, they were torn by their compassion and concern for the children in their care and, on doing the workshops, came to better understand the prevalence and impact of witnessing FV on children. They were then more able to see that without a good response, CWFV are likely to be disadvantaged in the school setting, academically, developmentally and socially and that this is likely to be impacting on other children, staff and the school in general, in turn.

### ***Policy, procedures and their use***

All the primary and intermediate schools spoken to had child protection P&P in place, though none looked specifically at FV. The main procedure appeared to be that, should a teacher become concerned about a child and more particularly should a child let it be known that they are being hurt or neglected at home, the teacher must notify a specified senior person, often the Special Education Needs Coordinator (SENCO), who is usually the principal or a deputy. This person, sometimes in consultation with a senior team, then takes up the issue with the child and will report it on to CYF if they deem it necessary. Most schools reported that CYF are quick to respond to them.

SENCOs were heard to repeat loudly and clearly to staff that they want to hear all concerns, even if seemingly trifling. Such a firmly stated procedure has the advantage of ensuring as far as possible that teachers will express their concerns to principals. However while SENCOs were keen to relieve the teacher of any further responsibilities, teachers expressed concern that they often hear no more about the matter and are left wondering what happened for the child.

### ***Issues with CYF***

Similarly, SENCOs frequently expressed their concern that once a matter is referred to CYF, they hear nothing more, despite this being obligatory. Some stated that they proactively pursue a report, while others found this too time consuming. While most agreed reporting back happens depending on the social worker handling the case, it is significant that not reporting back to the school appears to be the largest single factor contributing to negative attitudes towards CYF. There were also concerns that CYF often insist of revealing the source of a report of concern, against schools' preference for anonymity.

One of the effects of CYF not reporting back is that SENCOs are unable to say that a child's disclosure will result in an improvement in their situation and safety. From a child's point of view, if he or she has screwed up the courage to tell, or even inadvertently blurted a family secret, how might they feel

if they hear nothing more or, even worse, are punished by a parent for this? Will they ever trust enough to disclose again? One school said they 'resort' to asking the child what happened if they don't hear back from CYF, which seems a sensible move as the child needs to remain in the dialogue and, as much as the adults involved, depending on age and circumstances, to be part of progress reports.

The other effect is a lost opportunity for CYF and the school to work collaboratively to support the child on a day-to-day basis. The only reported improvement in either of these issues was with two schools that had a proactive liaison social worker from CYF attached to them, a practice instigated by one CYF office, but which seems to have mainly fallen by the wayside.

Another major issue was that of CYF's threshold for acceptance of reported concerns. There was a broad range of interpretations of this, not surprisingly, as CYF themselves take a case-by-case approach, within their parameters. Some school principals seemed to report any concern at all while others preferred to manage or even micromanage a situation unless they felt the child was at quite acute risk of being physically harmed (an approach which, though potentially risky, may be more in line with CYF's threshold). These schools prided themselves on their ability to respond and certainly seemed to forge trusting and supportive relationships with the children of concern. Some schools doubted CYF's responses and most worried that a report to CYF would eventuate in the family removing the children from the school and disappearing, as this does seem to happen frequently with transient families in West Auckland.

Another issue concerning CYF involved confusion for school staff over asking children 'leading questions', due to being told of the risk of contaminating any eventual court process. This was often misinterpreted by schools as a requirement to not ask children anything at all about their personal lives, so that saying 'Is there something bothering you?' or 'How are things going in your life?' was thought to be inadvisable. This seemed to have been extended to the parents also and there was shock expressed at the suggestion of asking a mother if everything was OK at home or whether her child might have witnessed violence (whether on screen or in reality), suggesting a fear of uncovering more than has been bargained for.

### ***Accessing available resources***

Despite the motivation and skill of many principals and SENCOs, it appears they have little offered them in the way of pastoral training, apart from annual access to the 1-day Child Matters workshop offered free to school staff by CYF and a few other courses incurring costs. The few schools (less than 20 in West Auckland) who do have a social worker assigned to them (through SWIS, Waitemata District Health Board or the PHO, Health West) find them enormously useful and most other schools spoken to expressed an acute need for a social worker. RTLBs are seen as an excellent and practical resource, though their brief is no doubt limited, and PHNs are used by some schools (when they are not deployed to vaccination campaigns) and much appreciated for their fearlessness. However, few primary or intermediate schools seem to refer to or consult with community therapeutic or social work agencies, partly through lack of information and partly because of cost (although there is funding available under two or three schemes). Nor were many aware that they could consult with the Police and/or CYF about a concern, without naming the family. Most expressed good relations with the Police, due in great respect to their regular visits to run Keeping Ourselves Safe (KOS) and other programmes directly with children and staff.

