Multi-Agency Responses: Outcomes Evaluation

For the Centre for Family Violence and Sexual Violence Prevention

DECEMBER 2025

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

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

The 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.

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Ngā Mihi
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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 kawe tika, kia kawe pono i ā koutou pūrākau.

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Ngā mihi nui ki a koutou katoa.

Executive Summary

This evaluation examines outcomes across four local multi-agency responses (MAR) to family harm. It is positioned within a wider shift toward integrated responses that reduce fragmentation and strengthen safety and wellbeing for whānau. Commissioned by the Centre for Family Violence and Sexual Violence Prevention and delivered by Ihi Research and Wellbeing Economics NZ, the report identifies what is working in local models, which core components drive outcomes for victim-survivors, tamariki and people who use violence, and what costs, benefits and unintended impacts are emerging over time.

CASE STUDY APPROACH

This outcomes evaluation is evidenced through four locally designed, in-depth case studies of multi-agency responses to family violence and sexual violence in Aotearoa New Zealand:

- **Wairoa:** Whāngaia Ngā Pā Harakeke (Whāngaia)
- **Tairāwhiti:** Whāngaia / Taiora iwi-led hub
- **Rotorua:** Super Advocate hub
- **Canterbury:** Integrated Safety Response (ISR)

Each case study describes the local context and model design, drawing on evidence from whānau, tamariki, people who use violence and partner agencies to identify valued outcomes. It links outcomes to key activities and mechanisms through attribution analysis, highlighting constraints and challenges, concluding with a short summary and recommendations for improvement. The four cases are used to show how a common set of core components are interpreted and implemented in different contexts. See the Case Study Report (Leonard et al., 2025) for more detail.

THE VALUE OF MULTI-AGENCY RESPONSES

Evidence from the economic analysis (see Saunders et al., 2025) indicates that multi-agency responses (MAR) can generate social value that exceeds their costs, supporting investment in integrated responses as a prudent use of public funds. The SROI analysis found that the Canterbury Integrated Safety Response (ISR) delivers strong public value: for every $1 invested, a conservative estimate of $4.07 in social benefits is generated. These benefits are driven by measurable reductions in the severity of family harm and improvements in safety, alongside substantial lifetime benefits for children exposed to family harm. In public investment terms, the report supports the case that well-designed, place-based MAR can translate operational funding into meaningful social value for communities by reducing harm, improving safety and wellbeing, and lowering downstream costs.

The SROI findings for the Canterbury ISR are consistent with other recent return on investment analysis of family harm multi-agency response interventions (BERL, 2025), indicating that comparable returns are likely achievable through other place-based MAR models. Public investment in MAR should therefore be understood as investment in both system performance and whānau outcomes – building the infrastructure, relationships and shared practice needed for consistent, timely and accountable responses.

The value of MAR lies not only in immediate safety gains, but in shifting trajectories over time by reducing the longer-term costs of ongoing violence, trauma, displacement and intergenerational

harm. The implication is clear. Funding to deliver services must be complemented by investment that supports enabling conditions such as workforce capability, coordination, information-sharing, and monitoring and evaluation that make integrated responses effective.

DESIGN OF THE MODELS

Across the four sites, the MAR models are deliberately designed as integrated, multi-level systems. They connect incident response to risk assessment, short-term safety planning, and longer-term wellbeing outcomes for whānau. The design operates across three linked levels: governance/strategic leadership, systems and operations, and frontline practice. While the form of these levels varies by context, resourcing and scale, their purpose is consistent.

At the leadership level, the evaluation found that the term "governance" is often used to describe strategic leadership activity, which can obscure where formal decision rights sit, and how accountability is exercised. At the systems level, each site has an ongoing multi-agency coordination platform (for example, Safety Assessment Meeting (SAM) tables or online coordination) to support lawful information-sharing, triage risk, allocate tasks, manage data and reduce duplication. How well these functions are embedded depends on model scale, local capacity, and whether agency participation is mandated. At the practice level, delivery centres on rapid, relational, whānau-facing support—combining make-safe assistance, navigation and advocacy with culturally located[1] and trauma-informed approaches. Capability and support structures are generally stronger in higher-volume models, and more stretched in smaller or rural settings.

CORE COMPONENTS OF THE MODELS

Across all four sites, MAR outcomes do not come from a single intervention. They are produced through a coordinated system that can build a shared picture of risk and context, respond quickly after an incident, reduce barriers to safety, and stay alongside whānau long enough to support sustained change.

Te Puna Aonui (2024c) identified six 'Core Components' that articulate "what's needed to reduce family violence, protect victim-survivors and ensure accountability" (p. 1). Comparison of the documented components with their implementation indicates that the most significant shift has occurred at the leadership level, where 'Effective Governance and Leadership' has evolved in practice into a 'Strategic Leadership' function.

OBSERVED CORE COMPONENTS (ALIGNED TO FUTURE DESIGN WORK):

Strategic Leadership: Strategic/distributed leadership and clear accountability (including data oversight).

Collaborative ways of working: A multi-agency coordination mechanism (e.g., tables/hubs/tasking) and resourcing that enables collaboration.

Safe and effective response to risk and need: Shared risk assessment, safety/wellbeing planning, and practical support (including flexible funding).

Child- and victim-survivor-centred responses: A clearly defined relational whānau-facing role and family violence-informed, culturally located practice.

Innovation and continuous improvement: Quality assurance, practice capability development, and test-and-learn cycles.

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1   Culturally located: In this report, this refers to practice that is shaped by the local cultural context of each site. It recognises that responses sit within the worldview, values, histories, relationships and tikanga of the people and place (including iwi/hapū and community realities). It means ways of working are adapted to that local context, rather than applying a one-size-fits-all model.

Flexible, targeted and integrated investment: Funding settings that enable integrated pathways and prioritised/procured supports when needed.

Evaluation evidence indicates that core components are embedded unevenly across the four sites with some applied consistently and others more dependent on local context, capacity and system maturity:

Most consistent:
- Entry into response
- Support allocation
- Risk assessment (though implemented differently by context).

More variable:
- The extent of integrated response across agencies and providers (strongly shaped by scale, resourcing, mandated participation and system maturity).

Least consistent:
- Monitoring and evaluation.
- Shared data systems are unevenly used and often capture tasking without reliable feedback on what was delivered (outputs)
- What changed for whānau (outcomes).

The evaluation found data infrastructure is not just an administrative function, used well it enables coordination, accountability and learning. When it is weak, MAR cannot reliably demonstrate outcomes or support continuous improvement at scale.

CONTEXTUAL CONSIDERATIONS THAT INFLUENCE MODEL DESIGN

Model design is embedded in place-based contexts, responding to local needs and utilising local resources. Across the four sites, geography, population profile, service configuration and wider social and economic conditions shape what is possible in practice - and explain why models range from highly protocolled, high-volume approaches to relationship-intensive, high-trust models in smaller and more isolated districts. The evaluation found three main drivers within contexts:

Geography and service access:
- Rural isolation
- Travel distance
- Thin specialist services
- Small-town privacy dynamics

Population need and trust:
- High Māori populations
- Crown–iwi history
- Perceptions of state surveillance influence engagement, access to services, fragmentation and duplication

Capacity and system settings:
- Model maturity
- Workforce fragility
- Service fragmentation
  Whether agency participation is mandated
- Stability of investment and leadership.

Designing for context is therefore central to equitable and sustainable outcomes. Investment and expectations need to account for local realities, especially rurality, workforce fragility, service constraints, and Crown–iwi relationships, rather than assuming one model design will fit all sites.

VALUED OUTCOMES

Valued outcomes were identified through interviews, monitoring and quality assurance information, and Family Safety System (FSS) data where available. The strength of evidence varies across sites due to differences in data availability and completeness.

VALUED OUTCOMES FOR VICTIM-SURVIVORS

Across the four models, victim-survivors reported rapid safety gains (safer homes, orders in place, relocation where needed, and more predictable Police response) alongside reduced burden from having a single trusted worker to help navigate courts, Ministry of Social Development (MSD), housing and the health[2] system. They also described feeling believed and supported, growing confidence and emotional regulation over time, and improved day-to-day stability that helps sustain safety. Canterbury FSS data supports these findings, showing reduced client-reported fear after engagement and increased awareness of available supports.

VALUED OUTCOMES FOR TAMARIKI AND RANGATAHI

For tamariki and rangatahi, whānau described improved safety and protection, with reduced exposure to acute incidents and more stable caregiving arrangements. They also reported greater routine and calm at home, better connection to health and therapeutic supports (where available), and stronger caregiver capability through practical help and coaching to move from crisis to consistent routines and boundaries. Canterbury FSS data[3] supports this, indicating increased awareness of supports among rangatahi (with stronger gains for Māori rangatahi in kaupapa Māori services) and reduced caregiver-reported fear for children's safety.

PEOPLE WHO USE VIOLENCE

For people who use violence, the evaluation found early but valued signs of change where appropriate pathways were available, including engagement in kaupapa Māori men's programmes, alcohol and other drug (AOD) treatment, parenting supports and wānanga. When engagement was sustained, it was associated with greater accountability and insight, reduced risk factors (such as substance use and emotional dysregulation), and safer co-parenting or contact arrangements where appropriate. Canterbury FSS data supports this direction of change, showing increased awareness of available supports after service engagement (with variation across demographic groups).

VALUED OUTCOMES FOR PARTNER AGENCIES AND STAKEHOLDERS

Partner agencies and stakeholders valued having a clearer, timelier picture of risk and need through shared triage and planning, alongside better coordination of scarce resources—reducing duplication, handover gaps, and the need for whānau to repeat their story. They also described stronger interagency trust and problem-solving, increased kaupapa Māori provider autonomy and capability where Māori-led design is supported, and ongoing learning through shared reflection and local adaptation. Partners noted that while collaboration forums deliver important system and relational benefits, they are resource-intensive and do not always translate directly into easily measurable whānau outcomes.

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2   In this evaluation 'health' is a general term to refer to 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 and other health providers.

3   ISR Canterbury is the only site with quantitative pre and post outcomes data.

Across the four sites, the evaluation identified several unintended outcomes alongside the intended benefits. Increased trust and engagement has expanded demand, but workforce capacity and specialist services (particularly mental health [MH]/AOD and child-focused supports) have not kept pace, creating high caseloads, emotional load, and workforce vulnerability—especially in smaller sites reliant on a few key practitioners. A related unintended effect is that MAR can shift (rather than remove) system barriers. Whānau-facing kaimahi spend significant time advocating for access to entitlements because statutory agencies often remain configured around compliance functions rather than enabling access. There are also unintended system effects from uneven data use; fragmented information weakens feedback loops and can lead to under- or over-reporting of outcomes. However, strengthening shared data infrastructure raises a critical risk of expanding surveillance, particularly for Māori whānau, requiring clear ethical boundaries and Māori data sovereignty safeguards.

ATTRIBUTION OF OUTCOMES

Attribution is complex because whānau naturally attribute change to the frontline kaimahi who support them, while many enabling system functions (triage, information-sharing, prioritisation, agency participation, and leadership/governance) are largely invisible. This creates a risk of over-crediting individual practice and under-recognising the contribution of system design and coordination, especially in more mature models like ISR, where leadership, data and quality infrastructure underpin consistent delivery. Despite this, cross-site evidence indicates several model elements are closely associated with valued outcomes:

- **Rapid triage, risk assessment and safety planning** enable quicker make-safe actions and predictable responses, increasing sense of safety for whānau.

- **A single trusted whānau-facing role** improves engagement, trusted relationships, follow-through, stability and confidence over time.

- **Kaupapa Māori and whānau-centred practice** strengthens trust, relevancy and sustained engagement for Māori whānau.

- **Practical barrier-removal support** stabilises day-to-day life and increases the likelihood that safety and wellbeing plans can be implemented.

- **Dedicated pathways for tamariki and people who use violence** (where available) support child safety and routines, and early behaviour change and accountability.

- **System supports** (practice leadership, co-location, shared risk planning and learning processes) strengthen consistency, accountability and efficient targeting of resources.

Together, these elements are reasonably associated with improved immediate safety, stabilised living conditions, stronger engagement and trust, better protection for tamariki, and early signs of change for people who use violence.

LIMITATIONS

There are several limitations that constrain the strength and generalisability of findings. The evaluation was conducted over a six-month period, which limits the ability to observe first-hand longer-term outcomes, sustainability of change, and system maturation over time. In addition, the report notes gaps in system scope and data: limited integration with other place-based multi-agency initiatives (e.g., Resilience to Organised Crime in Communities [ROCC]), uneven outcomes and engagement data collection across sites, variable tracking of uptake and non-engagement,

limited planning for tāngata whaikaha and Rainbow communities, and insufficient child- and rangatahi-specific pathways and feedback mechanisms. Together, these factors reduce visibility of who is reached, what changes over time, and how well the wider ecosystem of prevention and response is working as an integrated inclusive system.

The evidence used in these reports includes output data from all sites, outcomes data collected across some sites (mainly ISR Canterbury), previous evaluative work, document review, funding information, and qualitative interviews with people impacted by family violence (victim-survivors and users of violence) and people working in the multi-agency response system. This evidence is not systematic but has been analysed appropriately to mitigate any overstatement of achievement of outcomes.

RECOMMENDATIONS

Drawing on the findings of this evaluation across the four sites, the following recommendations identify the key system-level actions that would strengthen MAR delivery, improve outcomes for whānau, and continue to lift the value of public investment.

1. **Include integrated MH/AOD/trauma services** as essential MAR planning infrastructure, including accessible recovery pathways and aftercare (with smart interfaces to initiatives like ROCC).

2. **Secure multi-year funding for core MAR roles** (whānau-facing practitioners/advocates, practice leadership, and admin/quality assurance) to stabilise delivery.

3. **Establish consistent tamariki/rangatahi pathways** in every site, with dedicated child/youth roles and age-appropriate mental health and trauma supports.

4. **Strengthen pathways for people who use violence** (especially tāne and rangatahi), including culturally located options and voluntary supports beyond court-mandated programmes.

5. **Mandate and resource reliable agency participation** in MAR, with clear expectations, attendance and follow-through embedded in agency performance settings.

6. **Improve lawful, action-focused information-sharing** using need-to-know principles and clear, safety-focused action summaries.

7. **Align wider system settings to support safety and recovery** by reducing barriers in income support, housing, courts/legal aid and Corrections.

8. **Implement a shared outcomes and learning framework** to improve data feedback and use data/evaluation to evidence impact, drive improvement and strengthen the public investment case for MAR.

Introduction

Aotearoa New Zealand continues to experience high rates of family and sexual violence, with disproportionate impacts on wāhine Māori, tamariki and other marginalised communities (Fanslow & McIntosh, 2023). Reviews of family violence deaths show that in most homicides, both victim-survivors and people who use violence have had contact with multiple agencies, yet responses can still be fragmented, incident-focused, and shaped by agency silos rather than a shared plan (Family Violence Death Review Committee [FVDRC], 2023). This has strengthened the case for integrated, multi-agency approaches that can coordinate action quickly, support safety in the immediate post-incident period, and connect whānau into the right longer-term supports.

Family violence response work is inherently complex, whānau circumstances and needs are diverse and change over time, and agencies operate under different mandates, legislation and funding settings. As a result, it cannot be assumed that the system will respond consistently, in a timely way, or in ways that feel safe and mana-enhancing for whānau. Multi-agency crisis responses bring together Police, justice, health, social services and community providers to share relevant information, assess risk, and coordinate safety planning and follow-up (Mossman et al., 2019).

