



**The Centre for Family Violence
and Sexual Violence Prevention**

Responding, healing, strengthening

Multi-Agency Responses: Case Studies

For the Centre for Family Violence and Sexual Violence Prevention

DECEMBER 2025



This evaluation is delivered as a linked set of three reports.

This Case Studies Report provides the detailed site- and whānau-level narratives that evidence and illustrate the outcomes and pathways summarised in the overarching report.

The SROI report provides an analysis of the social value attributed to the outcomes of one case site, giving an indication of the economic contribution that multi-agency responses (MAR) can make in New Zealand.

The Outcomes Evaluation is the main synthesis report, bringing together evidence across the sites to present the overall findings and conclusions.

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We also acknowledge the wider community efforts within each rohe, whose collective commitment to safety, wellbeing, and transformation continues to shape innovative, place-based responses. This report reflects not only the challenges faced, but also the strength, resilience, leadership, and opportunities that exist within each community.

E mihi ana mātou ki ngā tāngata, ngā rōpū, me ngā whakahaere i whai wāhi mai ki tēnei rangahau. Nā koutou te mātauranga, te manawa nui, me te wairua manaaki i taea ai tēnei mahi te whakatinana. Ka nui te whakarangatira ki ngā kaiārahi, ngā kaimahi, me ngā whakahaere puta noa i ngā wāhi e whā—Ōtautahi, Tūranga-nui-a-Kiwa, Wairoa, me Rotorua—i tautoko i tēnei kaupapa rangahau e aro ana ki ngā otinga ā-rohe mō te whakatika i te kino ki te whānau.

Ka tuku mihi aroha tonu ki ngā whānau i tū kaha mai ki te whakapuaki i ō rātou kōrero me ō rātou wheako. Ko ō koutou reo te pūtake o tēnei pūrongo, ā, ka whakahonoretia te whakawhirinaki i tukuna mai ki a mātou kia kawē tika, kia kawē pono i ā koutou pūrākau.

E mōhio ana mātou ko te kaha o ngā hapori te pou e tū ai ngā otinga taumau. E whakaatu ana tēnei pūrongo i ngā wero e tū mai ana, otirā ko te kaha, te manawaroa, te rangatiratanga, me ngā ara whai hua e tipu ana i roto i ia hapori.

Ngā mihi nui ki a koutou katoa.

Case Studies

This report presents four in-depth case studies of multi-agency responses to family violence and sexual violence in Aotearoa.

1. Whāngaia Ngā Pā Harakeke (Whāngaia) in Wairoa,
2. Whāngaia/Taiora Iwi-led hub in Tairāwhiti,
3. Super Advocate hub in Rotorua and,
4. Integrated Safety Response (ISR) in Canterbury.

Each case study:

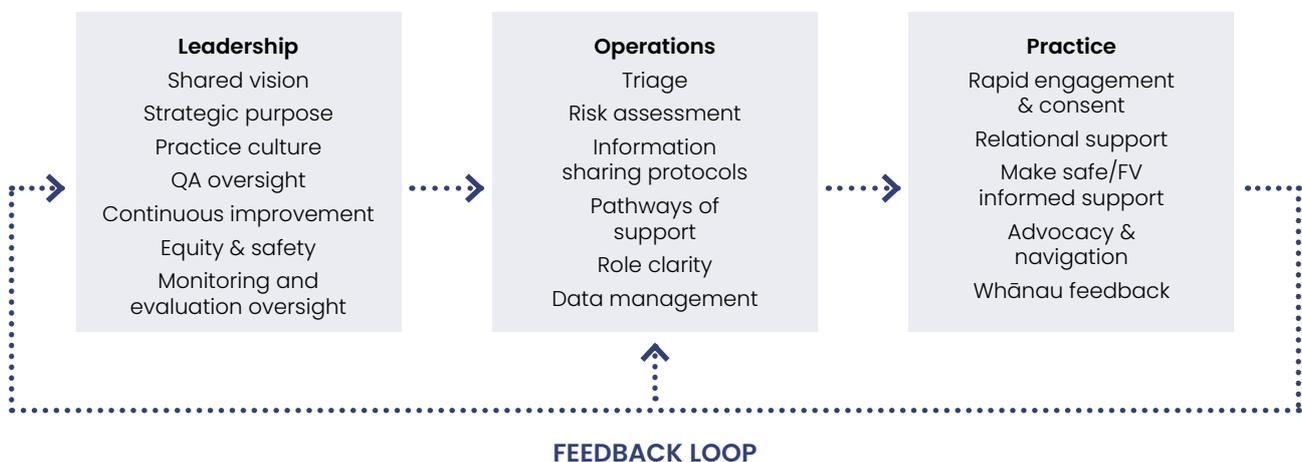
- Describes the local setting, the model design and its operation.
- Describes the outcomes identified by whānau, tamariki, people who use violence, and partner agencies.
- Attributes outcomes to activities (causal mechanisms) and quantifies the strength of that attribution.
- Identifies negative causal factors.
- Provides a brief 'Case Summary' of the model and its challenges.
- Makes recommendations for improvement and further development.

The purpose is not to compare sites as if they were at the same starting point, but to show how multi-agency responses are being adapted in practice, what is working well, where constraints remain, and how each locality is progressing along its own improvement pathway.

The contextually located models operate within a common structure, illustrated in Figure 1. Together, these cases illustrate how a shared set of core components are interpreted and applied in markedly different local contexts, with varying levels of investment, service infrastructure, governance, maturity and system mandate.

FIGURE 1

MODEL DESIGN – LEADERSHIP, OPERATIONS, PRACTICE



WHĀNGAIA NGĀ PĀ HARAKEKE WAIROA

The Wairoa multi-agency approach operates as a model of care focused on a collaborative, kaupapa Māori approach to family violence and wellbeing. While Wairoa comes under the Tairāwhiti Police District, a local model of Whāngaia has been adapted over time. The model is developed to be whānau-centric, collective, and honouring of a Whānau Ora approach. The delivery of the multi-agency approach in Wairoa connects multiple organisations such as Enabled Wairoa, Kahungunu Executive (a local, non-governmental, kaupapa Māori health provider), Police, local health, Ministry of Justice, Oranga Tamariki and social service providers. This case study has been developed from six agency/partner interviews and four whānau interviews.

WAIROA CONTEXT

Family violence responses in Wairoa operate within a context of regional isolation, constrained opportunities, and limited service coverage. Kaimahi and whānau describe how distance from larger centres, scarce local employment opportunities, licensing and transport barriers, limited tertiary pathways, and poor health intersect to create chronic stressors for households. Service gaps can constrain timely, trauma-informed responses. As an example, Wairoa currently does not have a dedicated specialist trauma counsellor. Although the wider Hawke's Bay region receives funding, provision does not reach the district. As a result, whānau are often required to travel to Gisborne or Napier, around 1.5 hours each way, incurring costs, arranging childcare, and taking time off work, which is often unrealistic and unachievable for whānau.

Stakeholders consistently identified methamphetamine, co-existing alcohol and other drugs (AOD) and mental health issues as major drivers of family violence in Wairoa, both in terms of the severity of incidents and the complexity of whānau needs. Methamphetamine use is described as "front and centre" in many of the most serious cases, fuelling volatility, paranoia, and repeated breaches. These incidents place intense pressure on partners, tamariki and wider whānau who are living with, or trying to support, someone in active addiction. The local service system is not set up to match this level of need. There is no accessible local detox or rehabilitation option, and people who do manage to complete residential treatment elsewhere often return home to very limited aftercare and recovery support, making relapse highly likely. Mental health and addictions responses are also fragmented by contractual and diagnostic boundaries, and ongoing debate about whether a presentation is "mental health" or "behavioural" can leave people falling between services, even though, in practice, these issues go together and are experienced as intertwined by whānau.

Recent cyclones and flooding have exacerbated housing shortages, increasing overcrowding and stress, and thereby elevating family violence risk. These pressures do not excuse abusive behaviour, but they do contribute to environments where violence is more likely to occur and harder to resolve. Substance use, particularly methamphetamine, compounds risk, while overcrowded living arrangements intensify tensions and reduce the practical options for de-escalation or temporary separation. Effective intervention in this setting therefore, hinges on reducing everyday pressures alongside safety work. In this context, successful care looks like bringing services closer to whānau, coordinating wraparound supports, and systematically removing access barriers so that safety planning is paired with sustained, practical relief of the conditions that fuel family violence.

WHĀNGAIA NGĀ PĀ HARAKEKE WAIROA MODEL

The Whāngaia Family Intervention Team (FIT) is led by Enabled Wairoa, with a dedicated kaiwhakaruruhau (team leader and coordinator), Whāngaia kaimahi, an administrator, and Mahau Ora (Wairoa's Women's Refuge response). Incidents are triaged through Enabled Wairoa and

disseminated to other key partners and participating agencies through daily synopsis reporting. Initial engagement is led by the Enabled Wairoa FIT, and from this engagement, kaimahi indicate to whānau what services might be an appropriate pathway of care.

The Safety Assessment Meeting (SAM) table is the central vehicle for multi-agency collaboration and occurs fortnightly (currently moving to weekly). The SAM table is an opportunity for the services in Wairoa to gather kano ki te kano and discuss and/or update on family violence incidents that have occurred in the area. The intended outcome of the SAM process is to ensure collaboration between services, ensure accountability between partners, and reduce the pressure for whānau trying to navigate siloed approaches.

The process typically begins with a 5F¹ family violence incident report generated by the Police. These reports are shared with Enabled Wairoa as soon as they are entered into the system. A key feature of Wairoa’s whānau-centred approach is that whānau are asked for their consent for their information to be shared with SAM-participating agencies. Whether or not they accept or decline, whānau are still contacted by the FIT within 24 hours of the 5F report being made.

The following table presents the volume of family violence incidents reported in Wairoa in the year 2023/2024.

TABLE 1

WHĀNGAIA NGĀ PĀ HARAKEKE WAIROA CASE NUMBERS 2023/2024	
Wairoa district population ² (2023)	8,826
Number of referrals to the SAM table per week	26
DATA FROM POLICE FOR GISBORNE AREA (INCLUDES WAIROA)	
Number of Family Harm Investigations Fiscal Year 2023/2024 (only Wairoa)	661
Count of Victims in Family Harm Related occurrences in Fiscal Year 2023/2024	993
Percentage of repeat victims	50%
Count of Offenders in Family Harm Related occurrences in Fiscal Year 2023/2024	313
Percentage of repeat offenders	55%

More recent data provided by Enabled Wairoa for the period 1 July 2024 to 30 June 2025 indicate that Whāngaia received 900 incoming referrals (incidents) over the past year and made 184 outgoing whānau referrals to other services. Most outgoing referrals were to Family Harm Intervention Programmes (169), with much smaller numbers to counselling (including addiction), mental health follow-up, advocacy support, housing assistance, Oranga Tamariki, and youth mentoring. This pattern highlights where external specialist support is most frequently required.

Data provided by Enabled Wairoa indicates that the majority of cases involved non-physical violence between adults (around three quarters), followed by physical violence between adults (around one quarter), with a small proportion involving children, or sexual violence. This underscores the predominance of non-physical, adult-to-adult harm in the Wairoa caseload. While nearly half of

1 Police code for a family violence callout

2 Wairoa district population data are sourced from 2023 Census, by Statistics New Zealand, 2023 (<https://www.stats.govt.nz/2023-census/#data>). Number of referrals to the SAM table per week data are sourced from Understanding the current state of Family Violence multi-agency responses, by Te Puna Aonui Business Unit, 2024. Number of Family Harm Investigations Fiscal Year 2023/2024 (only Wairoa), Count of Victims in Family Harm Related occurrences in Fiscal Year 2023/2024, Percentage of repeat victims, Count of Offenders in Family Harm Related occurrences in Fiscal Year 2023/2024, and Percentage of repeat offenders data are sourced by New Zealand Police, 2024. All case numbers data are sourced from the Ministry of Social Development, 2025.

whānau have one to two recorded events, a substantial proportion experience three to ten events, and a smaller group have 11 or more events. This indicates a pattern of repeat harm for a high proportion of whānau and the need for sustained intensive support. Many cases close because the client cannot be contacted or declines support (together just over 60%), while around one quarter end with a positive outcome. Smaller proportions are exited due to relocation, disengagement, death, or staff safety concerns. This points to both persistent engagement challenges and a notable subset of successful completions. Waiora do not use the Family Safety System (FSS) database.

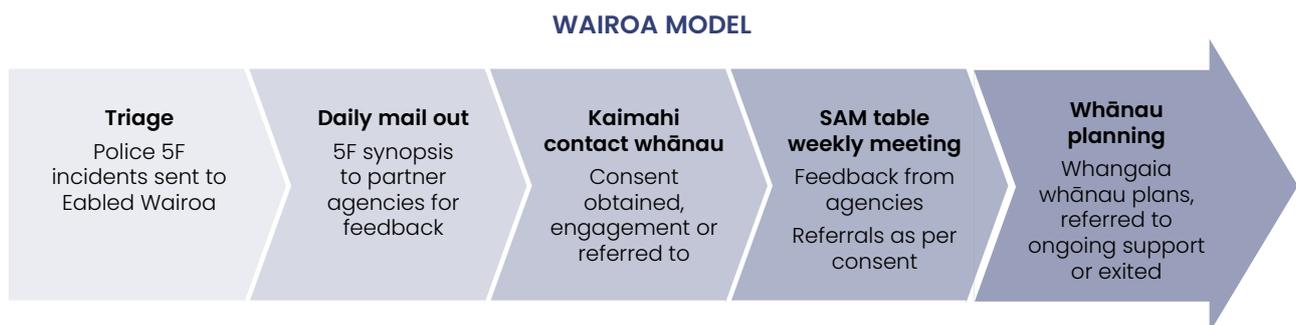
TRIAGING PROCESS

Triaging process occurs daily, coordinated by the kaiwhakaruruhau. This process involves safety and risk assessment, which is determined by several factors, including severity and frequency of events, family context (involvement of tamariki, kaumātua and so on), and consideration of the Police risk assessment which is included within the 5F report.

Police attend all 5F callouts in the region. A report is generated and sent to the FIT's kaiwhakaruruhau. Police 5F reports include demographics of persons included, contact details, and a brief synopsis of what occurred. Synopses of events are circulated daily to SAM partner agencies, ensuring collective visibility of cases. Cases are circulated confidentially, with a summary including demographic information, names of whānau involved and locations. If any agency that is already involved with the whānau wants more information, they can request a full report through the SAM coordinator. If an agency wants to begin an engagement, this request must come through the SAM table. The rationale for the above processes is reliant on following the tikanga of being a kaupapa Māori, whānau-centric model of care, meaning that the voice and the mana of the whānau are prioritised.

As part of the triaging process, all cases are assigned to a designated support kaimahi within the Whāngaia or Mahau Ora team, and contact is made within 24 hours. This is either through a call, text, or home visit. Kaimahi organise with whānau for a kanohi ki te kanohi engagement, and through this process, whānau either choose to engage with the Whāngaia/Mahau Ora service or decline support.

FIGURE 2



ENGAGEMENT

Once kaimahi have contacted whānau, they follow a whānau-centric, kaupapa Māori engagement process which prioritises safety, advocacy, whanaungatanga, and aspirations. The approach for both Mahau Ora and the Whāngaia team is to walk alongside whānau, building strong, compassionate relationships and planning with whānau for both safety and wellbeing.

Local relationships with agency staff, including Police, Oranga Tamariki and Ministry of Social Development (MSD), are responsive and positive. Kaimahi have worked to build and maintain lines of communication and positive whānau-focused relationships. However, recent reductions in local agency staffing have impacted collaboration as agencies are challenged to meet demand.

The Whāngaia team ask for consent to share whānau details or connect them with an agency that can either support their aspirations or enable them to resolve some of the barriers they face. While the engagement processes are whānau-centred, it remains challenging to engage all whānau in support. Data indicates that cases often close without outcomes because the client cannot be contacted or declines support; together, this is 60% of all 5F referrals.

Whānau are “their own agents of change” and know their own aspirations and barriers; therefore, work is done “alongside them, not on them.” Whānau are self-determining in their aspirations, wellbeing plans are built in collaboration with whānau, articulating their aspirations and identifying the barriers from their perspective.

Within this model, whānau are engaged and supported whether they are victim-survivors or people who have used violence. All are offered opportunities to connect with appropriate services. This approach is central to their kaupapa Māori response that recognises the enduring importance of whānau relationships, whether people remain together or live apart, with the overarching goal of improving safety, reducing harm, and enabling whānau ora. Enhancing the visibility of children within whānau safety planning has been a recent focus of improvement; however, locally available services specifically designed for children remain limited.

SAFETY ASSESSMENT MEETING TABLE OPERATIONS

The Safety Assessment Meeting (SAM) table occurs fortnightly, hosting representatives from different services across the region to plan coordinated interventions, ensuring that whānau do not have to navigate multiple agencies and/or challenges on their own. The SAM table is attended by a wide network of local and regional organisations, including:

Core justice, health,³ and social agencies: Police, Corrections, Oranga Tamariki, Wairoa Mental Health and Addictions, Wairoa Hospital Social Work, MSD (Work and Income).

Community and iwi-based providers: Kahungunu Executive Services (Family Start, Tamariki Ora, He Korowai Aroha, Mental Health), Tauawhi Men’s Centre, Te Whare Maire o Tapuwae (Whānau Ora), Wairoa Young Achievers Trust.

Other stakeholders: Barnardos, Age Concern, WellStop, emergency housing providers, and local schools’ representatives through the Wairoa Principals’ Association.

The SAM table is designed to create a shared, accurate picture of each whānau and their circumstances so that agencies can plan and sequence support coherently. Systematic information-sharing reduces fragmentation by ensuring all partners have the same visibility of risk, needs, and progress over time. This common view enables better coordination of interventions, timelier referrals, and clearer role delineation between providers.

The second core function is accountability. Participating agencies report back on actions taken, barriers encountered, and next steps, reinforcing inter-agency responsibility for engagement and outcomes. Regular reporting cycles help surface system bottlenecks (e.g., access, wait times, handover gaps) and support problem-solving at the table, rather than leaving issues to individual kaimahi to manage in isolation.

The SAM table also strengthens collaboration by actively countering siloed or competitive responses. Deliberate joint planning encourages multiple agencies to contribute to holistic support without duplicating effort or “competing” for whānau based on funding arrangements. For whānau who are disengaged from support services, a single key worker, responsible for relationship-building,

³ In this evaluation ‘health’ is a general term to refer to locally relevant agencies and system providers. This may include but not be limited to The Ministry of Health, Health NZ - Te Whatu Ora, GPs, health hubs, NGOs and other health providers.



disseminating information, advocacy, and practical support, is identified. This approach has been noted as improving engagement and continuity of care.

Finally, the SAM table supports a wraparound response that addresses the needs of all members of the whānau, including victim-survivors, people who use violence, and tamariki. By aligning services across safety, health, social, and cultural support, whānau can access coordinated, multi-dimensional care that is responsive to changing needs and anchored in sustained relational practice.

IMPACT FOR WHĀNAU

The following section presents a series of whānau narratives from interviews undertaken for this evaluation, focusing on the support provided and the aspects of the family violence response that whānau identify as working well. All names have been changed to protect participants' identities.

WHĀNAU 1

Anna, a 30-year-old Māori māmā, recently returned to Wairoa from Australia. She wanted to come home to reconnect with whānau but arrived suffering from longstanding trauma and feeling increasingly unsafe and unwell. She reports being in an unsafe relationship with bouts of physical and emotional violence. She identifies her own deteriorating mental health as a significant issue in the relationship breakdown. Her attempts to engage in local mental health services felt dismissive and sometimes escalated her distress. She describes reaching a point where leaving her room was difficult, everyday tasks felt overwhelming, and she felt suicidal. She had limited housing options, few places to turn, and her unsafe living arrangement made her feel hopeless.

After an incident and subsequent referral to Enabled Wairoa, Sarah, a family violence kaimahi, contacted Anna quickly, met her face-to-face, and set up regular check-ins. The support was steady and practical. Sarah attended GP and mental health appointments with her, helped secure bookings and medication reviews, and advocated when interactions became stressful and unhelpful. She broke tasks into manageable steps, sent reminders, and acted as the one person who knew the whole story, so Anna didn't need to repeat herself. Anna reports feeling listened to, safe, and able to ask for help with housing, finances, and other essentials.

Over the following months, Anna's immediate risk receded, her partner moved out, and daily life became more manageable. She began leaving the house independently, re-established routines, joined a gym, enrolled in a course, and was out and about in the community again. She describes feeling more in control and more like herself. She attributes these changes to Enabled Wairoa's steady, respectful support and her one trusted worker, Sarah, who walked alongside her across services and kept momentum when she felt she couldn't.

"I was at a loss. I didn't know what to do ... I wanted to live because I have a beautiful boy that's counting on me. So, when I went to Sarah with all of this, she came to my appointments with me, she sat with me, I wasn't ever alone."

WHĀNAU 2

After returning from Australia just before the COVID-19 lockdowns, John, who had a difficult upbringing in gangs, was unable to get work and felt increasingly angry and isolated, taking it out on his partner. He had heard about Enabled Wairoa and agreed to a phone call and a first meeting. John described feeling an immediate sense of recognition and safety when Nick, the kaimahi, arrived. John said it was a *"match, match, match,"* noting that Nick's lived experience and whānau background resonated with his own. The kaupapa Māori environment was welcomed as John sought to reconnect with his whakapapa and Māori spaces after years away from home.

His engagement with Nick was consistent, non-judgemental and based on *whakawhanaungatanga*. Nick provided low-barrier contact (pick-ups, open-door *kōrero*, text/call when needed), clear practical help (pathways back into work), and steady advocacy without judgement. Feeling “*more understood ... than I ever have,*” John contrasts this support with prior negative encounters with health/support services, describing Nick as a real, relatable person.

The relationship unlocked meaningful changes for John—he re-entered employment, which improved daily routines, mood, and purpose. He reports being a more present father and friend. Critically, the trust built through the relationship with Nick gave him the confidence to contact his estranged father for the first time in two decades, an emotional step that initiated healing and ongoing communication.