There was, however, in the schools visited, tremendous take-up and conscientious modelling of a large range and variety of programmes for both children and staff around values, social skills, safety, resilience, bullying, restorative justice and, occasionally, FV. One or two of the larger programmes are offered by MoE, and KOS is run every two or three years in all schools (although was under review in

2012). Other programmes come from various trusts and NGOs in the community, most vying for the same limited funding options (Holland 2009). The success of these programmes was reflected in the enthusiasm for and practice of justice and equity at these schools; but the take-up variation from school to school, indicative of their independence under Tomorrow's Schools, suggests that perhaps not all schools avail themselves of NGO programmes.

### **From the agencies' points of view**

Almost all agencies approached were very willing to meet and discuss this project, their views about the situation in West Auckland regarding CWFV, their work and how they could contribute.

#### ***Observations of family violence***

Family violence was seen by professionals spoken to, most of them working with adults, as complex and destructive, referring to it as 'a can of worms' and 'heart and soul mutilation'. 'Ruling the roost' and more subtle behaviours were reported as more common these days than physical violence, though this is more likely to occur with younger parents. It was fully understood, however, that experiencing or witnessing verbal abuse, threats, manipulation and degradation is at least as harmful as physical abuse. They are also seeing an increasing incidence of violence and disrespect from boys towards their mothers.

#### ***FV services for children***

While the question was not put directly and consistently to all 30+ agencies spoken to, it was frequently expressed by them that FV services for children are very limited, and children don't get a fair share of services. One group believed that 'children get lost' in the process; another believed they are 'objectified as data', rather than being treated as people. It is true that currently there are no programmes in West Auckland (or online information) specifically for children or young people who have experienced FV and no child advocacy process following up after a FV incident, as there is for a woman victim. There are, however, several child-focused agencies for whom violence, and particularly FV, is a central concern. But the predominance of programmes for children about their own violence and/or bullying, rather than their own traumatising experience of adult violence, suggests that children are so far recognised by the FV sector more for their potential as future perpetrators or violent criminals than as victims in their own right. Even the local CAMHS (Child and Adolescent Mental Health Service) does not deal with the effects of FV, referring instead to CYF or the local trauma counselling service, unless there are other mental health issues. It would seem that most agencies, if not all, do not ask a child or young person if they have witnessed FV.

There are, however, a number of counselling agencies seeing children, three of whose rough guesses of their cases involving FV in some way ranged between 10% and 50%. It was expressed variously by them that children respond very differently to FV, that some they see are 'in great difficulty', particularly the quiet ones, while others act out. Although some seem to be resilient and coping well, this does not mean they would not hugely appreciate support and acknowledgement. It was noted that FV 'wires kids' brains' (to become as reactive and/or as passive as their parents) and that it takes a lot to rewire them.

#### ***Observations of parents***

Parents living with FV were described variously by counselling agencies as distrustful, chaotic and as becoming elusive when family violence is mentioned, out of feelings of shame and secrecy. Some were seen as often having little understanding of their children's feelings and behaviour and the effects of their own and being inclined to focus on the child as the problem. Others were very concerned for their children's wellbeing.

### ***Observations of schools***

Those agencies working directly with schools seemed to enjoy positive collaborative relationships with them. Schools were seen as afraid of FV, however, as the Police once were, and both poorly equipped and afraid of talking to families and to children; to the extent that they can be disinclined to make a stand for a child. They were also described as mostly 'just putting out fires' as they have no time to do anything more. Schools, and particularly primary schools, reportedly rarely refer children to agencies for counselling and were seen as probably unaware of both the services and the funding streams available. Teachers were seen by some as difficult to get to meetings, although when these are held at the school, attendance is better. A school's response to a child's needs was seen as being down to the principal recognising the problem and the need for counselling or other support for the child.

### ***Agency responses***

Agencies also expressed concerns about CYF's response, including what was seen as their ever-heightening threshold, especially to FV, and they reported seeing increasingly serious and long-term cases being handled through Partnered Response. They were well aware of the issues around CYF reporting back to referrers on outcomes of reports of concern.

They were also worried about the existence of 'silos' (education, health, NGOs etc), agency waitlists, poor take-up of referrals from one agency to another, mental health diagnoses overlooking FV as a cause of symptoms and WINZ dragging their feet on approving Disability Allowance to fund services.

It was felt that MoE and ERO should be putting more focus and funding into this issue through training and development of policy and procedures and MoH was also seen as needing to 'take responsibility'.

### **Summary of the current issues**

In summary, it appears that FV is still a subject difficult to raise with the protagonists and that both the education and FV sectors have been skirting around FV issues with children. All referral systems seem to converge on the overworked CYF, who often fail to report back to the referrer or find collaborative ways to respond to children. Funding constraints mean there is considerable triaging out of all but the most severe and recalcitrant cases and that there is no safety net or early intervention for the families who have not yet reached that level – but may. It does not require the witnessing of regular physical violence for a child to be traumatised and marked for life but there appears to be little concern built into current referral pathways for the emotional impact on children. There may be a need for a great deal more education and awareness-raising about this, both within agencies and schools as well as at a Government level. This would include renewed determination to ensure a child's situation is actually resolved or improved without a cost to or further loss of trust for the child.