Within this context, Ihi Research was commissioned by the Centre for Family Violence and Sexual Violence [FVSV] Prevention to evaluate four local multi-agency responses. The purpose of this evaluation is to identify the strengths of localised models, understand which core components appear to contribute most to whānau-valued outcomes (for victim-survivors, tamariki and people who use violence), and assess the costs and benefits associated with these responses.

This report presents the overarching outcomes evaluation of the four multi-agency responses. It synthesises findings across the Multi-Agency Response (MAR) as a whole, drawing on the detailed evidence and analysis documented in the individual case studies (Leonard et al., 2025) and the Social Return on Investment analysis completed by Wellbeing Economics New Zealand (Saunders et al., 2025). Together, these sources provide the foundation for the cross-site assessment of what is working, for whom, and under what conditions, while also highlighting where evidence is stronger or more limited across sites.

POSITIONING THIS EVALUATION

Family violence is a significant and ongoing harm in Aotearoa New Zealand and internationally (World Health Organisation, 2024; FVDRV, 2023). In this report, "family violence" is used as an umbrella term for a wide range of behaviours that may be isolated or repeated, and that cause harm within intimate, whānau and family relationships. It can include physical, sexual, emotional, psychological and financial abuse, and it does not always involve physical assault (Fanslow & McIntosh, 2023). Family violence is often best understood as occurring on a continuum, from lower level but harmful behaviours through to severe and escalating violence. Seemingly "minor" behaviours can be early indicators of increasing risk over time (Fanslow & McIntosh, 2023).

Family violence is complex because it is shaped by intersecting needs, social conditions, and power relations. While it occurs in all communities, patterns of harm are often linked to broader stressors such as poverty, unstable housing, addiction, mental distress and intergenerational trauma, which can compound risk and reduce access to support (FVDRC, 2024). For Māori, understanding family violence also requires acknowledging the impacts of colonisation and the ways state systems

harm whānau and undermine safety, trust and wellbeing (Pihama et al., 2019). These dynamics help explain why many victim-survivors face significant barriers to seeking help or leaving, including fear of escalation, isolation and control, financial dependence, and concerns about state intervention (Douglas, 2019; Wilson et al., 2019). Consistent with this, evidence indicates many people experiencing family violence do not access formal services even when they are aware support exists (Carswell et al., 2020). In addition, some wāhine Māori describe distrust of authorities shaped by past experiences which may impede help-seeking (Martin et al., 2024).

Te Aorerekura provides the national context for the work in this report. It sets a long-term foundation for eliminating family violence and sexual violence, with an emphasis on prevention, culturally located responses, healing, and shared responsibility across government, iwi, communities and services (New Zealand Government, 2021). Te Tokotoru framework within Te Aorerekura reinforces that effective action requires a joined-up approach that strengthens protective factors, responds safely and holistically when harm occurs, and supports healing and restoration over time (New Zealand Government, 2021).

MULTI-AGENCY RESPONSES

Multi-agency responses (MAR) involve coordinated activity across agencies for a shared purpose, such as responding to family and sexual violence (The Centre for FVSV Prevention, 2025). There are now around 40 multi-agency response sites across Aotearoa, and strengthening these approaches is a key focus of Te Aorerekura (The Centre for FVSV Prevention, 2025). Over time, these models have evolved from predominantly Police-led, siloed responses toward more community-led, whānau-centred approaches, with many sites co-designed to reflect local context and partnerships with iwi, hapū and community providers (The Centre for FVSV Prevention, 2025).

In practice, MARs bring together Police, Oranga Tamariki, Corrections, the health system, and other government and community organisations (including iwi/Māori providers and specialist NGOs) to share relevant information, assess risk, and coordinate support (Te Puna Aonui, 2024a).

Key elements typically include:
- Shared risk assessment,
- Tailored safety planning
- Multi-agency case coordination

The aim is to reduce gaps and duplication and to lessen the burden on victim-survivors (Te Puna Aonui, 2024a; Office of the Auditor-General, 2025).

The intent is to enable earlier, more coordinated intervention; strengthen safety for victim-survivors and children; and improve access to culturally responsive, wraparound support, alongside greater accountability for people who use violence (Te Puna Aonui, 2024a).

In 2025, work to strengthen the MAR was undertaken to provide greater consistency in functions, processes and outcome expectations across sites, while still enabling local adaptation and innovation (The Centre for FVSV Prevention, 2025). Design work identified six critical steps that guide how agencies work together to support safety, respond to need and improve outcomes. These steps are summarised in the following figure.

SIX CRITICAL PRACTICE STEPS ON HOW MULTI-AGENCY RESPONSES WILL BE DELIVERED IN THE FUTURE

Note. Adapted from *Strengthening our multi-agency responses to family violence,* by Te Puna Aonui, 2024c, p. 1

In addition, six core components were identified in effective MARs.

1. Effective Governance and Leadership
2. Collaborative Ways of Working
3. Safe and Effective Response to Risk and Need
4. Child- and Victim-Survivor-Centred Responses
5. Innovation and Continuous Improvement
6. Flexible, Targeted and Integrated Investment

These components "set out what's needed at every level to reduce family violence, protect victim-survivors and ensure accountability – with room to adapt to local context and needs" (Te Puna Aonui, 2024c).

PREVIOUS RESEARCH AND EVALUATION

Existing evaluations and system stocktakes suggest that sustained multi-agency responses can improve information-sharing, enable more timely and tailored safety planning, and increase access to support for victim-survivors and people who use violence, with some evidence indicating reduced harm where integrated models are consistently implemented over time (Mossman et al., 2019; The Centre for FVSV Prevention, 2025b). However, broader reviews of the system also identify persistent implementation challenges. Sety and Moore (2024), for example, describe a lack of a cohesive national plan and a pattern of new initiatives being layered over existing ones, creating complexity, competition for resources, and reduced continuity of investment in approaches that are working.

Over the past two decades, government has piloted and implemented multiple locally based coordination models, including Family Safety Teams, the Family Violence Interagency Response System, SAM/Safety Assessment Meeting tables, and the Integrated Safety Response, alongside newer place-based initiatives and regional public service arrangements (Sety & Moore, 2024).

This evolving landscape reflects ongoing efforts to strengthen coordination, but it has also contributed to fragmentation and variable design across regions.

There are also notable gaps in the evidence base. Current literature points to limited systematic data on how multi-agency responses work for tāngata whaikaha[4] children and adults, including barriers to reporting, accessibility challenges, and the fit of mainstream services for disabled people and their whānau (Whaikaha – Ministry of Disabled People, 2021; Te Puna Aonui, 2024b). Similarly, there is limited comprehensive evidence on the experiences of transgender and non-binary victim-survivors, with existing studies highlighting discrimination, unmet needs, and service readiness gaps (AUT News, 2024; Vine, 2025). For people who use violence, evidence remains uneven on the effectiveness of specific interventions, desistance pathways and longer-term outcomes, with much of what is available drawn from broader justice contexts rather than family violence specific programmes (FVDRC, 2023).

Across these areas, ongoing constraints include fragmented data systems and information-sharing barriers between agencies, which limits the ability to assess risk, coordinate responses, and monitor outcomes, particularly for children and people with intersecting identities (Te Puna Aonui, 2024b, 2024c).

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4   Tāngata whaikaha - people with disabilities meaning "people determined to do well" or "people of strength," focusing on ability and self-determination rather than limitations, as a positive alternative to traditional deficit labels.

Cross Case Outcomes Analysis

This section presents a cross-case outcomes analysis of the four multi-agency response models, organised around a set of overarching evaluation questions (see Appendix 1). It focuses on how each model is designed and operating in practice, and what this means for the outcomes that whānau, tamariki, people who use violence, and partner agencies value.

The analysis examines how key elements are configured across sites, including:

- Leadership
- Collaborative practice and coordination
- Investment and resourcing settings
- Child- and victim-survivor-centred responses
- Approaches to assessing risk and responding to need

Evidence from the four case studies has been synthesised to construct a layered programme logic for multi-agency responses to family harm (see Appendix 2). This programme logic brings together common mechanisms, contextual influences, and outcomes to show how locally tailored models collectively contribute to an overall system response.

The four models are intentionally distinct and reflect the environments in which they operate. For example, ISR Canterbury responds within a high-volume urban setting with an established service infrastructure and wide provider coverage. In contrast, the Wairoa Whāngaia model has developed in an isolated rural community where specialist services are limited and relationships and capacity constraints shape what is possible. The other two models sit at different points along this continuum of scale, resourcing, and system maturity.

For these reasons, the purpose of this analysis is not to rank or directly compare sites. Instead, the purpose is to:

1. Understand how the **models are designed** to achieve the intended outcomes.

2. Identify the **core components** of the MAR responses.

3. Understand how **differences in context** (scale, geography, population need, and service infrastructure) shape design.

4. Identify the **valued outcomes** for those participating in the model.

5. Identify how the components **are attributed to achieving valued outcomes.**

6. Identify any **unintended outcomes** produced by the models.

7. Identify where there are **opportunities to improve** practice and system settings across the response.

1. Model design to achieve intended outcomes

Across the four sites, the models are deliberately designed as agency/service integrated, multi-level systems that link family violence incident response (5F) to risk assessment ➜ short-term safety planning ➜ wellbeing outcomes for whānau.

There are three levels of distinct operations: leadership, operations, and practice.

LEADERSHIP

Across the four sites, the terms governance and strategic leadership are used interchangeably in reporting, documentation and everyday practice. In many cases, groups described as 'governance' are primarily performing strategic leadership functions - such as building alignment across agencies, setting direction, problem-solving system barriers, and supporting continuous improvement, rather than exercising formal governance authority (for example, approving mandates, holding decision rights, managing risk and compliance, and providing accountability for performance and outcomes).

This lack of shared understanding matters because it can obscure where formal decision-making sits, what accountability mechanisms exist, and how system risks (including information-sharing and safety responsibilities) are managed.

This issue has been particularly visible within ISR, where there has been a deliberate shift in language over time. ISR partners recognised that the forum described as 'governance' was not operating as a formal governance body, but as a strategic leadership group within a networked system. As a result, language was updated to better reflect the function being undertaken.

This illustrates the value of clear shared definitions across sites. Distinguishing governance from strategic leadership supports role clarity, strengthens accountability, and helps ensure the right people are at the table with the right mandate for the decisions required.

Table 1 distinguishes governance (formal authorising, accountability, risk and resourcing functions) from strategic leadership (the relational and operational leadership needed to align partners and drive implementation and learning), across the sites. Governance responsibilities largely sit within government as the authoriser and funder, while strategic leadership is typically located within the site partnerships and the local model itself.

TABLE 1

GOVERNANCE AND LEADERSHIP DEFINITIONS AND RESPONSIBILITIES		
FUNCTION	**DEFINITION**	**TYPICAL ACTIVITIES / RESPONSIBILITIES**
Governance	The formal stewardship and accountability arrangements that authorise the multi-agency response and provide assurance it is operating safely, lawfully, ethically, and as intended. Governance sets decision rights, manages risk, and holds the system to account for performance and outcomes.	Confirm mandate, scope, and operating model (what the MAR does/doesn't do). Establish Terms of Reference, decision-making rules, and escalation pathways. Approve policies/protocols (including information-sharing, privacy, safety, and consent settings). Oversight of risk and compliance (legal duties, safeguarding, confidentiality, ethical practice). Ensure sustainable resourcing and investment settings (funding, workforce, infrastructure). Set performance expectations and review reporting (KPIs, outputs, outcomes, quality assurance). Commission/endorse evaluation and respond to findings. Resolve system issues that require senior authority (e.g., interagency agreements, funding constraints). Provide accountability to funders/authorisers and, where relevant, to community/iwi partners.
Strategic leadership	The active work of setting direction and mobilising collective effort across agencies and partners. Strategic leadership builds alignment and trust, enables adaptation to local context, and drives learning and improvement—often without formal decision rights.	Create and maintain a shared vision, purpose, and priority outcomes (whānau and tamariki-centred). Convene and strengthen partnerships (including iwi/hapū, NGOs, specialist services). Build trust, relational ways of working, and a shared practice culture. Identify barriers to collaboration and broker solutions across agencies. Support local adaptation, innovation, and responsiveness to community context. Champion equity, cultural safety, and kaupapa Māori approaches. Strengthen workforce capability (training, practice support, supervision pathways). Translate insights from data and practice into improvement actions. Oversee quality assurance and continuous learning (reflective practice, feedback loops, communities of practice). Communicate priorities and maintain momentum across a complex, distributed system.

OPERATIONS

At the operations/system level, each model has established a standing multi-agency platform to coordinate daily response activity. While the form varies by context (for example, online or in-person SAM tables, off-table/online coordination, or direct tasking) the core system functions are consistent. These platforms are designed to:

- Create a **shared and timely picture of risk** and need by bringing together information held across agencies.

- Enable **lawful information-sharing** within agreed consent, privacy and protocol settings.

- **Triage incidents** and allocate response based on risk, urgency and whānau circumstances.

- Agree **pathways of care** and assign clear responsibilities for immediate "make-safe" actions and follow-up supports.

- **Clarify roles** and interfaces across Police, justice, Corrections, health, education and community/iwi/NGO providers.

- **Reduce duplication and prevent handover gaps** so whānau are not required to repeat their story and supports do not fall between services.

Evaluation evidence indicates that scale and context strongly shape how well these system functions are embedded. High-volume models with a larger provider network and more funding have more formalised operational processes, clearer tasking pathways, and stronger administrative support.

In the Canterbury ISR, the ability to procure services from within the model strengthened accountability for delivery. By contrast, in smaller and more resource-constrained sites, system coordination often relies more on individual leadership and relationships. As model size decreases, tasking, tracking, and monitoring of outputs and outcomes generally weaken, and key functions such as data management, engagement follow-up and quality assurance may be limited or absent. Reduced volume can also mean less administrative support around key workers and whānau, which affects continuity and follow-through.

The Family Safety System (FSS) is the database used by most of the models to underpin day-to-day systems and operations activity. It is an online case management system designed to capture episode/referral information, record plans and actions, monitor allocated tasks, and support analysis and reporting. Across the cases in this evaluation, the use of FSS was variable. Some sites used it as a core operational tool, while others relied on alternative local processes and tools.

Key issues identified with FSS reflected in the variability seen across the case sites included:

- Limited use, some sites reported only one or two staff consistently accessing FSS.

- Added administration - practitioners described time taken to access and use FSS was taking resource away from frontline practice.

- Reported misalignment with kaupapa Māori values and practice.

- Lack of digital capability by some NGOs impeded participation particularly responding to tasking, as a result, 'workarounds' were apparent as kaimahi avoided using FSS.

In practice, FSS should support the operational side of coordination by enabling tasks to be allocated and tracked across agencies and providers. However, across the case sites we found a key limitation;

while tasks could be assigned through the system, there was often limited or no consistent input back into FSS to record what was delivered (outputs) or what changed for whānau (outcomes). As a result, the system did not function as a complete feedback loop from triage and tasking through to service delivery and whānau outcomes. This meant that FSS data largely captured referrals and task allocation (activity), but not service completion, outputs delivered, or whānau outcomes, limiting local monitoring and quality improvement and preventing robust impact analysis beyond activity measures (see Leonard et al., 2025; Saunders et al., 2025).

