

Evaluation of Programmes for Children under the Domestic Violence Act 1995

Tania Cargo
Fiona Cram

of the International Research Institute for Māori
and Indigenous Education

Robyn Dixon
Deborah Widdowson
Vivienne Adair

of the Centre for Child and Family Policy Research
The University of Auckland

January 2002

Early Childhood Development, The DoVe Group for Children, and the Whangarei Children's programme providers believe that the programmes operated by them and which are evaluated in this report constitute intellectual property belonging to those organisations. They request that any person wishing to use information about those programmes contained in this report to develop similar programmes should first consult with them at the addresses given below:

He Taonga te Mokopuna
Early Childhood Development
PO Box 9951
Te Aro
Wellington

The DoVe Group for Children
PO Box 293
New Plymouth

Whangarei Children's Programme
Life Management Services
30 Pah Rd
Onerahi
Whangarei

First published in January 2002 by the
Ministry of Justice
PO Box 180
Wellington
New Zealand

© Crown Copyright

ISBN 478-20160-5

Foreword

The Domestic Violence Act 1995 aims to provide effective legal protection for child and adult victims of domestic violence. Its definition of domestic violence includes “causing or allowing a child to witness the physical, sexual, or psychological abuse of another person”. During the last decade we have begun to understand more about the impacts on a child of witnessing abuse. We now know that children exposed to violence can have gaps in their general development, impaired educational performance, poor socialisation skills, and aggressive or internalised behaviour. Moreover, the link between witnessing and experiencing abuse is known to be strong.

The programmes for children established under the Domestic Violence Act are a positive intervention to assist the children who are protected under the Act to deal with the effects of domestic violence. The programmes are based on educational strategies, and operate within the goals and structure of the Domestic Violence (Programmes) Regulations 1996. The Department for Courts has contracted with programme providers since July 1998. The conference “Children and Family Violence” held in Wellington in 1999 revealed that by that time a range of creative programmes were being developed by very committed groups and individuals.

This evaluation is one way of documenting some of that creativity in this new area of service provision, to enable the sharing of information among providers and to begin to establish what is ‘best practice’ in this area. It is one of a suite of evaluations commissioned by the Ministry of Justice and the Department for Courts on the impact of the Domestic Violence Act. The evaluations, together and separately provide a wealth of information on the effectiveness of the Act.

For the Ministry of Justice, responsible for administering the Act, and the Department for Courts, responsible for its implementation, this evaluation makes a useful contribution to policy development and purchase advice to government. Above all, the evaluation will help us to ensure that together, government and community are providing a safe context for children and their caregivers to work through their experiences in the best possible way.

Belinda Clark
Secretary for Justice
Ministry of Justice

Wilson Bailey
Chief Executive
Department for Courts

Contents

Foreword	iii
Tables	vii
Acknowledgements	ix
Executive Summary	xi
1 Introduction	1
1.1 Rationale for children’s programmes	1
1.2 Rationale for specialist Māori programmes	4
1.3 The values, goals and structure of the programmes	4
1.4 The approval process	6
1.5 Selection of programmes to be evaluated	8
1.6 Description of the programmes included in the evaluation	8
1.7 Evaluation objectives	9
1.8 The aim of the final report	9
1.9 Methodology	9
2 Māori Programmes	13
2.1 Service Provider	13
2.2 Objective 1 - To establish in what ways the programmes meet the goals listed in Regulation 30 of the Domestic Violence (Programmes) Regulations	13
2.3 Summary	16
2.4 Objective 2 - To describe the underlying philosophy, content processes, and resources of the programme	20
2.5 Summary	26
2.6 Objective 3 - To examine issues surrounding the implementation and delivery of programmes and to suggest improvements	27
2.7 Summary	36
2.8 Objective 4 - To describe the client group and any perceived impacts the programme has had on the lives of the children and their caregivers	36
2.9 Summary	51
2.10 Objective 5 - To identify the factors which assist or impede the take-up of programmes including reasons for non-attendance	52
2.11 Summary	60
2.12 Objective 6 - To identify, within the context, elements of best practice which could be generalised from these to other programmes	61
2.13 Summary	63
2.14 Objective 7 - To examine, in relation to all the above objectives, the extent to which the programmes meet the needs and values of Māori clients	64
2.15 Summary	65