## **Findings 2 - Ideas for helping schools improve their response to FV**

At the time of consultation, the emphasis of the project was on supporting schools to improve their response to CWFV. While this has not necessarily changed, it has become evident that part of this will require improvements to the referral and reporting back systems within the FV sector.

Both the schools' and the agencies' ideas for improving the current situation fell fairly naturally into 6 clear groupings, with some minor variation due to their different perspectives and interests.



These groupings are:

1. Further development of school policy and procedures (P&P)
2. Training for school staff
3. Educating children
4. Supporting children who experience FV
5. Community/Parenting approach to FV
6. Working collaboratively

### **Further development of school policy and procedures (P&P)**

It would not make sense to charge schools with upgrading their P&P to include FV without current gaps in procedures at a community level being addressed, notably reporting back to reporters and clarifying or creating pathways for children who are not picked up by CYF. This would need to be resolved with considerable interagency work and goodwill but should be greatly aided by the Government's new proposed processes and requirements.

Refining schools' P&P to include FV could then incorporate these pathways and also involve the creation of procedural flowcharts, and the names and services of local agencies as well as funding options for using them.

Other suggestions included clarifying information-sharing protocol, both within school and between schools and agencies; regularly training staff in the P&P; posting P&P in an accessible place, perhaps on the in-house website. A 'model' or example P&P attempting to resolve all these issues could be developed collaboratively for schools to use as they choose.

### **Training for school staff**

It became clear that trainee teachers receive only a modicum of education around the social issues faced by the children they are likely to be teaching. There was in fact some debate about whether teachers should be expected to respond. However, all the schools that participated in the workshops agreed that these are very much issues they need to understand and to be able to respond to, since they have care of and compassion for children and need to be able to understand why they might not be learning to potential, what might be behind difficult behaviour and why some children have difficulties mixing with their peers.

While most schools appear to follow a protocol of reporting any concerns immediately to senior staff and to discourage a teacher becoming too involved in a child's family issues, teachers do need to know what to look for, how to recognise signs and how to respond to them initially. They also need to know how to ask a child if there is anything bothering them and to be able to reassure them that it is safe to talk about such things (based on the knowledge that the school will listen and respond in an appropriate and useful way that will improve the child's safety rather than increase the risk or undermine their trust).

Schools were very clear that staff needed further training in FV, its impact on children, how to recognise the signs of these impacts, how to create a safe space for a child to make a disclosure, how to interact and support a child during and after disclosure, when to make the call to report and to whom, and how to help a child develop resilience. They felt this training should happen both at teachers' college and as professional development (PD) afterwards, that it should be delivered by professionals and that it should include cultural resources in order to be useful across cultures.

Agencies were of a similar mind, calling for the MoE to include trauma awareness in schools and training colleges and for PD to cover these same issues. They felt this should be extended to school guidance counsellors (SGCs) and social workers in schools. There was also a call for school staff to better understand the dynamics of FV so that they can avoid taking sides or making judgements about the parties involved.

Better availability of pastoral training opportunities for SENCOs and other senior staff is also indicated and this should be lobbied for with MoE.

## **Educating children**

Schools in particular felt that children should be educated about FV, particularly that FV is not OK, about keeping safe and that help is available. Some felt that this should start in pre-school. All were supportive of KOS but some felt it could be run more often, have more emphasis on FV and be more closely linked with the Health Curriculum. It was felt that FV could be taught or broadcast school-wide as a whole school topic, perhaps as an intensive week and possibly as part of a national anti-violence week. It was suggested that contact numbers to ring and posters promoting family harmony and safety be on display around the school.

There were a lot of suggestions about and, indeed, evidence of proactive modelling of conflict resolution within schools and finding ways to meet needs peacefully; of a consistent culture which promotes values; of helping children develop resilience; of school as a supportive and safe environment which children can feel is their rightful place where they can talk about issues and feelings. One school group felt that 'creating and maintaining connection with children is the key to creating their sense of safety and of getting disclosures about their concerns'.

One out-of-area group consulted who had talked with child victims of FV said the children had asked for courses at school about good relationships as they didn't know what these should look like and therefore struggle to form them.

Other ideas put forward included using role models, drama, a cartoon character or a puppet to get messages across to children. It was seen as very important that FV is looked at by educators through a child's eyes i.e. from their perspective.

## **Supporting children who experience FV**

The schools' comments revealed an enthusiasm for responding positively and proactively to FV (and other abuse or neglect) situations. They were particularly keen on more open discussion amongst staff, in the form of a weekly forum, for example, where they could not only express and discuss their concerns about specific children but also, through sharing stories of resolution, improve their skills. They were keen to hear back from senior staff about children they had expressed concerns about and to ensure that there was a reliable and confidential system in place for passing on information to the next teacher or school or the OSCAR. In the same vein, they saw the need for documenting history, patterns and incidents in a child's life (e.g. disclosures and concerns, a separation, who can and can't pick a child up after school etc). While some schools do seem to keep a computerised record, others don't.