Government agency participation also varies across sites and appears influenced by both resourcing and local relationships. In some locations, agencies that are formally part of the MAR do not participate consistently in routine systems and operations activities (for example, daily triage, table discussions, or shared planning). Instead, they may engage only when directly tasked, when a statutory response is triggered, or when the risk level is assessed as high/urgent. Oranga Tamariki was noted in some cases as participating intermittently, which can limit the ability of the system to build a shared picture of risk and to coordinate timely, preventative support for tamariki and whānau. In contrast, Canterbury ISR operates with agency Memorandums of Understanding (MoUs) that mandate participation by government agencies, resulting in more consistent representation and stronger operational continuity across partners, including clearer role delineation and more reliable follow-through on agreed actions.

PRACTICE

At the practice (frontline) level, activity is centred on the relational, whānau-facing work of practitioners based in community and kaupapa Māori organisations. These roles are designed to provide rapid, low-barrier support after a family violence episode and to walk alongside whānau as needs change over time.

Frontline practice across the models typically includes:

- **Rapid engagement** following an episode, with low barriers to access and flexible ways of connecting (phone, outreach, face-to-face).

- **Relational support** and continuity, building trust over time rather than relying on one-off crisis contact.

- **Family violence–informed practice,** including risk awareness, safety planning, and specialist understanding of dynamics such as coercive control.

- **Practical "make-safe" support** alongside planning (e.g., transport, phones, immediate needs, connections to safe accommodation and specialist services).

- **Advocacy and navigation** across systems, supporting whānau to engage with courts, Police, income support, housing, health, education and other services.

- **Whole-of-whānau orientation,** working (where possible and appropriate) with victim-survivors and tamariki, and facilitating access to supports for people who use violence, so that immediate protection leads to longer-term change.

In addition, Kaupapa Māori and whānau-centred principles were apparent through:

- **Culturally safe spaces** (wāhi haumaru).

- **Practice that privileges whānau voice,** tino rangatiratanga and mana-enhancing engagement.

- **Sensitivity to privacy,** whakapapa connections and local relationships, particularly in small communities.

- **Culturally located pūrākau and narrative approaches,** using kōrero and whānau stories to understand patterns of harm, strengths, and aspirations, rather than incident-based or deficit framing.

- **Lived-experience and peer-based support,** kaimahi with relevant lived experience supported whānau in ways that felt authentic and safe.

- **Manaakitanga and strengths-based practice,** focusing on dignity, care, practical support, and whānau capability, recognising resilience and protective factors alongside risk.

- **Trauma-informed culturally safe practice,** acknowledging colonisation and ongoing structural harm, avoiding blame, and prioritising safety in ways that are culturally grounded and responsive.

The evaluation found variation in frontline capability and support across models. In larger services, there are dedicated practice leadership roles, support coaching, debriefing, and consistent practice standards. In smaller rural models, one or two kaimahi often need to hold a broad skill set and respond across multiple roles, with fewer layers of clinical or practice support.

Frontline delivery also reflects context and scale:

Smaller/isolated settings:
- Practice is dependent on high-trust relationships
- Iwi connections and partnership
- Careful management of small-town confidentiality
- Working within thin service markets and rural geography

Higher-volume settings
- Kaimahi practice is supported by other service providers
- More formal collaborations
- Additional roles that extend reach (e.g., precinct navigators/ED social work), alongside routine quality assurance and monitoring mechanisms

Across all four cases, the common intent is for frontline practice to contribute to reduced repeat harm, strengthened whānau capability, and a more coherent and equitable response. The evaluation highlights scalability pressures which impact front line delivery. In smaller sites, limited resourcing can constrain quality assurance, feedback loops and data tracking even when practice is strong, while larger models have more operational capacity to monitor delivery and follow-through at scale. Figure 2 illustrates the different design layers within the models, and the interactions and feedback loops required for them to operate efficiently and deliver impact.

FIGURE 2

MODEL DESIGN – LEADERSHIP, OPERATIONS, PRACTICE

Leadership	Operations	Practice
Shared vision	Triage	Rapid engagement & consent
Strategic purpose	Risk assessment	Relational support
Practice culture	Information sharing protocols	Make safe/FV informed support
QA oversight	Pathways of support	Advocacy & navigation
Continuous improvement	Role clarity	Whānau feedback
Equity & safety	Data management	
Monitoring and evaluation oversight		

2. Core components that make up the responses

Across all four models, the evaluation identified a common set of operational elements needed to run an effective multi-agency response. As noted earlier, scale and context influence how fully these elements are implemented. When clustered against the future design work core components (The Centre for Family Violence and Sexual Violence Prevention, 2025), the elements align as follows:

1. Effective governance and leadership
- Strategic and distributed leadership.
- Accountability mechanisms (including data system and management).

2. Collaborative ways of working
- A multi-agency coordination mechanism (tables, hubs, tasking).
- Funding/resourcing to enable collaborative activity.

3. Safe and effective response to risk and need
- A clear shared risk assessment process.
- A safety or wellbeing plan.
- Practical support (including flexible funding) to remove barriers to safety and wellbeing.

4. Child- and victim-survivor-centred responses
- A clearly defined relational role that sits alongside whānau.
- Kaupapa Māori, whānau-centred, family violence informed practice.

5. Innovation and continuous improvement
- Quality assurance and development of practice capability.
- Test and learn cycles using evidence.

6. Flexible, targeted and integrated investment
- Funding/investment settings that enable targeted responses and integration across services (including the ability to procure or prioritise supports where needed).

All of these elements matter because the outcomes described in the case studies do not arise from a single intervention. Rather, they are produced through a coordinated system that can build a shared picture of whānau context, respond quickly after an incident, reduce barriers to safety, and stay alongside whānau long enough to support sustained change.

Evidence from this evaluation suggests that some components of the model are more consistently embedded in practice than others. Entry into the response, support allocation, and assessment of risk are present across all models, albeit with some variation in how they are implemented. In contrast, the extent to which responses are integrated across agencies and providers varies substantially by context and scale. Monitoring and evaluation is the least consistently applied aspect of the model, with only the large-scale ISR model generating sufficient data and whānau feedback to reliably demonstrate outcomes for whānau at scale. Table 2 summarises the core components of each site model and highlights how differences in context, scale and system maturity shape the frontline roles, coordination mechanisms and supports used to deliver a coherent multi-agency response for whānau.

TABLE 2

CORE COMPONENTS BY SITE			
MODEL / SITE	**CORE COMPONENTS OF THE RESPONSE (HOW IT WORKS IN PRACTICE)**	**WHY THESE COMPONENTS MATTER**	**KEY AREAS STILL DEVELOPING / CONSTRAINTS**
Wairoa	Relationship-based, kaupapa Māori, whānau-centred practice grounded in trusted local connections. Key kaimahi as the primary whānau-facing role providing continuity and "holding the plan" across agencies. Mobile outreach and flexible engagement (home/community-based). Whānau-led planning and practical support (e.g., transport, income access, housing, links to specialist services).	Makes safety planning realistic in a rural setting with isolation and thin services. Turns fragmented services into a coordinated, values-based model that whānau can access and trust. Coordinates care where services are thin and whānau have difficulty accessing specific support (trauma counselling).	Response model still developing (e.g., clearer risk assessment protocols). Partner participation is variable and resource constrained. Limited outcomes measurement and feedback loops. Advisory arrangements still being strengthened. High meth use adds complexity to safety and wellbeing planning.
Tairāwhiti	Transitioning toward an iwi-led one door approach through the Taiora hub. Relationship-led kaiāwhina/navigator roles providing continuity over time. Police–iwi partnership and coordinated triage (historically Police-led Whāngaia, now being reshaped). Outreach to homes and community settings. Culturally safe and private spaces suited to small-community realities. Explicit focus on children within planning - Advocacy into constrained MH/AOD, housing and financial support systems.	Bridges an incident-based Police response with longer-term, iwi-led journeys of support. Helps mitigate barriers linked to rurality, mistrust of state services, and the impacts of meth use and mental health. Centers iwi aspirations and leverages the strength of the iwi provider partnerships in the community.	Model evolution underway, with core components continuing but system settings changing. Constrained specialist service availability (MH/AOD, housing) limits pathway options. Limited outcome measurement and feedback loops. Partner participation is variable and resource constrained.

Rotorua	Lean, practitioner-led hub model with "super advocates" as the main whānau interface.	Drives speed and responsiveness (contact in hours, not days).	Participation relies heavily on partner goodwill and relationships.
	Short, daily multi-agency triage and purposeful allocation to a super advocate.	Reduces the burden on whānau of navigating multiple systems.	Funding appears to sit outside the delivery model, affecting sustainability and accountability.
	Co-location of government and NGO partners.	Makes the response feel coherent, compassionate and practically useful.	Limited outcome measurement and feedback loops.
	One shared plan per whānau.	Localised innovation, ED roles, te ao Māori models of care are fit for purpose and context.	
	Safe physical hub environment (private spaces, security, discreet ED access) enabling rapid, same-day engagement.		
	Trauma-informed, consent-centred support; intensive advocacy across courts, social services, health and housing; drawing on te ao Māori models of care.		
Canterbury ISR	Layered structures: Strategic Leadership Group, ISR Operations Team, co-located government staff undertaking structured triage/risk assessment.	Creates operational discipline and consistency at scale in a high-volume district-wide environment.	High-volume settings require significant operational capacity and coordination effort.
	Two key delivery collaborations: Canterbury Whānau Safety Service and Tū Pono leading whānau-facing safety planning and support.	Supports multi-agency accountability and follow-through.	Ongoing reliance on data systems and workforce capability to maintain quality at scale.
	Time-bound pathways and expectations (e.g., contact/planning within 24 hours / 3 days / 5 days) - Single point of contact (Family Safety Service worker or equivalent).	Embeds kaupapa Māori pathways and whānau-centred practice within a strong system framework.	
	Specialist services for victim-survivors, tāne and rangatahi - Practice Leads, joint training and regular practice hui.	Quality Assurance oversight of system through data tracking, whānau outcomes and practice quality.	
	Data systems/dashboards and quality assurance mechanisms.		

Across the four sites, data management underpins how the core components operate in practice, but it is not consistently implemented. Most sites rely on the Family Safety System (FSS) as the primary operational database. However, the extent, consistency and completeness of use varies considerably.

Where FSS is used well, it supports core functions by creating a shared record of referrals and triage decisions, enabling lawful information-sharing, supporting tasking and follow-up, and providing visibility of workflow for oversight and improvement. This strengthens collaborative ways of working

(shared information and coordinated action), safe and effective responses to risk and need (timely triage and planning), and governance/leadership and investment (the ability to see demand, performance, and resource pressures).

In Canterbury ISR, FSS use is more strongly embedded through formal expectations, practice leadership and quality assurance, leading to more consistent data and better accountability. In Wairoa, Rotorua and Tairāwhiti, data quality and completeness were more dependent on local capability and individual practice. In some cases, agencies that are part of the response participated inconsistently in the shared system or continued to rely on parallel paper-based or standalone systems, creating gaps in the shared record and weakening collective visibility.

Critically, as previously stated, across the sites FSS was often used primarily to allocate tasks, with limited routine input back into the system about what was delivered (outputs) and what changed for whānau (outcomes). This limits the feedback loop needed for continuous improvement, reduces the ability to monitor whether child- and victim-survivor-centred plans were implemented as intended, and constrains system learning about what works for whom.

In short, effective data infrastructure is not only an administrative function - it is a practical mechanism that underpins coordination, accountability and learning - without it, it is harder for MAR to reliably translate system intent into consistent, whānau-visible outcomes.

3. Contextual considerations influencing model design

Across the four sites, model design is strongly shaped by place-based context—particularly geography, population profile, service configuration, and wider social and economic conditions. All sites operate in environments marked by high rates of family violence, socio-economic deprivation, housing stress, and constrained access to specialist mental health, alcohol and other drug (AOD), and child-focused services. However, the way these pressures are experienced locally differs, which in turn shapes how each response is configured - ranging from tightly protocolled, high-volume models (e.g., Canterbury) to high-trust, relationship-intensive models in smaller, more isolated districts (e.g., Wairoa and Tairāwhiti).

Key contextual influences identified across the evaluation include:

Geography and service access

- In rural and isolated communities, dispersed whānau, long travel distances, and thin specialist services compound risk and reduce timely access to support.

- Small-town dynamics and limited anonymity can deter help-seeking, increasing the importance of discreet access points, safe private spaces, trusted relationships, and careful management of privacy.

Population need and inequity

- High Māori population profiles and the legacy of colonisation create a consistent imperative for kaupapa Māori design, iwi leadership or partnership, and mana-enhancing engagement with the state.

- Participants also noted how historic iwi–Crown relationships and experiences of state care, surveillance and removal of tamariki shape trust and willingness to engage - particularly in smaller communities, where suspicion of Crown agencies (particularly Oranga Tamariki) can be pronounced.

Workforce capacity and vulnerability

- Smaller models are more exposed to workforce fragility - the loss of even one experienced practitioner can significantly affect capability.

- Where kaimahi are fully occupied with frontline work, there is often limited capacity for supervision, mentoring, quality assurance, and systematic practice improvement.

Service density and system fragmentation

- In larger urban centres, challenges are less about service absence and more about fragmentation, duplication, and system fatigue for whānau navigating multiple agencies.

- High-volume environments tend to drive more structured, protocol-rich approaches, with stronger governance, risk stratification processes, and data systems to manage throughput and consistency.

Mandated vs non-mandated participation

- In sites where participation is not mandated, consistent government agency engagement often depends on local relationships and individual champions rather than system-level commitment.

- Providers reported variable engagement across government agencies in some smaller localities (resource constraints, capacity gaps). Oranga Tamariki was frequently noted as absent from collaboration forums or participating only when directly tasked.

- Across sites, practitioners described spending substantial time advocating for whānau to access entitlements and support (e.g., MSD), suggesting that agencies may attend and share information, but are not always making access easier - meaning frontline roles often end up navigating the very systems intended to be part of the coordinated response.

Model maturity and investment stability

- Where there has been sustained investment and stable governance, operational leadership and practice leadership (as in ISR Canterbury), models have been able to learn, adapt, and build capability over time.

- In these contexts, routine quality assurance (especially for high-risk cases), closed feedback loops incorporating whānau voice, and systematic tracking of incidents and repeat harm are more likely to be embedded.

- In models with shorter-term investment, leadership churn or fragile infrastructure, these capabilities are harder to establish and maintain.

The evaluation shows that model effectiveness is inseparable from context. Geography, service density, iwi–Crown relationships, workforce capacity, mandate settings and model maturity all shape what is possible in practice. These factors also influence the balance between centralised protocols and local discretion, how intensively whānau are engaged, and the extent to which responses can be preventative rather than incident driven.

Designing for context is therefore central - not peripheral - to achieving equitable and sustainable outcomes for whānau experiencing family violence.

4. Valued outcomes

This outcomes section draws on interview evidence, monitoring information, quality assurance and FSS[5] data where available. Outcomes are reported across sites, noting that the strength of evidence varies due to differences in data availability and completeness.

OUTCOMES FOR WHĀNAU /VICTIM-SURVIVORS

Across the four models, victim-survivors reported valued outcomes that went well beyond incident containment. Whānau narratives described rapid reductions in immediate risk, including safer homes, improved security, protection and parenting orders, relocation to Women's Refuge or alternative accommodation, and more predictable Police responses. These practical changes were accompanied by relational and emotional gains and not having to navigate courts, Work and Income, housing and health services alone. Over time, victim-survivors described increased confidence in decision-making, clearer understanding of patterns of harm, and stronger emotional regulation in difficult situations. Many also noted greater day-to-day stability (bills paid, food in the house, routines re-established and less chaos) which whānau identified as foundational to sustaining safety.