3	Non-Māori Programmes: New Plymouth Service Provider	67
3.1	Objective 1 - To establish in what ways the programmes meet the goals listed in Regulation 30 of the Domestic Violence (Programmes) Regulations	67
3.2	Objective 2 - To describe the underlying philosophy, content, processes, and resources of the programmes	71
3.3	Summary	75
3.4	Objective 3 - To examine issues surrounding the implementation and delivery of programmes and to suggest improvements	75
3.5	Summary	78
3.6	Objective 4 - To describe the client group and any perceived impacts the programme has had on the lives of the children and their caregivers	79
3.7	Summary	97
3.8	Objective 5 - To identify the factors which assist or impede the take-up of programmes, including reasons for non-attendance	98
3.9	Summary	102
4	Non-Māori Programmes: Whangarei Service Provider	103
4.1	Objective 1 - To establish in what ways the programmes meet the goals listed in Regulation 30 of the Domestic Violence (Programmes) Regulations	103
4.2	Objective 2 - To describe the underlying philosophy, content, processes, and resources of the programmes	107
4.3	Summary	110
4.4	Objective 3 - To examine issues surrounding the implementation and delivery of programmes and to suggest improvements	111
4.5	Summary	113
4.6	Objective 4 - To describe the client group and any perceived impacts the programme has had on the lives of the children and their caregivers	114
4.7	Objective 5 - To identify the factors that assist or impede the take-up of programmes, including reasons for non-attendance	117
5	Conclusion	119
5.1	Conclusions and issues for consideration including Best Practice	119
5.2	Conclusions and issues specific to the Children's Programmes for Māori	121
	Appendix A Caregiver and Children's Brochures	123
	Appendix B Consent Checklist and Consent Form	129
	Appendix C Caregivers' Satisfaction Survey	133
	Appendix D Interview Guide (Adult)	137
	Appendix E Interview Guide (Children)	141
	Appendix F Survey (Children)	145
	Appendix G Follow-up Interview (Caregivers)	151
	Appendix H Follow-up Interview (Children)	155
	Appendix I Programme Brochures	159

Tables

Table 2.1	Session goals and key objectives, learning outcomes and resources	17
Table 2.2	Ngā Tikanga Māori within the He Taonga Te Mokopuna Programme	19
Table 2.3	Number and ages of children interviewed about the He Taonga Te Mokopuna programme	37
Table 2.4	Length of time in relationship	39
Table 2.5	Level of violence caregivers were exposed to during the relationship	39
Table 2.6	Involvement with other services	39
Table 2.7	Caregiver Satisfaction Survey	47
Table 2.8	Children's impressions of the programme	48
Table 2.9	Children's perceptions of learning	49
Table 2.10	Children's impressions of the Māori aspects of the programme	51
Table 3.1	New Plymouth Programme Content	68
Table 3.2	Family characteristics of interviewed families	79
Table 3.3	Caregiver Satisfaction Survey	95
Table 3.4	Children's Satisfaction with the Group	95
Table 3.5	Children's Satisfaction with Learning	96
Table 4.1	Whangarei Programme Content	104

Acknowledgements

This evaluation was made possible by the goodwill of the participants who shared their knowledge and experiences with the research team. The authors wish to acknowledge the generous assistance given by the providers of children's programmes and the families who participated in the research.

Kia ora koutou.

Dr Sue Jackson of Victoria University of Wellington contributed substantially to the development of this project.

The advisory group convened by the Ministry of Justice for the evaluation of DVA children's programmes gave valuable advice and support.

Kia ora koutou katoa.

The contracted organisations

This report was commissioned by the Ministry of Justice and the Department for Courts from the International Research Institute for Māori and Indigenous Education and The Centre for Child and Family Policy Research through Auckland UniServices Ltd, a wholly owned company of The University of Auckland.

International Research Institute for Māori and Indigenous Education (IRI)

The International Research Institute for Māori and Indigenous Education (IRI) was established in 1997 and is situated in the Faculty of Education of the University of Auckland. The Institute consists of a multi-disciplinary group of mainly Māori academics with a proven record in research. The kaupapa of IRI is to conduct and disseminate research, scholarship and debate which make a positive difference to the lives of Māori and other indigenous peoples, by drawing together a group of highly skilled and respected scholars who are dedicated to quality outcomes in Māori and indigenous education.