John describes the service as dependable, a good cultural fit, and available when needed. This was important to John as he had never experienced consistent, wraparound support before. He cannot identify improvements to suggest, and says he would actively encourage others to engage, even offering to accompany them.

“I’m also trying to reconnect back to my whakapapa ... just being around Māori people, again, far out after spending 12 years in [Australia] ... you get homesick so bad. Yeah. The bro ... when I need him, just give him a call. I felt more understood on that day than I actually ever have. It wasn’t like you’re talking to the probation, you’re talking to a real person.”

WHĀNAU 3

Mere, a 27-year-old Māori mother of two, describes a period of intense instability marked by a violent intimate partner relationship, weekly police callouts, escalating anxiety, and social isolation. Living in Wairoa compounded safety risks and stigma, neighbours overheard arguments, and Mere felt judged by some services, which discouraged her from attending programmes. She reported mixed experiences with agency responses. Police often arrived after incidents had de-escalated, sometimes making it worse. Mere felt her interactions with agencies sometimes felt judgmental, and while she sought help from mental health services, they were focused on medication without providing the



support Mere was seeking.

Engagement with Ria, a family violence practitioner, was the start of the positive change. Ria met Mere where she was—literally and figuratively—offering home-based sessions, focusing on building a strong relationship, and offering a consistently non-judgemental stance that enabled honest disclosure about risk, drug use, and parenting stress. Ria ensured the right support was there at the right time. Mere states there was a rapid crisis response during incidents—including coordinating with police so they could be calmed in separate spaces, advocacy with agencies, and practical assistance to pursue a protection order. Alongside safety work, Ria connected Mere into anger management and parenting programmes and supported AOD change goals in a whānau-led way (checking in on her plan rather than making her abstain), while keeping focus on tamariki wellbeing and daily routines.

Mere links the improvements in her life to her relationship with Ria and the safety-first approach. She reports not smoking cannabis for nearly three months, significantly reduced anxiety, and renewed confidence to leave the house, do the shopping, and enrol both tamariki in kindergarten. She describes clearer thinking, improved anger regulation, and greater stability through structured routines (regular trips to whānau and planned activities). Crucially, she credits fast, non-judgemental responses at critical moments and support to secure a protection order as the turning points that reduced harm to herself and her children. While she remains wary of small-town gossip and continues to navigate co-parenting complexities, Mere characterises the support as culturally safe, responsive, and effective in restoring safety and control for herself and her children.

“Ria came, and she just brought a different energy with her. She was more relatable as well. And I felt like there was no judgment ... I did anger management, parenting ... relationship counselling... they even had a Ready to Rent programme [and] Healthy Homes ... that was good.”

WHĀNAU 4

Aria grew up in foster care and entered adulthood without stable whānau guidance, carrying persistent hyper-vigilance and untreated trauma. In the past two years, she experienced acute mental distress, multiple hospital presentations for suicidality, and periods of housing instability, including being left without a safe place to go after discharge from local services. Living with her in-laws has added daily stress and a lack of personal safety/comfort at home, while relationship



tensions with her partner have periodically escalated into arguments. These experiences left Aria isolated, closed off, and distrustful of services.

A referral from the hospital connected Aria with Nina, a family violence practitioner who met her at home, moved at Aria's pace, and focused on building trust through dependable, practical help. Nina provided transport to town and appointments, helped Aria secure identification (birth certificate, driver's licence), and linked her to a Ready to Rent programme to build housing literacy and understanding of tenant rights. Nina accompanied Aria to programmes she recommended, normalising participation and reducing barriers. Critically, Nina's calm, non-judgemental manner made it easier for Aria to disclose sensitive history without breaking down, process trauma in conversation, and feel listened to and understood.

Aria attributes her changes to this relationship-centred, wraparound support. She reports feeling "way better," with structured days through a paid course Nina helped her access, improved confidence engaging with services, and feeling as though she is moving toward independence. Establishing regular activities has created healthier boundaries in her relationship, time apart during the day reduces conflict at home, and has strengthened her sense of control and safety. While housing remains a stress and she continues to manage the dynamics of living with her in-laws, Aria now describes herself as motivated and supported by "a real relationship," rather than a transactional service.

"It was much easier to say it to her ... you feel sensitive to that subject ... but talking to her about it, I never broke down ... it just felt neutral ... I felt like I could say it without being so sad about it. She hasn't really done anything to offend me, or she's never given me an ounce of disrespect. She's just so nice ... definitely a cool person to work with. I'd recommend her to anyone who wants her."

OUTCOMES FOR WHĀNAU

Whānau report increases in immediate safety, stabilised day-to-day wellbeing, and increased access to supports through multi-agency responses. Whānau described reduced suicidal thoughts, improved mental health, better medication management, restored motivation, and strengthened independence. They reported moving from isolation and fear to re-engaging in community life, through joining courses, attending the gym, and pursuing housing or employment. Many also gained practical supports such as driver's licences, employment, and built new skills and tools through anger management and collective counselling (e.g., Tauawhi Men's Centre).

This outcomes table is constructed from the whānau interviews and outcomes noted by stakeholders and providers:

TABLE 2

OUTCOMES FOR WHĀNAU (WAIROA)		
OUTCOME THEME	WHAT WHĀNAU SAY (THEIR WORDS/PRIORITY)	EXAMPLES
Safety and legal protection	Having a protection order in place, fast responses at crisis points, knowing someone will act when risk escalates.	Protection order pursued and upheld, support to navigate police/Oranga Tamariki interactions, reduced frequency/intensity of incidents once safety planning is in place.
Feeling heard, understood and not judged	Felt listened to and understood, no judgment, being treated like a real person.	Trusting, consistent relationship with a key worker, willingness to disclose sensitive issues, reduced isolation and shame.
Mental health and confidence	Not suicidal, more stable, happier, clearer thinking, increased life satisfaction.	Reduced anxiety, improved mood regulation, increased confidence to leave the house, shop, attend appointments/activities.
Practical stability (housing, income, transport)	Help with forms, IDs, the Ready to Rent programme, and system navigation that removes barriers.	Securing key documents (birth certificate, driver's licence), accessing programmes, improved housing literacy and planning for independent living.
Daily structure, purpose and work/study	Having routine, getting back to work, doing courses, re-engaging in community life.	Return to employment, enrolling in courses/gyms, structured days that reduce conflict and improve wellbeing.
Parenting, tamariki wellbeing and routines	Kids in kindergarten, getting the kids outside, confidence in parenting decisions.	Children enrolled in early learning, more outings and predictable routines, greater focus on children's safety and needs.
Substance use change	Clean for almost three months, support that checks in without shaming.	Sustained periods of abstinence, workers use non-judgemental follow-up to support change.
Cultural identity and belonging	Reconnecting to whakapapa, being around Māori spaces/people.	Stronger sense of identity and grounding, increased engagement with Māori community and kaupapa-aligned services.
Cultural identity and belonging	Reconnecting to whakapapa, being around Māori spaces/people.	Stronger sense of identity and grounding, increased engagement with Māori community and kaupapa-aligned services.
Relationships and whānau reconnection	Relief from intergenerational tension, first contact with estranged whānau members.	Renewed contact with a parent after 20+ years, being a more present and engaged parent, healthier couple dynamics with boundaries.
Advocacy and improved system navigation	Someone to advocate and guide, not having to retell trauma repeatedly.	Advocacy and accompaniment coordinated wraparound support (anger management, parenting, AOD supports), fewer service gaps and duplications.
Aspirational thinking activated	More motivated, have plans and structure, feel capable and hopeful for the future.	Goal setting, savings/planning for moves, increased self-efficacy to manage challenges without immediate crisis intervention.

Wairoa's family violence response delivers measurable gains in safety and wellbeing despite regional isolation, service gaps, housing stress after recent cyclone and flooding events, transport barriers, and substance-use pressures. The kaupapa Māori, relationship-based approach, anchored by a single trusted key worker, creates cultural safety and non-judgmental engagement, which enables timely protection actions and coordinated crisis responses, tackling contributors to harm.

Practical support that removes barriers, such as improving access to mental-health specialists, providing advocacy and navigation, helping whānau gain IDs and entitlements, supporting housing readiness, and offering transport, helps crisis intervention shift into sustained outcomes over time. Whānau report reduced incident escalation and fear, improved confidence and mood, more consistent routines, progress on substance-use goals, and stronger parenting and reconnection, evidence that pairing safety planning with everyday problem-solving shifts trajectories for adults, tamariki, and wider whānau.

OUTCOMES FOR STAKEHOLDERS

Whāngaia kaimahi and stakeholders report clearer information flow and role clarity through daily triage and SAM processes, with Enabled Wairoa taking the lead on whānau engagement where local police capacity is constrained. These processes help ensure timely follow-up, particularly for incidents involving tamariki, and reduce duplication across providers. Partners at the SAM table describe more consistent pathways for sharing relevant information, requesting 5F reports, and prioritising consent-based engagement, which together support faster, better-targeted responses.

For frontline kaimahi and provider teams, the model is contributing to stronger practice oversight, safer fieldwork, and professional growth. Regular supervision and structured wellness supports are reported to lift confidence and capability for working with complex family violence. Kaimahi note increased satisfaction and a stronger sense of purpose as they see whānau progress toward safety and stability, while also developing practical skills in responding, coordinating, and case management.

At a system level, funders and the Community Partnership Group (CPG)⁴ benefit from more consistent, locally informed intelligence. Daily triage outputs and summary reports provide insights that inform planning, and targeted improvements without breaching confidentiality. Partners attribute improved collaboration and mutual trust to repeated contact, practical problem-solving at the table, and a shared focus on whānau-centred coordination, while acknowledging that outcomes vary case-by-case and depend on sustained participation across agencies.

For the wider community, incremental benefits are reported rather than system-wide claims. For example, more coordinated supports across housing, health, education, addictions, and legal pathways are perceived to reduce risks of families falling through gaps, which can contribute to a safer local environment over time. Children and young people are seen to benefit when calmer home routines, school engagement, and pro-social activities are restored. People who use violence and engage with mentoring or behaviour-change supports show improved awareness of triggers and marked shifts in behaviour. These effects are contingent on timely access, consistent follow-up, and the fit between whānau needs and available services. Partners describe growing trust in a locally led, relationship-based response that aligns practice around whānau priorities.

Overall, stakeholders report the multi-agency response in Wairoa as associated with cohesive and less siloed responses, better inter-agency coordination, and stronger practitioner support, which together create conditions under which positive outcomes are more likely. Partners report a focus

⁴ Wairoa has a community partnership group (CPG) <https://www.wairoadc.govt.nz/our-council/news/article/327/united-leadership-group-forging-ahead>

on continued improvement, particularly around engagement levels, safety planning and capability building for family violence practitioners. The model's contribution is most evident in improved information flow, safer and more supported practice, and informed oversight.

ATTRIBUTION OF OUTCOMES

Below is an attribution of outcomes table which demonstrates the connections made between outcomes, activities, and attribution. Attribution ratings (high, moderate, low) are used in this report to indicate the evaluation team's confidence that specific practices or system features contributed to the outcomes described. These ratings draw on the mixed-method approach outlined in the methodology and reflect the proximity of the mechanism to the outcome, the strength and consistency of supporting evidence, and the likelihood that change would have occurred without the model.

High attribution indicates that the practice or system feature is close to the outcome, supported by strong and consistent evidence (often explicitly named by whānau and stakeholders), and that the change is unlikely to have occurred in the same way or time frame without it.

Moderate attribution denotes a plausible and supported contribution where the mechanism is one of several influences, and where other services, contextual factors or whānau actions also play an important role.

Low attribution is used where outcomes are more distal or system-level, the contribution of the model is indirect or long-term, and it is not possible to confidently disentangle its impact from wider policy, community or service changes.

The attribution ratings draw on all available data sources, recognising that different forms of evidence illuminate different parts of the system. Whānau narratives most often describe proximal changes linked directly to their relationships with kaimahi and are therefore strongest for practice-level outcomes. In contrast, multi-agency and "unseen" system responses are less visible to whānau, so their contribution has been inferred primarily from kaimahi accounts, inter-agency interviews and monitoring data. Together, these sources were used to assess the likely contribution of each mechanism within the model and to assign high, moderate or low attribution ratings.

TABLE 3

PRACTICE-LEVEL MECHANISMS (PROXIMATE TO WHĀNAU CHANGE), WAIROA

CAUSAL MECHANISM (WHAT WAS DONE)	OUTCOME FOR WHĀNAU (WHAT CHANGED)	WHĀNAU VOICE/EVIDENCE	ATTRIBUTION STRENGTH	LEVEL
Timely engagement from family violence kaimahi.	Fast first contact, immediate safety wraparound.	"Same-day contact, advocate lined up the steps and checked with me each time."	High	Case
Safety devices (panic alarms/phones), small security upgrades (locks, camera) and safety planning.	Home feels safer now, reduced harm/improved de-escalation.	"Camera and locks went in that week—I finally slept." "We had a plan for when it kicks off—less drama now."	High	Case
Strong relationship with whānau, proactive check-ins. Relationship continuity increases trust and engagement.	Decrease in family violence incidents.	"They kept checking back." "They stopped when I needed a break and kept me in the loop—so I finished it."	High	Case
Use of Māori models (eg, Te Whare Tapa Whā, Pōwhiri Poutama), storytelling with cultural alignment enhances engagement, dignity, and sustained participation.	Cultural identity and belonging. Strengthened sense of belonging and identity through whakapapa connections.	"I wanted to reconnect to te ao Māori, to my whakapapa. It felt right."	High	Case
Lived-experience workers and relatable role models, matching worker by fit.	Improved access to the "right help" reduces drop-off.	"They found the right person and went with me, so I didn't bail."	High	Case
Whānau-led decisions, non-judgmental listening, restoring mana and motivating action.	Increased empowerment and voice.	"I got to choose—no one pushed me."	Moderate	Case
Whānau-centred mentoring, tools, weekly goals, skills practice and encouragement.	Better self-regulation and agency, building confidence and day-to-day calm.	"I'm calmer now and can make a plan."	Moderate	Case
Goal setting, licences/ID/banking, pathways to training and employment.	Life skills, stability, and hope. Removing practical barriers creates further opportunities and household stability.	"Got my licence and a job—home feels steadier."	Moderate	Case

TABLE 4

SYSTEM/DESIGN MECHANISMS (ENABLING OR CONSTRAINING PRACTICE), WAIROA

CAUSAL MECHANISM (WHAT WAS DONE)	OUTCOME FOR WHĀNAU (WHAT CHANGED)	WHĀNAU VOICE/EVIDENCE	ATTRIBUTION STRENGTH	LEVEL
Daily triage synopsis, SAM table meetings, controlled 5F sharing. Shared visibility, "one plan/one lead."	Faster coordination, reduced duplication, clearer roles.	Stakeholders link faster, coordinated action to regular SAM tables and synopsis sharing.	High	System
Daily summaries to all SAM agencies, advisory group feedback.	Shared understanding of local trends.	Agencies cite better situational awareness and coordination.	High	System
Consent-based sharing. Privacy-safe processes in a small town build trust and sustain engagement.	Better access for whānau, safer information practices.	Growing confidence in local multi-agency responses noted by stakeholders.	Moderate	System
Inter-agency relationships with partners, SAM-enabled coordination.	Youth/rangatahi trajectories (skills, work, licences).	Reported gains in confidence, employment, and reduced disadvantage over time.	Moderate	System
Establishing a Local Family Harm Advisory Group, use of triage/reporting data.	Improved strategic oversight and commissioning.	Funders/contract holders use insights for planning and system improvement.	Moderate	System
Coordinated responses across housing/health/education/AOD supports, whānau-centered coordination.	Community trust, safety, and capability.	Whānau safety/confidence seen as contributing to community wellbeing.	Low	System

The following table summarises the key negative causal links identified in the evaluation. While relatively few, these mechanisms represent recurring barriers and system weaknesses that limit the effectiveness of the family violence response. They highlight where practice, resourcing or system settings are misaligned with whānau needs, and therefore indicate priority areas for improvement alongside the positive mechanisms described in the above tables.

TABLE 5

CONTEXT CONSTRAINTS (NEGATIVE CAUSAL LINKS TO WATCH), WAIROA				
CONSTRAINING FACTOR (WHAT GETS IN THE WAY)	OUTCOME FOR WHĀNAU (WHAT HAPPENS)	WHĀNAU VOICE/EVIDENCE	ATTRIBUTION STRENGTH	LEVEL
Limited local specialist services for trauma, people who use violence, and tamariki.	Delayed support, lack of specific family violence/sexual violence trauma specialist support.	Services not available locally, travel and associated costs too high.	High (negative)	System
Limited access to appropriate mental health support locally. Methamphetamine use paired with lack of AOD specialist response. Housing stress.	Disengagement, lost treatment opportunities, whānau increasingly unwell.	Whānau withdrawing from services when environments feel unsafe. Lack of housing options.	High (negative)	Context
Low rates of whānau engagement post contact.	Whānau opt out, not receiving support, no line of sight on whānau or safety planning, increased risk.	Persistent non-engagement and declination of support rates, slight decrease with recent focus.	High (negative)	Case
Late lists and stretched agency participation due to reduction in resource. Service constraints on local providers.	Constraints on Police systems mean late lists, changing staff, inconsistent responses from agencies.	Follow-up times reduced, inability to access support from some agencies.	Moderate–High (negative)	System





WAIROA CASE SUMMARY

KEY FEATURES OF THE MODEL:

- **Kaupapa Māori, whānau-centred approach:** Led by Enabled Wairoa in partnership with Kahungunu Executive, Police, and a wide provider network, Whāngaia delivers mana-enhancing, wraparound support grounded in kaupapa Māori values.
- **Multi-agency coordination:** The SAM table provides a central mechanism for information-sharing, joint planning, and accountability, reducing fragmentation and preventing whānau from having to navigate services alone.
- **Timely, coordinated responses to risk:** Incidents are triaged daily through Police 5F reports and Enabled Wairoa's FIT team, with consented information shared and whānau contacted within 24 hours by designated kaimahi.
- **Operating in a highly constrained context:** Geographic isolation, entrenched socioeconomic pressures, service gaps (particularly trauma, AOD and mental health), and housing stress heighten risk and limit options for whānau.
- **Three pillars underpin practice:** Trusted relationships, coordinated systems, and cultural safety together ensure whānau are heard, supported, and responded to collectively.
- **Balance of immediate safety and long-term wellbeing:** The model enables rapid responses to episodes of violence while supporting longer-term improvements in safety, stability, and whānau wellbeing.
- **Whānau consent as a trust-building mechanism:** Seeking consent before SAM table discussions preserves agency, clarifies information-sharing, and strengthens engagement and sustained participation.
- **Kaimahi and kaupapa drive outcomes:** Interview data link positive outcomes to the holistic kaupapa Māori approach, the compassion of kaimahi, and a system that enables services to work together rather than in isolation.

KEY CHALLENGES:

- **Inadequate mental health and AOD infrastructure:** Chronic under-resourcing—particularly for methamphetamine-related harm—means there is no local continuum of detox, rehabilitation, and recovery support, leaving practitioners to manage high-risk, high-complexity cases without the services needed to sustain change.
- **Fragmented and inflexible service system:** Rigid contracts and limited service capacity prevent NGOs, Iwi providers, and clinical services from responding holistically to complex whānau needs, resulting in gaps across prevention, intervention, and recovery.
- **Strained risk response and coordination:** Police capacity constraints, vacant family violence roles, and inconsistent information-sharing weaken timely coordination, and there is no consistently robust risk response for high-risk cases.
- **Gaps for priority populations:** Victim Support eligibility criteria exclude some of those most in need; people who use violence leaving prison face limited structured support and housing options; and reduced youth programming has narrowed positive pathways for rangatahi.

- **Low engagement and under-reporting in a small-town context:** Concerns about confidentiality and fear of gossip deter engagement, with around half of whānau declining support or unable to be contacted, and reductions in reported incidents may reflect under-reporting rather than reduced harm.
- **Repeat harm with limited visibility of outcomes:** Recidivist offending is evident in family violence callouts, but data does not clearly show whether whānau re-engage with services or decline support, limiting system learning and accountability.
- **Workforce dependence without adequate investment:** Family violence kaimahi are the primary driver of positive outcomes, yet sustained investment in workforce capability, leadership, and local training remains insufficient.
- **Narrow outcome measurement:** Current monitoring prioritises hard indicators over relational, emotional, and safety-related change, obscuring the full impact of the model for whānau.

RECOMMENDATIONS

1. **Strengthen mental health and addictions capacity** in Wairoa, with dedicated resourcing for services working at the intersection of methamphetamine use, mental health, and family violence, and greater flexibility for NGOs and Iwi providers to respond holistically rather than within narrow contract lines.
2. **Develop a regional detox/rehabilitation and recovery pathway** (e.g., a facility near Wairoa/East Coast or Hawke's Bay) complemented by structured aftercare, including a dedicated worker who walks alongside people post-rehabilitation to support housing, employment, and reconnection into safe communities.
3. **Improve police resourcing and information-sharing systems** by filling dedicated family violence roles and formalising robust protocols for family violence intel and 5F reporting, so that all core partners (including Corrections) receive timely, consistent information.
4. **Broaden eligibility for Victim Support and related services** so that victim-survivors can access assistance regardless of whether they have laid a formal complaint, reducing gaps in local services.
5. **Establish structured pre-release and post-release supports for people who use violence leaving prison**, including proactive accommodation planning, linkage to local services, and follow-up to reduce instability and associated family violence risk.
6. **Invest in additional rangatahi and tamariki programmes and staffing**, including reinstating or replacing successful initiatives (e.g. Break-Away-style programmes) that offer safe, constructive activities and strengthen youth/tamariki support and engagement.
7. **Create and resource a local Wairoa Family Violence Advisory Group** to provide kaupapa Māori-informed leadership, monitor trends (including under-reporting and mental health pressures), strengthen outcome measurement, and escalate systemic issues through regional governance forums.