Whānau outcome data from Canterbury ISR FSS indicated that for victim-survivors:

- Engagement with support services was associated with **increased awareness** of what services are available and who to contact for help.

- There appeared to be larger gains for men (65%) than women (42.78%) – however the sample size was considerably different. Ethnicity results[6] suggest the strongest gains for Middle Eastern (81.82%), African (75%) and Asian (68.29%) victims, and smaller gains for NZ European/Pākehā (40.3%), Māori (37.27%) and Pacific peoples (36.64%).

- For Māori victims, the increase in awareness was consistent across kaupapa Māori and mainstream services (37.58% vs 35.25%).

Victim-survivors **client-reported fear decreased substantially** after engaging with services, indicating improved feelings of safety.

- Overall, fear for their own safety reduced by 43% (kaupapa Māori 40%, mainstream 45%; N=1,458 reports), with the largest reductions among those who started with high fear (47% reduction in fear).

Across all interviews, valued outcomes for victim-survivors clustered into the following outcome themes.

1. **Immediate safety and risk reduction,** including safer homes, improved physical security (e.g., alarms), protection and parenting orders, relocation to Women's Refuge/alternative accommodation, and more predictable Police responses.

2. **Reduced burden of navigating systems,** through having a single trusted worker who coordinates supports and assists with courts, Work and Income, housing and the health system.

3. **Validation and emotional safety,** including feeling believed, "seen," and supported in ways that restore dignity and trust.

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5   Whānau feedback data from the Canterbury ISR/FSS whānau survey 2024-2025

6   Some ethnicity subgroups have very small sample sizes, which can inflate percentage changes and make results appear larger than they are; these findings should therefore be interpreted with caution and treated as indicative rather than conclusive.

4. **Improved confidence and decision-making,** including stronger understanding of patterns of harm and greater ability to manage difficult interactions.

5. **Stabilised day-to-day life,** such as routines re-established, bills and essentials managed, and reduced chaos—seen by whānau as foundational to sustaining safety.

OUTCOMES FOR TAMARIKI/CHILDREN

For tamariki, the main outcomes were improved safety, increased whānau stability, and being included in plans. While child-focused services were not available in the same way across all sites, the case evidence shows that when children were a clear focus, whānau reported practical improvements including safer care arrangements, more regular attendance at school or early childhood, and better access to health or counselling support. Parents and caregivers also described being better supported to move from "crisis mode" to more settled routines, with help to get to appointments, improve housing and income stability, and strengthen parenting boundaries.

Whānau outcome from Canterbury ISR FSS indicated that for rangatahi (13–17):

- Engagement with services was associated with increased awareness of what supports are available and who to contact for help.

- Gains were strongest for Māori rangatahi in kaupapa Māori services (60% increase vs 25% in mainstream), and overall males showed larger increases in awareness than females (82% vs 59%), likely reflecting lower starting awareness among young men.

Victim-survivors also reported increased safety for their children, with fear reducing by 40% overall (kaupapa Māori 38%, mainstream 41%; N=825 reports), again with the strongest improvements for those with high initial fear (45% reduction).

Analysis of interview data with whānau who had tamariki/children reported the following outcome themes.

1. **Increased safety and protection,** with reduced exposure to acute incidents and safer caregiving arrangements.

2. **Greater stability and routine,** including more consistent schooling/early childhood participation and more predictable home environments.

3. **Improved access to supports,** such as paediatric, therapeutic and wellbeing services (where available), and better coordination between whānau, schools and health providers.

4. **Stronger caregiver capability,** with practical supports (transport, appointment support, income/housing stabilisation) and parenting coaching that helps shift from crisis parenting to consistent routines and boundaries.

5. **Positive shifts in child wellbeing,** with whānau describing improvements in behaviour, emotional regulation, and a shared sense that "the house feels safer."

OUTCOMES FOR PEOPLE WHO USE VIOLENCE

The evaluation identified early but meaningful signs of change among people who use violence, particularly where suitable pathways were available. Kaimahi and whānau described some men (and sometimes rangatahi) engaging in kaupapa Māori men's programmes, AOD treatment, anger management, parenting programmes and wānanga. When engagement was sustained, this was linked to better understanding of harm, reduced substance use, improved emotional regulation, and

safer co-parenting or contact arrangements. Whānau valued not just programme attendance or compliance, but deeper shifts—taking responsibility, being open to support, and prioritising children's safety.

Whānau outcome data from Canterbury ISR FSS for people who use violence, indicated that:

- Engagement with services was associated with increased awareness of what supports are available and who to contact for help, with larger gains for men (63.70%) than women (45.89%).

- By ethnicity, the largest gains were for Middle Eastern (107.69%), Asian (102.84%), African (92.31%) and other ethnicity (93.60%), with more moderate gains for Māori (48.99%) and European (46.82%), and the smallest for Pacific peoples (28.20%). Note: some subgroup shifts should be interpreted cautiously where numbers are small.

For people who use violence valued outcomes included:

1. **Engagement with change and support pathways,** including kaupapa Māori men's programmes, AOD treatment, parenting programmes, wānanga, and other behaviour-change supports.

2. **Increased insight and accountability,** including greater recognition of the impacts of violence and stronger responsibility-taking.

3. **Reduced risk factors,** such as decreased substance use and improved emotional control.

4. **Safer co-parenting and contact arrangements,** including clearer expectations and more constructive communication where appropriate and safe.

5. **Early signs of behaviour change,** valued by whānau as more than programme compliance, including openness to help and prioritising children's safety.

EVIDENCE GAPS

There are gaps in the outcomes evidence for this evaluation. In particular, limited consistent outcome monitoring and the difficulty of recruiting interviews with people who use violence constrained what could be concluded about their experiences, engagement pathways, and longer-term behaviour change. Opportunities for whānau to engage with the right supports vary across sites, particularly access to specialist child-focused services and pathways for people who use violence. Service availability affects the consistency of outcomes and limits the system's ability to reduce repeat harm at scale.

Across the case sites, we sought to include interviews with whānau who were representative of communities that are often under-served in family harm responses, including tāngata whaikaha and Rainbow whānau. However, the number of interviews was not sufficient, or conducted at the scale required, to draw reliable conclusions about the overall responsiveness of the models for these groups. While further targeted investigation is needed, the accounts gathered provide early indications of strengths in practice—particularly where kaimahi were proactive in identifying accessibility and safety needs through assessment, adapting engagement approaches, and supporting connection to appropriate longer-term services and specialist supports.

Overall, the case evidence indicates the models are producing valued outcomes spanning immediate safety, stabilised living conditions, strengthened confidence and hope for victim-survivors, increased visibility and protection of children, and early signs of accountability and behaviour change among people who use violence. At the same time, case evidence highlights pathway and evidence gaps, particularly for tamariki; rangatahi; people who use violence; tāngata whaikaha; and Rainbow whānau, while also highlighting clear pathway and evidence gaps that require strengthening.

OUTCOMES FOR PARTNER AGENCIES AND STAKEHOLDERS

Across the four models, partner agencies reported valued outcomes that relate to both the quality of the response for whānau and how well the wider system works for them.

Key outcomes include:

1. **A clearer, timelier picture of risk and need**

Multi-agency triage, shared case discussions and agreed planning processes help agencies move from fragmented, incident-by-incident responses to more coordinated decision-making.

Partners value having a single plan, clear lead roles and shared priorities, which reduces duplication and helps agencies meet statutory and safeguarding responsibilities more coherently.

2. **Better coordination and use of scarce resources**

In higher-volume settings (e.g., Canterbury), structured triage, risk stratification and clear timeframes support more predictable workflow and better targeting of intensive support to those at greatest risk, reducing "risk-holding" by any one service.

In smaller settings (e.g., Wairoa and Tairāwhiti), coordination helps limited specialist capacity be used more strategically and enables local providers, who already have trusted relationships with whānau, to engage quickly.

Across sites, agencies value reduced unnecessary referrals, streamlined information requests, and fewer situations where whānau have to repeat their story.

3. **Stronger relationships and trust across the system**

Partners reported that regular collaboration and shared planning improved relationships between Police and community providers.

Agencies valued having a shared forum to clarify roles, align priorities and resolve issues early, reducing duplication and misunderstandings and strengthening a one-team approach around whānau safety.

4. **Strengthened kaupapa Māori provider capability and autonomy**

Where funding and commissioning settings support equitable investment in kaupapa Māori collaborations (as seen in ISR), providers report greater ability to embed kaupapa Māori delivery approaches.

Investing in kaimahi capability, designing Māori-specific pathways, and embedding practice that upholds mana, whakapapa and relational accountability.

Partners valued that these settings supported rangatiratanga - allowing providers to shape how responses are designed and delivered rather than fitting into externally prescribed models.

5. **Learning, accountability and ongoing improvement**

Agencies emphasised that multi-agency responses are not static; they require continuous learning, reflection and adaptation.

A valued outcome for partners is the ability to design approaches that are culturally and contextually relevant, and to build shared knowledge over time about "what works" locally.

Partnering agencies valued the social capital built through regular collaboration and shared problem-solving. Where collaborative structures have been removed or weakened (such as taking meetings online or off table), practitioners reported a desire for them to be reinstated. Partners also noted a trade-off; collaboration forums (e.g., SAM tables) can deliver important relational and system benefits, but they are resource-intensive and do not always translate directly into measurable whānau outcomes.

5. Attribution of core components to valued outcomes

Attribution of outcomes within these models is inherently complex, particularly when relying on whānau accounts of change. Whānau typically and appropriately attribute valued outcomes to the frontline kaimahi who walk alongside them, provide practical and emotional support, and are the visible face of the response. However, the underpinning system functions that enable this support, multi-agency triage and risk assessment, information-sharing, prioritisation processes, and agency participation in planning and resourcing, are largely invisible to whānau. Governance and leadership are especially obscured in this way.

In the ISR model, for example, the consistency of leadership from governance, through data and quality infrastructure, to practice leadership was reported as making a significant contribution to continuous improvement and the model's capacity to respond effectively. Yet this leadership is not directly visible in whānau narratives, where outcomes are experienced as arising from individual relationships with kaimahi. This creates a challenge for attribution, evaluation can risk over-crediting individual practice and under-recognising the contribution of governance, coordination and system design in producing and sustaining the outcomes that whānau value.

However, across the four sites, the evaluation found consistent evidence that the following elements of the models are closely linked to the valued outcomes reported by whānau, partner agencies and system leaders.

1. **Rapid triage, risk assessment and safety planning**
   Regular, structured multi-agency triage (e.g., daily or frequent tables/hubs with clear timeframes) is strongly associated with immediate safety gains for victim-survivors and tamariki. These mechanisms support faster risk assessment and coordinated "make-safe" actions (e.g., orders, alarms, relocation, welfare checks) and timelier follow-up. Whānau experience this as faster and more predictable responses; agencies experience it as reduced risk-holding by any one service.

2. **A single trusted whānau-facing role**
   Whānau-facing roles such as kaiārahi, super advocates, kaiāwhina, navigators and FHPs are repeatedly linked to improved engagement, trust, stability and follow-through. Whānau describe the value of one person who holds the plan, explains options, supports attendance at court/appointments, and stays involved over time. This is associated with greater uptake of supports, reduced disengagement, and increased confidence and hope for victim-survivors (and, where present, people who use violence).

3. **Kaupapa Māori and whānau-centred practice**
   Kaupapa Māori approaches are linked to improved acceptability and outcomes for Māori whānau, including stronger trust and engagement. Contributing elements include wāhi haumaru, mobile outreach (including rural/isolated locations), use of te reo and tikanga, whānau-led planning, lived-experience support, and Māori-provider-led pathways. These practices underpin both relational outcomes (feeling safe to disclose, dignity, trust) and sustained engagement in supports.

4. **Practical barrier-removal support**

   Practical assistance (e.g., income support, food, phones, transport, housing, legal aid, access to specialist services) is closely linked to day-to-day stabilisation. When immediate practical crises are addressed, whānau are better able to focus on safety planning, parenting and therapeutic work. This is associated with fewer missed appointments, reduced financial stress, more consistent school attendance, and improved capacity to engage in change processes—highlighting the importance of flexible, responsive funding that can be used quickly.

5. **Dedicated pathways for tamariki and for people who use violence**

   Where they exist, child-focused roles and explicit inclusion of children in plans support safer care arrangements, more predictable routines, and improvements in behaviour and emotional regulation. For people who use violence, engagement in kaupapa Māori men's programmes, AOD treatment, and parenting/behaviour change supports is linked to increased insight, improved emotional control, some reductions in substance use, and safer co-parenting/contact arrangements. These pathways remain uneven across sites, limiting consistency of outcomes.

6. **System supports that strengthen consistency and accountability**

   Practice leadership, co-location, shared data systems and learning processes contribute to clearer roles, stronger inter-agency relationships, more efficient use of resources, and greater confidence in decision-making. These structures support quality and consistency in frontline practice, help target intensive responses to those at highest risk, and generate evidence needed for ongoing investment.

These elements can be reasonably associated with the outcomes observed across the four models: improved immediate safety, stabilised living conditions, stronger engagement and trust, better protection for tamariki, and early signs of behaviour change and accountability among people who use violence.

6. Unintended outcomes produced by the models

There is evidence that the models are generating a mix of unintended outcomes alongside their intended benefits. A prominent unintended effect is increased pressure and vulnerability within the workforce and local system. **As trust in the models grows, more whānau accept support and stay engaged for longer, but funding and specialist capacity (particularly for MH/AOD and children) have not expanded at the same pace**. This is contributing to high and complex caseloads, emotional load and risk of burnout for key workers, and to situations where kaimahi and community providers are effectively holding risk for longer than anticipated. In smaller localities such as Wairoa and Tairāwhiti, dependence on a small number of highly skilled champions means that staff turnover or ill-health can have an impact on the stability of the response.

Another unintended outcome across the sites is that **family violence kaimahi remain heavily engaged in advocacy to secure services and supports that whānau are already entitled to,** because the wider system has not consistently removed access barriers. A central rationale for establishing MAR was to alleviate these barriers by improving coordination, information-sharing and shared accountability for outcomes. However, in practice many partner agencies continue to be primarily configured around statutory and compliance functions, such as responding to Reports of Concern (Oranga Tamariki), managing release notifications and conditions (Corrections), or enforcing court orders, rather than proactively enabling whānau access to support through these same systems. As a result, whānau-facing workers frequently describe spending **substantial time contesting decisions, following up referrals, and "pushing" agencies to provide services** that should be straightforward, particularly in relation to income support, housing, legal services, child and youth services, and MH/AOD care.

This dynamic effectively shifts, rather than resolves, the burden of navigating structural barriers. **While the multi-agency models create platforms for better information-sharing and shared planning, they do not automatically transform the underlying rules, thresholds and organisational cultures that shape access to support.** Kaimahi become the primary mechanism through which whānau are able to work around rigid systems, relying on relationships, persistence and cultural competence to secure responses that align with whānau needs and rights. This advocacy is highly valued by whānau and contributes to many of the positive outcomes described in the case studies, but it is also labour-intensive, emotionally demanding and contingent on individual workers' skills and credibility within agencies. In this sense, an unintended outcome of the current configuration is that MAR risk normalising a dependence on intensive advocacy, rather than driving the deeper system change needed to ensure that statutory and mainstream agencies consistently function as enablers of equitable access to support.