The Centre for Child and Family Policy Research, Te Ara Tupuranga

The Centre for Child and Family Policy Research, Te Ara Tupuranga, is a consortium of multi-disciplinary research groups, combined administratively, to ensure high quality research relating to national policy issues concerning children and families. The Centre for Child and Family Policy Research is committed to research that has practical value to those who can benefit directly. It liaises with policy makers, operates in partnership with communities and works closely with professionals and organisations in a wide variety of fields that influence the well-being of children and families.

UniServices

Auckland UniServices Ltd (UniServices) is an independent limited liability company wholly owned by the University of Auckland. It provides consulting services in New Zealand and internationally. It is also a research and technology transfer company. UniServices was the contracting agency for the present project.

Structure of the Final Report

This evaluation has been undertaken jointly by the International Research Institute for Māori and Indigenous Education (IRI) and the Centre for Child and Family Policy Research (CCFPR). Using a methodology that researchers from both Centres developed collaboratively, IRI was responsible for implementing the evaluation in the Māori programmes and CCFPR the non-Māori Programme

Quotes

The quotes included in this report are as close to verbatim as our data will allow.

Executive Summary

One of the aims of the Domestic Violence Act 1995 is to provide programmes for children who are protected persons, either as part of an adult protection order or in their own right, and whose lives are affected by domestic violence. The Domestic Violence (Programmes) Regulations 1996, 30 (1) state that “Every programme for protected persons who are children must have the primary objective of assisting those children to deal with the effects of domestic violence”. In addition, Regulation 27 states “Every programme that is designed for Māori or that will be provided in circumstances where the persons attending the programme are primarily Māori, must take into account Tikanga Māori, including (without limitation) the following Māori values and concepts:

- (a) Mana wahine (the prestige attributed to women);
- (b) Mana tāne (the prestige attributed to men);
- (c) Tiaki tamariki (the importance of the safeguarding and rearing of children);
- (d) Whanaungatanga (family relationships and their importance);
- (e) Taha wairua (the spiritual dimension of a healthy person);
- (f) Taha hinengaro (the psychological dimension of a healthy person);
- (g) Taha tinana (the physical dimension of a healthy person).”

This is the final research report provided for the Ministry of Justice and the Department for Courts as part of a contract with UniServices at the University of Auckland. The contract provides for the Centre for Child and Family Policy Research to carry out an evaluation of two North Island programmes for children under the Domestic Violence Act 1995 and for the International Research Institute for Māori and Indigenous Education (IRI) to carry out the evaluation of one Māori programme for children under the Domestic Violence Act 1995.

This evaluation of programmes for children took a comprehensive approach, incorporating aspects of both process and outcome evaluation. Documentation and qualitative analysis of the ways in which programmes for children under the Domestic Violence Act 1995 operated in practice are included. The impact of programmes on the lives of the participants interviewed is discussed.

It should be noted that evaluation findings do not permit conclusive assessment of the success of individual programmes, nor was it a specified intention of this evaluation to do so.

The following is a summary of the main findings in relation to evaluation objectives:

Objective 1: *To establish in what ways the programmes meet the goals listed in Regulation 30 of The Domestic Violence (Programmes) Regulations 1996.*

- All children's programmes assisted children to deal with the effects of domestic violence by providing an effective educational programme.
- All programmes helped children who are protected persons to deal with the effects of domestic violence through the design of specific practices and activities in accordance with the goals outlined in Section 2 (a) through (i) of Regulation 30 of the Domestic Violence (Programmes) Regulations 1996.
- Children and caregivers stated that the children's programmes assisted children to express their feelings about the impact of domestic violence on their lives, to better understand family changes, and to consider strategies for keeping safe in situations of domestic violence.

Objective 2: *To describe the underlying philosophy, content, processes, and resources of the programmes.*

- The philosophies of all three programmes reflected the goals for children's programmes as set out in the Domestic Violence (Programmes) Regulations 1996, and are informed by providers' considerable professional experience with children and families.
- All programmes incorporate practices that are designed to be responsive to the needs of children as protected persons.
- All facilitators have professional backgrounds and are highly trained which is seen as integral to the success of programmes for children.
- Current programme funding does not adequately compensate for the time associated with the creation of appropriate resources for working with specific groups of children, community liaison, and ongoing programme development.