WHĀNGAIA NGĀ PĀ HARAKEKE/TAIORA IWI-LED HUB IN TAIRĀWHITI

The following case describes Whāngaia Tairāwhiti, a Police-partnered collaborative response model designed to bring agencies together to support whānau affected by family violence in localised areas. Whāngaia Tairāwhiti is a daily, facilitator-led coordination platform that separates acute risk management from community-led practice, uses a Family Safety System (FSS) for cases to drive accountable tasking and feedback, and fast, practical, whānau-centred support post-incident.

In 2019, a process evaluation of Whāngaia in Tairāwhiti found that the model had been largely implemented as intended and was showing promising early results (Love et al., 2019). It had created a high-trust Iwi/Police partnership and a whānau-centred, kaupapa Māori practice. Kaiāwhina worked alongside police to engage whānau, shift responses from enforcement to prevention, and support safer, more trusting relationships with whānau affected by family violence. Participants at the time reported clear changes in police mindset, increased willingness of whānau to seek help (including self-referrals), and better coordination of social services, although access to key services such as mental health, AOD treatment and housing was limited.

The 2019 evaluation highlighted challenges at the time, including: Iwi/Police partnership arrangements at governance and senior management levels, triage processes were seen as overly police-driven and hampered by poor shared data systems, kaiāwhina experienced workload pressures and inequities in resourcing, and police outcome measures did not adequately capture Whāngaia's preventive and relational gains. Overall, Whāngaia was viewed as an innovative and hopeful approach that needed sustained investment, clearer structures, and better measures to consolidate and scale its impact (Love et al., 2019).

The following case study reports on the development of Whāngaia in Tairāwhiti, the shift to an Iwi-led model through the local social service collective, Manaaki Tairāwhiti. Manaaki Tairāwhiti are a group of local Iwi and social cross-sector leaders focused on working together in Tairāwhiti to deliver what is needed for whānau to flourish. The case identifies outcomes of the model as reported by whānau who have received support through the approach. Eleven stakeholders and four whānau were interviewed for this case evaluation.

WHĀNGAIA NGĀ PĀ HARAKEKE TAIRĀWHITI MODEL

Whāngaia Ngā Pā Harakeke (Whāngaia) in Tairāwhiti is a Police/Iwi-partnered, multi-agency response that stabilises immediate family violence risk and connects whānau with the most appropriate community supports. It was designed to be whānau-centred and relationship-led. The acute, statutory functions (safety, legality) sit with Police, while Iwi and community partners carry the follow-through and wraparound support process, addressing practical barriers (income, housing, transport, court processes) alongside safety planning.

Day-to-day coordination occurs through a morning case allocation meeting, jointly led by a Police supervisor and an Iwi facilitator/kaimahi. Each day, family violence incidents from the previous 24 hours are reviewed, immediate risks are identified, and matters are summarised at a high level to protect confidentiality. Police retain lead responsibility for high-risk matters and active operations, including situations where a person who has used violence has not yet been apprehended, and notify partners when police management is required prior to engagement. These high-risk cases are held closely by Police and Whāngaia, with limited detail shared at the shared at the Safety Assessment Meeting (SAM) table.

Moderate-risk cases and those requiring ongoing support are allocated to community providers—preferably a single lead wraparound provider, including Whānau Ora partners—to minimise fragmentation and support sustained engagement. The daily allocation list is shared with relevant agencies, who report back with pertinent information to support coordination. On the East Coast, this approach is strengthened by a Police-embedded, Iwi-employed connector based at Ruatoria Station, who provides highly localised engagement and acts as a liaison with visiting and external services.

The Family Safety System (FSS) database should underpin tasking and feedback. Partners receive ‘tasking’ allocations through FSS and are expected to record engagement and progress in the database, however issues with the FSS, its utility and use were raised in qualitative interviews. These issues appear to be consistent with those raised in previous multi-agency family violence response evaluations, particularly regarding its utility, accessibility, and fit with practice needs. FSS has been described as the primary case-management database for capturing data and monitoring tasks across multi-agency safety responses (e.g., Integrated Safety Response), but past evaluation reports have highlighted concerns about its administrative burden and inconsistent use by partners, resulting in incomplete recording of interventions and variable information-sharing (Mossman et al., 2019; Te Puna Aonui, 2024a). Limitations such as time-intensive updating; restricted access for some partner agencies; and the recording framework not aligning well with holistic, whānau-centred practice appear to undermine coordinated practice and meaningful engagement. Whāngaia Tairāwhiti practitioners report they do not use FSS as intended because it does not support their practice workflows, contributes minimal value to whānau coordination, and is perceived as misaligned with kaupapa Māori practice principles.

When whānau return through the 5F notification the facilitator/kaimahi uses FSS history to inform reallocation and problem-solving, to reduce recurrence. Where agencies do not participate or note back, Police and kaimahi re-contact whānau to prevent disengagement. This is compromised by the quality of data in FSS.

The model emphasises engaging when whānau are ready, rather than waiting for court-directed intervention. In remote East Coast settings, the Iwi-employed connector adapts engagement to privacy preferences (e.g., using Gisborne based services) and overcomes access barriers by accompanying whānau to agencies, arranging transport or booking private rooms with connectivity for online consultations.

The following table displays the volume of cases through Tairāwhiti and Wairoa during 2023/2024.

TABLE 6

WHĀNGAIA NGĀ PĀ HARAKEKE TAIRĀWHITI CASE NUMBERS 2023/2024

Gisborne district population ⁵ (2023)	51,135
Number of referrals to the SAM table per week	84
DATA FROM POLICE FOR THE GISBORNE AREA (INCLUDES WAIROA)	
Number of Family Harm Investigations Fiscal Year 2023/2024 (Only Gisborne)	4,233
Count of Victims in Family Harm Related occurrences in Fiscal Year 2023/2024	993
Percentage of repeat victims	50%
Ratio of victims per 1,000	19.4
Percentage of repeat offenders	55%
Count of Offenders in Family Harm Related occurrences in Fiscal Year 2023/2024	313
Ratio of offenders per 1,000	6.1

Across interviews, good practice is described as quick, compassionate engagement by a trusted practitioner, plain-language navigation of legal processes (Police Safety Orders [PSOs], protection/bail orders). It is also described as whānau-led planning that keeps tamariki in view, draws on health/education intel, and addresses the everyday stressors that escalate risk (kai, warmth, transport, school needs). The approach is trauma- and dignity-aware, starting with addressing immediate needs to lower stress, supporting access to basic and immediate needs, and validating incremental progress during post-incident periods. On the Coast, where “everybody knows everyone,” whakapapa connections and relational continuity are key. However, if the first service a whānau works with is not a good fit, the plan is adjusted, and providers are switched.

Participants in this research indicated that the system works best when experienced facilitation, reliable Police participation, and disciplined FSS use combine with consistent attendance from key agencies (Oranga Tamariki, Ministry of Social Development, Kāinga Ora, Corrections, Women’s Refuge, and relevant health, mental health, and men’s services). However, several contextual factors constrain delivery, including small-community privacy dynamics, uneven participation and feedback, policy gatekeeping that delays pre-court prevention, gaps in service resourcing and response or stop-start provision (especially for tāne and youth), and distance/connectivity barriers up the Coast.

In practice, participants report that Whāngaia has become increasingly Police-dependent, with many non-government organisations (NGOs) and community partners less engaged than they were at its inception. This decline in participation has created a service imbalance, where Police Family Harm teams now carry most of the triage, follow-up, and coordination workload. While agencies such as Oranga Tamariki are tasked with participating in the model, this is not mandated⁶. Participation in the process from agencies can be variable. In some cases, structural issues such as notifications of release by Corrections will go through Hawke’s Bay, rather than directly to Gisborne, adding another layer of reporting/communication.

5 Note. Gisborne district population data are sourced from the 2023 Census, by Statistics New Zealand, 2023 (<https://www.stats.govt.nz/2023-census/#data>). The number of referrals to the SAM table per week is sourced from Understanding the current state of Family Violence multi-agency responses, by Te Puna Aonui Business Unit, 2024. Number of Family Harm Investigations Fiscal Year 2023/2024 (Only Gisborne), Count of Victims in Family Harm Related occurrences in Fiscal Year 2023/2024, Percentage of repeat victim, Ratio of victim per 1,000, Count of Offenders in Family Harm Related occurrences in Fiscal Year 2023/2024, Percentage of repeat offender, and Ratio of offender per 1,000 data are sourced by New Zealand Police, 2024. All case number data are sourced via the Ministry of Social Development, 2025.

6 Some agencies have memorandums of understanding with Whāngaia Ngā Pā Harakeke.



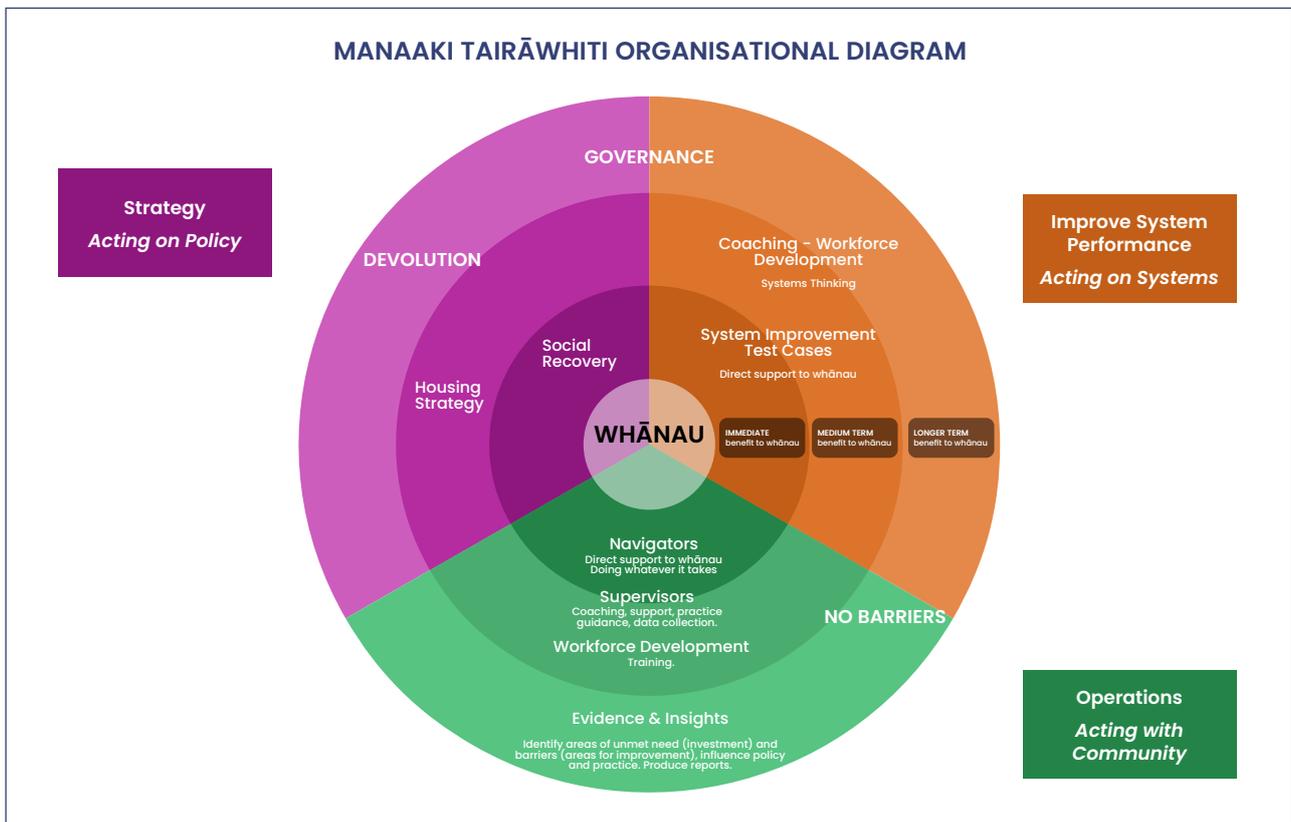
The result is that the collaborative intent of Whāngaia has been diluted, with fewer consistent agency and NGO voices at the daily triage table and limited collective accountability for whānau outcomes. Instead of shared responsibility, the model increasingly functions as a police-driven operational mechanism supported by a smaller network of participating agencies. Although the system continues to facilitate daily information-sharing and some effective case management, it remains reactive and service-led, rather than whānau-led.

In response, Manaaki Tairāwhiti is implementing small “try, test, learn” cycles to shift toward an evidence-informed, lwi-led response model. The proposed shift toward an lwi-led “one-door” hub is being tested in Tairāwhiti, with Police stepping back from leadership on selected cases, while remaining in for high-risk cases. The aim is to embed whānau-centred follow-through at a system level. The overall intent is to shift practice from incident-by-incident tasking to continuity of care along a whānau journey.

MANAAKI TAIRĀWHITI SYSTEMS IMPROVEMENT FOCUS

The Tairāwhiti context is best understood as a system in transition. Partners are deliberately shifting from a Police-led coordination model toward lwi-anchored leadership supported by Manaaki Tairāwhiti. Manaaki Tairāwhiti is an lwi-led, place-based partnership that brings together lwi, central and local government, and non-government organisations to redesign how social services work across Tairāwhiti. Established in 2016 with a Cabinet mandate but driven locally, it tailors national systems and service specifications to better reflect the realities and priorities of whānau and communities. Governed by a board co-chaired by Te Rūnanganui o Ngāti Porou and Te Rūnanga o Tūrangānui a Kiwa, Manaaki Tairāwhiti provides a single table where regional decision-makers develop and act on a shared vision of flourishing whānau, reducing duplication, silos and disconnection across the social sector (see Figure 3).

FIGURE 3



Note. from Manaaki Tairāwhiti An Introduction to our work, by Manaaki Tairāwhiti, 2024.

Manaaki Tairāwhiti has been leading an initiative to redesign social services across Tairāwhiti, including responses to family violence, so that systems remove barriers rather than add to them. Through a series of research reports grounded in whānau voice, they have documented the everyday realities of whānau engaging with services and used these insights to drive change. Overall, the findings from this work indicate that social sector policies, processes and practices must be reviewed and better aligned so they consistently remove barriers and reinforce improved outcomes for whānau.

The role realignment work in Whāngaia as part of Manaaki Tairāwhiti recognises that Police are best placed for acute safety/legal functions while Iwi and community providers are better placed to facilitate wraparound support. Sustaining this shift requires continuity of leadership through Manaaki Tairāwhiti, and an authorising environment that can hold Crown-Iwi partners together through change.

“The models talk about understanding the system and its true performance from a whānau’s perspective, not a stakeholder’s or an agency’s perspective.” (Participant)

Operating in a small community brings specific privacy, culture, and power dynamics. Uniforms, marked cars, and historic experiences with statutory agencies can dampen engagement; facilitators counter this with plain-language practice, and at times, civilian presentation. Decisions are shaped not only by formal process but also by interpersonal dynamics, including variable engagement and persistent trust implications. These dynamics help explain why the model emphasises relational practice and why buy-in, language, and ethics, particularly avoiding deficit language to describe whānau, are repeatedly highlighted in interviews.

Geography and access can compound safety risks for whānau. The long “up the Coast” catchment, patchy connectivity, and limited local services, especially for tāne and for rangatahi aged 16–18, make timely support challenging. Visiting clinicians are intermittent, Zoom is not always feasible, and many whānau prefer neutral/off-Coast providers for privacy. Frontline responders, therefore, rely on local relationships, flexible logistics (transport, rooms with Wi-Fi), and an explicit push to nominate a single wraparound lead provider to push accountability and avoid “too many cars up the driveway.” High methamphetamine exposure and isolation add volatility and emphasise the need for paced and persistent engagement.

Systems and process settings are reported to significantly shape delivery. Introduction and normalisation of the Family Safety System (FSS) have improved tasking and visibility, but incomplete feedback loops of activity are evident, constraining monitoring of outputs. Some agencies attend only sporadically or act “view-only,” which means Police/kaimahi must hold cases longer to ensure safety planning has been carried out. The safety and visibility of tamariki and service constraints are system pressure points noted by participants. Tamariki, particularly those in the 9–13 age band, are often unseen in incident responses, with limited age-appropriate mental-health support options. Increasing rates of offending in youth (aged 15–19) have also highlighted a gap in service provision. In addition, constraints created by national funding silos, for example, family violence/sexual violence/courts/child protection, and court-directed eligibility can restrict pre-court prevention work and flexible, whānau-centred planning.

Outcome measurement is largely activity-based and can be unreliable due to partner participation, limiting the system’s ability to evidence change beyond case narratives and kaimahi feedback. Together, these factors explain why the model is prioritising commissioning reform and aiming for stronger outcomes feedback to embed an Iwi-led, whānau-centred response.

“We had to move away from a power and control model where we dictated what we thought was best for whānau.” (Stakeholder)

PROPOSED CHANGE: IWI-LED MODEL

The Iwi-led model, Taiora, seeks to move beyond coordination toward system transformation, reclaiming a community-led, Iwi-governed approach to family violence and whānau wellbeing. Under the leadership of Te Rūnanganui a Ngāti Porou and Te Rūnanga o Tūranganui a Kiwa, the Iwi-led hub redefines the system's foundation from state authority to local rangatiratanga. It shifts the model from a focus on responding to family violence incidents to building whānau resilience and preventing harm before it occurs.

The proposed changes are both structural and procedural. Key points of difference include:

- **Governance and accountability:** Moves from Police to Iwi-led decision-making, ensuring local control and alignment with whānau values.
- **Access:** Opens the door to multiple referral pathways, including schools, marae, Women's Refuges, and self-referrals, rather than relying solely on police notifications.
- **Approach:** Prioritises relationship-based navigation and whānau-led planning instead of agency-directed case management.
- **Workforce:** Builds local capability by training kaimahi across sectors in systems thinking and kaupapa Māori practice.
- **Commissioning and sustainability:** Advocates for devolved funding and flexible commissioning models that support long-term whānau wellbeing, not short-term outputs.

In summary, the transition from Whāngaia to Taiora, an Iwi-led hub, is both a response to systemic fatigue and a strategic shift toward local empowerment. Where the current model has seen NGOs withdraw and Police absorb operational burdens, the Iwi-led approach seeks to redistribute responsibility across Iwi, community, and government agencies, anchored in whānau voice and collective accountability. In essence:

- From police-led coordination to Iwi-led governance.
- From service dependency to community capability.
- From reactive intervention to preventative transformation.

The Iwi-led Taiora Hub offers an opportunity to restore the shared responsibility that Whāngaia originally intended, but through a model that is owned, shaped, and sustained by the community it serves.

"The Iwi-led hub will respond to whānau wellbeing. It will be the one door that anyone can come through and get the response they need from the community." (Stakeholder)

There are, however, material issues and risks to manage through the change process. The redesign depends on consistent multi-agency participation and timely feedback into shared systems. Not all government agencies are active in the Whāngaia model, which is currently heavily reliant on the Police and community providers. Leadership churn, particularly within Police, requires routine induction to protect the positioning of the model, and small-community dynamics (privacy, power, provider familiarity) mean the hub must maintain privacy-safe pathways and avoid duplication of services. Finally, while the below-threshold pathway⁷ and a joint intelligence view should increase early support, the model will need outcome tracking (not just activity counts) to demonstrate that these design changes deliver whānau-valued gains at scale.

⁷ "Below threshold" in this context refers to people who use violence (and their whānau) but may not be charged as the incident did not meet prosecution thresholds. However, they would still like support through the model.

COMMUNITY SUPPORT FOR WHĀNAU

Within the Tairāwhiti Whāngaia system, community providers support whānau in ways that reflect their distinct journeys and strengths, while also recognising the need, and the opportunity, to strengthen shared systems and procedures for more consistent, effective practice. The following section presents the views of stakeholders engaged in the Whāngaia model.

WOMEN'S REFUGE (TAIRĀWHITI)

Women's Refuge kaimahi report that they work best when they get information early and can act the same day. In those periods, they reach out to meet whānau face-to-face, agree on immediate steps, and then go with people into MSD, legal, housing or programmes so a referral turns into real support. They also treat self-referrals and walk-ins the same way, which keeps things fair and centred on whānau choice.

They are strict about privacy. Only safety-critical details are shared, and they avoid meetings or emails that spread sensitive information too widely, especially in a small community, as this damages trust and discourages engagement. They will join allocation forums when the information is brief and focused on next steps. They acknowledge that this can be at odds with family violence system habits that favour wide sharing.

They identified that challenges have occurred through system drift. Late lists, turnover of staff, and a meeting culture that talks more than it acts, slow down outreach and can confuse roles. Women's Refuge counters this by phoning known people directly, working across rohe when privacy calls for it, and if needed, literally "knocking on doors" to find the right contact. They recommend that the model restore early lists, keep meetings action-focused, limit circulation to those who are actively participating, and rely more on direct two-way conversations.

TAUAWHI (MEN'S CENTRE)

Tauawhi, Tairāwhiti's men's centre, aims to bring men into support early and turn court contact into behaviour change, not just compliance. They run non-violence programmes, counselling (including AOD), support for male victim-survivors, prevention with the Tāiki e! collaborative hub and a short-stay respite house when home isn't safe. They prioritise quick access, a non-judgemental open door, and a clear path from crisis to structured support, with the court kept up to date on progress.

Three points in the pathway matter most. First, referrals from Police/Whāngaia should be "warm" (a quick call to check need, fit and capacity), rather than automatic gender-based referrals. Second, being in an intervention court means the bench gets accurate information and can order the safest next steps. Third, the respite option lowers risk, so programmes can start. These steps make breaches and escalation less likely because expectations are explained and support is sequenced, rather than rushed.

The service notes several barriers that make providing support more challenging, including Police rotations, reduced Whāngaia staffing, and the loss of a regular cross-provider forum have made handovers uneven and roles unclear. Tauawhi manages this by relying on named contacts and "being in the room" at court, but reports this is a workaround, not a system fix. Their recommended changes include standardising warm handovers, delaying non-urgent allocation until whānau voice is heard, protecting time to explain protection orders, and reinstating an operations forum. They recommend that these changes should be tracked against results like time to first appointment, breach of PSOs or bail conditions, and programme completion.