Schools were also keen to be attentive to needs that surface, to identify at-risk families and to engage with and listen constructively to whole families and to clarify their situations. The need for

successful resolution models was identified as was 'a pathway between ignoring FV and criminalising it'.

Counselling agencies spoke a good deal about making counselling services available to children through schools, including, though not specifically for FV issues and most were keen to be involved. They felt that having counsellors working within the school environment would benefit all parties and their experience seemed to indicate that schools are supportive of the idea (although this wasn't specifically canvassed with the schools, a number of them spoke of this working well). Requirements highlighted included a safe space to work in, preferably with an art-space, an effective referral process and pathway, an established protocol for confidentiality and understanding about waitlists. It was acknowledged that there can be issues for children re their friends knowing they are seeing the counsellor but the advantages were seen to outweigh this. It was felt that it helps when the counsellor is able to speak to each class about their role and it was stated that it is easy to work in schools when the counsellor has good boundaries.

One counsellor working outside the school environment spoke of the benefits of getting CYF or a school representative to attend at least the initial counselling session. They also invite parents into the last 15 minutes of the session to ensure the parent is involved and is not just getting the child 'fixed' while avoiding their own role in the issues.

Funding was seen as the main barrier to getting counselling for children but it is possible that schools are not sufficiently familiar with the funding available through Your Choice, run by Health West, and ProCare (requiring referral via participating GPs), both of which offer eight free sessions via a range of providers. WINZ can also offer help via the Disability Allowance.

## **Community/Parenting approach to FV**

The idea of speaking openly to parents and the school community at large about FV was embraced by school staff at all the schools that completed the workshops and was backed up by agencies. As one school group put it it is important to 'foster a caring community that helps people in need' and agencies felt that a community approach would 'lift taboos' and 'build capacity' as well as build trust between schools, parents and agencies (see collaboration below).

Approaches included discussion about FV and offers of help going out in school newsletters, encouraging parents to talk to the school about their issues and whether or not, for example, they are involved in custody or other legal issues. Pamphlets explaining where to go for help could be attached to the newsletter, to ensure that no family takes this personally. It was suggested that this material could also be displayed on stands and/or placed on the school website or 'Ultraset'. Agencies seemed motivated to help with this and one counsellor spoken to is already writing for school newsletters about counselling issues.

It was felt that parents could be given more support in the form of a community house or room onsite or at existing (Kelston) and proposed (Glendene and West Harbour) community hubs, where they could meet casually and be given the opportunity to run a parents' support group themselves. One group imagined a community movement using a slogan specific to that community (e.g. 'Violence-Free Te Atatu' or 'Family Harmony in Kelston') while another group suggested holding a violence-free stall at the school gala. One agency saw the need for a 'violence-free family' programme and another thought that families should be consulted about what they need to become violence-free, another suggesting a grass-roots door-knocking approach. One school suggested 'care packages' for families going through crises, such as illness or separation. All these activities could be parent-run, perhaps via the PTA.

There was a great deal of support for the idea of workshops for parents using experts, celebrities, cultural leaders or church leaders, one agency suggesting this be run by the children with the aid of an outside agency. Schools or the PTA could host these, using food as an enticement. Schools suggested involving parents more in the values and restorative justice work they are doing. Another suggested parenting courses be held regularly within each cluster and it was also suggested that the West Auckland 'Parenting Courses are for People Like Us' campaign be rerun to encourage participation.

Schools do risk facing confrontation when dealing with families and are understandably reluctant to discuss family dynamics with them, for their own safety, some calling for better skills or protection if they are to do this. However, one group felt schools should 'stop protecting parents' and focus on the child's needs. Some schools strongly feel the need for help with addressing issues of cultural transition and ways to speak across cultures or to specific cultures.

### **Working collaboratively**

Putting the suggested ideas into action would clearly require a multi-agency/school collaborative approach. Such an exercise might also go some way to resolving barriers and/or misunderstandings between schools and agencies. Consultation with children and families affected by FV on their needs and concerns is also recognised as important and work is underway to achieve this, at least in part.

Agencies appeared to be taking responsibility for the 'them and us' or 'silo' culture pervading relationships between agencies and schools in commenting that they need to let schools know 'we're here', to be available to them when they ask for help, to find a way to align schools and agencies better and share a common understanding of FV. They suggested a collaborative exploration of a best process FV pathway for disclosure and resolution of difficult points as well as a 'light' or 'nurturing' pathway of support for children affected by FV. They also felt they could hold one-off celebrity events.

Schools certainly felt the need to know more about agencies and what they can offer them and to build relationships with them. They expressed that 'there has to be more help out there' and a need for 'more info on kids'. There were a number of existing programmes that they were very happy to use, but their knowledge of services for individual children appeared to be limited, no doubt because of a lack of information available.