There are unintended positive outcomes that fall outside the original design but are consistently reported as valuable. Cross-agency **collaboration around family violence has strengthened relationships, practice confidence and cultural capability** across wider parts of the local system. For example, non-Māori agencies describe gaining greater understanding of kaupapa Māori practice and whānau-centred approaches, which they then apply beyond family violence work. In some sites, the data and governance infrastructure built for the model is now being used to inform broader locality planning and commissioning. These emergent benefits suggest that, even as the models create new pressures, they are also catalysing wider shifts in how agencies work together and how kaupapa Māori, whānau-centred practice is understood and valued across the system.

An important implication is that **variation in data systems, access, infrastructure and support directly affects how valued outcomes are reported across the models.** Not all agencies and services are consistently using the shared data infrastructure (such as FSS) even where it is available, and some continue to rely on paper-based or standalone systems. As a result, feedback loops are not always closed, information is fragmented, and the models are not consistently able to report outcomes for whānau, tamariki and people who use violence in a comprehensive or comparable way. This uneven engagement limits the ability of the models to produce a comprehensive picture of demand, response and outcomes across agencies and over time.

An unintended consequence of this fragmentation is that **outcomes may be both under- and over-reported.** Positive changes achieved through kaupapa Māori, whānau-centred practice may not be fully captured, while some activities may be recorded without corresponding evidence of sustained impact. In addition, there is limited visibility of what is happening for whānau who do not engage, disengage early, or refuse services altogether. This weakens the ability of the models to understand differential impacts, identify equity gaps, and adapt in response to evidence; and it constrains system leaders' capacity to make confident judgements about effectiveness and value.

At the same time, strengthening outcome reporting through shared systems such as FSS raises an important tension and potential unintended outcome. Better data is needed to understand whether the response is working, to target resources to those most at risk, and to demonstrate outcomes and value for whānau. However, family violence data is highly sensitive, and there is a real risk that expanding data collection and linkage can drift into a form of state surveillance, particularly for Māori whānau who already experience disproportionate monitoring and intervention through Crown systems. **Any move to strengthen data infrastructure therefore needs clear ethical boundaries and Māori data sovereignty safeguards** so that information is used to support whānau safety and wellbeing, not to widen system reach or increase unintended harm.

This indicates that improvements to FSS use and outcome reporting should be guided by principles such as:

- Purpose and proportionality: Collect only what is needed to support safety, coordination and learning.

- Whānau voice and consent: Ensure whānau understand what information is held, how it is used, who can see it, and how they can exercise choice where consent applies.

- Māori data sovereignty and governance: Establish clear Māori-informed rules about data access, interpretation, secondary use and sharing, including iwi/Māori partnership in governance of data settings.

- Safe access and accountability: Limit access to those who need it for their role, with audit trails, clear decision rights, and consequences for misuse.

- Learning-focused feedback loops: Prioritise information that closes the loop (what was delivered and what changed), rather than expanding surveillance-style tracking that does not translate into improved outcomes for whānau.

7. Opportunities to improve outcomes

Cross-case analysis indicates a set of shared opportunities that, if addressed, could strengthen outcomes for whānau, partner agencies and the wider system across all four sites.

A primary opportunity is to **expand, resource and formalise responses for tamariki, rangatahi and people who use violence.** In every model, adult victim-survivors have the clearest pathways into sustained support, while services for children and for people who use violence are comparatively thin, fragmented or dependent on the skills and capacity of individual kaimahi.

Dedicated child and youth workers, age-appropriate mental health and trauma services, and clearer protocols for child inclusion in safety and wellbeing plans would improve both immediate protection and long-term wellbeing for tamariki. Similarly, pathways for people who use violence, including tāne and rangatahi who use violence, are under-developed relative to need. The limited availability of kaupapa Māori, trauma-informed and AOD-integrated services for people who use violence - particularly tāne and rangatahi - was consistently identified by whānau and agencies as undermining whānau safety. Inadequate mental health support and a lack of fit-for-purpose rehabilitation options mean that underlying drivers of repeat harm are not being addressed, leaving people who use violence and their whānau without the sustained help they need to embed change.

There is an opportunity for **continued systematic investment in kaupapa Māori, whānau-centred workforce and practice infrastructure.** Across the sites, outcomes are strongly associated with the presence of skilled, trusted family harm practitioners (FHP) (kaiārahi, super advocates, kaiāwhina, navigators) who provide continuity, advocacy and culturally safe support. However, these roles are often precariously funded, carry high emotional load, and have variable access to structured supervision, specialist coaching and professional development. The Canterbury ISR quality assurance and Practice Lead activities operate as in-situ training, this appears to have significantly improved FHP standards since inception. Alongside this, regular access to cultural and clinical supervision, shared training across agencies, and strengthened Practice Lead positions would support workforce retention, protect kaimahi wellbeing, and improve the quality and consistency of whānau-centred practice. This is especially important in smaller, high-need communities, where the loss of even one experienced kaimahi can significantly weaken the local response.

Reducing structural and contextual barriers that limit the effectiveness of otherwise strong practice models is another area of opportunity. Across all four sites, housing shortages, poverty, legal aid constraints, court delays, transport barriers, and limited local MH/AOD capacity limit the extent to which safety and wellbeing plans can be realised. Enhanced partnerships with housing providers, more flexible and timely access to income support and hardship assistance, strengthened legal advocacy (including for protection orders, parenting orders and relationship property), and increased local MH/AOD, disability and trauma services would elevate the impact of the existing models. In rural and isolated communities, investment in outreach and closer to home services, including satellite clinics, mobile teams and digital/phone-based supports, would help to mitigate distance and small-town privacy challenges that currently constrain engagement.

There are clear opportunities to further **develop leadership, data and learning systems** so that they better reflect kaupapa Māori priorities and whānau-valued outcomes. While Canterbury ISR in particular has established dashboards and quality assurance processes, outcome measurement remains more activity-focused in other sites, and outcomes for whānau are not captured. Co-designed monitoring frameworks that integrate quantitative indicators (e.g., re-referral rates, order compliance, service access) with qualitative, whānau-led measures of change would **enable more accurate assessment of impact and equity.** Strengthening feedback loops, so that whānau and frontline kaimahi/FHP's can systematically inform operations and strategic leadership, would also support improvement to models over time.

There is an opportunity to **strengthen cross-agency participation** in those models where engagement is not formally mandated. While these responses are described as multi-agency, not all partners participate consistently, and when they do, their involvement is often driven by statutory responsibilities related to legislation, care and protection, justice or Corrections, rather than by a proactive intent to reduce barriers or support whānau to navigate these systems. In the Canterbury ISR, **where participation is an explicit requirement, agencies respond and contribute more reliably** because this is a core expectation of the model. In other sites, participation is more variable and depends heavily on local relationships, local agency capacity (and churn) and individual leadership rather than on clear system mechanisms. This leaves the models vulnerable to staff turnover and leadership changes. Developing stronger agreements, expectations and accountability for agency participation in these regional responses offers a significant opportunity to stabilise the models and ensure that whānau consistently benefit from the full range of system supports.

A further cross-cutting issue for the family violence MAR models is the **limited visibility of tāngata whaikaha and Rainbow whānau within structural design and planning.** This evaluation included some whānau whose experiences were representative of these communities, and we were able to identify early indications of positive outcomes and responsive practice at the frontline. However, the sample was not at sufficient scale to determine how generalisable these findings are across the models. Importantly, while sites were generally aware that whānau within these groups were presenting through the response pathways, there was **little evidence of distinct strategic planning, formal relationships, or embedded partnerships with disability- and Rainbow-specific services.** These populations were also not clearly evident in programme design documentation or operating model planning at the structural level. This suggests an opportunity to strengthen equity-focused design, commissioning, and partnership arrangements so that responsiveness does not rely primarily on individual kaimahi initiative.

Finally, there is an opportunity to **encourage increased iwi leadership/ Māori participation** and **enhance alignment between local innovations and national commissioning settings.** The case studies demonstrate that iwi-led or kaupapa Māori partnerships (e.g. Wairoa Whāngaia, Tairāwhiti Whāngaia/Taiora, Tū Pono collaborations) are central to building trust with Māori whānau and

addressing the legacy of colonisation in family violence responses. However, these approaches often operate within national funding silos and short-term contracts that constrain prevention, limit flexibility, and make it difficult to fully realise local visions of 'whole-of-whānau journey' support. Moving towards investment arrangements that **recognise kaupapa Māori responses as essential infrastructure,** with integrated funding across family violence, sexual violence, child protection, courts and health, would enable models to expand their preventative work, reduce system fatigue, and sustain the relational, wraparound approaches that whānau value. Strengthening these dimensions, while retaining the operational discipline and clarity evident in more mature models, represents a key opportunity to improve outcomes and equity across all four sites.

GAPS AND LIMITATIONS IN DATA

There were several gaps and limitations in the evaluation data that affect how confidently findings can be interpreted across sites and population groups. These constraints reflect variability in data availability and quality, fragmented information systems, and the short evaluation period, which together limited the consistency, depth, and comparability of evidence on outcomes and longer-term impacts.

1. Absence of other Multi-Agency Responses in planning and data

Multi-agency responses to family harm do not operate in a vacuum. Across Aotearoa New Zealand there are other place-based, multi-agency initiatives that apply a public health or prevention-oriented lens to community harm and crime drivers, such as Resilience to Organised Crime in Communities (ROCC), which is directed at reducing organised crime and gang harm by addressing upstream drivers (e.g., addiction, social vulnerability, disconnection, and wider community risk factors). While these initiatives sit alongside Family Harm multi-agency responses, they are rarely referenced in MAR documentation, programme logics, or reporting frameworks, and there is limited evidence that the operating models explicitly describe how the systems should connect in practice. This matters because many whānau experience overlapping harms, family violence, substance use, coercive control, mental distress, housing instability, and gang/organised crime exposure, and may encounter multiple programmes that are each "multi-agency" but not designed to coordinate with one another.

In this context, there is a real risk that Aotearoa is building a set of parallel multi-agency systems that function in silos: each with its own governance, referral pathways, data practices, thresholds, and accountability settings. Without deliberate integration, whānau may be required to retell their stories across different entry points, frontline practitioners may carry the burden of navigating fragmented systems on whānau behalf, and agencies may duplicate effort rather than align around shared prevention and wellbeing outcomes. More strategically, siloed multi-agency investment can weaken the public health intent of these approaches by limiting collective visibility of demand and cumulative impact, and by obscuring whether reductions in harm are occurring across the wider ecosystem rather than within a single programme boundary.

A stronger system-level plan would acknowledge the broader landscape of multi-agency prevention programmes and make their interfaces explicit - clarifying shared cohorts, referral linkages, governance relationships, and principles for information-sharing and data sovereignty. Doing so would support a more coherent ecosystem of place-based prevention and reduce the likelihood that "multi-agency" becomes a collection of separate initiatives, rather than an integrated system capable of addressing the interconnected drivers of harm.

2. Consistency in data and expected outcomes

Across the sites, the availability and consistency of data, particularly outcomes data, varies substantially and limits the opportunity to measure impact. While differences in scale, maturity, and local context legitimately shape what can be measured and how, the evaluation indicates that whānau outcomes nonetheless tend to follow recognisable patterns of support and change.

In other words, although the delivery models differ, the pathways through which whānau experience improvement are often similar (e.g., stabilisation of immediate safety, strengthened day-to-day security, improved wellbeing and relationships, and increased confidence and agency over time). This suggests that the sector would benefit from an agreed outcomes framework that is flexible enough to reflect local variation, but consistent enough to drive comparable outcomes data collection across sites. Without a shared outcomes frame, measurement remains fragmented and uneven, limiting the ability to demonstrate impact at scale, learn across models, or track whether the system is achieving sustained reductions in harm for whānau.

3. Tracking engagement and outputs

The evaluation indicates that the way each model defines, tracks, and reports engagement with services varies significantly, ranging from relatively systematic recording of referral, contact, uptake and ongoing participation, through to partial or informal tracking that cannot reliably show who did or did not engage, at what point, or with what intensity. This matters because engagement is a critical part of the pathway to outcomes. Without consistent engagement data, the system has limited visibility of what happens when people do not take up support, disengage early, or cycle in and out of services—and therefore limited ability to improve accessibility, responsiveness, and safety.

Understanding non-engagement is especially important in family harm contexts where barriers can include coercive control, fear of consequences, mistrust of agencies, cultural unsafety, practical constraints (housing, transport, childcare), and the cumulative burden of retelling experiences across services. Strengthening how engagement is measured, alongside an independent targeted inquiry into the reasons for non-engagement, would significantly improve the evidence base, support service design improvements, and help assess whether the models are reaching those at highest risk as well as those most able to participate.

4. Opportunities for support for tamariki/rangatahi

A further limitation concerns support for tamariki and rangatahi. While tamariki have been a visible focus in planning, workforce development, and service intent across several sites, the available data and stakeholder accounts suggest there remain scant, dedicated service pathways for tamariki experiencing family harm in their own right. There appears to be a consistent service gap for rangatahi, particularly those aged 13–17 years, noted across the case studies for both young people who use violence and those experiencing family violence.

Tamariki and rangatahi are a consistently missing voice in the evidence base, both because they are not routinely engaged through child-appropriate feedback approaches and because reporting systems tend to privilege adult service users and adult-defined outcomes. As a result, it is difficult to assess whether children are accessing timely, culturally safe supports, or whether their needs are being indirectly addressed through adult-focused interventions.

This points to a wider system gap - limited and inconsistent access points for children and young people to enter support, receive early therapeutic input, even where family harm responses are actively seeking to improve child safety and long-term outcomes.

Measuring outcomes within a multi-agency response is inherently challenging because the response is designed to achieve multiple purposes at once. It must ensure statutory and procedural responses occur across agencies, assess and mitigate risk, and coordinate timely support, while also creating genuine opportunities for whānau to build safer homes, navigate legal and protection pathways, and strengthen safety, wellbeing and stability over time.

For people who use violence, the response must also support accountability and behaviour change, alongside managing immediate risk to others. These outcomes operate simultaneously at different levels—system (coordination, timeliness, information-sharing, consistency), whānau (safety, stability, trust and engagement), and interpersonal (reductions in violence, shifts in control dynamics, strengthened relationships and protective factors). What is valued, prioritised, and therefore measured often depends on where someone sits within the model, whether their focus is statutory compliance, risk management, service delivery, or whānau-led change, making a shared outcomes frame and clear measurement priorities essential for coherent reporting and learning.

IMPLICATIONS OF FINDINGS

The purpose of this evaluation is to understand how multi-agency responses to family violence are designed, how they operate in context, and what valued outcomes are created for whānau, partner agencies and the wider system. The study also aims to identify which core components and ways of working contribute most to these outcomes while also examining the costs, benefits and unintended impacts of these models over time.

Answering the evaluation questions that seek to unpack the "value" of each model is highly contingent on perspective. Results indicate that for whānau, value is located in mana enhancing, trustworthy relationships with skilled practitioners. These relationships are underpinned by timely and safe engagement, and culturally located support that recognises the complexity of whānau lives. Value for whānau is not associated with specific model tools or meetings.