NGĀTI POROU ORANGA (IWI PROVIDER)

Ngāti Porou Oranga is invested in the Manaaki Tairāwhiti rebuild pathway, so services fit whānau, rather than the other way around. The plan is a multi-entry “one door,” includes before crisis incidents, where intake starts with listening, mapping who’s already involved, and then pulling in the right mix of supports. Within this approach there are no hard exits—relationships are held so people can return when ready or if needed. An eight-week pilot is underway to show how this works in practice. The likely benefits are anticipated to be fewer drop-offs, increased whānau engagement, and better continuity across agencies.

Day to day, practice stays very practical and whānau-led. For example, meet where it’s safe; establish immediate needs (tamariki safety, orders, housing/transport, income) alongside medium-term goals (school, hauora, behaviour change); navigate and advocate for whānau with services, and switch providers if the fit is wrong. Ngāti Porou Oranga identify the main external pressure point as being limited local mental health services capacity (thresholds and waits). Kaimahi try to support whānau safely while those processes and services catch up.

All three approaches in community lean on the same practical, relational-based support: quick, respectful first contact, tight handling of sensitive information, warm handovers (walking with, not just referring), and close follow-up in the first week. These are the behaviours that most likely turn contact into help. When the system slips, those behaviours drop off and so do results.

There is currently no way to monitor the foundational elements that partners see as contributing to impact for whānau. These include the speed at which providers can reach out, the frequency of “warm” handovers, the regularity of first-week contact, whether whānau and their tamariki are accessing appropriate support, and whether the court holds up-to-date information about people who use violence. Ensuring that feedback loops are complete is crucial to understanding the impact on whānau and if systems and services are appropriately meeting whānau needs.

IMPACT FOR WHĀNAU

The following section presents a series of whānau narratives from interviews undertaken for this evaluation, focusing on the support provided and the aspects of the family violence response that whānau identify as working well. All names have been changed to protect participants’ identities.

WHĀNAU 1

A Māori mother and community leader, Hine, lives rurally in Tairāwhiti. She describes a lifetime of whānau-centred responsibilities alongside escalating challenges supporting her adult son, Rawiri, who experiences mental distress, substance use, and the effects of historic head injuries. Hine situates her caregiving within a strong cultural, spiritual and community context (church involvement, marae roles, and local volunteer networks), noting the strain these responsibilities place on her own long-term health and on wider whānau relationships. Living far from town amplifies the isolation for whānau and limits access to support during a crisis.

Initial engagement with a specialist police community response team was experienced as positive: officers arrived promptly, communicated respectfully, included a female officer, and “*did what they said they would do*,” which reduced immediate risk and helped the whānau feel heard and safe. By contrast, interactions with mainstream mental health and addiction services were inconsistent and often transactional. Hine described several challenges, including distance as a barrier to home visits, respite care being difficult to access, and agencies frequently redirecting her elsewhere, “*passing the buck*,” leaving her uncertain about who was responsible for coordinated care. Hospital care during a medical crisis alternated between conflict and calm, with de-escalation occurring when a familiar staff member engaged with Rawiri, highlighting the value of trusted relationships.

Hine reports mixed experiences with rehabilitation for Rawiri's drug use. One programme felt gang-dominated and intimidating, and another was marred by alleged staff misconduct, with both experiences eroding her trust. Despite setbacks, there are improvements. Rawiri spends more time at home than on the streets, and Hine has adapted her own communication to avoid escalation. Still, daily life remains precarious; she describes *"walking on eggshells,"* safety concerns, caregiver burnout, and tensions across the whānau.

Hine expresses a clear preference for an integrated, wraparound, one-door model (co-located psychiatry, counselling, mental health nursing, addictions support, and practical help), anchored by a single, consistent key worker who can coordinate responses, come to the home when needed, and build sustained trust. Overall, this case is evidence of the protective power of relationships and culturally appropriate support, while underscoring system gaps in continuity, responsiveness, respite access, and cross-agency coordination for rurally located whānau.

"I was seeking help ... I called for help and [Whāngaiā] came on board ... they explained to me who they were when they came to the house... [They said] 'We can take him to get help. We can take him to get assessed by mental health.' They were offering stuff to do, and I was like, 'What a relief.'"

WHĀNAU 2

Kahurangi, a young Māori mother in Tairāwhiti, recounts an intense period following the accidental death of her infant, during which multiple agencies became involved, and child removal was contemplated. A community navigator, Vaea, from a local kaupapa Māori initiative, became a pivotal source of support: advocating successfully to halt the removal of her children, coordinating with Oranga Tamariki and Family Group Conference (FGC) processes, and guiding Kahurangi through criminal proceedings (including securing legal representation and legal aid).

Beyond formal advocacy, Vaea provided extensive practical and emotional support (e.g., childcare during appointments, reminders, and accompaniment), which Kahurangi credits with preventing her from "sinking" amidst grief, repeated police visits, and complex system demands. Over subsequent years, Vaea remained a consistent anchor, helping coordinate services for Kahurangi's Tamariki, particularly her youngest child, who has autism, across education, health, and specialist providers, and ensuring access to assessments, paediatric care, funding, and school-based therapeutic support.

Kahurangi's experiences with other parts of the system were mixed. A visit from a separate agency worker led to a notification, which Kahurangi said was a breach of trust that triggered further investigation. That incident eroded her confidence in the service and her ability to trust other kaimahi. Kahurangi has since separated from her children's father, who developed a methamphetamine addiction tied to grief and guilt.

Despite this, Kahurangi reports feeling safe now and co-parents, emphasising that addiction has not erased his commitment as a father. She highlights the critical value of relationship-based, whole-whānau approaches, support that included her older child's school-based counselling. Kahurangi expressed deep concern about the loss of funding for the local initiative that employs Vaea, noting likely harm to whānau if this service is not sustained. She states that workers with lived experience can offer different, more relatable support, and calls for integrated, non-punitive, wraparound responses that prioritise relationship consistency, trust, and kaupapa Māori care.

"I probably would've just sunk deeply, terribly. Because I don't come from a whānau that knows their way around things like this either, it would've been hard. She was my therapist, counsellor, calendar,

alarm clock reminder. I was just lucky [Vaea] was there because she was able to help me through all of that and just guide me through the process. She found us a lawyer, helped with the legal aid submission ... since then, she's been part of my furniture. We've got a really good close rapport ... now she feels like whānau."

WHĀNAU 3

Niko and Hera have returned to live in Gisborne after living in Australia. As a result of frequent family violence callouts, they are now navigating child protection processes for their tamariki and taking steps toward change. Hera describes this as the first time she has actively reached out for support, even though the violence has been persistent over a number of years. The removal of their tamariki from their home has been a "wake-up call" for them both, and they realise they need to change. Anahera, a local Māori kaimahi, has become central to their journey, coordinating court-related tasks, helping them prepare for FGCs, and clarifying next steps.

The couple's immediate goals are to comply with plans set at FGCs and ultimately reunify with their children. They identify practical gaps where one-to-one help would make a difference (parenting support, reminders, and accompaniment). Hera recognises she has developed social anxiety and intends to engage in counselling.

Niko reflects on his complex history (substance use, trauma exposure, 501 deportation) and acknowledges persistent anger difficulties that he has not been able to fully address in previous programmes. He reports mixed experiences with police and courts, valuing therapeutic "intervention court" processes that allowed him a voice, but noting they didn't deliver the help he most needed at the time.

Both Niko and Hera emphasise that losing care of their children has been a catalyst for change, and they are enrolling in support for addictions and mental wellbeing. They also point to the value of relatable, lived-experience role models and accessible, app-based resources that speak directly to men seeking to stop using violence and heal from trauma.

Overall, their narrative underlines the importance of a consistent, trusted key worker; clear, step-by-step navigation of FGCs and court requirements; tailored one-to-one supports (parenting, anxiety and anger management); and non-judgemental, relationship-based engagement that sustains their motivation for change.

"This is like the first time I've actually reached out for support, [Anahera] helping us ... mainly court stuff, and just pointing us in a direction we feel comfortable. Every three months, we go to an FGC ... we set out a plan ... she helps us ... sends us reminders. The first [step] is admitting to it ... that you need the help, that you need the support ... and that's what we had never done."

*"It's actually finding your people who you feel you can trust when you're taking this journey."
(Whānau)*

OUTCOMES FOR WHĀNAU

The table below summarises outcomes valued by whānau, kaimahi, and Whāngaia, with illustrative evidence drawn from the case studies. Across all cases, whānau reported improvements attributable to their interactions with kaimahi; in several instances, support was ongoing, and kaimahi were regarded as part of the whānau.

TABLE 7

OUTCOMES FOR WHĀNAU (TAIRĀWHITI)		
OUTCOME THEME	WHAT WHĀNAU SAY (THEIR WORDS/PRIORITY)	EXAMPLES ACROSS CASES
Immediate safety improvement	Someone trusted shows up quickly, listens, and de-escalates.	Next-day/same-day follow-up, practical steps (protection orders, safe addresses) that reduce immediate risk.
Feeling heard, respected	Plain-speak explanations, not being judged, and having a say in decisions.	Clear kōrero about PSOs, bail/protection orders, and options so decisions feel possible.
One key kaimahi relationship	A single navigator who “sticks with us” and coordinates others.	One lead worker carries the plan, does reminders, accompanies to appointments, and follows up.
A clear, simple plan	Knowing “what to do next” and who is doing what.	Written whānau plans, tasks logged and checked, two simple options offered (not overwhelming).
Faster access to help	Real support (not just a referral) that actually lands.	Accompanied visits to MSD/courts, lawyers engaged, transport/rooms arranged so appointments happen.
Safer home and housing	Stable, healthy living arrangements for tamariki.	Support to change rentals, access supplements, or relocate when safety requires it.
Tamariki seen and supported	Children noticed early, asked about, and were offered help.	School-based counselling/play therapy, seeing children changes the safety plan, referrals that stick.
Privacy-safe, culturally right fit	Services that match the person/whānau and protect dignity.	Neutral providers used in small communities, aligned options offered, ability to switch if the fit is wrong.
Less duplication, less stress	One key relationship with a trusted kaimahi.	Lead-worker model reduces mixed messages and repeated callouts.
Motivation and behaviour change	Real pathways for people who use violence and whānau to change.	Short stay respite for people who use violence, men’s programmes, and intervention courts focus on behaviour change.
Stability after separation	Reduced conflict and safer routines for tamariki.	Pets/possessions, decisions made to lower triggers, reduce stress, and safer co-parenting arrangements.
Confidence with systems	Forms, processes, and rights explained at a human pace—“give me time.”	Gentle advocacy, fewer Did Not Attend, less admin handover.
Ability to re-enter support	No hard exits, help is there when ready.	Open door to come back after setbacks, persistent, paced follow-through.
Rural access solutions	Distance and visibility are not blocking help.	Home visits, transport support, online options, and flexibility with provider allocation.



ATTRIBUTION OF OUTCOMES

Across the Tairāwhiti interviews, whānau consistently link better outcomes to relational, hands-on support led by one trusted person who “sticks with us,” coordinates agencies, and walks alongside them. This continuity is credited with keeping things together in crisis and over the years, including unlocking other support (e.g., educational support/tamariki diagnosis) and reducing day-to-day chaos. Similar to the multi-agency response in Wairoa, change and outcomes for whānau are linked to relational-based support and one key kaimahi. While whānau may not see the wider systemic factors that contribute to effective response, it is clear that engaging with a skilled kaimahi is valued by the whānau interviewed for this evaluation.

Outcomes improve when support arrives quickly and is delivered in a way that is respectful to whānau distress, supports de-escalation and is child-inclusive (e.g., counselling/access to services/supports), creating stability for tamariki. Practical support, such as sitting at MSD, linking lawyers, checking back that other support has followed through, is noted by whānau as valued. Whānau interviews indicate that there is still “considerable system barriers,” including accessing entitlements, support for tamariki, appropriate mental health support, respite, and services for tamariki (including educational and neurological assessments). They note that the “advocacy” role played by kaimahi results in reduced system barriers.

At a system level, whānau benefit when the coordination focus shifts (Police focusing on immediate harm, Iwi/community leading the longer-term support journey). At the same time, whānau interviews point to siloed systems, unsafe and/or poorly fitting service settings, as direct causes of disengagement, delays, and caregiver burnout. These are clear negative causal links that inhibit whānau progress.

Overall, the most defensible attribution claims are case-proximal, timely, relationship-centred, privacy-safe practice leads to increased safety, access, and stability for whānau.

TABLE 8

PRACTICE-LEVEL MECHANISMS (PROXIMATE TO WHĀNAU CHANGE), TAIRĀWHITI

CAUSAL MECHANISM (WHAT WAS DONE)	OUTCOME FOR WHĀNAU (WHAT CHANGED)	WHĀNAU VOICE/EVIDENCE	ATTRIBUTION STRENGTH	LEVEL
One consistent, trusted key worker.	Calmer day-to-day, follow-through on plans, fewer mixed messages.	"Knowing who to call," being accompanied to key appointments.	High	Case
Hands-on accompaniment and advocacy (drive to MSD/court, help with forms).	Entitlements are accessed; legal and housing steps happen.	Practical help converts "referrals" into real support.	High	Case
Rapid, relationship-based outreach (same/next-day contact, week one intensity).	Early de-escalation, fewer relapses into crisis in the volatile first days.	Whānau report feeling safer when someone shows up quickly and keeps checking in.	High	Case
Whole-whānau lens (seeing tamariki needs alongside the incident).	More workable, child-centred plans, steadier routines.	School counselling/play therapy engaged, plans include everyday stressors.	Moderate	Case
Strict confidentiality processes which uphold mana of the whānau.	Higher comfort and uptake, fuller disclosure.	Whānau engage more when their mana and privacy are protected.	Moderate	Case
Lived-experience workers and relatable role models.	Stronger engagement, motivation to change.	"Someone who gets it" feels safer and more useful.	Moderate	Case
Step-by-step navigation of process, supports, FGCs/courts.	Clarity on "what to do next" is progress toward reunification.	Reminders, preparation, and accompaniment reduce overwhelm.	Moderate	Case
Men's short-stay respite and safe sequencing (stabilising before couple work).	Immediate safety, fewer Protection Order breaches/missteps.	Clear Probation Order explanations, temporary removal reduces harm risk.	Moderate	Case

TABLE 9

SYSTEM/DESIGN MECHANISMS (ENABLING OR CONSTRAINING PRACTICE), TAIRĀWHITI

CAUSAL MECHANISM (HOW THE MODEL IS SET UP)	OUTCOME FOR WHĀNAU (WHAT CHANGED)	WHĀNAU VOICE/EVIDENCE	ATTRIBUTION STRENGTH	LEVEL
Single wraparound lead.	Less duplication, clearer pathway, increased accountability.	Whānau don't retell stories and know who's responsible for their support.	Moderate	Model
Role clarity shift (Police on immediate harm, Iwi/community lead follow-through).	Better-fitting responses, less "passing the buck."	Partners describe cleaner boundaries around tasks.	Moderate	System
Combined Police 5F + Oranga Tamariki Reports of Concern view Community SAM table for below-threshold cases.	Earlier visibility/support for families who may fall through gaps.	Non-statutory cases matched to support at whānau pace.	Moderate	Model
Action-focused forums and timely two-way feedback are not "view-only."	Faster outreach, fewer cases drifting back to the frontline.	Clear tasking and accountability speed responses.	Moderate	System
Place-based, flexible commissioning (kaupapa-aligned, long-horizon).	Services fit whānau, higher relevance and uptake.	Co-design and the ability to switch providers if fit is wrong.	Moderate	System
Iwi convening/named-person escalations.	Faster unblocking of agencies, quicker access to MH/AOD support, and housing.	Direct lines cut delays and thresholds.	Moderate	System

TABLE 10

CONTEXT CONSTRAINTS (NEGATIVE CAUSAL LINKS TO WATCH), TAIRĀWHITI

CONSTRAINING FACTOR (WHAT GETS IN THE WAY)	OUTCOME FOR WHĀNAU (WHAT HAPPENS)	WHĀNAU VOICE/EVIDENCE	ATTRIBUTION STRENGTH	LEVEL
Fragmented system and thresholds.	Delayed assessment, caregiver burnout, repeated crises.	Services/agencies not contributing, home engagement/respite refused.	High (negative)	System
Unsafe/misaligned settings (gang-dominated rehab, staff misconduct).	Disengagement, lost treatment opportunities.	Whānau withdraw when environments feel unsafe.	High (negative)	Case
Late lists/oversharing of histories ("gossip"/view-only surveillance).	Mistrust, drift, repeated retelling.	Privacy breaches reduce disclosure and uptake.	Moderate– High (negative)	Context
Meth volatility, distance/rural access barriers.	Setbacks despite support, inconsistent contact.	Roads/devices/visibility issues—relapse/re-arrest.	High (negative)	System



CASE SUMMARY

KEY FEATURES OF THE TAIRĀWHITI WHĀNGAIA MODEL:

- **Police–Iwi partnered, multi-agency response**
 - Whāngaia is a Police/Iwi-partnered model designed to stabilise immediate family violence risk and connect whānau to appropriate community-based supports.
 - Acute statutory functions (safety, legality, enforcement) sit with Police, while Iwi and community providers lead follow-through and wraparound support.
- **Whānau-centred, relationship-led design**
 - The model prioritises relational engagement, trust, and whānau readiness, rather than relying solely on court-directed or compliance-based intervention.
 - Engagement is adapted to whānau circumstances, preferences, and privacy needs, particularly in small and remote communities.
- **Daily coordinated triage and allocation**
 - Day-to-day coordination occurs through a daily morning case allocation meeting jointly led by a Police supervisor and an Iwi facilitator/kaimahi.
 - Family violence incidents from the previous 24 hours are reviewed, risks are identified, and matters are summarised at a high level to protect confidentiality.
- **Clear differentiation of risk and response**
 - Police retain lead responsibility for high-risk matters and active operations, including situations where a person who has used violence has not yet been apprehended.
 - Medium-risk and ongoing-support cases are allocated to community providers, preferably a single lead wraparound provider, to reduce fragmentation and support sustained engagement.
- **Localised engagement on the East Coast**
 - A Police-embedded, Iwi-employed connector based at Ruatoria Station provides highly localised engagement on the East Coast.
 - This role bridges Police, Iwi, and visiting or external services, adapting engagement to distance, connectivity, and privacy constraints.
- **Wraparound support addressing practical barriers**
 - Community partners address everyday stressors that escalate risk, including income, housing, transport, court processes, school access, kai, and warmth, alongside safety planning.
 - Kaimahi often accompany whānau to agencies, arrange transport, or facilitate private spaces for online consultations.
- **Trauma-, dignity-, and mana-aware practice**
 - Practice emphasises quick, compassionate engagement by trusted practitioners, plain-language navigation of legal processes (e.g. PSOs, protection and bail orders), and validation of incremental progress.
 - Tamariki remain visible within planning, with input drawn from health, education, and whānau knowledge.
- **Flexibility and responsiveness**
 - Engagement occurs when whānau are ready, and plans are adjusted if an initial provider is not a good fit.
 - Re-presentations through 5F notifications are used as opportunities to reassess, reallocate, and problem-solve to reduce recurrence.

- **Shared information and tasking infrastructure**

- The Family Safety System (FSS) is intended to underpin tasking, feedback, and case history, supporting reallocation and continuity when whānau re-enter the system.
- Police and kaimahi actively follow up with whānau where partner engagement is delayed, to prevent disengagement.

- **Collaborative intent**

- The model is designed to function best when Police participation, skilled facilitation, disciplined information-sharing, and consistent agency attendance combine to support shared accountability for whānau outcomes.

“The Iwi-led hub will respond to whānau wellbeing. It will be the one door that anyone can come through and get the response they need from the community.” (Stakeholder)

RATIONALE FOR SHIFTING TO AN IWI-LED MODEL IN TAIRĀWHITI

- **System in transition and fatigue with Police-led coordination**

- The existing Whāngāia model has become increasingly Police-dependent, with declining NGO participation and diluted collective accountability.
- Operational burden has shifted toward Police and a small number of community providers, undermining the original collaborative intent.

- **Need to redesign systems around whānau realities, not agency structures**

- Evidence from Manaaki Tairāwhiti research shows that national systems and service specifications often add barriers rather than remove them.

“We identify barriers, the system barriers that happen, that we can’t change. Legislation and policy, we can’t change them here in Gisborne. We can work around it, but we can’t change that.” (Stakeholder)

- Whānau experience fragmentation, gatekeeping, and misalignment across family violence, courts, child protection, and social services.

- **Importance of Iwi-anchored leadership and rangatiratanga**

- Sustained change requires leadership grounded in local whakapapa, relationships, and cultural legitimacy.
- An Iwi-led model offers continuity, stability, and the authority to hold Crown and community partners together through change.

- **Recognition that Police are best placed for acute functions only**

- Police are essential for immediate safety and legal response, but Iwi and community providers are better positioned to lead relational, wraparound, and preventative work.

- **Small-community, rural realities demand relational and privacy-safe practice**

- Uniforms, marked vehicles, historic power dynamics, and confidentiality concerns can inhibit engagement.
- Geography, distance, connectivity gaps, and service scarcity—particularly for tāne and rangatahi—require flexible, locally informed responses.

- **Limits of current outcome measurement and commissioning models**

- Activity-based reporting and inconsistent feedback loops obscure whānau-valued outcomes.
- National funding silos restrict early intervention, pre-court prevention, and whānau-led planning.

KEY FEATURES OF THE PROPOSED IWI-LED TAIORA MODEL

- **Iwi-led governance and accountability**
 - Leadership shifts from Police-led coordination to Iwi governance under Te Rūnanganui a Ngāti Porou and Te Rūnanga o Tūranganui a Kiwa.
 - Decision-making is anchored in rangatiratanga, whānau voice, and collective accountability.
- **A shift from coordination to system transformation**
 - Moves beyond managing incidents to reshaping how the system supports whānau wellbeing and prevents harm.
 - Focuses on long-term resilience rather than short-term crisis response.
- **Multiple access points – “one door” for whānau**
 - Referrals can come from schools, marae, refuges, community providers, or whānau themselves— not just Police notifications.
 - Enables earlier engagement and support below statutory thresholds.
- **Relationship-based, whānau-led navigation**
 - Prioritises trust, plain-language practice, and whānau-led planning over agency-directed case management.
 - Avoids deficit framing and emphasises dignity, strengths, and incremental progress.
- **Single lead wraparound responsibility**
 - A nominated lead provider holds accountability for coordination, reducing duplication and avoiding “too many cars up the driveway.”
 - Supports continuity and clarity for whānau.
- **Local workforce capability and kaupapa Māori practice**
 - Builds and sustains local kaimahi capability across sectors through training in systems thinking and kaupapa Māori practice.
 - Reduces reliance on visiting or short-term staff and mitigates leadership churn.
- **Flexible, devolved commissioning**
 - Advocates for funding models that support whānau wellbeing over time, rather than narrow, activity-based outputs.
 - Enables responses that reflect local context, privacy needs, and access constraints.
- **Stronger feedback loops and outcomes focus**
 - Seeks to improve shared intelligence, task completion, and outcomes tracking beyond case narratives.
 - Aims to evidence whānau-valued change, not just system activity.