In terms of their relationships with CYF, schools were very keen to be assigned a reliable liaison person with whom they could consult, as was set up with the Westgate Office, but is no longer working very widely. Follow up from CYF re cases they have notified about was of extreme concern to them and they would like to establish a more collaborative case-working relationship with CYF, focused on supporting the child.

Another resounding message from all schools was the need for a social worker attached to every school or a cluster-based social worker, nurse or psychologist at the very least. They also called for a counsellor attached to every school and/or an increase in the PHN service. The idea of placing RTLBs and Social Workers in Schools in closer proximity and/or partnership was also mooted.

## **Summary of the ideas contributed**

While the bulk of the ideas collected were focused on changes within schools, agencies were open in admitting that the pathways for CWFV and the services open to them as victims of FV are frequently inadequate for meeting their needs. Schools acutely feel the need for social work and therapeutic support in managing complex and delicate family situations but recognise the need to be more aware of the incidence of FV and more able to recognise and respond to it themselves. They are generally very committed to providing safe and supportive environments for children and can see how this could be further enhanced, including through the whole school community.

A whole-hearted effort by both agencies and schools to remedy the gaps for CWFV and to work collaboratively is clearly indicated by these findings.

## **Possible Strategies**

The following are suggestions for helping improve the response to CWFV developed from the ideas generated by schools and agencies and through the project's enquiries into the current response across the community. They would involve a major effort initially from the FV sector to improve availability and appropriateness of services for CWFV, whether notified by schools, other professionals, families, members of the public or through FVIRs and particularly when the situation does not meet the CYF threshold. This effort would include facilitating referral pathways.

This would then allow schools to develop their responses with more confidence, knowing that they can take a child through a disclosure process to some sort of resolution that improves the child's safety and confidence in the adult world and helps them deal with the effects of their traumatic experiences.

Efforts from both sectors would require good collaboration and partnership both between and within each of them.

## **Strategies for Interagency/school collaboration and partnership**

Generally this might include:

- Acknowledging the gaps in services and communication
- Prioritising children's needs
- Working together for successful resolution of children's issues
- Trusting each other and working professionally
- Strengthening the strengths and using them
- Overcoming professional silo and jargon barriers

In action, it might include:

- Collaboration in designing pathways and upgrading P&P
- Collaboration in providing training for teachers and education for children
- A process by which a school can ask for help from a collective of agencies who will respond rapidly and appropriately
- Easy access to resources and information for schools
- Recognition and support of these developments by the main stakeholder groups, such as WAPA, MoE, The Waitakere Taskforce on FV, WAVES etc
- Regular reviews by a group/committee/board

## Strategies for the FV sector

- Pathway development which could include one or more of the following ideas:
  - development of a second tier or early response team, working to ensure that those families and/or their children who do not meet CYFS' threshold are nevertheless recognised and given access to a good range of appropriate services
  - development of a central referral and counselling service for CWFV
  - development of a child advocacy service after FV incidents
  - more proactive use of the free therapy options for child victims of FV, including s9 counselling through the FV Court, ProCare (through GP referral), WINZ and Your Choice
- Having a proactive CYF social worker allocated to each school
- Engaging the wider education sector in the response
- Pursuing more SWiS allocation for West Auckland schools

### ***Pathway development***

Currently school P&P are focused on reporting matters to statutory agencies. While it is excellent that these are in place, many CWFV do not meet CYF's threshold for further action and, since Partnered Response is voluntarily accessed by the parents, CWFV reported by schools may not benefit from having disclosed, despite being encouraged to do so by KOS and other programmes (see Appendix). There is even the risk for some that they may be punished by their parents for disclosing family secrets and/or be removed from that school. This is highly inadequate and potentially dangerous, from the child's point of view.

This situation is paralleled in the Police reporting system, whereby only a minority of children identified in FVIRs are referred to CYF and the rest receive no follow up (see Appendix 1). This dependence on CYF to respond to a minority of CWFV, with no further action to service their needs directly indicates the need for a major rethink about the plight of CWFV, giving precedence to the child's perspective and needs.

This development would also need to both address the issue of CYF's frequent failure to report back to the notifier and to develop a better partnership between CYF and the school to help ensure that a situation is seen through to some sort of satisfactory and safe conclusion for the child. Partnership between agencies and schools could also be addressed so that they can respond collaboratively for the child's wellbeing.

From this work could flow the development within schools of their P&P to help them use these pathways and to incorporate other gaps identified by them in the course of this project.

### ***Practical pathway possibilities for the FV sector to consider***

Masterton, in the Wairarapa, have developed a second-tier catchment process, whereby families who are triaged out of the FVIARS process are discussed by the Family Violence Interagency Group, (FVIG), allocated to a wide range of agencies, and followed up long-term, generally until a satisfactory resolution is found for them. Since 2010, the number of FVIRs has been halved, despite the Police team being assiduous about attending and following up incidents. The group report that it is now becoming rare to see families coming back into the system. This may not all be attributable to the new process, and Masterton is a lot smaller, but it is clearly worth looking at more closely.