For agencies, value is framed in terms of improved risk visibility, more coherent information sharing, and reduced duplication and/or system strain. For the system as a whole, value encompasses reduced harm, avoided costs, and strengthened local capability. This means that attribution of value, which elements are seen as most important, and to whom, shifts depending on where one sits. The same core component (for example, a weekly Safety Assessment Meeting [SAM]) may be experienced as administrative overhead by some partners, as a critical safety net by frontline workers, and as largely invisible by whānau who feel the impact only if it leads to real, sustained help.

These perspectives sit alongside the technical challenges of assessing value in a large urban process heavy model like Canterbury ISR. The model's purpose is to turn a stream of 5F and other referrals into proportionate, effective safety responses. Risk needs to be assessed, information must be shared purposefully and safely, and engagement must be both time responsive and relational. Each step is necessary but not sufficient on its own. Cultural and family violence expertise, local context, and workforce capability mediate whether these processes lead to valued outcomes such as enhanced safety, reduced revictimisation, or meaningful change journeys for victim-survivors, children and people using violence.

Unintended outcomes such as increased surveillance without support, or whānau disengaging because engagement feels unsafe or colonising, also arise from the same processes. In this context, identifying which elements 'cause' which outcomes, and calculating cost–benefit ratios for individual components, is inherently complex. It requires holding together what is valued by whānau, practitioners and agencies, and recognising that the worth of the model cannot be fully

captured by procedural metrics or financial ratios alone. A model's worth is also related to how well it supports mana motuhake, reduces harm over time, and enables whānau to access the support and opportunities they need to thrive.

Across the four sites, model effectiveness is inseparable from context. Geography, population profile, service density, deprivation and the availability of core services (AOD, mental health, people who use violence and child services) all shape how the multi-agency response operates. Rural and small-town settings face geographically dispersed whānau, limited specialist services, long travel distances and the challenges of maintaining anonymity. This heightens risk and makes timely, confidential support more difficult. Smaller models are also highly vulnerable to workforce loss, with the departure of experienced practitioners significantly impacting capability, supervision and quality assurance.

In larger, more service-dense urban centres, the challenge is less about service absence and more about fragmentation, duplication and system fatigue. These tend to drive more protocol-heavy, high-volume models with stronger governance and data systems. Where participation is not mandated, agency contribution often depends on local relationships, capacity and individual champions rather than system-level commitment. Analysis indicates agencies may share information but do not consistently remove barriers to entitlements, leaving frontline practitioners to navigate and advocate through siloed systems on whānau behalf.

Evidence from this evaluation indicate that historic iwi-Crown relationships and the legacy of surveillance and state care contribute to deep mistrust of statutory agencies for some whānau, making it more difficult for them to engage. The FVDRC is explicit that colonisation, racism and structural inequities are core drivers of family violence and shape how multiagency systems respond (FVDRC, 2023). Their reports highlight the historical and ongoing impacts of colonisation, including chronic and collective trauma, and call for upholding Te Tiriti o Waitangi, decolonising services, and addressing racism and structural inequities as core structural change priorities. International literature has identified that multi-agency collaboration can become colonising or coercive when it is dominated by state and policing logics (Fixler et al., 2024; Owens & Lloyd, 2023). Tensions over priorities and information sharing can be complicated by differences in aims and values across agencies, with the risk of increased surveillance and over policing of marginalised young people and communities (Wroe, 2021; Scarpello, 2023). These critiques resonate with concerns that police centred multiagency models can unintentionally reproduce structural inequities and undermine trust.

From this perspective, current institutional responses can potentially enhance inequities rather than provide a context for healing and recovery, particularly when services are transactional, deficit focused and not designed with Māori and other communities in mind. This amounts to a critique that multi-agency systems can be colonising in impact, even when the intent is protective, especially where frameworks, data practices, and definitions of risk are imposed without meaningful Māori input (FVDRC, 2023). Decolonising the multi-agency response process therefore requires recentring whānau aspirations and relational practice, and supporting structural shifts across systems, rather than simply refining risk tools, increasing data collection or meeting protocols.

Evaluation findings suggest that for whānau, the most valued outcomes of the multiagency response lie in relationships with the kaimahi/Family Harm Practitioners (FHPs), rather than in the formal machinery of the multi-agency response process itself. This raises a critical question about the aims of the response. If the system focuses primarily on keeping whānau safe, at an incident level, without changing the structural and relational drivers that create and sustain family violence, it risks managing harm rather than transforming it.

The evaluation found that in some areas the model is already evolving, and repositioning partners, with Māori actively redesigning processes to be iwi centric and grounded in mana motuhake and whānau wellbeing. Innovations such as Taiora in Tairāwhiti and the creation of the super advocate

model in Rotorua provide concrete evidence of repositioning. They demonstrate how a Māori response to family violence can be located within iwi structures and Māori ways of working, rather than operating as an extension of state logics. In an enabling state paradigm, the role of government is to create the conditions, frameworks and flexible investments that allow these iwi designed innovations to flourish, rather than prescribing the model from the centre.

A key gap identified in this evaluation is the limited availability and use of outcome data within current smaller multi-agency response models. While there is evidence that relationships with kaimahi/Family Harm Practitioners are central to whānau feeling heard, supported, and motivated to make change, there is little systematic information about what happens for whānau over time as a result of this support. This includes whether whānau access additional services, how referrals translate into ongoing engagement, and what longer-term shifts occur in safety, wellbeing, and connection. Evidence indicates that family violence is rarely a one-off incident or discrete event, but is instead patterned, cumulative, and often embedded in wider social and structural conditions (e.g., chronic stress, poverty, trauma). Against this backdrop, a primarily incident-focused approach, without structured follow-up or feedback, risks missing whether meaningful change is happening for whānau and whether the response is addressing the drivers of harm rather than just its most acute moments in a moment of time.

AN ENABLING STATE

Rather than relying primarily on centrally designed, top down models that prescribe how agencies and communities must respond, an enabling state focuses on creating the conditions in which local providers – iwi, hapū, community services, and frontline practitioners – can design and adapt responses that fit their own contexts. In this view, the State's core tasks are to establish permissive frameworks, invest flexibly, and remove structural barriers so that local partners can coproduce solutions, rather than simply implementing centrally mandated programmes.

Applied to multi-agency responses to family violence, this means reimagining multi-agency responses not just as a mechanism for coordinating statutory agencies, but as an enabling platform that supports community led, whānau centred practice to flourish. The State's role becomes one of resourcing local innovation and aligning funding, accountability, and information-sharing settings so they do not constrain contextual approaches. It also involves actively dismantling siloed rules and eligibility barriers that prevent whānau from accessing housing, income support, health care, education, and legal assistance. In an enabling State paradigm, multi-agency forums are not only judged on their compliance and risk management functions. They are also evaluated on how well they build social capital, strengthen trusted relationships, and shift power and capability closer to communities themselves as co-producers of safety and wellbeing (Owens & Lloyd, 2023).

Evidence from this evaluation supports findings from previous evaluations of FVIARS and the ISR which found that community based NGOs often collaborate more effectively and flexibly than government agencies within multiagency responses to family violence (Carswell et al., 2010; Mossman et al., 2017). Previous evaluations have noted NGO involvement in broadening networks, strengthening relational and whānau centred practice, and improvement in engagement, while government agencies struggle with fragmented structures, rigid rules and variable commitments to collaboration (Carswell et al., 2020; Mossman et al., 2017).

System level reviews by the Office of the Auditor General and the Centre for FVSV Prevention further indicate that despite formal joint venture arrangements, public sector collaboration remains underdeveloped and uneven compared to the cohesive, relationship based practice evident in some NGO led local networks (Office of the Auditor General, 2021; Te Puna Aonui, 2024c). This body of work

supports an argument that where government agencies remain largely absent, inconsistent, or police centred in multiagency responses, community NGOs often become the primary drivers of integration. However, without specific structural change, the wider system continues to resist genuinely joined up, decolonising and whānau centred ways of working.

THE QUESTION OF VALUE

The SROI analysis indicates that the multi-agency responses model, as exemplified by ISR, delivers a substantial social return on investment, with every $1 invested generating an estimated $4.07 in social benefits, within a plausible range of $3.25 to $6.37 (Saunders et al., 2025). This demonstrates that, even when using conservative assumptions and focusing primarily on quantifiable outcomes, place based, multi-agency responses to family violence represent a highly efficient use of public resources.

Framed in fiscal terms alone, the model already justifies investment through avoided costs associated with repeat victimisation, health and justice system use, and other consequences of ongoing family violence. However, the monetary ratio captures only part of the value created. Case study material and whānau narratives point to a range of outcomes that are difficult to monetise but central to the transformative potential of the multi-agency responses approach. These include sustained, trusting support relationships that extend well beyond the initial event and safety plan, and which help whānau to access other services, build confidence, and embark on longer change journeys. In several examples, whānau described pathways into employment, increased independence, strengthened parenting, and greater participation in community and cultural life.

These changes not only reduce the likelihood and severity of future family violence, and therefore avoided costs over the life course, but also generate positive spillover benefits for communities. From this perspective, the quantified SROI can be read as a conservative baseline, with the true long term social value of high quality multi-agency responses practice likely to be significantly higher once these relational, intergenerational and community level benefits are taken into account.

Recommendations

Across the four sites, the case-level recommendations cluster into a relatively small set of system recommendations.

1. Include integrated mental health, addictions and trauma responses

Across all sites, methamphetamine, co-existing AOD–mental health issues, and unresolved trauma are identified as major drivers of family harm, but access to responsive, joined-up services is patchy, especially in rural areas. System-level action means treating integrated MH/AOD/trauma support as essential MAR infrastructure, including regionally accessible recovery pathways with structured aftercare, co-located or tightly linked MH/AOD workers in hubs/tables, and commissioning that explicitly funds holistic responses at the MH–AOD–family harm intersection rather than splitting support across siloed contracts. There may be opportunities to interface with other multi-agency responses such as ROCC to avoid replication of services and achieve greater access for whānau.

2. Stabilise core MAR capacity through secure, dedicated funding for key roles and quality practice

All four cases show the model's reliance on highly skilled kaimahi, super-advocates, practice leads and administrators who currently operate in a context of often precarious or cobbled-together funding. Rotorua is running on seconded NGO FTEs; Wairoa and Tairāwhiti depend on a few skilled local family harm practitioners. ISR Canterbury demonstrates what becomes possible when there is a funded practice lead, support for practice quality assurance and ongoing supervision. System-wide, this points to the need for dedicated, multi-year funding lines for super-advocate/family harm practitioner roles, practice leadership, and admin/Quality Assurance capacity that is used for ongoing family harm practice development.

3. Build complete pathways for tamariki, rangatahi and people who use violence

Every case identifies gaps for tamariki/ children and rangatahi/young people, and for people who use violence. Wairoa and Tairāwhiti note very limited child-specific services and age-appropriate mental health supports. Rotorua explicitly calls for dedicated tamariki/rangatahi support services or pathways, and better Oranga Tamariki participation. ISR Canterbury emphasises the need for targeted programmes for youth who use violence and more options for tamariki.

At the same time, all four sites highlight demand for earlier, accessible support for people who use violence (especially tāne), including structured pre- and post-release pathways, respite options, and more male practitioners. Systemically, MAR needs standard expectations that every local response has: an explicit tamariki/rangatahi pathway; a people-who-use-violence pathway (not just court-ordered programmes); and, funding that allows iwi/NGO partners to design culturally located options across that continuum.

4. Make multi-agency participation and information-sharing reliable, lawful and action-focused

The models depend on consistent input from Police, Oranga Tamariki (OT), MSD, Corrections, health, and community providers - but participation is uneven. Tairāwhiti in particular reports agencies opting out or attending as view-only, leaving Police and a few NGOs to carry the bulk of coordination. Wairoa and Rotorua note gaps when dedicated family harm roles are vacant in agencies, or mental health is not consistently at the table. ISR Canterbury shows what mandated participation plus clear role delineation can achieve.

System-level change means setting clear national expectations (or mandates) for agency participation in MAR, using lawful, relevance-only sharing rather than broad, unfocused exposure of histories, and standardising short, safety-focused action summaries in place of long lists. Accountability for attendance and follow-through should sit in agencies' own performance frameworks, not rest solely on local relationships.

5. **Align social and justice system settings with whānau safety and recovery**

Across sites, kaimahi spend substantial time fixing barriers generated by wider systems. This includes benefit stand-downs and debt recovery at crisis points, Victim Support eligibility, limited safe housing options, patchy Corrections notifications and weak pre-release planning, and court, legal aid and banking settings that slow down safety steps or leave caregivers carrying risk. Rotorua explicitly recommends an embedded MSD broker and removal of benefit stand-downs; Wairoa calls for pre-/ post-release support for people leaving prison and broader Victim Support eligibility.

At system level, MAR design needs to be married with reforms in income support, housing, justice and correction; embedded system fixes (e.g., MSD and housing brokers in hubs); standardised pre-release and post-release protocols linked to MAR; and national policy shifts that stop entitlements and debt recovery settings from undermining safety plans.

6. **Develop a shared outcomes and learning framework that captures whānau-valued change**

The cases show very different levels of monitoring and data management capability. ISR Canterbury has district-wide Quality Assurance and pre/post measures; Rotorua uses local trend tracking and narrative close-out conversations; Wairoa and Tairāwhiti emphasise that activity data and hard indicators (outputs) currently overshadow relational, safety and wellbeing outcomes that whānau value. Several of the case site recommendations explicitly call for stronger data feedback loops and outcome measures that communities can buy into.

An overall MAR system needs a simple, shared outcomes framework - with common indicators for immediate safety, tamariki wellbeing, stability, confidence/agency, alongside local measures chosen with iwi and communities. Monitoring should routinely integrate whānau voice, kaimahi assessment, and quantitative data, and be used for continuous learning (what's working for whom in what context), not just compliance reporting.

7. **Strengthen workforce capability and wellbeing across statutory and community partners**

Every model's impact rests on skilled, supported kaimahi/FHP's, advocates and frontline Police. Recommendations across sites call for ongoing family-violence training for Police (risk, trauma, cultural safety, non-blaming language), shared cross-agency training, and structured supervision/ wellbeing supports for practitioners and administrators working with high-risk, high-trauma caseloads.

Systemically, this reinforces a national MAR workforce strategy, training opportunities/expectations for all MAR-participating agencies, funded supervision and wellbeing provisions, and deliberate growth of Māori and lived-experience practitioners, particularly in roles working with tāne and rangatahi who use violence.

8. **Treat MAR as an investable public good and fund the data needed to evidence impact and lift returns**

SROI analysis for the Canterbury ISR indicates that every $1.00 invested is generating at least $4.07 in value. That estimate is conservative, as it does not fully account for the many intangible outcomes evident in whānau narratives, nor the longer-term intergenerational benefits of preventing violence.

Similar research on place-based collaborations (e.g. BERL, 2025) suggests that comparable or higher returns are likely in other communities. However, only ISR is currently funded at a level that enables robust, routine data collection and impact evaluation, making it impossible to generate equivalent SROI estimates for Rotorua, Tairāwhiti and Wairoa.

From a system perspective, MAR should be treated as an investable public good. Site data shows there is still significant unrealised value, with a proportion of whānau, particularly people who use violence, not engaging or not having access to sustained support pathways. Improving engagement, strengthening pathways for people who use violence, and leveraging existing touchpoints in the model to encourage earlier, voluntary help-seeking would not only enhance safety and wellbeing but also increase the overall social return on investment.