KEY CHALLENGES

- **Persistent governance and system constraints:** Challenges identified in the 2019 evaluation remain evident, including limitations in Iwi-Police governance arrangements and decision-making authority.
- **Police-led triage processes not fully enabled by data systems:** Triage continues to rely heavily on Police processes, with underutilised or poorly fitted data systems (FSS) limiting early visibility, shared understanding, and coordinated action.

- **Outcome measures that do not reflect Whāngaiā's core impacts:** Current monitoring frameworks prioritise system and service outputs and do not adequately capture Whāngaiā's preventive, relational, and whānau-centred gains.
- **System and government agencies as barriers to whānau outcomes:** Whānau and kaimahi report that interactions with government systems (e.g., courts, MSD, Oranga Tamariki, education) often create barriers rather than enabling support, requiring NGO kaimahi to spend significant time advocating and problem-solving.
- **Fragmentation undermines sustainability of outcomes:** Evidence indicates that gains in safety and engagement deteriorate over time when systems become fragmented, roles are unclear, or coordination weakens.
- **Unsafe or poorly aligned settings reduce engagement:** Outcomes are compromised when engagement settings feel unsafe, privacy is not well managed, or whānau lose confidence in the system.
- **Contextual pressures not consistently mitigated:** Persistent challenges such as methamphetamine use, geographic distance, service gaps, and locality constraints continue to heighten risk when not actively managed within the response.
- **Incomplete participation by key agencies:** The effectiveness of Whāngaiā has been weakened by inconsistent engagement from some partner agencies, including a loss of clear line of sight and participation from Oranga Tamariki over time.
- **System fatigue and poor service fit:** Poorly aligned service design and cumulative system pressures contribute to fatigue among kaimahi and whānau, reducing the effectiveness of the response.
- **Dependence on system redesign for future improvement:** The success of the model now hinges on the Manaaki Tairāwhiti and Iwi-led redesign, particularly its ability to re-engage all partners, clarify roles, and restore coordinated, action-focused practice.

RECOMMENDATIONS

1. **Streamline information-sharing** processes so they are brief and safety-focused—moving away from view-only access towards short, action-oriented summaries, and ensure support begins immediately.
2. **Emphasise outcome measurement** in the re-design of the model, particularly in relation to data feedback loops and shared outcome measures, so that community providers have genuine buy-in to collaborative outcome tracking.
3. **Identify and address the reasons why some agencies opt out** of the Tairāwhiti response, non-attendance, and limited participation and use this information to inform redesign, improve expectations, and strengthen accountability for participation.
4. **Re-establish a cross-provider operations forum** at the manager level to resolve handover issues, manage capacity constraints, and coordinate responses quickly when pressures emerge.
5. **Review and highlight priority capacity gaps** in the local system, including tailored options for tāne, appropriate pathways and services for those aged 16-18, addiction support, mental health support, and dedicated services for tamariki affected by family violence.
6. **Track longer-horizon functions** for complex and high-risk whānau in the revised model, so that contact is maintained, progress is not lost between crises, and whānau can continue to access support while police, court, and other statutory processes run in parallel.



ROTORUA FAMILY VIOLENCE RESPONSE

Rotorua's family violence response operates as a practitioner-led hub rather than a large, daily table meeting. The training, triage and referral process of the model is primarily coordinated by Family Focus (family violence prevention provider) and the Police. The model's effectiveness is underpinned by the collaborative efforts of "super advocates" (kaimahi) from Manaaki Ora, Te Wāhi Whakaora Women's Refuge, Waiariki Women's Refuge, LinkPeople (community housing provider), Te Whatu Ora Emergency Department (ED) social workers, Specialist Probation officers and Te Waiariki Pūrea Trust.

Referrals to the service come from Police, health providers, and social development agencies, as well as victim-survivors and whānau self-referrals. The model has evolved from previous Police-led responses to a more community-led approach, with a focus on daily triage, rapid intervention, and task allocation to advocates best suited for each victim-survivor/whānau. This is a community-led initiative, and its current capacity has been sustained largely through the goodwill of participating NGOs, who have effectively seconded ("passed on") portions of their full-time equivalent roles to the collaboration. The following case study draws on interviews with nine stakeholders and four whānau.

Each morning, a short, targeted triage allocates new police-attended family violence episodes to the best-placed super advocate, with administrators maintaining a single shared plan so the first responder has the right orders, contacts, and risk details at hand. The hub prioritises speed, privacy, same-day contact, minimal duplication, and tightly controlled, lawful information-sharing—partners access only what is relevant to safety. This shift frees police to focus on policing tasks, such as statements, arrests, and bail decisions, while community specialists coordinate the support side of the response.

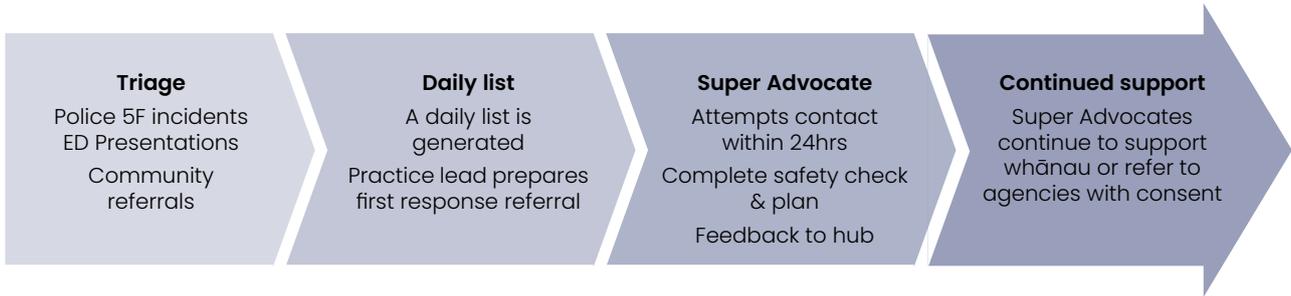
There is a deliberate and immediate feedback loop in the model. Super advocates collect referrals from the hub each day, complete a brief written form, and return it in person so the triage team can confirm contact or trigger further intervention by the Police or partner NGOs. While the process is manual and paper-based, stakeholders noted it works well in this context because it enables face-to-face check-ins with super advocates, strengthening relationships and ensuring timely clarification beyond what email can provide.

The process follows a consistent sequence. Referrals from the Police are triaged and purposefully allocated. The advocate then re-checks the file, closes information gaps, and plans a safe first contact. Where risk is acute, for example, the victim-survivor cannot be reached, Police Family Harm teams and district resources are mobilised before contact is attempted. In health or sexual violence cases, services are deliberately sequenced, so the person is not overwhelmed, for example, forensics and medical care before statements. First contact is usually by phone, paced for safety, and oriented to immediate risk, followed by practical removal of any barriers, like transport, childcare, appointments, devices, and supported handovers into the next service.

Roles and enabling structures give the hub its reach. Registered social workers act as super advocates with broad, needs-led scopes of practice. A Practice Lead oversees triage and allocation, and family violence administrators curate the daily list, keep the shared plan current, and coordinate safety device - alarms, phone, and Police liaison for breaches or welfare checks. Co-located partners, Police Family Harm teams, ED social workers, Women's Refuge, Corrections, and others work side by side so that decisions and actions happen in hours, not days. Weekly multi-agency consults resolve complex cases and refine sequencing, while shared capability building (e.g., entry-to-expert [E2E] training and common "red/purple flag" risk language) aligns practice across organisations. There is a strong emphasis on victim-survivor-centric practice, trusting relationships, and empowerment, drawing on te ao Māori models of care and community connections.

FIGURE 4

ROTORUA SUPER ADVOCATE PROCESS MAP



The practice model is trauma-informed and consent-centred. Practitioners “do no harm” by reducing the number of separate calls and visits, letting the best-placed partner go first, and using discreet access points (e.g., ED side doors or out-of-uniform police). Informed consent is re-checked at each step (forensics, interviews, counselling), but the model also recognises legal pathways to share information without consent when high-risk demands protective action under the Family Violence Act 2018. This blend of relationship-based engagement, lawful information-sharing, and careful sequencing lowers overwhelm for whānau, builds trust, and improves follow-through on difficult steps like police statements and protection orders.

Practice is anchored in local kaupapa, such as the story of Te Ao-kapurangi, with an emphasis on manaakitanga, calm, and culturally safe processes in hospital and community settings. For example, ED pathways consciously lower tapu/context stress (e.g., quiet rooms, brief rituals to whakanoa) so whānau can engage without whakamā or exposure. The kaimahi practice is relational and whānau-centred. Kaimahi connect with whānau, talking through strengths, avoiding stigmatising labels, and pacing decisions to uphold whānau autonomy, an approach that reflects kaupapa Māori values in everyday practice.

Family Start (Tipu Ora) kaimahi serve as super advocates and bridge whānau into longer-duration, child-focused supports with a kaupapa Māori provider, extending care well beyond moments of crisis. The model also relies on place-based relationships (including marae-linked clinics and community networks) to remove immediate barriers, phones, benefits, transport, so safety plans are practical. Overall, the blend of local kaupapa, whānau-first engagement, and Māori-led providers gives the Rotorua hub its character. It is fast, discreet, and practically supportive while upholding dignity and tino rangatiratanga for those seeking help.

Participants noted contextual constraints and challenges. They note that variability in the justice system (charging, evidence, court decisions, report language) can erode trust. Children’s support pathways sit between Oranga Tamariki thresholds and community capacity, and administration (e.g., FSS search/visibility) can be clunky. The hub addresses these limitations through continuous improvement, coaching on documentation quality, shared training, weekly consults, and local workarounds. Progress is tracked with coordinator-pulled statistics and narrative “close-out” conversations that compare the whānau’s position presently with their position at referral, checking for sustained change.

ROTORUA CONTEXT

Family violence work in Rotorua is shaped by a mix of strengths and stressors in the local system. On the strengths side, the city’s relationship-driven culture and co-location of partners speed up decisions and handovers. An ED pathway has been adapted to risk, and police tenure is relatively stable, which deepens trust and practical know-how. Community networks can be mobilised

quickly for basics (beds, food, alarms), and shared training has built a common language for risk (e.g., strangulation “flags”). These features, together with a simple practitioner-led hub, allow same-day contact, supported handovers, and coordinated action across Police, Women’s Refuge, EDs, Corrections, and Tipu Ora.

At the same time, several contextual factors constrain pace and reliability. Child pathways and supports are thin (especially for ages 5–12 and 16–17), and Oranga Tamariki thresholds/attendance can leave families “between” systems. In addition, services for men and people who use violence remain limited. Police capacity varies, kaimahi practice can be inconsistent, and information-sharing with some agencies (e.g., MSD) is uneven. Housing and income settings (e.g., benefit stand-downs and non-association orders displacing offenders) create barriers to safe separation and reintegration for whānau.

The model’s core roles are reported as underfunded, super advocate hours are borrowed from NGOs, shared administrative tools are clunky or inconsistent across regions, and staff (especially administrators) carry heavy emotional loads. Overall, Rotorua’s response runs fast on relationships and co-location, but is constrained by stable funding and consistent partner participation (including mental health). Interview participants emphasise that the model has made considerable advances in victim-survivor safety and community collaboration, but sustainability, capacity for working with people who use violence, and targeted support for tamariki/children remain critical challenges.

The following table presents volume data from the 2023/2024 year.

Recent data provided by the Rotorua Family Harm Response indicates that between 1 July 2024 and 30 June 2025, there were 4,677 family violence (5F) incidents reported to the Police. Within these incidents, 2,985 individuals were recorded as the primary victim, 1,908 as the predominant aggressor, and 2,120 children were recorded as being present and exposed to family violence. In addition, 661 adults or young adults were recorded as witnessing family violence during this period. Taken together, these figures suggest that approximately 2 out of every 20 Rotorua residents were directly

TABLE 11

FAMILY VIOLENCE INCIDENTS IN 2023/2024, ROTORUA	
Rotorua district population ⁸ (2023)	76,600
Number of referrals to the SAM table per week	96
DATA FROM THE POLICE FOR THE ROTORUA AREA	
Number of Family Harm Investigations Fiscal Year 2023/2024	5,109
Count of Victims in Family Harm Related occurrences in Fiscal Year 2023/2024	1,304
Percentage of repeat victims	50%
Ratio of victims per 1,000	17.0
Count of Offenders in Family Harm Related occurrences in Fiscal Year 2023/2024	430
Percentage of repeat offenders	56%
Ratio of offenders per 1,000	5.6

⁸ Note. Rotorua district population data are sourced from 2023 Census, by Statistics New Zealand, 2023 (<https://www.stats.govt.nz/2023-census/#data>). Number of referrals to the SAM table per week data are sourced from Understanding the current state of Family Violence multi-agency responses, by Te Puna Aonui Business Unit, 2024. Number of Family Harm Investigations Fiscal Year 2023/2024, Count of Victims in Family Harm Related occurrences in Fiscal Year 2023/2024, Percentage of repeat victim, Ratio of victim per 1,000, Count of Offenders in Family Harm Related occurrences in Fiscal Year 2023/2024, Percentage of repeat offender, and Ratio of offender per 1,000 data are sourced from 2023/2024 by New Zealand Police, 2024. All case numbers of data are sourced via MSD 2025.

affected by a reported family violence incident over the year. Rotorua has recorded a steady decline in 5F incidents since the introduction of the multi-agency response. In particular, there has been a significant reduction in recidivist family violence, with the current rate at 38%—18 percentage points lower than the national average of 56%.

COMMUNITY NGOS

Community NGOs in Rotorua deliver a set of clear, hands-on responses that turn a police referral into real-world safety and follow-through. First, they make contact the same day and start with immediate safety. A super advocate phones the person, checks risk (“Are you safe? Where is he? Are there children?”), sets a short safety plan, and lines up the first practical steps. If the situation is particularly risky, they escalate directly with Police from the hub (welfare checks, breaches, alarms). This early pass puts safety first and cuts the delay that used to come with long meetings and multiple hand-offs.

When housing is unsafe, Women’s Refuge steps in as the crisis lead. They organise safe house placement or relocation (even out of region) and do supported handovers, so the receiving Women’s Refuge is ready when the person arrives (e.g., vouchers, bus tickets). This keeps the move tight and reduces the risk of returning to violence.

Kaimahi work to remove the basic barriers that defeat safety plans. They secure phones, police safety alarms, and essentials like food and car seats, and they connect people to benefits, budgeting help, and GP enrolment. These small contributions are treated as critical, not optional, because without them, protective orders and plans are hard to follow.

As risk settles, NGOs continue supported handovers into the right longer-term support. That can include protection order appointments, counselling, budgeting support, and primary care, with Women’s Refuge and Family Focus acting as “pathway finders”. For parents with pēpi, Tipu Ora provides a child-centred focus. Tipu Ora’s wider services (Well Child, youth, AOD support, nursing/social work) provide internal referrals so support doesn’t stop at the moment of crisis but continues to support whānau wellbeing.

Community partners note shared training and lawful, relevance-only information-sharing are crucial. The local E2E training gives community and statutory partners a common language and clearer understanding of thresholds. They hold tight list access, “share only what’s needed for safety,” protect privacy, while keeping their actions focused.

Finally, NGOs stay with whānau long enough to ensure that if ongoing support is needed, they are supported to find the appropriate provider. Managers describe deliberately pacing the journey, turning brief contacts into a longer run of support, so trust can build and life administration (orders, housing, money, health) actually gets done. That persistence, combined with practical problem-solving, is what local advocates point to when they say the “same names” aren’t showing up on daily lists like they used to.

IMPACT FOR WHĀNAU

The following section presents a series of whānau narratives from interviews undertaken for this evaluation, focusing on the support provided and the aspects of the family violence response that whānau identify as working well. All names have been changed to protect participants’ identities.

WHĀNAU 1

Kara describes years of harm that had slowly become “normal,” until a recent incident made it clear she couldn’t keep going like this. She’d tried to get help once before, but the process felt technical and



lonely—forms, phone calls, and no one beside her, so she stopped. This time, a friend pointed her to the Rotorua hub, and Aroha, a family safety advocate, rang the same day.

Aroha started with what Kara could manage right now. She checked who was at home, where the children were, and what would make tonight safer. By evening, Kara had a personal alarm fitted, and simple, concrete changes underway: a new lock, a small camera, and a handyman booked to sort weak points around the house. Aroha also laid out legal options in plain language, what each step meant, what it didn't, and how long it might take, and connected Kara with someone who could help prepare the paperwork. When Kara felt ready, Aroha went with her to the courthouse to file for protection.

The practical help widened from there. Women's Refuge was accessed for short-term support, and counselling was arranged so Kara had a place to find support emotionally. Aroha kept checking back, quick calls, and, where possible, small fixes, so the plan didn't fall over on everyday details like transport, childcare, or a missing phone charger. Kara reports that the pace matched her energy, fast when she had momentum, slower when things were wobbly.

The outcomes were noticeable. The house felt safer. The alarm gave Kara a sense that help was minutes, not hours, away. The protection order was filed, and counselling began. Most importantly, Kara's confidence changed; she describes feeling steadier, "more in control," and says the person using violence pulled back once there were clear consequences. She also saw the cracks; some frontline responses were inconsistent, and no one proactively engaged her ex-partner in a behaviour change programme. Her feedback is simple, tell people earlier what the hub can actually do, and put more advocates like Aroha in first-response roles. It wasn't one big dramatic rescue, she says, "it was a string of small, human things done quickly and in the right order," that made it possible to move.

"I had an incident where enough was kind of enough. Previously, I didn't really feel supported, I didn't know what to do. The most recent response ... was amazing. I always thought that ... you make that report, and the police work it out ... but no, it's completely self-led, and there's so many obstacles. [Aroha] just took over ... I didn't have to think of anything ... at every point she was asking me, 'Are you okay if I do that?' ... she was making sure I was safe."

WHĀNAU 2

Nia is a Māori mother of two who has been with her partner since she was 17. Earlier, living in Australia, she had almost no support, and her first child was taken into family care during a period of violence and instability. Now 33, with a toddler at home and a teenager, she was determined not to repeat the old pattern. She asked her sister (a police officer) for help and was referred to the local family violence pathway. The first contact was a phone call followed by a home visit from a Māori kaimahi who felt "like whānau," and Nia was matched to Rachel, a super advocate/social worker whose manner felt safe and non-judgemental from the outset.

Rachel kept the engagement simple and steady: one visit a week, at a time that suited Nia, offering transport if needed and keeping the focus on what would help today. The work blended practical planning with gentle, talk-therapy style support, creating a safe space to unpack distress, trace it back to earlier experiences, and name the roots of current reactions. Alongside that, Rachel equipped Nia with everyday tools she could use on her own, breathing and pause techniques when emotions surged, journaling prompts, and short video "vlogs" to offload when things felt overwhelming. Each week, they set a handful of goals (for Nia and her pēpi), agreed on steps and rough time frames, and reviewed progress together.

When money or basics got tight, Rachel arranged food parcels and explored supports that might relieve pressure (e.g., childcare hours so Nia could return to work). Just as importantly, she mapped the “what if” options so Nia didn’t feel trapped, for example, how to contact Women’s Refuge, what Work and Income could offer if she needed to leave, and how those pathways might work in real life for a single parent. That practical knowledge shifted Nia’s sense of what was possible and, when she shared it at home, proved a wake-up call for her partner. The service focus remained on stabilising Nia first so she could parent well, though Nia noted the gap in accessible, proactive supports for men and how much it would help if services actively reached out to fathers who are working and less likely to seek help.

Outcomes were clear and close to daily life. Nia describes feeling “seen,” lighter after each session, and more able to regulate emotions in difficult conversations. She reports greater safety and control at home, practical relief from the immediate financial strain, and a stronger belief that she has options, rather than having to endure. Looking back, she thinks life would feel “much heavier” without Rachel’s support and calls her “an angel sent” at the right time. Her suggestions are pragmatic: resource more first-response workers who can offer this kind of safe, consistent support, expand services that actively engage men, and strengthen practical help with budgeting, CVs and work so families can get back on their feet.

“We’ve had a lot of ups and downs being young parents ... I was absolutely determined and committed to not going through that toxic cycle again. There was a real whānau vibe, she made me feel real safe. She held space for me in my most vulnerable time and let me cry and supported me with no judgement.”

WHĀNAU 3

Moana is a Māori grandmother who has lived in the same home for nearly 30 years. Her whānau had long been impacted by a pattern of family violence from her former partner, including previous breaches of a protection order. The latest incident was serious and frightening, involving herself, her adult children, and mokopuna. On Police advice, Moana made the difficult decision to leave and ultimately sell the family home to keep everyone safe. She described this period as one of shock, fear, and deep uncertainty. She was unsure what her rights were, what would happen next, and how to navigate the legal, financial, and safety decisions in front of her.

The local family violence pathway connected Moana with Ariana, a kaiāwhina from an NGO who became her main point of support. The first contact was quick, within hours of the incident, and followed up with home-based and in-person support that felt calm, steady, and non-judgemental. Ariana focused on listening and understanding Moana’s situation, explaining options in plain language, and reinforcing that decisions would always remain Moana’s. Rather than a one-off intervention, Ariana stayed alongside the whānau over many months, checking in regularly, pacing conversations to what Moana could manage, and making sure each step was fully explained before moving on. Moana describes Ariana as a “safe person” who treated her with respect and never made her feel blamed or rushed.