Objective 3: *To examine issues surrounding the implementation and delivery of programmes and to suggest improvements.*

- A strength of all the programmes in this evaluation was that programme facilitators were highly qualified. This was recognised by all informants as an essential element of successful programme implementation. Further, given the multiple and specialised needs of the families, this is seen as a critical feature of programmes.
- Good working relationships were found to exist between children's programme providers and members of other agencies, such as adult protected persons' and respondents' programmes.

- The referral process appears to be a major concern for providers. Each court appears to have its own system for processing referrals and courts in the same area may have different systems. This lack of standardisation has led to significant time delays in providers receiving referrals from the courts. This trickles down to family/whānau, which means that there are delays in their receiving the support they have indicated they want.
- A desire was expressed for a therapeutic intervention that focussed on holistic, family/whānau-oriented therapy or interventions and covered other needs of children exposed to domestic violence not covered by a purely educational programme.

Objective 4: *To describe the client group and any perceived impacts the programme has had on the lives of the children and their caregivers.*

- Overall, caregivers and children reported high levels of satisfaction with the programmes.
- Most caregivers experienced a loss of support for their children following completion of programme sessions and expressed the need for some form of follow-up contact.
- It appears that children who have been exposed to domestic violence are likely to have to deal with multiple and/or ongoing negative life events such as parental separation, relocation of family home and school, and the effects of reduced family income.
- Both providers and caregivers spoke of the need to provide programmes that target the specific needs of adolescents who have witnessed domestic violence. Adolescence is a particular developmental period with its own challenges and needs that are not adequately met in programmes designed for children. There is a pressing need for support to resource existing programmes to cater for adolescents, or where this is not possible, to fund programmes specifically to provide for young people.

Objective 5: *To identify the factors that assist or impede the take-up of programmes, including reasons for non-attendance.*

- The provision of age and culturally-appropriate programmes for children is considered essential to the uptake of the programmes.
- Due to the high levels of stress caregivers are under, as a result of domestic violence, information received from courts about the availability of children's programmes may be misinterpreted or go unnoticed.
- Nearly half of the referrals received by the Māori provider are returned to the courts, for a variety of reasons. An appropriate follow-up procedure is needed so that women and children who have experienced domestic violence do not fall through the gaps.

- In general, knowledge of the programmes by those people or agencies first alerting families to their availability was extremely limited, particularly with regard to those programmes developed for Māori whānau.
- Most Māori caregivers stated they were unaware that they had a choice about the programme their children went to.
- Referral to children’s programmes is dependent, in the first instance, on the caregiver obtaining a Protection Order, and secondly, on the caregiver requesting a referral. It is strongly felt that referral to programmes should not be exclusively linked to a Protection Order so that all children exposed to domestic violence have access to needed assistance.
- Of concern is the large number of potential participants who appear not to have taken up programmes due to transience or relocation. We suggest that ways be looked at to prevent children from such families from “slipping through the net”.

Objective 6: *To identify, within the context, elements of 'best practice' which could be generalised from these to other programmes.*

- The provision of age and culturally-appropriate programmes for children is reinforced by the findings of this evaluation.
- Providers identified a need to share resources and ideas with other programme providers. In addition, it was considered important that providers have more contact with other programme providers particularly in situations where other members of a family/whānau are participating in respondent or applicant programmes.
- While the providers found the rigorous approval process taxing, all stakeholders appreciated it was necessary if communities were to have trust and confidence in the children’s programmes.
- A purely educational programme is not intended to address family systems issues. However, based on feedback from participant families and notions of best practice, it is suggested that the best outcomes can be expected from programmes that take a holistic family-oriented approach with the option of home-based delivery, as this is likely to further facilitate the strengthening of caregiver-child relationships.
- Sibling relationships, and violence in particular, are underlying issues that need to be specifically addressed within programmes.
- Lack of acknowledgement of the continued part played by respondents in children’s lives represents an issue for providers, especially if the family/whānau intend to stay together. Inclusion of respondents in programmes *where appropriate* is suggested as a positive practice.