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Methodology

The evaluation methodology is Māori-centred, strengths-based and mixed-method, drawing on both qualitative and quantitative data and analyses. A Māori-centred design reframes conventional understandings of effectiveness through a Māori lens. Rather than focusing solely on measurable behavioural outcomes, this approach redefines "success" to prioritise cultural safety, the restoration of mana, and intergenerational healing across the sites/models involved in the study.

The methodology relies on co-design principles employing participatory, culturally grounded methods such as hui (collective dialogue) and pūrākau (narrative storytelling) to ensure Māori ownership of the research process and outcomes (Cram, 2025).

The evaluation concentrates on the strengths of each model as well as identifying opportunities for improvement.

RESEARCH QUESTIONS

The **evaluation questions** include:

1. In what ways are the models designed to achieve their intended outcomes?

2. What elements/core components make up the responses for each of the models, and why are these important? What contextual considerations influence model design?

3. What valued outcomes are being achieved in each model? For partner agencies, stakeholders and whānau (Victim-survivors? Children? Perpetrators)?

    a. To what extent are the models achieving these outcomes, and for whom? Victim-survivors? Children? Perpetrators?

    b. What opportunities might improve outcomes as suggested by partner agencies, stakeholders and whānau?

4. Which elements/core components can be attributed to valued outcomes? Which has the most impact? What is the cost-benefit ratios of these elements/core components?

5. Are any unintended outcomes being produced by the models?

CASE STUDY APPROACH

Four specific localised multi-agency responses were identified through consultation with the Centre, and these at situated at four case study sites.

- Site A / Case study 1: Canterbury model
- Site B / Case study 2: Rotorua model
- Site C / Case study 3: Tairāwhiti
- Site D/ Case Study 4: Wairoa

The sites were chosen to better understand valued outcomes associated with different types of multi-agency models, as well as other characteristics deemed necessary to answer the key evaluation questions.

The case studies are exploratory and bounded, utilising triangulation of data and mixed methods (Yin, 2009). Case studies are a recommended approach when studying "contemporary phenomena within its real-life context, especially when the boundaries and the phenomenon and context are not clearly evident" (Yin, 2009). The study is exploratory in nature as it aims to deepen understanding of the implementation, experiences and impacts of the localised responses. It is bounded by the defined scope, focusing on selected sites, stakeholders and set time frames. A mixed-methods design was used to gather both qualitative and quantitative data, enabling a richer and more nuanced understanding of the context. Triangulation of data sources included interviews, document review, and site monitoring data. This approach supported the robustness of the findings by allowing cross-verification and deeper insight from multiple perspectives.

INTERVIEW PROTOCOLS

Qualitative data was collected via individual and/or focus group interviews with multi-agency partners, kaimahi and whānau. Ihi Research aimed to recruit up to 15 people per site to participate in interviews. The main themes in the qualitative data will be identified inductively (Silverman, 2010). This means that categories are not imposed on the data but emerge from data analysis to inform the overall evaluation.

To ensure a comprehensive understanding of how the multi-agency response to family violence operates, interviews were conducted with a range of stakeholders involved in the design, delivery, oversight, and experience of the model. Interviews focused on exploring the effectiveness, challenges, and enablers of the response from multiple perspectives. Participants were provided with confidentiality and anonymity. However, anonymity can be difficult when people are in leadership positions or when there are small numbers involved in rural sites.

Across the four study sites, a total of 60 semi-structured interviews were completed. These comprised 14 whānau interviews (including three cases involving people who use violence) and 46 interviews with practitioners, partner agencies and local leaders. Interviews were distributed across Wairoa (nine interviews), Tairāwhiti (17), Rotorua (20) and Canterbury/ISR (14). Participants included whānau directly affected by family harm, Police family harm staff, social workers, Women's Refuge workers, Corrections staff, iwi and Whānau Ora providers, and managers and practice leads within Whāngaia Ngā Pā Harakeke, Maanaki Tairāwhiti, the Rotorua hub and the ISR Canterbury model. This mix of whānau and system perspectives enabled pathway analysis linking frontline practice, interagency processes and observed outcomes in each locality.

DOCUMENT ANALYSIS

Quantitative data collection and analysis were undertaken to determine outcomes/impact/effectiveness. We analysed previous evaluations, site specific data and documentation provided by each participating site, including performance and operational data aligned with the site's service delivery model. Key indicators included the number of clients engaged, referrals received, cases activated, cases referred to other providers, repeat or recurring cases, and the volume of cases triaged, assessed, and supported through the model. This analysis aimed to understand how each site functions and contributes to the overall outcomes of the initiative. Pathway analysis was undertaken at each site. This was done collaboratively at each site to determine the programme logic/working theory of change underpinning each model, identifying key elements, activities and causal mechanisms associated with outcomes (short and long term).

ATTRIBUTION ANALYSIS

Case data for the four multi-agency response sites were analysed using a pathway analysis approach that traced links from specific practices through underlying mechanisms to observed outcomes. For each site, interview material was first reviewed to identify whānau-defined changes in safety, stability, wellbeing, and system navigation. These whānau accounts were treated as primary outcome statements. The team then identified the concrete practices and model features associated with these outcomes, drawing on whānau interviews, practitioner accounts, documentary evidence, and operational data (for example, same-day triage, rapid safety planning, single key worker allocation, warm handovers, daily ISR triage, and leadership/ governance).

These practices were then connected to the outcomes via short mechanism statements that articulated how, in realist terms, particular practices were expected to generate changes. This pathway analysis focused on "practice ➔ mechanism ➔ outcome" sequences, distinguishing between case-level mechanisms (close to the whānau experience) and system-level mechanisms (arising from model design, governance, or interagency processes). Each pathway was supported with evidence from multiple sources where possible, including whānau voice, practitioner reports, and monitoring or quality assurance data, to strengthen the credibility of the inferred causal links.

Attribution ratings were applied to each pathway to indicate the strength of evidence that the model contributed to the observed outcome.

- **High attribution** was assigned where the practice lay clearly within the model's control, where temporal ordering was clear, and where there was specific, triangulated evidence that the practice was a primary driver of change (for example, rapid safety interventions linked to immediate reductions in risk).

- **Moderate attribution** was used where the practice plausibly contributed to the outcome, the mechanism was sound, and there was supporting evidence, but the outcome was more distal, co-produced with other services, or subject to obvious external influences.

- **Low attribution** was reserved for outcomes that aligned with the model's intent but were weakly evidenced, highly confounded by wider social or system factors, or too far removed from the model's direct sphere of influence to support a stronger causal claim

Through this pathway analysis, the study prioritised cautious, evidence-informed judgements about what the models could reasonably be credited with achieving. Strongest attribution was reserved for case-proximal pathways grounded in whānau voice and observable practice, while system- and community-level shifts were treated more conservatively, with attribution ratings reflecting the greater uncertainty and complexity at these levels.

METHODOLOGICAL APPROACH FOR SOCIAL RETURN ON INVESTMENT

Wellbeing Economics NZ is an economist-led practice established in 2025 by Professors Caroline Saunders and Paul Dalziel, following their retirement from Lincoln University at the end of 2024. Both bring more than two decades of experience from the Agribusiness and Economics Research Unit (AERU), where their work focused on research for sustainable wellbeing, including economic development, national and regional economic strategies, and social investment impact assessments. In the MAR SROI report, Wellbeing Economics NZ undertook the SROI methodology, drawing on this background in impact assessment and valuation to structure the analysis, quantify outcomes where data allowed, and apply standard SROI steps (e.g., valuing outcomes using proxies and testing assumptions through sensitivity analysis).

The Social Return on Investment (SROI) methodology was used to estimate the value created by multi-agency family harm responses, using a structured, stepwise approach. While the wider outcomes evaluation covers four sites (Canterbury, Rotorua, Wairoa, and Tairāwhiti), the SROI is centred on the Canterbury Integrated Safety Response (ISR) because it was the only site with sufficiently complete and consistent quantitative outcome data to support robust monetisation, attribution/deadweight adjustments, and sensitivity testing (the other sites' evidence is primarily qualitative and more focused on outputs and plausible pathways of change).

Methodologically, the analysis follows a 12-step SROI sequence: identifying the participant group(s), defining categories of beneficiaries, establishing evidence of direct and indirect benefits, applying deadweight/attribution/displacement adjustments, determining duration of benefits (and discounting if required), valuing benefits using credible proxies, estimating programme costs (including tax deadweight), calculating the SROI ratio, and then testing key assumptions through sensitivity analysis before communicating findings.

In Canterbury, the SROI model is populated primarily from anonymised Police data covering 1 July 2024 to 31 June 2025, using repeated "pre" and "post" measures collected at programme entry and again after 12 weeks. This includes participant-reported safety-related scales and Police-assessed harm severity across multiple harm domains, enabling measurement of change over time for identified beneficiary groups (adults at risk and children exposed). The approach then assigns monetary values to measured changes using established external unit-cost evidence, applies proportional adjustments for deadweight/attribution/displacement, includes total programme costs (plus the deadweight loss of taxation), and tests the robustness of the resulting SROI through sensitivity analyses of key assumptions and potentially omitted benefits.

In the SROI report, national and international SROI and cost–benefit literature is used first as a methodological scaffold - to justify the sequence of steps, the kinds of evidence required at each step, and what good practice looks like in terms of conservatism and sensitivity testing. The report explicitly draws on prior SROI studies from New Zealand and the United Kingdom (summarised in Saunders et al., 2025; Appendix 1) to illustrate the standard SROI structure and to ground the 12-step approach used in this analysis. It also notes that the evidence used to populate each step relies on Police outcome data supplemented by previous studies in New Zealand and the UK. This literature is used to shape analytic decisions (e.g., which outcomes can be credibly valued, how indirect benefits are understood, and what assumptions must be made explicit).

Second, the literature is used as the technical basis for valuation and parameter-setting—providing credible financial proxies, adjustment factors, and cross-checks on plausibility. International evidence is used to monetise benefits where New Zealand-specific unit costs are limited: for example, the report uses Oliver et al., (2019) to assign per-person costs for domestic abuse categories and then aligns those estimates to the NZ Police severity scales via explicit mapping assumptions and interpolation. It similarly uses an international (UK) estimate of lifetime costs for children exposed to maltreatment/ parental domestic violence (Herbert et al., 2025), scaling this value across NZ Police child exposure severity levels to maintain a conservative valuation approach.

National SROI literature is used to support key SROI adjustments: the report adopts deadweight/ attribution/displacement assumptions from BERL's (2025) Whiria Te Muka SROI because it is described as similar in aims and includes a transparent derivation of those parameters. It also uses NZ Treasury guidance (including discount-rate guidance and tax deadweight loss) as part of best-practice public sector costing and sensitivity testing.

Finally, the report uses both NZ and international SROI studies as comparators and validity checks, positioning the resulting return within the range of prior ISR and Whiria Te Muka findings and drawing on recent UK SROI/value-for-money work to show how outcomes, deadweight/attribution considerations, and sensitivity testing are treated in comparable analyses.

The report finds that the Canterbury Integrated Safety Response (ISR) programme generates a strong positive social return: for every $1 invested (including an allowance for the deadweight loss of taxation), the estimated social benefit is $4.07. This baseline estimate is built from monetised benefits associated with reduced sexual harm, reduced physical harm, increased "feeling safe", and reduced lifetime costs for children affected by family harm, with total benefits estimated at $27.6m against total costs of $6.8m (net benefits $20.8m).

The findings are also presented as conservative and robust to key assumptions. A sensitivity analysis indicates the return remains well above break-even under multiple scenarios, with an overall range of $3.25 to $6.37 per $1 invested. Notably, the baseline excludes some potentially material benefits due to valuation challenges; when the analysis tests including psychological harm or verbal harm, the SROI increases to $4.94 and $5.02 respectively. The report also concludes there is no evidence that the Canterbury ISR is not representative of the social rate of return that can be achieved through other place-based, multi-agency collaborations to reduce the severity of family violence in their communities.

ETHICAL PROTOCOLS

The methodological approach adhered to an ethical engagement framework developed through long-standing relationships with iwi, hapū, and whānau. This framework is underpinned by shared values:

- Manaakitanga – demonstrating care, support, and respect;
- Whanaungatanga – honouring whakapapa and kinship ties;
- Rangatiratanga – respecting the authority, intelligence, and mana of participants;
- Paeheretanga – fostering purposeful, enduring connections for collective benefit.

As described above a series of hui were held on-line and on-site at the different sites to ensure participants have input into the focus and direction of this evaluation. We understand that stakeholders have constrained resources, so our approach was designed to be as efficient as possible, while still ensuring that we have the relationships support data collection, sense making and effective evaluative practice.

TABLE A

INITIAL SITE ENGAGEMENT PLAN	
Introductory sessions	Mihimihi (Introduction to the Ihi Research Team)
Engagement site visit	Initial hui kanohi-ki-te-kanohi to confirm participation
Field work 2 visits	Two visits to each site
	Interviews (Individual and/or focus group)
	Document review and logic modelling
Sense making with each site	Co-develop insights

Written information and consent forms were provided to each participant. Care was taken to ensure that consent was voluntary and there was a clear understanding as to what would happen to the data collected from participants. Interviewing whānau who have experienced family violence requires a robust ethical framework that prioritises safety, manaakitanga, and cultural responsiveness. Ethical protocols included ensuring informed consent through clear, accessible information about the purpose of the research, how data will be used, and participants' right to withdraw at any time without consequence.

Interviews were conducted in safe, confidential environments, with trauma-informed approaches that minimise the risk of re-traumatisation. Researchers are trained in trauma informed, culturally safe practices. Whānau had the option to be supported by kaimahi Māori/or other whānau of their choice. When requested, interview transcripts were sent back to participants to ensure accurate representation of views. Koha was offered to clients/whānau who are not in employment[7] with partner providers or Government agencies, in recognition of their time and expertise. All participants were given pseudonyms in the evaluation reports, and key identifiable features were obscured to protect their identities.

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7   Whānau or clients may be in paid employment outside of the partners/stakeholders

MAR Programme Logic Model

LAYERED INTERVENTION LOGIC MODEL (ILM): MULTI-AGENCY RESPONSES TO FAMILY VIOLENCE

Problem definition: Multi-agency responses to family violence have emerged in Aotearoa New Zealand in the context of persistently high rates of harm, complex intersecting needs, and fragmented service systems. Whānau impacted by family violence frequently require coordinated support across justice, health, social, housing and education agencies, yet existing arrangements are often siloed, short-term and constrained by rigid commissioning, inconsistent agency participation, and structural barriers to accessing income, housing and other entitlements. These system conditions disproportionately impact Māori whānau and other priority groups, highlighting the need for responses grounded in Te Tiriti o Waitangi, kaupapa Māori practice, mana motuhake and whānau rangatiratanga. The layered intervention logic model for Multi-Agency Responses (MAR) to family violence responds to this problem by articulating how strengthened strategic leadership, coherent systems and operations, and culturally safe frontline practice can work together to deliver timely, integrated, privacy-safe and mana-enhancing support, reduce repeat harm, and contribute to more equitable outcomes over time.