A key part of the support was practical advocacy and system navigation. Ariana liaised directly with the Police, organised the collection of CCTV footage and photographs, and helped resolve distressing issues such as removing her ex-partner’s vehicle from the property. She supported Moana to access Victim Support, liaised with insurance, and helped her understand and participate in court processes, including preparing a Victim Impact Statement and later a submission to the Parole Board. Ariana also arranged counselling for Moana’s adult children within a short time frame, using text and other flexible communication to work around anxiety and reluctance to engage. When the first counselling match was not right, Ariana normalised this and quickly found a more appropriate alternative.

Moana reports feeling significantly safer and more secure, both physically and emotionally, knowing there was someone she could trust, who believed her, and who would keep her information confidential. The intensive practical support reduced the burden of dealing with multiple agencies while in crisis, allowing her to focus on immediate safety and rebuilding. She and her children gained clearer knowledge of their rights, options, and entitlements, and felt more able to make informed choices about housing, legal processes, and healing. Looking back, Moana believes the support prevented her from becoming overwhelmed and “stuck” in the system. She identifies the things that made a difference and enabled her to leave a long-time, harmful relationship. This included rapid, wraparound responses for the whole whānau, trusted workers who can walk alongside the whānau over time, providing flexible and appropriate support. She would like to see more youth-responsive counselling options for her mokopuna, and advocacy roles for young people that remove systemic barriers so the whole whānau can move towards long-term safety and stability.

“It’s a really vulnerable moment and situation that you are in, and I just felt so embraced and wrapped around. I’d want to cry because it wasn’t okay, you’re still processing it. I was really reluctant in the beginning, and the kids were too ... one of my kids was like, ‘I won’t answer my phone,’ because of heavy anxiety, so they did it through texts ... the one thing is, the way that they value you. Yeah. You’re valued.”

OUTCOMES FOR WHĀNAU

The table below summarises outcomes valued by whānau and super advocates with illustrative evidence drawn from the case studies. Across all cases, whānau reported improvements attributable to their interactions with super advocates; in some cases, long-term patterns of family violence were disrupted, and whānau reported significant improvements in wellbeing and safety.

TABLE 12

OUTCOMES FOR WHĀNAU (ROTORUA)		
OUTCOME THEME	WHAT WHĀNAU SAY (THEIR WORDS/PRIORITY)	EXAMPLES ACROSS CASES
Immediate safety established	Same day response, making sure whānau were safe, “she just took over and did everything.”	Same-day risk check, brief safety plan, Police welfare checks/locates, safe separation in ED, emergency Multi-Disciplinary Team meets when risk spikes.
Safety housing and technology in place	Alarms, phones, security camera, “police were around the same day putting in the button box ... the handyman came back and finished securing the house.”	Police alarms, emergency phones, CCTV/security at Women’s Refuge, home security upgrades (locks/camera/handyman). Immediate Women’s Refuge placement. Coordinated relocation out of the region. Transitional/long-term housing (e.g., Kāinga Ora).
Quicker, lower-stress access to care	Super advocates are clear on making safe steps, asking for whānau consent, and progress safety.	Side-door ED entry, private rooms, warm, pre-discharge handover to a super advocate/Women’s Refuge.
Basic needs met so plans are workable	Meeting needs so safety plans are implemented. “There were times we were struggling with food, so she’s been able to give us food parcels.”	Food, transport, car seats, phones, GP enrolment, housing, benefits/budgeting help.
Supported pathways to intervention	Walking alongside whānau to identify the support they need, creating opportunities for access.	Supported introductions to counselling/legal, fit-checks and follow-up, in-building handovers.
Legal protection and accountability	Assistance to put in protection orders: “We put in a protection order ... I got my power back.”	Protection orders filed, statements/Victim Video Statements (VVS) completed, PSOs used, breached PSOs converting to s123B protection orders, arrests/bail opposition.
Child-centred safety and supports	Visibility of tamariki in safety planning, accessing support to Tipu Ora, and ensuring tamariki wellbeing.	Safer child pathways, Oranga Tamariki consults, tailored supports via Police flexi-funds (equine therapy/holiday programmes).
Improved self-regulation and agency	Whānau are given choice throughout the process and taught new skills where needed. “It gave me so much more power in the situation.”	Practical tools (breathing, journaling/vlogs), clearer options (“what-ifs”), informed choice about services.
Therapeutic/wellbeing gains	“She held space for me with no judgement ... I walked from each session feeling lighter, seen, and heard.”	Confidence, self-worth, resilience, feeling “in control again”.
Sustained engagement beyond crisis	Long-term support and pathways into long-term hauora providers.	Bridged into Tipu Ora, ongoing check-ins, fewer no-shows.
Reduced repeat harm	“Since the protection order, his behaviour has changed dramatically ... he knows I’ll do something about it.”	Fewer “same names” on daily lists, behaviour change by person using violence, use of safety plan during incidents.
Stability in daily life	“We review goals every week with time frames ... support to get work hours so our situation is more sustainable.”	Returning to work/school, licences/programmes, and sustained family violence-free living after relocation.

The case outcomes illustrate how the model translates into real-world change: same-day practical safety and warm, sustained support led to legal protection, improved confidence and control, and reduced repeat violence. The stakeholder-reported outcomes (admins, ED social workers, Women's Refuge, Corrections, Family Focus/Tipu Ora, Police) show the scale effects of the hub: quicker access, better-sequenced handovers, enforceable protections, safer release transitions, and fewer repeat crises across the local system.

OUTCOMES FOR STAKEHOLDERS

Across interviews, stakeholders report that the Rotorua hub model improves speed, clarity, and coordination of the family violence response. For Police, tighter day-to-day coordination with community partners means faster welfare checks and more trauma-aware evidence gathering (e.g., statements taken in safe settings), while shared training reduces "red tape" and aligns decisions across roles. Emergency Department teams describe smoother clinical flow—private rooming, shorter stays, and warm, same-day handovers to advocates or Women's Refuge—alongside better documentation and routine check-ins that strengthen safety planning.

Women's Refuge and housing partners see fewer duplicate assessments, quicker placements (including out-of-region relocations when needed), and higher uptake/retention because sequencing is deliberate and clients are not overwhelmed. Corrections reports richer, lawful information-sharing at the hub that enables clearer directions, breach/recall decisions, and safer release planning; joint sessions with Police have clarified thresholds and improved the day-to-day interface.

Oranga Tamariki's participation, when consistent, is associated with better-targeted statutory involvement and faster alignment around child safety. Across the system, partners note a shift from agency gatekeeping to shared risk, skills-based triage that matches cases to the people best placed to help, increasing use of case consults, and a clearer legal basis for timely information-sharing in high-risk situations. Courts also benefit from stronger, quicker evidence chains, and locally, the addition of super advocate roles that support both victim-survivor voice and defendant compliance. Together, these changes produce cleaner information, less duplication, and faster, better-sequenced actions across the network.

ATTRIBUTION OF OUTCOMES

The following attribution table translates what people do in Rotorua's family violence hub into how change happens for whānau. It pulls the recurring practices described across interviews—like same-day, practitioner-led contact; discreet, trauma-aware pathways through ED; warm handovers to Women's Refuge or Tipu Ora; targeted Police and Corrections actions; and practical barrier-busting—and lines them up against the outcomes they are most plausibly producing (e.g., faster protection orders, safer immediate environments, fewer repeat episodes, and steadier resettlement after relocation).

For each link, the practice and the short causal mechanism are noted (why that practice would lead to that change), and the kind of evidence interviewees pointed to (e.g., time to contact, orders filed, alarms installed, re-presentation patterns). The intent is not to claim exclusive causation but to make contribution pathways visible enough to guide improvement and measurement.



TABLE 13

PRACTICE-LEVEL MECHANISMS (PROXIMATE TO WHĀNAU CHANGE), ROTORUA

CAUSAL MECHANISM (WHAT WAS DONE)	OUTCOME FOR WHĀNAU (WHAT CHANGED)	WHĀNAU VOICE/EVIDENCE (DESCRIPTIVE)	ATTRIBUTION STRENGTH	LEVEL
Short, practitioner-led hub triage, purposeful allocation.	Faster first contact and immediate safety.	Same day/rapid appointment arranged, advocate coordinated steps with explicit consent at each stage, accelerating action.	High	Case
Safety devices (police alarms/phones), small security upgrades (locks, cameras), practical basics (food, car seat).	Home feels safer now.	Security camera, upgraded locks, and a police panic device were arranged within under 24 hours; basic needs support (e.g., food parcels) was provided, with the home subsequently described as secure.	High	Case
Trauma-paced process, informed consent at each step, breaks/food during long interviews, Police take statements in safe settings (e.g., Women's Refuge).	Protection orders, statements/Victim Vulnerability Statement completed.	The advocate checked consent at each decision point and accompanied to court. Statements and a protection order were completed without re-traumatising the victim-survivor.	High	Case
One trusted advocate led, persistent relationship-based follow-up, targeted plans for repeat families (e.g., Police).	Fewer repeat episodes/increased accountability.	Regular proactive check-ins were maintained after the crisis phase, and the person using violent behaviour reduced/changed following accountability measures and clear consequences.	High	Case
Direct Police liaison by admins/advocates, rapid escalation to Family Harm Investigation Team/Public Safety Team, six-day coverage.	Immediate protection in high-risk situations.	Police installed a panic alarm the same day, tasks were escalated and completed rapidly through direct liaison.	High	System
Side-door arrival to ED, private rooming, separation from the person using violence, universal screening (e.g., "Are you safe at home?")	Less traumatic care in ED, more disclosures.	Supported access to care through ED presentation.	High	System

TABLE 14

SYSTEM/DESIGN MECHANISMS (ENABLING OR CONSTRAINING PRACTICE), ROTORUA			
CAUSAL MECHANISM (HOW THE MODEL IS SET UP)	OUTCOME FOR WHĀNAU (WHAT CHANGED)	WHĀNAU VOICE/EVIDENCE (DESCRIPTIVE)	ATTRIBUTION STRENGTH LEVEL
Police capability lifted via E2E and coaching, shared accountability to fix report language/charging.	Quicker legal protection and accountability.	Courthouse accompaniment; supported, timely protection order; person using violence changed behaviour under clear accountability settings.	High System
Co-location, in-building slot/triage, warm handovers to check providers are the right fit.	Smoother, quicker handovers.	Referrals to counselling and legal processes were completed with accompaniment and minimal gaps between steps.	High System
Corrections at the hub daily, FSS updates, use of directions/breach/recall, and pre-release safety planning.	Safer prison releases/fewer unsafe contacts.	Tracking risk and escalating risk on breaches, release recalls.	High System
Tipu Ora within-the-hour calls; child-centred, strengths-based kōrero; practical tools (breathing, journaling/vlogs); "what-if" planning.	Better self-regulation and agency.	Kaimahi taught practical regulation tools and set weekly goals; whānau reported feeling calmer, more capable, and better able to make decisions.	Moderate Case
Warm, pre-discharge ED handover, Women's Women's Refuge calls from the hub, "voucher → bus → receiving refuge" workflow.	Same-day Women's Refuge placement/safe relocation.	Women's Refuge application processed and accepted, follow-on property security work completed promptly, indicating coordinated handover and sequencing.	Moderate Model
Weekly case consults with Oranga Tamariki/partners, child-specific Police flexi-funds (e.g., therapy, holiday programmes).	Child safety and support improve.	Parenting support prioritised so the caregiver could support the baby/child, child was included as a protected person on legal orders.	Moderate System
Reputation of ED/hub as a place that acts, community relationships, and simple access ("one call, one advocate").	Greater help-seeking/trust in the pathway.	Whānau self-initiated help through trusted police contacts, referral reached the super advocate quickly, and actions commenced without delay.	Moderate Model
Rapid relocation workflow and wraparound (orders, GP enrolment, budgeting, counselling).	Stable resettlement after relocation.	Reduction of presenting barriers, reducing stress, and enabling safety plans.	Moderate Model

TABLE 15

CONTEXT CONSTRAINTS (NEGATIVE CAUSAL LINKS TO WATCH), ROTORUA				
CONSTRAINING FACTOR (WHAT GETS IN THE WAY)	OUTCOME FOR WHĀNAU (WHAT HAPPENS)	WHĀNAU VOICE/EVIDENCE	ATTRIBUTION STRENGTH	LEVEL
Fragmented system and thresholds.	Delayed assessment, impact on services support for tamariki.	Services/agencies not consistently contributing.	High (negative)	System
Relying on providers for services in community super advocates.	Lack of funding for super advocate roles within structure.	Reports that model is heavily reliant on goodwill of providers.	High (negative)	Context
Lack of services for men and people who use violence.	Lack of services for men and people who use violence in the community.	Men and people who use violence not able to access behaviour-change support.	Moderate (negative)	System



CASE SUMMARY

KEY FEATURES OF THE ROTORUA MODEL

- **Practitioner-led hub:** Operates as a small, practitioner-led coordination hub rather than a large daily table, led by Family Focus in partnership with Police.
- **Community-led, relationship-based approach:** Evolved from a Police-led response to a community-led model grounded in trusted relationships and rapid, practical action by experienced NGO “super advocates.”
- **Daily rapid triage and allocation:** Police-attended family violence incidents are reviewed each morning and purposefully allocated to the best-placed advocate for same-day contact.
- **Clear role separation:** Police focus on statutory and enforcement functions, while community advocates lead engagement, safety planning, and wraparound support.
- **Single shared plan and tight information-sharing:** A single shared plan supports speed, minimal duplication, and relevance-only, lawful information-sharing focused on safety.
- **Strong feedback loops:** Daily, face-to-face feedback from super advocates confirms contact and progress, enabling rapid escalation where required.
- **Trauma-informed, consent-centred practice:** Engagement is paced, discreet, and sequenced to reduce overwhelm, with consent re-checked at each stage and protective pathways used when risk is high.
- **Highly skilled workforce and co-location**
 - Registered social workers act as super advocates, supported by a Practice Lead and specialist administrators.
 - Co-location with Police, ED social workers, Women’s Refuge, Corrections, and others enables decisions within hours.
- **Strong kaupapa Māori foundation:** Practice is grounded in local kaupapa Māori, emphasising manaakitanga, cultural safety, calm engagement, and whānau autonomy.
- **Continuity beyond crisis:** Tipu Ora and community partners extend support into longer-term, child-centred and whānau wellbeing pathways.

KEY CHALLENGES

- **Sustainability and resourcing risk:** The hub’s capacity is sustained largely through NGO goodwill, with portions of FTE effectively “seconded” into the collaboration, creating fragility if staffing or funding shifts.
- **Inconsistent justice-system settings:** Variability in charging decisions, evidential thresholds, court decisions, and report language can undermine trust and create uneven pathways for victim-survivors and whānau.
- **Children and rangatahi pathways fall between systems:** Child supports can sit between Oranga Tamariki thresholds and community capacity, leaving gaps for tamariki — particularly ages 5–12 and 16–17 limiting age appropriate mental health supports.
- **Limited pathways for tāne and people who use violence:** Service options remain constrained for men and those using violence, reducing the system’s ability to stabilise risk and support behaviour change alongside victim-survivor safety.

- **Variable partner participation and information-sharing:** Participation and information-sharing can be uneven across agencies (including variability in engagement with MSD), affecting coordination and the reliability of shared action.
- **Operational variability:** Police capacity can fluctuate, and kaimahi practice can be inconsistent, leading to uneven pace and reliability in follow-up and handovers.
- **Administrative systems and data visibility constraints:** Shared administrative tools (including FSS search/visibility) can be clunky or inconsistent, limiting efficiency and clear line of sight over actions and outcomes.
- **Outcome measurement limitations:** Monitoring is largely activity-based and can be unreliable when partner feedback is incomplete, making it difficult to evidence whānau-valued change beyond case narratives and practitioner feedback.
- **Housing and income settings create barriers to safety:** Housing scarcity, benefit settings (e.g., stand-downs), and justice conditions (e.g., non-association orders) can complicate safe separation, relocation, and reintegration.
- **Workforce wellbeing and emotional load:** Administrators and frontline kaimahi carry high emotional labour in a fast-paced environment, requiring ongoing supervision, coaching, and support to maintain quality and retention.

RECOMMENDATIONS

1. **Stabilise core capacity.** Fund full-time super advocate roles (rather than borrowing staff time) and maintain ring-fenced Corrections and Police family violence capacity so same-day contact and enforcement remain reliable. Pair this with routine supervision/wellbeing supports for frontline and admin staff.
2. **Lift frontline practice where it matters most.** Increase Police family violence training beyond Police College content, sustain joint Police/Corrections and ED/SAM table sessions focused on charging, evidence quality, trauma-aware statements, and non-blaming language.
3. **Close child and people who use violence pathway gaps.** Participants would like to see dedicated tamariki strands alongside the victim-survivor pathway. A child-focused strand (with options for 5-12 and 16-17-year-olds, shorter waits, and active Oranga Tamariki participation) and a strand that offers earlier, accessible support for people who use violence (including workforce growth for male practitioners).
4. **Tighten the system interfaces that stall safety.** Advocates spend some time removing system barriers for whānau and see value in embedding an MSD broker in the hub, removing benefit stand-downs and counter-productive debt recovery during crisis/release periods. They would like to see rapid housing options expanded when non-associations displace offenders, and community mental health services a consistent SAM table presence.

INTEGRATED SAFETY RESPONSE IN CANTERBURY

The Canterbury Integrated Safety Response (ISR), established in 2016, is a crisis-bound, whānau-centred coordination for family violence episodes. The core intent is to rapidly stabilise risk in the immediate post-incident window (generally up to 12 weeks), then transition whānau into ongoing community supports once safety is established. It does this by separating risk assessment (a multi-agency function) from practice delivery (led by community providers), while maintaining tight operational discipline and continuous quality assurance.

The response operates across the wider Canterbury Police District, covering Christchurch City and the surrounding North and South Canterbury communities. The ISR footprint is district-wide and is helped by the fact that the police district broadly aligns with a single lwi rohe, which has supported clearer relationships and coherent Māori leadership in the response. Within this geography, there is a consistently high volume of Police 5F family violence episodes, supplemented by agency referrals and high-risk prison release notifications. The following table demonstrates the volume of family incidents in the year 2023/2024.

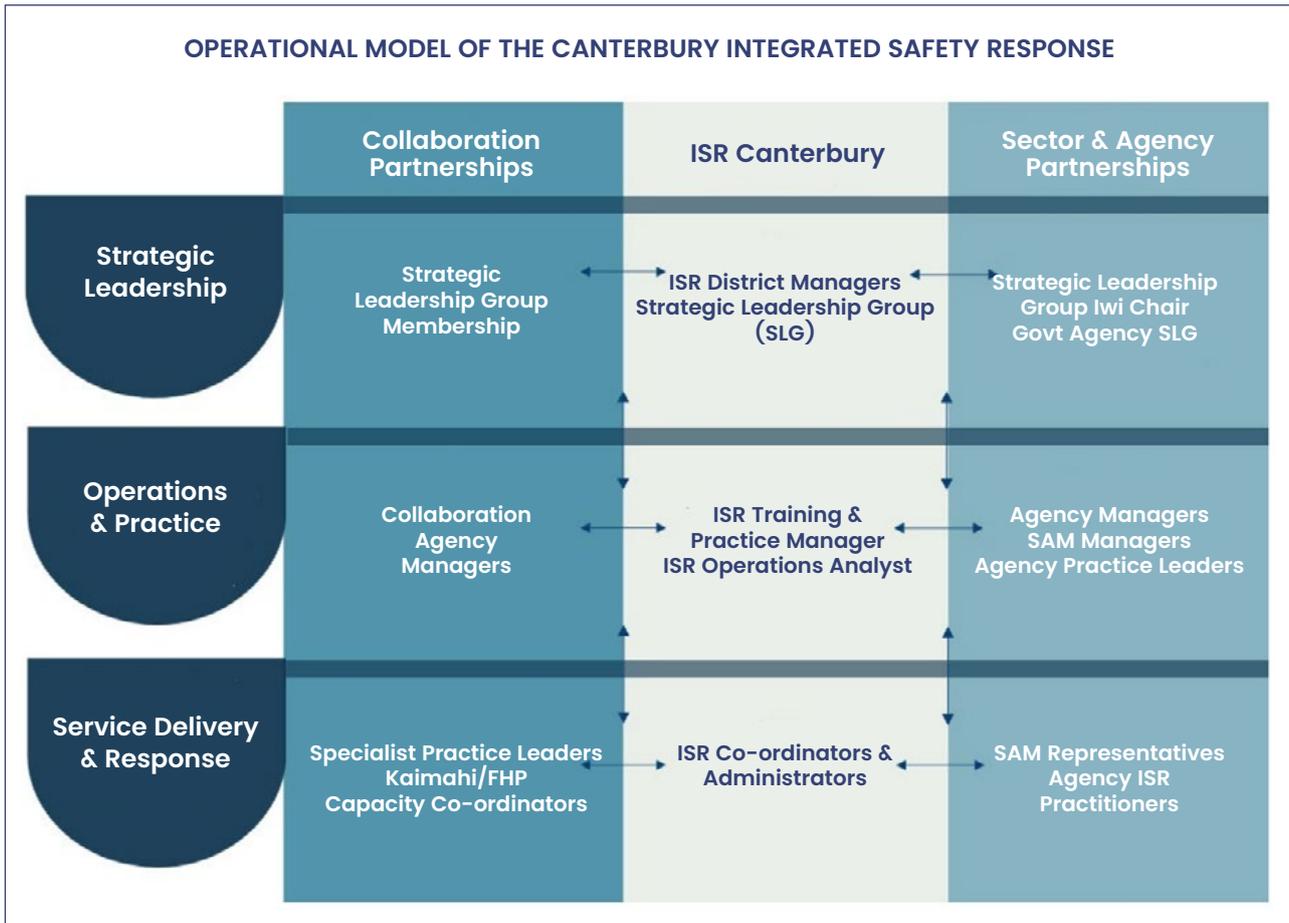
TABLE 16

FAMILY VIOLENCE VOLUME IN CANTERBURY, 2023/2024	
Population Christchurch metro ⁹ (Census 2023)	396,200
Number of referrals to the SAM table per week for all Canterbury	328
DATA FROM THE POLICE FOR THE CANTERBURY METRO AREA	
Family Harm Investigations Fiscal Year 2023/2024	12,489
Count of Victims in Family Harm Related occurrences in Fiscal Year 2023/2024	2,637
Percentage of repeat victims	38%
Ratio of victims per 1,000	6.7
Count of Offenders in Family Harm Related occurrences in Fiscal Year 2023/2024	730
Percentage of repeat offenders	50%
Ratio of offenders per 1,000	1.8

The Canterbury ISR is overseen by a Strategic Leadership Group (SLG) comprising regional managers from core government agencies (Police, Corrections, Oranga Tamariki, Ministry of Social Development, Health), Ngāi Tahu representation, and a nominated NGO representative from the specialist family violence sector. Beneath this sits an Operations & Practice role, which brings together managers from participating agencies and NGOs to address operational issues and implement governance decisions. The Service Delivery & Response is led by a dedicated ISR District Manager, supported by a co-located core team that includes an ISR Operations Analyst, an ISR Practice and Training Manager, ISR coordinators, and ISR Administrators. In addition, and hosted by NGO collaborations, Specialist Practice Leads, Family Harm Practitioners and a bespoke electronic Case Management System, in this case, the Family Safety System (FSS), that tracks family violence episodes, safety plans and tasks. Governance and operational management structures have remained relatively stable over the past nine years and are identified as key enablers of continuous improvement.