- Currently not all children exposed to domestic abuse are able to receive assistance they may require for a variety of reasons. They include:
 - The caregiver does not have a protection order or the order is discharged.
 - Some children in the family/whānau may be living with the respondent or other whānau whānui in other geographical areas and so they are unable to attend a programme.
 - The family/whānau are no longer at the address given when the facilitators go to make contact with them.
 - They are older children and there are no programmes developed for adolescents.
 - The caregivers decide that they do not wish their children to be included in a programme.
 - The referral is assessed as being high risk and is therefore not picked up by Early Childhood Development, as they feel that they do not have the facilities to adequately support these whānau.
- The referral process appears to be differentially applied and there are problems associated with timing of the referral and caregivers' ability to act on information about children's programmes at the time that it is first received.

Objective 7: *To examine, in relation to all of the above objectives, the extent to which the programmes meet the needs and values of Māori clients.*

- The goals of the Māori children's programme relate directly to the goals of the Domestic Violence (Programmes) Regulations 1996 regarding the inclusion of Māori values and concepts. The programme is designed for Māori and takes into account Tikanga Māori.
- The children who participated in the Māori programme stated that they developed very good relationships with facilitators and highly valued the fact that the facilitators were Māori.
- The children felt that they learned most about 'self-esteem', but least about getting along with siblings.
- Extremely high satisfaction was reported by caregivers with the relationship they had with the Māori facilitators.
- The Māori provider noted that a large percentage of the total Māori population live in the greater Auckland area. The fluctuations in referrals raises questions with regard to whether Māori are not applying for protection orders, or whether Māori are being referred to other agencies either Māori or non-Māori. Each has important implications that need to be addressed.

- The Māori providers and one of the non-Māori providers have considerable experience in working with Māori children and their family/whānau.
- The facilitators of the Māori programme strongly identify as Māori and are comfortable and able to work in Te Reo Māori. This is seen as integral to the success of programmes for Māori children.
- The Māori provider expressed concern that ethnicity details are often not recorded on the court referral forms. This makes it difficult to provide culturally-appropriate facilitators.
- It is concerning that Māori caregivers, all women, expected that they would have to wait for support. Very few felt entitled to expect prompt service, be given choice of programme, or to complain about the delay. This suggests that assistance may be needed to empower Māori women to advocate for their whānau needs. This could be achieved through the provision of some sort of advocacy service for Māori whānau.

1 Introduction

The Domestic Violence Act 1995 provides programmes for children whose lives have been affected by domestic violence and who are protected persons either as part of an adult protection order or in their own right. Since July 1998 the Department for Courts has contracted approved organisations and individuals to provide programmes for those children.

The Domestic Violence (Programmes) Regulations 1996 state that “Every programme for protected persons who are children must have the primary objective of assisting those children to deal with the effects of domestic violence” (regulation 30).

As described in the Domestic Violence Act 1995 and the Domestic Violence (Programmes) Regulations 1996, children’s programmes can only be accessed by children up to the age of 17 years, who are protected persons in their own right, or as part of an adult Protection Order. A child may access one programme at any time within three years of the Protection Order having been issued. In addition, the Registrar has discretion to consider requests that fall outside the three years.

The Ministry of Justice administers the Act while the Department for Courts is responsible for its implementation.

1.1 Rationale for children’s programmes

Every week a woman in New Zealand is the victim at the hands of a man who “loved her to death”¹. Like other countries around the world, New Zealand women are more likely to be killed by their partners than by anyone else.²

Until recently the entire area of domestic violence and the battering of women and children was either a “family secret” to be hidden, or an “acceptable behaviour”³ in the context of a patriarchal society. This lack of visibility is also reflected in the fact that there was little research in the area of women battering until the 1980s.

Initial research focussed mainly on the physical abuse of women whilst the impacts or affects/effects of the violence on children were rarely considered, except when children were abused as well³. Whilst Battered Woman’s Syndrome³ is now well accepted by most professionals working in the field of domestic violence, a term to describe a syndrome for children has yet to be discussed, let alone defined. Children’s experiences have been included

¹ National Collective of Independent Women’s Refuges, Inc (1993). *Fresh Start: A Self Help Book for New Zealand Women in Abusive Relationships*.

² Walker, L. (1979). *Battered Women*. New York: Harper & Row.