This document presents a layered intervention logic model for multi-agency responses to family violence. The logic is structured across three interconnected levels:

1) Strategic Leadership
2) Systems & Operations
3) Practice

STRATEGIC LEADERSHIP LAYER

Inputs / Components	Core Activities	Immediate Outputs
Mandate and investment from central agencies (e.g. MSD, Police, Oranga Tamariki, Corrections, Ministry of Health and Te Whatu Ora) and local funders to support multi-agency, whānau-centred responses. Iwi, hapū and community leadership: existing iwi/hapū mandates, post-settlement governance entities (PSGEs), Māori and community providers with recognised authority and relationships. Cross-agency leadership capacity: senior decision-makers from justice, health, social, housing and education agencies, plus non-government organisation (NGO)/ iwi leaders, willing to commit time and authority. Existing forums and frameworks: Te Aorerekura, local safety/ justice forums, FV SV capability frameworks. Commissioning levers: ability to align contracts, set expectations for collaboration, and fund iwi/ community partners over multiple years. Quality assurance (QA): Oversee monitoring and evaluation data, ensure data informed decision making. Kaupapa Māori and whānau-centred values base: commitment to Te Tiriti o Waitangi, mana motuhake, whānau rangatiratanga, trauma and family violence-informed practice.	Establish and maintain a cross-agency governance group (e.g. a strategic leadership group (SLG), community commissioning table) with iwi/hapū and community leadership at the table, and clear decision-making authority. Co-design a shared vision, outcomes framework and programme logic for the whole MAR model, grounded in kaupapa Māori, Te Tiriti and whānau-centred principles. Set system-wide expectations for agency participation in triage, information-sharing and follow-through (e.g. minimum attendance, response timeframes, escalation pathways). Align commissioning and resourcing with the agreed model: multi-year funding for iwi and community partners, reduced duplication, explicit support for navigators/kaimahi roles, QA and training. Address structural barriers: use leadership forums to unblock access to income support, housing, justice, education and health entitlements; advocate for flexible policy settings where needed. Oversee quality, learning and equity: agree core indicators, commission evaluation, sponsor learning wānanga, and respond to findings (e.g. about gaps in child/ perpetrator pathways). Support workforce sustainability and capability: back practice lead roles, supervision infrastructure, joint training, and joint cultural/ clinical capability building. Champion iwi and community-led evolution of the model and protect local adaptive space.	Formalised governance structure: written Terms of Reference, membership, meeting schedules, decision-making and escalation processes. System-level design artefacts: agreed outcomes framework, overarching intervention logic model (ILM), shared principles and protocols (e.g. information-sharing, privacy-safe practice, child visibility standards). Documented participation expectations: attendance/ coverage requirements for key agencies, MoUs or commissioning conditions that embed these. Strategic commissioning decisions: allocation of funding to iwi/ community providers, navigators, QA/practice leadership and enabling roles/tools. Shared monitoring and learning products: QA dashboards, regular performance reports, themed reviews and joint action plans. Consistent communications and narrative about the purpose and value of the multi-agency response.

Short-term Outcomes (0–12 months)	Medium-term Outcomes (12–24 months)	Long-term Outcomes (36+ months)
For the system and partners: Shared vision and mandate for a whānau-centred, kaupapa-aligned multi-agency response is understood and endorsed across agencies and iwi/community partners. Clearer roles, responsibilities and expectations for agencies, governance, operational tables and providers. Improved trust and relational capital among senior leaders across agencies, iwi and community providers. More consistent agency participation in key MAR structures (e.g. SAM tables, daily triage, governance meetings). Initial alignment of funding and resources with the agreed model (e.g. protecting core practice roles, seeding QA/learning functions).	For the system and partners: Stable, trusted iwi/community–Crown governance arrangements that provide continuity across staff and government changes. Commissioning and policy settings increasingly coherent: reduced fragmentation, fewer conflicting incentives, and contract conditions that support collaboration and whānau journeys. Consistent cross-agency participation and performance; gaps are transparent and actively addressed. Data and evaluation are routinely used to identify inequities and system gaps and to drive improvement cycles. Strengthened status and resourcing of iwi and community partners, including roles in system design, data stewardship and evaluation governance.	For the wider system and community: Iwi and community-led governance is embedded, with Crown agencies as accountable partners; multi-agency responses are core local infrastructure rather than pilots. Sustained, long-horizon commissioning supports continuity of key functions and enables innovation. Structural barriers to safety and wellbeing are progressively reduced: easier access to income, housing, education and health supports; fewer system-generated harms. System-level equity gains: improved access, experience and outcomes for Māori whānau and other priority groups; kaupapa Māori models recognised and resourced as essential. A resilient, adaptive local system able to maintain rapid, proportionate, whānau-centred responses to family harm over time.

SYSTEMS & OPERATIONS LAYER

Inputs / Components	Core Activities	Immediate Outputs
Operational leadership and coordination roles. Collaborative practice: dedicated time from Police FH teams, Oranga Tamariki, Corrections, Health, NGOs/iwi providers to participate in daily triage/SAMs/hubs. Shared information systems and tools: Police 5F and notifications, Family Safety System (FSS) or local case management tools, SAMs templates, risk/safety planning tools. Data and evaluation support: administrative data, monitoring systems and evaluation expertise to inform decisions. Agreed standard operating procedures (SOPs), information-sharing agreements and privacy protocols (The Family Violence Act 2018, The Oranga Tamariki Act 1989, Residential Social Work (RSW) Guidelines, local practice agreements). Physical and virtual infrastructure: meeting spaces, secure devices, remote access, teleconferencing, secure data management platforms. Admin and data support: staff to manage lists, record actions, maintain data quality, produce dashboards. Training for operational staff in processes, tools, information-sharing and kaupapa Māori/whānau-centred ways of working.	Manage daily/regular triage process: assemble 5F (family harm) and other referrals, prepare lists, prioritise by risk, convene meetings (SAM, hub). Run multi-agency triage/operational meetings: ensure the right agencies are present, facilitate case discussion, record decisions and actions. Allocate cases and tasks: assign each incident to a 'best placed' lead provider/worker and clearly document roles, timeframes and follow-up tasks. Maintain shared case systems: enter and update triage outcomes, safety plans, referrals, task completions and engagement status in shared systems. Coordinate referrals and handovers: send and track referrals to NGOs, iwi providers, alcohol and other drugs (AoD)/mental health (MH) services, housing, child services, men's programmes etc.; manage feedback loops. Monitor timeliness and participation: track agency attendance and key time intervals; escalate concerns when standards are not met. Data, reporting and QA: clean and reconcile data; produce dashboards; identify repeat names, high-risk cohorts and gaps. Maintain and refine SOPs: review processes with practitioners; simplify forms, clarify thresholds and pathways; document changes. Support workforce with operational information: maintain directories of local services, eligibility rules and contact points.	Daily/regular triage/SAM/hub meetings held as scheduled, with recorded attendance. All family harm incidents and referrals are added to a single, shared list, prioritised and triaged within agreed timeframes. Each case has a documented allocation to a lead provider/worker and a record of planned tasks for other agencies. Risk information, safety plan notes and referral details are entered into shared systems and accessible to relevant agencies. Operational dashboards and status reports (e.g. timeliness, backlog, participation, child visibility, repeat names) generated at regular intervals. Updated SOPs, quick guides and service directories distributed to practitioners.

Short-term Outcomes (0–12 months)	Medium-term Outcomes (12–24 months)	Long-term Outcomes (36+ months)
For the system and workforce:	For the system and partners:	For the wider system and community:
Clear, repeatable workflows for triage, allocation, recording and follow-up; staff understand who does what, when and how.	Reliable operational system that practitioners and leaders trust – daily triage and allocation occurs, even with staff changes.	A resilient, adaptive local MAR platform that can absorb volume changes, workforce churn and policy shifts while maintaining core functions.
Reduced duplication and confusion (fewer 'too many cars up the driveway'; more consistent decisions about who leads).	Consistent multi-agency participation in operational processes, supported by clear expectations and routines.	Integrated operational data used to inform commissioning, policy and system redesign – including equity-focused changes for Māori whānau and other priority groups.
Improved timeliness from incident to triage, allocation and first contact with whānau.	Fewer lost or drifting cases: whānau are less likely to fall through gaps between agencies; repeat incidents trigger coordinated responses.	Sustained improvements in system performance: consistently timely responses, fewer repeat high-harm incidents, stronger follow-through for children and perpetrators.
Better information flow: practitioners and agencies can see relevant history, current plans and who is involved.	Better matching of whānau to services: allocation rules and information flows support 'best fit' placements, including kaupapa Māori and iwi-led options.	Operational processes actively support prevention and whānau-journey approaches, not just incident-by-incident response.
Increased visibility of priority groups (especially tamariki and repeat families) through dashboards and repeat-name reports.	Operational data is routinely used for continuous improvement (e.g. thresholds, child pathways, referral routes into AOD/MH, housing).	The MAR operational system becomes part of normal local infrastructure for community safety and wellbeing.
Emerging issues in participation, timeliness or process bottlenecks are visible and can be escalated to governance.	Administrative burden is better targeted, freeing up more practitioner time for direct whānau engagement.	

PRACTICE LAYER

Inputs / Components	Core Activities
Dedicated kaimahi/practitioners: navigators, super-advocates, family harm workers, Emergency Department (ED) social workers, Women'sRefuge workers, men's practitioners, child workers, AOD/MH workers.	Engagement & relationship-building:
	Make timely first contact (often same-day) with adult and child victim-survivors, and where appropriate with those using violence.
Kaupapa Māori and whānau-centred practice frameworks: whanaungatanga, manaakitanga, mana-enhancing practice, trauma and family violence-informed approaches, gendered understanding of harm.	Build trusting, mana-enhancing relationships; listen without judgement, explain roles clearly, validate experiences, ensure whānau consent and choice.
	Meet whānau where they are: home, school, marae, café, ED, neutral locations; adapt contact to risk, tapu and privacy needs.
Specialist capability in ethical family/sexual violence and intimate partner violence (IPV) practice: understanding the dynamics and patterns of family violence (including coercive control and social entrapment) and are confident in applying confidentiality, informed consent, safety-first decision-making and ethical guidelines specific to IPV contexts.	Safety, stabilisation & practical support:
	Complete immediate safety planning with wāhine and tamariki, including safety in the home, at handovers, school, online and in public spaces.
	Explain legal options and support whānau to navigate justice processes.
Safe spaces/wāhi haumaru, community hubs, neutral offices, school spaces, mobile/outreach options that feel culturally and physically safe.	Addressing practical barriers: phones, alarms, locks, transport, kai, clothes, school uniforms, childcare, emergency accommodation, income support advocacy, ID and form-filling.
Practice tools and resources: safety planning templates, phones/alarms, flexi/safety funds, transport, kai, childcare support, legal information resources, school liaison relationships.	Engage with those using violence (where appropriate and safe) to reduce risk, promote accountability and connect them to supports/programmes.
Supervision and support: cultural and clinical supervision, practice leads, peer learning, debriefing structures to sustain kaimahi.	Holistic, whānau-centred support: Work with whānau to identify their own priorities – e.g. housing, kids at school, mental health, addictions, connection to whenua, employment.
Access to multi-agency information that gives practitioners context on history, risk and who else is involved.	Provide warm handovers and accompaniment to other services.
Relationships with other services (Women's Refuge, Oranga Tamariki, Corrections, AOD/MH, housing, schools, general practitioners (GPs), iwi services).	Centre tamariki: sight children, hear their voices, involve them in safety planning in age-appropriate ways; liaise with schools and other settings.
Capability to gather and use whānau voice and outcomes data: kaimahi are trained and supported to safely and respectfully elicit whānau aspirations, experiences and feedback (e.g. through kōrero, simple feedback tools) and implement fit-for-purpose monitoring tools (e.g. whānau safety plans, check-ins, simple rating scales.	Integrate cultural and relational practice (karakia, tikanga, connection to marae/whānau/iwi, strengthening identity).
	Follow-up & advocacy:
	Maintain regular, proactive contact to check safety, adjust plans and encourage help-seeking.
	Advocate within systems (Work & Income, Oranga Tamariki, Housing, courts, schools, health services) to reduce barriers and translate processes for whānau.
	Bring practice insights and whānau feedback back into operational and governance spaces for continuous improvement.

Immediate Outputs	Short-term Outcomes (0–12 months)	Medium-term Outcomes (12–24 months)	Long-term Outcomes (36+ months)
For whānau: Whānau have met and built initial trust with a named key worker/kaimahi. A basic safety plan is developed with whānau, including child-specific strategies. Immediate practical needs are identified; early barrier-busting actions (e.g. kai, transport, phone/alarms, emergency accommodation) have been taken. Relevant referrals are made and warm handovers initiated.	For whānau: Immediate risk is reduced: increased perceived safety for wāhine and tamariki; fewer acute crises and unsafe arrangements. Whānau feel seen, heard and respected; they report greater trust in their key worker and more confidence to seek help. Practical stabilisation: basic needs (kai, transport, income steps, safe accommodation) are more secure. Whānau have increased understanding of their options and feel less overwhelmed. Tamariki are more visible in plans, they are being checked on, safety planned for, and supported in school or other settings.	For whānau: Sustained engagement with the right mix of supports – Women's Refuge, AOD/MH, parenting/whānau programmes, cultural supports, school and community activities. Improvements in emotional regulation, stress levels and daily functioning; whānau report feeling more in control and less afraid. Safer relationships and parenting arrangements: better boundaries, safer contact/handover practices, or managed separation where needed. Tamariki experience more stable, nurturing environments and improved connection to school, sports, culture and peers. Whānau begin to self-advocate more within systems, with less reliance on intensive support.	For whānau and communities: Sustained reductions in severity and recurrence of family violence for supported whānau. Increased whānau resilience and rangatiratanga: whānau are more able to make and enact decisions that keep them and their tamariki safe and well. Stronger intergenerational wellbeing: tamariki grow up in safer, more stable homes with stronger attachment to school, whenua, language and culture. Reduced reliance on crisis responses over time; greater use of preventative, supportive and culturally grounded pathways.
For the system: Engagement attempts and outcomes are recorded; reasons for non-engagement or disengagement are visible. Safety plans and whānau priorities are documented in shared systems and available (appropriately) to other agencies. Practice issues and system barriers are identified and fed back to coordination/governance.	For the system: Increased rate and quality of engagement with referred whānau, especially those who historically did not engage with mainstream services. Clearer examples of what works in practice begin to accumulate, informing training and guidance.	For the system: Reduced repeat high-risk incidents among whānau who receive sustained practice support. Improved quality of multi-agency plans – more holistic, whānau-defined, child-inclusive, culturally grounded. Stronger practice capability: kaimahi more confident in kaupapa Māori, trauma and violence-informed, whānau-centred work.	For the system: Practice evidence from frontline work shapes commissioning and system design. The value of relational, whānau-centred, kaupapa Māori practice is reflected in long-term funding, workforce strategies and policy settings. Local practice models (ISR collaborations, WNPH, SAM tables, hubs) are recognised as core community infrastructure for safety and wellbeing.

KEY ASSUMPTIONS AND CONTEXTUAL FACTORS

Key Assumptions	Critical Contextual Factors / Risks
• Agencies continue to participate consistently and share information lawfully	• Scale and geography (urban vs rural/isolated) impact delivery options
• Dedicated workforce is stable, supported, and culturally safe	• Availability of specialist MH/AOD, child and housing services
• Commissioning arrangements support collaboration and longer-term whānau journeys	• Stability of leadership and governance across agencies
• Whānau are willing and able to engage when supported in safe, mana-enhancing ways	• Policy and funding changes which may support or undermine multi-agency practice