⁹ Note. Christchurch metro population data are sourced from the 2023 Census, by Statistics New Zealand, 2023 (<https://www.stats.govt.nz/2023-census/#data>). The number of referrals to the SAM table per week is sourced from Understanding the current state of Family Violence multi-agency responses, by Te Puna Aonui Business Unit, 2024. Family Harm Investigations Fiscal Year 2023/2024, Count of Victims in Family Harm Related occurrences in Fiscal Year 2023/2024, Percentage of repeat victim, Ratio of victim per 1,000, Count of Offenders in Family Harm Related occurrences in Fiscal Year 2023/2024, Percentage of repeat offender, and Ratio of offender per 1,000 data are sourced from New Zealand Police, (2024). All case number data are sourced via the Ministry of Social Development, 2025.

FIGURE 5



ISR operates in a shared-accountability model. The Strategic Leadership Group sets direction, ISR operations steers the daily platform functions, and two delivery collaborations, one mainstream (Canterbury Whānau Safety Service Collaboration [CWSSC]) and one kaupapa Māori (Tū Pono), lead frontline responses. Contracting and investment settings consciously support equity (a 50/50 investment across collaborations) and capability (e.g., targeted training and innovation funds), with ISR holding the umbrella contract¹⁰ and using evaluation insights to refine procurement and practice over time.

Referrals flow daily from Police family violence events, other agencies (e.g., Health, Accident Compensation Corporation [ACC], MSD, Education, Corrections) and include scheduled high-risk prison releases. Each morning, ISR compiles the last 24-hour list and invites agency input so that information from different lenses (statutory, health, youth, justice) informs risk assessment and prioritisation. The design emphasises same-day throughput, “what comes in that day goes out that day,” to prevent backlogs and reduce delays to support.

Only the highest-risk episodes are tabled at the Safety Assessment Meeting (SAM) table. Lower-risk matters are processed off-table using the same information-sharing and decision logic. Meetings have a tight remit to share information, agree on the risk statement, and confirm the risk level¹¹, and trigger immediate protective actions. COVID-19-era learning led to more “on-/off-table” flexibility, which has led to increased capacity to meet daily demand.

¹⁰ NGO Collaborations are contracted through Mental Health Education and Resource Center (MHERC).

¹¹ Undertaken within the Risk Assessment Framework (Ministry of Justice, 2017).



LAW COURTS

Following risk decisions, ISR tasks the collaboration capacity coordinators. Allocation is driven by fit-for-worker (who is the best practitioner for this whānau), not solely by risk-tiering. Plan leads are almost always NGO providers, and Family Harm Practitioners (FHPs) working within collaboration-specific service specifications. This community-led shift has grown sector capacity markedly and clarified role boundaries, with government agencies focusing on risk/statutory actions, NGOs leading safety planning and support. Expectations regarding engagement with whānau are time-bound and risk-proportionate, for example: **High risk** within 24 hours (same day where possible), **Moderate** within three days, and **Low** within five days.

Practice standards have been developed across the two collaborations that include whānau-centred planning, documentation in the shared system, visibility of children in plans, and responsiveness to changing risk, see Figure 6.

FIGURE 6

CANTERBURY INTEGRATED SAFETY RESPONSE PATHWAY AND PROCESS



INTERVENTION PATHWAY (WHAT WHĀNAU EXPERIENCE)

1. **Immediate contact and safety planning:** The assigned FHP initiates contact within the required time frame, completes safety planning and practical supports (e.g., protection orders navigation, Women’s Refuge access, transport/household needs) proportionate to the agreed risk.
2. **Continuity across settings:** Where relevant, engagement begins in the custody suite and continues with the same worker into the community, using a transitional role to avoid cold handovers.
3. **Ongoing monitoring and adjustment:** Plan leads can re-review risk (scaling up or down) as they learn more, convene mini multi-agency reviews, and escalate if new harms emerge. This is part of the systems improvement planning ongoing.
4. **Planned transition:** As risk stabilises (within the under-12-week crisis window), ISR supports a warm handover into “business-as-usual” community services suited to longer-term recovery and healing.

ISR has replaced intensive case-management meetings with weekly quality reviews that check practice against guidelines across active cases, with focused “deep dives” (e.g., children’s visibility in safety planning). Data dashboards from the FSS track timeliness, allocation, documentation, and pre-/post-assessment for whānau safety and awareness. To ensure more “doors that look like” whānau, commissioning of services has deliberately broadened the provider mix and resourced kaupapa Māori capacity on an equal footing.

As part of continuous improvement, ISR has introduced system-level innovations that bring support closer to the first point of contact for people who use violence. A Police-precinct Navigator has been tasked each morning to engage tangata whaiora in custody at the earliest touchpoint, explain next steps, and arrange follow-up. This innovation was designed to reduce drop-off between arrest and services, and strengthen safe, timely connections into ongoing help for people who use violence. Early evidence suggests improved continuity and access. Within collaborations, Practice Lead roles and capability funds underpin workforce development, supervision and continuous improvement across the providers.

Whānau change is monitored via brief pre/post assessments (where appropriate), covering violence severity, perceived safety (self/children), connectedness, and service knowledge. ISR also monitors process outcomes (e.g., same-day allocations, compliance with time frames) and uses system-level insights to target improvement priorities. ISR mechanisms (triage, allocation, quality assurance, resourcing) aim to enable community-led practice through which whānau achieve change.

COLLABORATIONS

Within ISR, both collaborations work from an approach that is risk-proportionate, consent-based, and whānau-centred. Each episode arrives with an assessed tier (high/moderate/low), which in turn governs the urgency and modality of first contact. Soon after a crisis event, initial engagement typically begins by phone—often the safest and most appropriate entry point—before moving to kanohi-ki-te-kanohi as appropriate.

Family Harm Practitioners explain support and obtain informed consent, emphasising whānau choice and pacing. Early “make-safe” steps focus on immediate safety planning for victim-survivors and tamariki, alongside stabilising practical needs such as housing, kai and income supports, technology safety, and, where indicated, home alarms or locks. Warm hand-offs then connect whānau to the “right” internal or external service, matched to need. Contact continues in the modality preferred by whānau, with Practice Leads and specialist supervisors providing ongoing case consultation, risk reassessment where necessary, and coordination in the background. Cases may close when goals are met or when whānau disengage, with clear pathways for re-contact should circumstances change.

CANTERBURY WHĀNAU SAFETY SERVICE COLLABORATION (LED BY TE WHARE MANAAKI TANGATA)

Home & Family Charitable Trust (Te Whare Manaaki Tangata) is the lead agency and contract holder for an eight-agency collaboration delivering services within the Integrated Safety Response (ISR) model across Waitaha, from Christchurch through to Timaru. Together, these organisations provide coordinated support for tamariki, whānau, and individuals experiencing family violence. The collaboration is designed to ensure consistent, high-quality, and timely responses across the region, regardless of which agency is involved.

The collaboration is guided by the ISR Senior Leadership Group (SLG), which brings together representatives from all participating government agencies and both NGO collaborations, mainstream and kaupapa Māori. The SLG oversees ISR’s strategic plan and terms of reference, ensuring agencies remain aligned to shared goals, common practice standards, and collective decision-making processes.

Te Whare Manaaki Tangata hold the primary contract with the Ministry of Social Development (MSD). This funding is distributed to partner agencies within the collaboration. A comprehensive Memorandum of Understanding outlines roles, responsibilities, and operational expectations, ensuring each organisation contributes to consistent service delivery, reporting, and accountability. This structure enables a unified response that brings together NGO and government partners to support whānau more effectively.

The collaboration includes the following eight agencies:

- Te Whare Manaaki Tangata
- Stopping Violence Services
- SHE – Support, Heal, Empower (formerly Battered Women’s Trust)
- Victim Support
- Christchurch Resettlement Services
- Arowhenua Whānau Services
- Mid-South Canterbury Refuge and Services
- Aviva

Collectively, these organisations provide a broad range of supports, including parenting programmes, supervised contact, child therapy, youth mental health services, crisis responses, and family violence interventions.

Te Whare Manaaki Tangata operate the triage and allocation function for the collaboration. ISR referrals are reviewed by the Practice Lead, who assesses the tiered referral information and assigns an FHP. Where risk indicators appear understated, the response can be upgraded to ensure safety needs are met.

Time-based targets guide first contact with whānau. Initial phone calls are used to confirm safety, gain consent, and understand immediate needs, followed by in-person engagement when appropriate. Family Harm Practitioners focus on presenting options rather than directives, with many needs able to be addressed within the first engagement. Safety planning is paired with practical stabilisation and routine co-work with key agencies, including Te Whatu Ora (Christchurch Hospital and Hillmorton Hospital), Corrections, and Police, to support safer-address checks, statement-taking, and discharge planning.

TŪ PONO KAUPAPA MĀORI ŌTAUTAHĪ COLLABORATION (LED BY HE WAKA TAPU)

Tū Pono is delivered through a kaupapa Māori collaboration model designed to embed Māori voice, practice, and governance in the local system. Referrals are routed through a central allocator, with Māori cases intended to flow to Tū Pono partners and work distributed across roughly 18 FHPs, based on risk and experience. A Specialist Practice Lead supports practice, monitors for higher-risk cases and supports consistency. The contract is held by a NGO, He Waka Tapu. While decisions are made collectively, the collaboration is intentionally present at the ISR governance forums to influence system settings and pathways for Māori.

Immediate make-safe actions include rapid access to Women’s Refuge (or motels if Women’s Refuge is full) and advocacy for housing, income, and basic needs, followed by onward links to counselling and an eight-week women’s empowerment group. Support includes removing barriers to safety, through the provision of kai, transport, and childcare. Purpose-built early engagement with tāne/people who use violence runs in parallel where appropriate. Tāne Māori workers within Te Puna Oranga partner with the Canterbury Men’s Centre to maintain culturally anchored pathways for behaviour change.

Rangatahi-centred responses include Hinetitama overnight wānanga for kōtiro (healthy relationships, consent, self-esteem, safety planning) and activity-based, side-by-side engagement for tāne rangatahi (e.g., horse riding, survival skills, haka). Cross-agency co-work is routine with MSD, Te Whatu Ora, Corrections, Police, and includes coordinated home visits where one collaboration supports the victim-survivor, and the other supports the person using violence. Te Whare Manaaki Tangata is accessed for teens alongside supports for pakeke. Engagement is driven through kaupapa Māori

values, whanaungatanga, mana-enhancing practice, and an open-invitation¹² that normalises re-engagement, paired with explicit staff care and containment to keep the work safe for kaimahi and whānau.

Although both collaborations share ISR's core processes, several operational distinctions are deliberate. Tū Pono adds purpose-built, culturally led pathways for tāne (including Māori male workers and a precinct/cell Navigator for the earliest possible contact), while CWSSC escalates engagement with people using violence primarily through co-work with Police and Corrections when required. Both can connect rangatahi to youth supports. Tū Pono, however, operates named rangatahi programmes with explicit safety-plan outputs. Finally, while both are whānau-centred and consent-based, Tū Pono explicitly weaves kaupapa Māori practices (whanaungatanga, mana-enhancement, and open-door re-engagement) through every stage of the flow and into governance.

Across both collaborations, the quality of outcomes appears to depend on the quality of relationships between FHPs and whānau. Trust is built through early, risk-proportionate contact, transparent, consent-based explanations of options, and responsiveness to whānau-preferred modalities and pacing. Kanohi-ki-te-kanohi engagement is used when safe and desired, but FHPs are attentive to the realities of post-crisis contexts where phone contact may initially be safer. Warm supported hand-offs are relational rather than transactional. FHPs prepare whānau for what comes next, introduce them to specific people and programmes, and remain available to troubleshoot barriers.

In kaupapa Māori settings, whanaungatanga, manaakitanga, and mana-enhancing practice provide the cultural scaffolding for dignity, agency, and sustained engagement, particularly for wāhine, tāne, and rangatahi Māori. For tāne, purpose-built early contact and Māori-led pathways create culturally safe conditions to acknowledge violence, stabilise risk, and begin change. For wāhine and tamariki, practical stabilisers (housing, income, childcare, transport, kai) are positioned as relational commitments that reduce shame, improve follow-through, and enable longer-term safety planning. Regular supervision and practice leadership supports kaimahi consistency while multi-agency hui provides a structured, mechanism when contact is difficult.

ISR in Canterbury provides a single, shared backbone for safety, stabilisation, quality assurance and coordinated support, delivered through two complementary collaborations that reflect different strengths and cultural frames. The collaboration values rapid, consent-based engagement, extensive mainstream service options, and close operational ties with Te Whatu Ora, Police, and Corrections; Tū Pono embeds Māori leadership and practice throughout allocation, engagement, and governance, adding tailored pathways for tāne and rangatahi and maintaining an open-door, whanaungatanga-led stance.

In both models, sustained, respectful relationships between FHPs and whānau are pivotal to progress; they convert a procedural flow into a lived experience of safety, choice, and connection that makes long-term change possible.

OUTCOMES FOR WHĀNAU

This section synthesises outcomes for whānau achieved through the Canterbury ISR. The following case studies present the lived experience of whānau dealing with family violence, the support they received, and the outcomes as they have experienced them. All names have been changed to protect participants' identities.

¹² An open-invitation refers to an ongoing, non-time-limited offer for whānau to engage with the service at any point and at their own pace, including returning later if they are not ready or able to participate when first contacted

WHĀNAU 1

Maria is a Christchurch mother who migrated to Aotearoa with her partner and daughter five years ago. She describes a prolonged, distressing journey through the Family Court and supervised-contact system in which her daughter's voice felt "suffocated," risks escalated, and self-harm and suicidality emerged despite repeated reports and evidential interviews. After a particularly harmful sexual assault episode that triggered Police involvement, Maria and her child were referred to ISR/Te Whare Manaaki Tangata. She describes this experience as the first "light in the tunnel." Contact from the team was reasonably fast, and for the first time, she felt that someone both understood the pattern and could act to protect her child.

Once engaged, support was relational and highly practical. Te Whare Manaaki Tangata helped prepare the young person's Victim Impact Statement and, when the former provider could not ensure safety, stepped in as the supervised-contact provider. Visits were paced and stopped when risk indicators were observed; workers wrote directly to the Court to signal concerns. Day-to-day help sat alongside the legal work—regular check-ins, a safe and welcoming environment, and access to programmes. Maria describes the staff as organised and credible, naming social workers who stayed with the case and were willing to front in court to explain what they had witnessed.

Maria attributes a decisive turning point and her daughter's continued wellbeing, to this intervention. Immediate harms in supervised contact were halted, and the child re-engaged in positive activities, including a resilience programme she wished could continue. Maria reports feeling heard and able to navigate next steps, while also calling for wider system improvements, including clearer public awareness of available help, more consistent support for caregivers (including migrants), and continuity beyond crisis. She remains emphatic that her daughter "is alive today because of their intervention," reflecting the value of early, coordinated action and sustained, relationship-based support that centres the child's safety and voice.

"I'll be forever grateful to the team that intervened ... they have the tools and the ways to intervene in the way that not only protects the family from violence, they literally stop it. That was the point, that my child actually is alive today because of their intervention. What I personally find out about the physical place ... it's really very homey and very ... welcoming ... it makes me and my daughter feel like we are safe here ... it just feels really good."

WHĀNAU 2

A Christchurch father, Mark, describes a volatile period in his relationship, marked by repeated assaults from his partner, Julia, and a single incident in which he reacted, later learning she'd been injured. Wanting accountability and clarity, Mark contacted the Police and was connected to an FHP. Early engagement centred on talking things through and assessing risk while he navigated the complexity of being a male victim-survivor in a situation where children were present, and loyalties were strained. He kept in contact with support discreetly to avoid escalating the situation and began to consider safer care arrangements for their daughter, Siena.

As incidents continued, including an alcohol-related episode while Siena was in Julia's care, the FHP provided clear, practical guidance, frequent check-ins, and step-by-step navigation through legal options. Support shifted from listening and stabilising to action to preparing a parenting order, planning for court attendance, and rehearsing safety decisions at handover points. The relationship with the FHP was consistent and available. Mark emphasises how being able to talk openly, without judgement, helped him to recognise risk, hold boundaries, and persist with the legal pathway despite uncertainty about how he would be viewed by services.

Mark reports that over time, he recognised tangible safety gains for Siena and greater confidence in his role. He attributes the turning point and his daughter's current safety to the sustained advocacy and practical help he received, noting that without this support, he would likely have returned Siena to unsafe care. Although the situation remains complex and caregiving has since transitioned to the child's grandmother, the case highlights the value of early relational engagement, clear safety advice, and accompaniment through family court processes for male victim-survivors who can face additional barriers to being heard.

"I hadn't called the police ... because I knew that if I called them, she might lose her kids. After having done that, I ... called the police because I reacted ... I needed to call the police. It's hard to know ... being male as well, it's really difficult ... society is kind of ... always been on the side of the mother. She's incredibly good at listening and just letting me talk ... I trusted her, and damn happy that I did."

WHĀNAU 3

A Christchurch wāhine, Tiah, describes the weeks after a family violence incident as a blur of safety concerns, legal decisions, and financial pressure. Initial contact came via Police with an "Are you okay?" pamphlet, followed by calls within two days from Women's Refuge and a Māori advocate, alongside her own call to the 1737 Whakarongorau Aotearoa counselling line. Early support focused on making space for emotion, naming what was happening, and translating options into steps. Through these conversations, Tiah began to recognise patterns beyond physical harm, financial control, manipulation, and coercion, that had kept her "blinker" to the situation while she was in it.

The response combined practical, legal, and safety planning. Police managed the immediate risk during the removal of her partner from their home and checked on her wellbeing. Women's Refuge arranged a food parcel when money had been drained. They kept in regular contact and helped her access a lawyer by advocating with a firm that had initially declined her case. Tiah describes how she learned about protection, occupancy, and furniture orders, and engaged a lawyer despite barriers to legal aid as a homeowner.

When her orders failed on technical grounds, workers stayed close and adjusted plans. Parallel safety measures were put in place at home, locking and wedging the bedroom door at night, keeping her phone charged and, on her person, alerting neighbours, and deciding an escape route over the fence if needed, while her advocate coordinated information and encouraged her to set boundaries with whānau and the person using violence. Tiah notes that the flexibility of support at this time was particularly important to her, where standard group times clashed with full-time work, sessions were reorganised so she could still participate.

Tiah reports that over time, she felt *"less alone, clearer about options, and safer day to day."* The biggest value was knowing who to call and being *"wrapped around"* with timely check-ins that restarted when the risk spiked again. She notes tangible gains like increased understanding of the process, securing legal support, stabilising finances, and practising safety routines, alongside honest reflections about grief, loyalty, and the pull of good memories. Tiah also identifies the importance of advocacy in the system, such as advocates' *"walk-alongside"* support to navigate banks, mortgages, and rapid lawyer access; step-by-step planning; and consistent, non-judgemental responses. Despite ongoing family challenges, Tiah is moving forward with clear rules and practical plans, emphasising the importance of relationship-based, coordinated support that continues beyond the first incident.

"I actually called Women's Refuge on the day that I had to call the police ... she said, 'Just hang up and call the police, and then I'll call you back.' So, that's what happened. They talked to me around a safety plan ... I would go to bed at night, and I would lock my bedroom door, I'd put a chair, wedged

the chair against the door, always have my phone charged, and my keys around my neck. I think if more women who are going through this had somebody to walk beside them to deal with, like the mortgages, lawyers, because it's really hard to get a lawyer ... Women's Refuge put in a referral and rang up and influenced them to take me on."

WHĀNAU 4

A Christchurch mother, Sara, describes a turbulent period following a family violence incident that led to Police involvement and a referral to ISR. She was contacted early by a Tū Pono FHP, Tracey, but felt uncertain and was hesitant to engage. The ongoing communication and consistent offer of support were encouraging, and Sara maintained contact. As a new incident triggered arrest and remand for the person using violence, she faced confusing justice processes and mixed experiences with agencies and reached out to Tracey for help.

Sara described how Tracey's support was relationship-focused, paced to her needs and made her feel like she had choices. Tracey visited her at home, enrolled Sara in a women's group that she chose to continue beyond the standard programme and helped Sara access positive supports such as a community gym sign-up. Procedurally, Tracey helped Sara draft her Victim Impact Statement, liaised with the Police, translated court information into plain steps, and accompanied Sara to court appearances. When Sara's anxiety and worry spiked, the approach slowed, and Tracey stayed in contact, sitting alongside her in her women's group, checking in, and helping her prepare for what would happen next.