The highly successful mental health sector programme, Your Choice, run by Health West involves a central person to whom anyone can refer a child who doesn't meet the high thresholds of the CAMHS (top 6%). This person is then able to refer the child to one of a range of mental health

professionals or programmes for up to eight free sessions. Such a service for CWFV who do not meet the CYF threshold, is another possibility worth looking into.

What could also be effective for West Auckland would be the development of a child advocacy service, that checks in with children named in FVIRs, asking them how they are feeling after an incident, what their needs are and referring them appropriately. SHINE's KidShine, operating in Auckland central and on the North Shore takes referrals from a range of sources, visits the child or adolescent four times, working on rebuilding parental relationships and referring to other supports when required. It is possible, however, that without adequate funding only the crisis or more severe situations would be attended to.

### ***Other inter-sector strategies requiring action***

Some indicated responsibilities appear to rest on the shoulders of the wider education sector. These include the monitoring of schools' P&P to ensure that FV and improved pathways are incorporated, the provision of pastoral care training to SENCOs and other senior staff, with no cost to the school, and training for trainee and practising teachers on the negative effects of poor parenting, abusive and neglectful upbringing and FV and how to support children who live with these.

The most resounding demand of schools has been that of the allocation of social worker hours to many more and perhaps all West Auckland schools. This could possibly be done through clusters or through the RTLB system. It appears that allocation is about to improve with nine new social worker positions being funded.

The process practised in some CYF offices, though not currently active in West Auckland, of allocating a CYF social worker to every school to act as a liaison and sounding board, needs to be looked at here as a well maintained feature, as schools feel they would benefit hugely.

The idea of closer collaboration between RTLBs and SWiS is also worth pursuing.

## **Strategies for schools**

- P&P development following pathway development by the FV sector
- Training school staff
- Educating children about FV and its effects
- A school culture geared against violence and supportive of CWFV
- Constructive information sharing and collaboration amongst staff and other appropriate professionals
- Taking a whole school community approach to FV
- Interagency/school collaboration and partnership

### ***P&P development***

Once a series of safe and comprehensive pathways is in place, schools can be assisted to include FV in their P&P and to redevelop them to include the FV pathways. Such redevelopment could also include the other points raised in consultation and might involve:

- Recognising a distressed child, establishing dialogue and maintaining support to him/her until satisfactory resolution is achieved
- Taking and recording a disclosure and who to share the information with
- Reporting concerns to CYF, working in partnership with them and being informed on progress
- Handling the situation within the school – information recording and sharing, providing the best supports to the child (especially where CYF is unable to help)

- Who and how to refer to for added services e.g. counselling and group therapy and funding availability
- Ensuring safety for all
- Speaking to the parents about what is known/happening
- Supporting parents to seek help for themselves
- Flowcharts of the pathways

From this quite significant development would flow a number of essential activities, such as those described below.

### ***Training school staff***

Staff training would include the skills and knowledge necessary to enact the P&P. It would need to cover:

- Information about the incidence and dynamics of FV in NZ and West Auckland
- The effects of FV on children and trauma awareness
- Recognising the signs of FV and trauma
- Reporting P&P i.e. the Pathways
- Relating to and supporting a child before, during and after a disclosure/report
- Helping a child develop resilience
- Relating to the parents/whanau
- Understanding and managing cultural difference
- Working collaboratively with other professionals

### ***Educating children about FV and its effects***

This could be taught as a whole of school topic over a week e.g. White Ribbon week or at anytime through the school year.

This might include:

- Impressing upon them that it's not OK and not their fault
- Acknowledging how difficult it is for CWFV and the importance of supporting them
- Keeping ourselves safe and our right to be safe
- Talking about it, making disclosures and accessing help
- What to do (not 'what not to do')
- Healthy relationships – what they look like and how to create them
- Display of posters and contact information on display and available all year

### ***A school culture geared against violence and supportive of CWFV***

Many schools are already well down the track with this and some model it extremely well within their relationships with pupils and colleagues. Elements include:

- Positive values regarding strengths, self discipline and respectful relationships
- Safety
- Strengths recognition and utilisation
- Respect for and positive communication with children
- Emotional support to distressed children
- Resilience development
- Peaceful and respectful conflict resolution



### ***Constructive information sharing and collaboration amongst staff and other appropriate professionals***

- Regular staff discussion about children of concern
- Regular sharing of stories of resolution as a learning tool
- Ensuring information is passed on to the next teacher or school or others who need to know about a child's difficulties, perhaps/preferably in consultation with the child
- Documentation of a child's family history, patterns and incidents
- Partnership with other professionals and with families

### ***Taking a whole school community approach to FV***

Within a school, this could involve:

- talking openly about FV, for example regular or frequent slots in the Newsletter, attaching pamphlets to them (emphatically for all families)
- holding events with celebrities or run by the children (with help from programmes such as Everyday Theatre)
- making it clear that parents (e.g. a mother living in a violent relationship) can talk about these things with a teacher or the principal without fear of being judged or of losing control of a delicate and/or dangerous situation
- having the correct information available to help steer a family in the right direction for help and following up with them to see how they're getting on
- encouraging parents to look out for each other and/or establishing a communal area where parents can meet informally and/or in regular groups.

It is likely that an open, non-blaming but assertive school culture can go a long way to increasing parental confidence in the school, making it safe for parents involved in FV situations to approach it for help, while allowing the school to address other diverse issues impacting on children, from being informed about who is legally entitled to pick the child up from school to establishing sport etiquette for parents.

### **Further research work for this project**

Evidently, there is considerable work required to bring about any of these strategies. In terms of knowledge required to assist this, the views of adolescent survivors of FV about the needs of CWFV, about what worked and didn't work in assisting them to deal with and heal from the after-effects of FV are so far missing. There are qualitative studies, such as that of Willis and Hawkins (2010), which could assist with this, but consultation with local young people may not only provide feedback about current local services but would be a courtesy and a sign of respect to the subjects of this study. To this effect, a survey for young people 16 and over has been designed and is currently circulating, with the hope of an adequate response rate.

Concurrently a (minor) literature review of the needs of CWFV and what interventions have been evaluated and shown to meet these needs is being carried out.

It is hoped there will then be time to carry out a stocktake of all the services and skills available in West Auckland that do or potentially could help meet these needs and of the gaps that require attention.

## Possible implications in light of the Government's White Paper for Vulnerable Children

The much awaited release of MSD's White Paper for Vulnerable Children occurred as this report was being finalised. While the Paper includes 'exposure to violence in the family' as one of a list of 'threats to health development', very little other mention is made of FV. It will be down to the FV sector to ensure this does not get lost in the implementation.

Despite this, there may well be significant implications for this project contained within the Paper. It appears to be announcing the setting up of an multi-agency early intervention system for children at risk, using the 'Child Protect' line operated by NGOs, and serviced by local 'Children's Teams'. This is presumably intended to provide a second tier of response to families to help prevent them eventually meeting the CYF thresholds (MSD 2012b pp1-15) and therefore has distinct commonalities with the proposals outlined above in the section entitled 'Strategies for the FV Sector'. We are most interested to hear and to contribute to further developments, particularly concerning CWFV.

Other announcements, such as the requirement for all agencies (including schools) to develop P&P (identical to that of 1994), and for training of teachers in care and protection (MSD 2012b p7) are also welcomed. However, it is important that the impact of witnessing family violence is included and highlighted in this.

Overall, these are exciting developments with the potential to provide much better assistance to CWFV, but will require the ongoing vigilance of and advocacy from the FV sector and will potentially make demands on all agencies to work more collaboratively and with increased child focus.

## Conclusion

Whether a child experiences an isolated incident of FV or frequent ones, and whether deemed resilient or not, he or she will suffer consequences in one way or another. For many, this will impact on their development into the adult they become. It could lead them into the role of teen or adult perpetrator or victim of violence or affect their future mental health and adult outcomes in terms of wellbeing and productivity, or worse.

Just as this report was being completed, Radio NZ announced that a coroner had found that four young people who committed suicide in the small rural town of Kawerau within 5 months of each other had in common early exposure to domestic violence, early use of alcohol and drugs and undiagnosed mental health issues (Radio NZ News *Four Kawerau suicides 'shared common themes'* 27/10/12 at 7:39am). While this will not be true of every young person who takes his or her own life, this is surely an indication that childhood exposure to family violence can greatly increase the risk. We are left wondering how many of the 32 Northland people thought to have taken their own lives in the first 10 months of this year witnessed family violence as children and what might have been done to help them before it was too late. Tragically, half of them were under the age of 24 (Radio NZ News *Coroner calls for more discussion on youth suicide* 29/10/12 at 10.06pm).

At a national level in New Zealand, recognition and response to this issue is long overdue. It seems this is a group of children who are systemically overlooked, in spite of the obvious collateral costs at all levels. Child advocates, who were originally established to support CWFV, were disestablished two years later in 2011, with no clear replacement or continuation with this focus.

In the course of this consultation work in West Auckland, it became clear that nothing has been done nationally to encourage schools to identify and support CWFV. It was also evident that, locally, there is no system in place to ensure that children from other than the most extreme and repetitious FV home environments get the attention they need. Despite this, enormous strengths and good intentions within this community were well demonstrated. Many schools have embraced a strongly committed culture of positive values, relationship management, conflict resolution and safe schools that are just stunning. Those visited seemed genuinely child-focused but frustrated by the magnitude of the issues and the lack of satisfactory pathways to assistance. In agencies, there are tremendous skills in programme facilitation, counselling and therapy and huge knowledge and understanding of the dynamics of family violence, with a desire to reduce its incidence.