Sara reports that over time, she gained greater clarity about her family violence dynamics, stronger boundaries, and describes a visible lift in her own confidence and self-advocacy. She found it easier to navigate the "system" by following Tracey's approach and creating small tasks that she followed through. Sara describes how her personal safety knowledge has improved as she worked alongside Tracey. The peer validation in the group reduced Sara's isolation, and sustained contact with Tracey provided continuity after the immediate crisis. Sara notes where system improvements are still needed, she describes how the person using violence had not engaged in support or had the same experience or access that she had as a victim.

"The police sent something to her, and then she contacted me ... she was easy, lovely to deal with because I didn't really want to deal with her, but I owe her my life at the moment. She's been very good ... it's only meant to go for eight weeks, but I keep going ... because I'm learning so much. I've learned about what manipulation is. I've learned about gaslighting ... they've shown me this physical wheel of abuse and all the different types of abuse. And we've been talking about boundaries."

OUTCOMES FOR WHĀNAU IDENTIFIED ACROSS CASES

The table below summarises outcomes valued by whānau with illustrative evidence drawn from the case studies.

TABLE 17

OUTCOMES FOR WHĀNAU (CANTERBURY)		
OUTCOME THEME	WHAT WHĀNAU SAY (THEIR WORDS/PRIORITY)	EXAMPLES ACROSS CASES
Immediate safety at home	Feeling safe now because concrete steps happen fast.	Same/next-day security upgrades (locks, camera, police panic device) and practical basics arranged, "they just get shit done."
Quick, proactive contact	Being contacted very quickly (1–2 days).	Police/ISR–Women's Refuge referrals actioned within 1–2 days, starting guidance while emotions are high.
Feeling heard, seen, and not judged	A safe space to cry, be seen, and move with more clarity.	Talk-therapy style support that held space with no judgement, leaving sessions feeling lighter, seen, and heard.
Clear, step-by-step navigation	Someone to help and guide me through the process so it's doable.	Workers translate processes, sequence tasks (lawyers, orders), and accompany them to court. Information is explained in plain language.
Safety planning skills	Concrete routines that make nights and handovers feel safer.	Locking/wedging doors, phone charger, alerting neighbours, and defining exit routes.
Practical stability (food, money, basics)	Immediate help when finances are drained or food is short.	Food parcels and small funds bridge crises so legal/safety steps can proceed.
Legal protection and accountability	Orders and paperwork actually get done.	Protection/occupancy/furniture orders pursued, accompaniment to the courthouse, protection order submitted together.
One trusted key worker	A consistent person who checks in and sticks around.	Ongoing calls/check-ins, going alongside in groups or appointments on hard weeks.
Confidence, voice, and boundaries	Now I can say what I feel.	Group and one-to-one work build language for manipulation/gaslighting and boundary-setting.
Child-centred support	Supporting māmā so tamariki are safer and routines steadier.	Focus on caregiver wellbeing to support baby/child, adding tamariki as protected persons where needed.
Cultural fit and warmth	Services feel homey, welcoming, and safe; relatable workers.	Mana-enhancing spaces and staff who make me feel okay about not being okay.
Peer support/normalisation	Being with others who get it.	Open groups reduce isolation, peers and lived-experience facilitators validate experiences.
Reduced isolation and sustained wraparound support	Didn't feel so alone; somewhere to offload and talk.	Regular check-ins resume when risk spikes; knowing who to call is protective.
Faster access to the right help	Referrals that actually turn into services.	Warm links to counselling, lawyers, and community law influence used to secure representation.
Understanding abuse patterns	Realising it's not just physical.	Recognition of financial control, gaslighting, manipulation—when you're in it, you don't see it.
Tangible child/youth wellbeing gains	Resilience and positive activities resume.	Programmes build skills/resilience, and young people want to continue because it helps.

External system barriers (e.g., court delays, legal aid/banking rules, thin services for men/youth) appear to slow or limit change, and yet the ISR model's advocacy and "walk-beside" navigation appears to mitigate these effects in part. Positive spillovers are described outside of direct outcomes, including peer validation/support, survivor leadership, and kin-based caregiving, suggesting ISR's relationship-centred approach generates benefits beyond immediate safety.

Taken together, whānau report outcomes indicate that ISR's integrated, timely, and relational design, strengthened by kaupapa Māori practice where appropriate, delivers rapid safety gains, sustained engagement, and measurable harm reduction for whānau, while highlighting specific external bottlenecks where additional system-level reform would further improve results.

OUTCOMES FOR STAKEHOLDERS

The evidence indicates that NGO providers and sector collaborations have gained a more supported and coordinated practice environment. Regular collaboration hui and specialist practice leadership (including Practice Leads "doing the rounds") provide predictable case consultation and peer support, which appears to reduce practitioner isolation and promote more consistent responses across agencies. Collaborations have also formalised their own internal arrangements (e.g., collaboration leads, Specialist Practice Leads, and capacity coordinators), improving right-fit allocation and day-to-day coordination within the sector. These gains are described by participants as emerging from structured roles and agreements rather than ad hoc goodwill.

For government agencies (Police, Oranga Tamariki, Corrections, Te Whatu Ora, ACC, MSD, and the courts), stakeholders report clearer role delineation. Agencies concentrate on statutory risk functions while NGOs lead planning and support, reducing duplication after SAM or off-table triage. Routine, timely information flows (e.g., the morning "list," FSS entries, and mid-week reviews) are cited as enabling better-timed actions, with recent improvements in clarity around privacy thresholds (e.g., with ACC) supporting lawful, confident sharing. Stakeholders also describe smoother justice and custody interfaces where precinct/cell navigators are operating, noting earlier engagement in custody and better court readiness.

At the system level, the process is associated with timely allocation and stable throughput. ISR's daily triage, and the option to process matters off-table result in allocations to collaborations by around midday, with interviewees stating this prevents a build-up or backlog. Quality assurance functions, including seven-day checks for high-risk plans and periodic "deep dives," appear to identify gaps and drive targeted improvements. An example given is the visibility of children in plans (noted at 53%), which then triggered workshops/templates and partner conversations about increasing safety planning for children. These quality assurance-to-improvement loops are present in the model and functioning as mechanisms to support continuous improvement, from system to practice.

The innovation focus, particularly precinct/cell navigators funded through Police flexi-funding, is reported to have improved continuity and access across court precincts by allowing workers to "hold" cases longer and advocate across settings. Early cohort observations (e.g., many with no further family violence episodes in follow-up periods) are discussed as promising signals of impact.

Finally, stakeholders emphasise that governance and commissioning choices, SLG oversight, a single contract-holder model, and funded practice roles (capacity coordinator, collaboration lead, Specialist Practice Lead), have increased predictability and trust across the network. These structures are credited with standardising "a way of working," enabling fairer distribution of work, and making escalation pathways clearer. While person-level leadership and stability are acknowledged as important enablers, the documents attribute most of these system-level gains to the programme architecture rather than individuals.



Across stakeholders, the strongest, most defensible findings are process outcomes which include timely allocations, clear roles, routine information-sharing, and quality assurance-triggered improvements, supported by concrete examples in interviews and documents. Reported benefits linked to navigator roles and court interfaces are encouraging but rely on early or context-specific observations and should be treated as contribution claims pending broader or longitudinal evidence.

ATTRIBUTION OF OUTCOMES

Analysis indicates that whānau and stakeholder gains come from ISR's time-and-flow mechanisms—morning triage, risk-paced time frames, clean SAM table to NGO hand-offs, and quality assurance-driven fixes, as these cause timely, risk-responsive delivery (no backlog, faster contact, better child visibility).

The next-order drivers of impact appear to be FHPs/navigators, kaupapa Māori pathways, open-door access, specialist routing, and pre/post assessments, as they contribute materially to reduced repeat violence, safer day-to-day routines, and sustained engagement, in partnership with provider practice and whānau agency.

Across the whānau interviews, the clearest outcomes are rapid safety gains and stabilisation in the aftermath of family violence, alongside improvements in confidence, voice, and day-to-day functioning. People described decisive advice and action that de-escalated acute risk (“hang up and call the Police”), supervised-contact decisions that halted unsafe situations, and fast access to a reliable help line. These supports were paired with practical help (e.g., a food parcel when finances were weaponised), psychosocial education that reframed non-physical abuse (“power-and-control wheel,” “not going crazy”), and child-safety arrangements that left tamariki “safe and ... happy.” In several cases, whānau framed the impact as life-preserving (“alive because of their intervention,” “She saved my daughter’s life.”).

On attribution/causation, the interviews support direct causal claims for outcomes that are process-proximal and under ISR control.

Same-morning triage and flexible on/off-table allocation cause timely, fit-for-purpose hand-offs (“allocations ... by 12 o'clock ... no backlog”), while explicit time-bound service specifications (under 24 hours/three days/five days) cause quicker first contact and documentation that other agencies can act on.

Quality-assurance dashboards that flag gaps (e.g., low child visibility) cause targeted fixes through templates/workshops, and seven-day reviews for “high” plans, with plan-lead authority to re-tier risk, cause earlier follow-through and right-sized risk management.

At the case level, **practitioner actions impacted whānau**, including support for court processes, preparing parenting orders, and real-time safety coaching, these are proximate causes of immediate safety, legal protection and engagement.

For whānau-level change over time (reduced repeat violence, safer routines, sustained participation), the evidence supports strong contribution claims to specific model features that create enabling conditions: navigator roles and justice liaisons (earlier contact, smoother court navigation, and early cohorts with no further family violence episodes), kaupapa Māori pathways (whanaungatanga-led engagement, purpose-built tāne/rangatahi programmes, precinct navigator), an open-door access posture (“a number to call even”), and specialist routing to the right provider (SVS/Women’s Refuge/Te Whare Manaaki Tangata). Embedded pre/post measures in FSS evidence violence reduction (e.g., ~61% reduction in physical violence among engaged cohorts), showing the model’s contribution while recognising outcomes are co-produced with provider practice and whānau agency.



The following attribution table summarises the causal links for specific ISR practices and the outcomes they appear to be producing for whānau and the system. For each link, the table notes how the mechanism is understood to work, the type of evidence available, and an indicative strength of the causal claim, distinguishing early outcome signals from more confident, practice-proximal attributions.

Overall, it shows that the strongest evidence sits around earlier relational contact in custody and continuous handover, with other process changes (quality assurance, triage focus, commissioning shifts) presented as plausible contributors that improve timeliness, clarity, and coordination of safety responses.

TABLE 18

PRACTICE-LEVEL MECHANISMS (PROXIMATE TO WHĀNAU CHANGE), CANTERBURY

CAUSAL MECHANISM (WHAT WAS DONE)	OUTCOME FOR WHĀNAU (WHAT CHANGED)	WHĀNAU VOICE/EVIDENCE	ATTRIBUTION STRENGTH	LEVEL
Rapid, relationship-based outreach (same/next-day contact) and regular check-ins.	Early de-escalation in the first days, quicker progress on the next steps.	Contact within 1–2 days after Police referral, proactive follow-ups resume when risk spikes, whānau describe feeling “wrapped around.”	High	Case
Safety planning and practical home security (panic device, locks/camera).	Home feels safer, fewer nighttime fears, and clear routines for emergencies.	Police panic device installed, locks/camera upgraded, routines for doors, phone/keys, neighbours and escape routes are practised.	High	Case
Step-by-step navigation and accompaniment (plain-language info, courthouse support).	Clarity about options, protection/related orders pursued and completed.	Workers translate processes, sequence tasks, and accompany clients to appointments (e.g., protection order submission/court).	High	Case
Consistent key worker who “sticks with” whānau and paces to need.	Reduced isolation, sustained engagement beyond crisis.	Same worker checks in, sits alongside in groups when anxiety spikes, and stays connected through ups/downs.	High	Case
Hands-on advocacy to convert referrals into real services.	Services are accessed on time (counselling, lawyers, community law).	Warm handovers, influence used to secure representation when access barriers arise, appointments set and kept.	Moderate–High	Case
Practical stabilisers (food parcels, small funds, flexible scheduling).	Reduced stress so safety/legal steps can proceed.	Immediate food support when finances are drained, group sessions rescheduled to fit work, and small funds used for safety basics.	Moderate	Case
Group learning and lived-experience facilitation (manipulation, gaslighting, boundaries).	Increased confidence and voice, stronger boundaries.	Open group normalises experience, practical tools/language help whānau “say what I feel” and recognise abuse patterns.	Moderate	Case
Child-centred safety (list the child as a protected person, support caregiver capacity).	Improved child safety and steadier routines.	Child added as a protected person where appropriate, caregiver supported, so tamariki needs can be met day-to-day.	Moderate	Case
Rapid relocation workflow and wraparound (orders, GP enrolment, budgeting, counselling).	Stable resettlement after relocation.	Reduction of presenting barriers, reducing stress, and enabling safety plans.	Moderate	Model

TABLE 19

SYSTEM/DESIGN MECHANISMS (ENABLING OR CONSTRAINING PRACTICE), CANTERBURY

CAUSAL MECHANISM (WHAT WAS DONE)	OUTCOME FOR WHĀNAU (WHAT CHANGED)	WHĀNAU VOICE/EVIDENCE	ATTRIBUTION STRENGTH	LEVEL
Daily multi-agency morning triage with on/off-table flexibility.	Faster, fit-for-purpose allocation, no backlog.	Decisions moved off-table when volumes allow, allocations generally complete by midday to avoid backlog.	High	System
SAM focuses on risk; NGO partners lead practice (clear role split).	Cleaner hand-offs, continuity of support.	Risk is assessed in SAM, practice delivery and follow-through sits with NGO partners.	High	System
Time-bound service specifications (High under 24 hours; Medium under three days; Low under five days) and FSS responsiveness.	Quicker initial engagement, consistent documentation.	Explicit time frames and documentation standards drive timeliness and reliable records.	High	System
Quality assurance and dashboards (timeliness, children's visibility, SAM alignment),	Targeted practice fixes and measurable improvement.	Quality assurance flagged low child-visibility, workshops/templates introduced, subsequent data show improvement focus.	High	System
Pre/post whānau assessments embedded in FSS (with competency training).	Measured violence reduction and improved indicators.	Likert-style pre→post data (e.g, reductions in physical violence) enable tracking of change.	High (contributory)	System
Seven-day review template for high-risk plans,	Early accountability, safety actions tracked.	Structured 7-day review prompts check-ins that ensure actions/supports are in place.	Moderate-High	System
Plan-lead authority to re-tier risk (scaling up/down) with multi-agency review outside SAM.	More responsive, right-sized risk management.	Plan leads escalate/de-escalate after engagement, lows can be reassessed as high when new risks emerge.	Moderate-High	System
SLG governance with clear escalation from collaborations.	Faster issue resolution, stronger accountability.	Collaborations escalate via SLG reps, two-way feedback loops clarify responsibility and unblock issues.	Moderate-High	System
Precinct/court navigators and strong local networks.	Smoother justice navigation, fewer repeat family violence episodes (early cohort).	Navigators advocate across the precinct and hold cases longer; the early cohort shows reduced repeat episodes in follow-up.	Moderate-High (contributory)	Model
Capacity coordinators within each collaboration.	Better provider fit and sector ownership.	The capacity view improves matching to the right provider/collaboration.	Moderate	Model
50/50 resourcing split (kaupapa Māori: mainstream) across collaborations.	Balanced capability and access.	Parity settings enable comparable throughput and access in both streams.	Moderate	Model

TABLE 20

CONTEXT CONSTRAINTS (NEGATIVE CAUSAL LINKS TO WATCH), CANTERBURY				
CONSTRAINING FACTOR (WHAT GETS IN THE WAY)	OUTCOME FOR WHĀNAU (WHAT HAPPENS)	WHĀNAU VOICE/EVIDENCE (DESCRIPTIVE)	ATTRIBUTION STRENGTH	LEVEL
Financial abuse and coercive control (access to funds, surveillance).	Inability to pay bills/food, decision paralysis under pressure.	Savings drained, monitoring/recording behaviour, required immediate food support and advocacy to stabilise.	High (negative)	Case
Technicalities in court orders and proof thresholds.	Applications fail despite risk, costs without protection.	Protection/occupancy/furniture orders failed on technical grounds, high personal cost and distress.	Moderate–High (negative)	System
Limited men’s support pathways and passive referral expectations.	Low uptake by people who use violence, safety burden shifts to the victim-survivor.	Expectations that people who use violence self-enrol, minimal proactive engagement reported, and gaps in men’s programmes noted.	Moderate–High (negative)	System
Fragmented pathways across justice, health, and social services.	Repetition and drift, reliance on “who you know” to activate supports.	Progress often depended on advocates using relationships/influence to open doors and keep momentum.	Moderate–High (negative)	System
Irregular or insufficient Police follow-through (variable experience).	Confidence drops; victim-survivors hesitate to engage.	Mixed accounts: rapid safety install in some cases, others report slow/non-response, creating reluctance to call again.	Moderate (negative)	System
Lawyer access and legal-aid thresholds (homeowners ineligible), property law gaps.	Delays to protection/occupancy orders, prolonged exposure to risk.	Multiple firms declined, community law could not assist with property matters and finally secured a lawyer after advocacy from Women’s Refuge.	Moderate (negative)	System
Banking/mortgage controls and joint-decision requirements.	Financial insecurity, blocked safety steps (e.g, mortgage holiday).	Partner countermanded mortgage holiday/debt-consolidation, whānau member lacked unilateral control despite risk context.	Moderate (negative)	System

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CASE SUMMARY

CANTERBURY INTEGRATED SAFETY RESPONSE (ISR): KEY FEATURES

- **Crisis-bounded, whānau-centred model:** Established in 2016 to stabilise risk in the immediate post-incident period (typically up to 12 weeks), then transition whānau into ongoing community supports.
- **Clear separation of roles:** Multi-agency risk assessment sits with ISR; frontline safety planning and support are led by NGO providers, while statutory agencies retain legal and enforcement functions.
- **District-wide coverage with stable governance**
 - Operates across the Canterbury Police District, supported by long-standing governance through a Strategic Leadership Group and Operations & Practice forum.
 - Alignment with Ngāi Tahu rohe supports coherent Māori leadership.
- **Two complementary delivery collaborations**
 - CWSSC (mainstream), led by Te Whare Manaaki Tangata.
 - Tū Pono (kaupapa Māori), led by He Waka Tapu.
 - Investment and contracting are deliberately balanced to support equity and capability.
- **High-throughput daily triage**
 - Police 5F events, agency referrals, and high-risk prison releases are reviewed daily.
 - Emphasis on same-day throughput: “what comes in today goes out today.”
 - Only the highest-risk cases are tabled; others are processed off-table using the same logic.
- **Fit-for-whānau allocation**
 - Cases are allocated based on practitioner fit and capability, not risk alone.
 - NGO Family Harm Practitioners almost always hold the plan lead.
- **Time-bound engagement standards**
 - High risk: within 24 hours; moderate: within 3 days; low: within 5 days.
- **Strong practice standards and quality assurance**
 - Shared practice standards across collaborations, with weekly quality reviews and targeted “deep dives” (e.g. children’s visibility).
 - Intensive case meetings replaced by continuous quality oversight.
- **Data-informed system backbone**
 - The Family Safety System (FSS) tracks episodes, plans, tasks, timeliness, and pre/post safety indicators.
 - Evaluation insights inform commissioning and practice refinement.
- **Early engagement with people who use violence:** A Police-precinct Navigator engages tangata whaiora at first custody contact to reduce drop-off and support timely pathways into help.

- **Whānau-centred, consent-based practice:** Engagement is risk-proportionate, consent-led, and paced to whānau preferences, with practical stabilisation alongside safety planning.
- **Kaupapa Māori leadership embedded:** Tū Pono weaves kaupapa Māori governance and practice throughout the model, including tailored pathways for tāne Māori and rangatahi.
- **Relationships as the primary driver of change:** Trusting, transparent relationships, warm handovers, and open-invitation re-engagement underpin sustained whānau safety and connection.

KEY CHALLENGES

- **Crisis-bounded scope shifting to longer-term continuity:** The 12-week, post-incident focus supports rapid stabilisation but can create gaps in continuity for whānau with entrenched or recurring needs once cases transition out of ISR.
- **High volume and throughput pressure:** Consistently high volumes of Police 5F events and agency referrals place ongoing pressure on daily triage, creating risk of practice becoming process-driven rather than relational under peak demand.
- **Children’s visibility and outcomes remain challenging:** Despite practice standards and quality reviews, ensuring consistent visibility of tamariki in plans—particularly for longer-term wellbeing and mental health support—remains an ongoing focus area.
- **Information system burden:** The Family Safety System (FSS) provides a strong backbone but can be administratively demanding, with data quality and completeness dependent on consistent partner use and feedback.
- **Pathways for people who use violence:** Early engagement innovations (e.g. precinct Navigators) show promise, but sustaining effective, culturally responsive pathways for tangata whaiora requires ongoing resourcing and coordination.
- **Outcome measurement beyond process:** While process measures (timeliness, allocation, contact) are strong, evidencing whānau-valued change and longer-term outcomes remains more challenging than tracking activity.
- **Maintaining kaupapa Māori leadership at scale:** Embedding kaupapa Māori practice consistently across a large, district-wide system requires ongoing investment in leadership and workforce development.

RECOMMENDATIONS

Several recommendations for continuous improvement were noted in the model by participants, these included:

1. **Secure targeted funding for people who use violence and tamariki/child-focused support.**

Advocate for and secure dedicated funding to develop and sustain programmes for people who use violence, particularly for youth (15–17) who use violence in families, as this is an increasing trend in data. Increasing opportunities for tamariki/children to access support was noted by several participants as a gap.

2. **Invest in ongoing professional development for frontline Police.**

Enhance the consistency and quality of ISR responses by providing ongoing professional development in family violence for frontline Police staff. Continued training should focus on risk

assessment, trauma-informed practice, cultural safety, and effective engagement with whānau experiencing family violence.

3. **Consolidate collaborative practice** through Practice Leads rather than reverting to previous SAM processes.

While some practice-based participants expressed a desire to return to earlier SAM table discussions, evidence indicates that recent changes have improved throughput and timeliness. Rather than reverting to previous practice, ISR could consider collaborative mechanisms through the Practice Lead roles (e.g., structured case consultations, joint case reviews and targeted multi-agency hui) to maintain efficiency while preserving relational and collective decision-making.

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