To succeed in creating cross-fertilisation between these two currently very separate sectors and to build the processes, knowledge and skills necessary to meeting the needs of CWFV in West Auckland will require approaches at both 'macro' levels (e.g. talking to national agencies and ministries and looking at what works internationally) and 'micro' ones (e.g. FV professionals going into schools to run training or helping them revise their policy and procedures). There is the necessary energy and knowledge at WAVES Trust to make this and much more happen, should funding be made available. Enthusiasm and commitment from both sectors is also required.

But what a dream that would be: to combine existing strengths and change the culture from one of frustration to one of pride in our collaborative work. This could not only enhance job satisfaction for many but also lighten the load of schools in terms of improving student achievement, behaviour and socialisation. But most importantly, it would be offering the many children caught up in adult violence in West Auckland a chance to speak of their pain and confusion and to live more safely, thus allowing them to realise their wonderful potential and build constructive futures. It could, in fact, save their lives.



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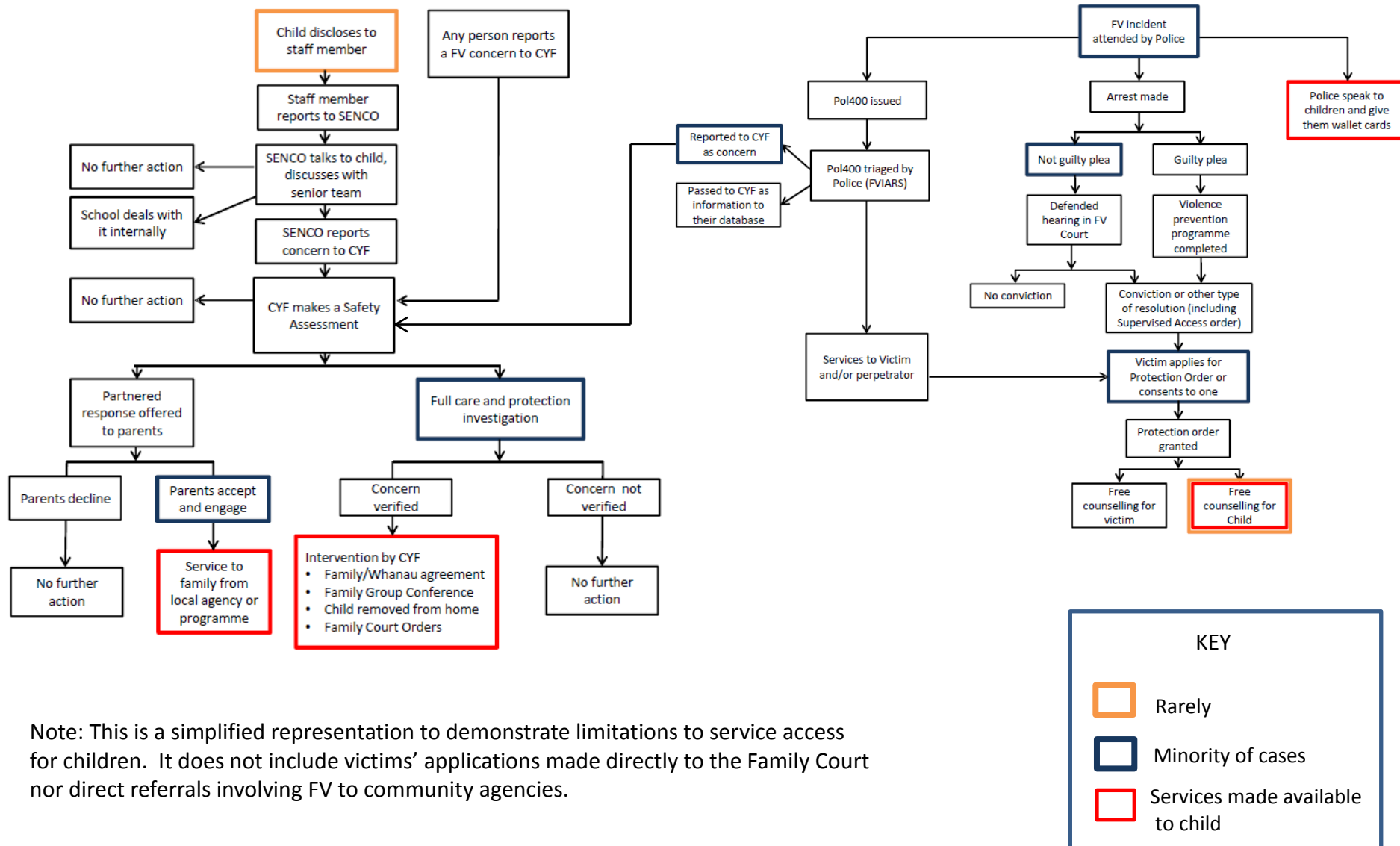
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## Main service pathways for children who witness family violence in West Auckland



Note: This is a simplified representation to demonstrate limitations to service access for children. It does not include victims' applications made directly to the Family Court nor direct referrals involving FV to community agencies.