³ Walker, L. (1979). *Battered Women*. New York: Harper & Row.

in the Post Traumatic Stress Disorder⁴ (PTSD) category. Thus, whilst it has been acknowledged that children who witness violence are at risk of developing numerous psychological symptoms and syndromes⁵, the exact nature of this legacy is unclear.

Several authors have tried to uncover the legacy. Pocock and Cram⁶ believe that children are left with a legacy that includes being

...worried about the safety of their mothers, themselves, and their siblings; they are frightened, not just by what they have seen and heard, but by what is yet to come; they are confused about what is happening and all the conflicting emotions they have both around the abuse and the abuser; and they are vulnerable; vulnerable because of their dependence upon and relationship with their mothers, vulnerable because of a lack of stability, security, and protection afforded by their environment, and vulnerable because of the lack of power they have over the onset or outcome of the violence.

Thus whilst it is generally accepted that children who witness domestic violence are left with enduring scars, to date there have been no epidemiological studies which document the prevalence of children in New Zealand who witness such abuse. However it is suggested from overseas research that a general prevalence rate is around 14-17% or 1:7. New Zealand research conducted by the National Collective of Independent Refuges⁷ in 1996 found that of the women who sought refuge, 90% of their 6,668 children had witnessed violence and that 50% of these children had also experienced violence. In addition, during 1996/97 the Police attended some 30,340 incidents involving domestic violence at which just fewer than 29,000 children under 10 years of age were present⁸. These figures are consistent with data recorded by the Hamilton Abuse Intervention Pilot Project⁹ (HAIPP) that found that children were present during 87% of the incidents in which their caregiver was victimised.

Henderson¹⁰, in a review of the literature surrounding domestic violence, identified two key patterns of effects on children who observe violence in their families. What she calls “internalising” and “externalising” effects. Internalising effects include

...anxiety, fear, somatic problems, depression and withdrawal while externalising effects incorporate aggression, disobedience and destructiveness.

⁴ Post Traumatic Stress Disorder is a disorder classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) 1994. American Psychiatric Association.

⁵ Eth, S., & Pynoos, R.S. (1985). *Post Traumatic Stress Disorder in Children*. Washington D.C.: American Psychiatric Press.

⁶ Pocock, T & Cram, F. (1996). Children of Battered Women. *Waikato Law Review*, Special Issue on Domestic Violence. 4:1. p.77.

⁷ National Collective of Independent Refuges Inc. *Submission to the Family Court*. (Unpublished Paper, 1996).

⁸ Health Promotion Unit, Auckland Health Care, (1998).

⁹ Hamilton Abuse Intervention Pilot Project. This project co-ordinated the various activities of police, courts and refuges in relation to family violence, arranged referrals for victims and provided men's programmes. PO Box 19051, Hamilton.

¹⁰ Henderson, E. (1996). Children who observe Violence in Their Families, A Literature Review. *Social Work Now*. August.

Whether these effects are gender specific is unclear, although there appear to be some “age effects”. Research has found that pre-school children who witness family violence tend to experience more behavioural problems and also have lowered self-esteem. Differences according to age are consistent with what developmental theory would predict.

Jaffe, Wolfe and Wilson¹¹ also agreed that age and developmental stage are important when considering the impact of domestic violence on children.

Children’s responses to witnessing violence will vary according to their age, sex, stage of development, and role in the family. Many other factors will play a role, such as the extent and frequency of the violence, repeated separations and moves, economic and social disadvantage, and special needs that a child may have independent of this violence (e.g. significant learning disabilities).

The literature also suggests that the more severe the violence, the more severe the problems for children. It also seems likely that children who have both witnessed and experienced violence will experience more severe effects than those who have witnessed only. Henderson also noted that there is some evidence to indicate the enduring effects of witnessing violence. Studies with adolescents show a persistence of internalising problems such as anxiety, violence toward others and an increased potential for child abuse.

Increasing reports of domestic violence have shattered the myth that “all family life is safe and secure”. Like many other countries, New Zealand has treated domestic violence as “a problem requiring a legal solution”¹². The Domestic Violence Act 1995 was enacted on 1st July 1996 with the express aim of providing effective legal protection for individuals and their children who are subject to domestic violence.

The Act extended the definition of family violence in what has been described as “a philosophical shift in the way the justice system perceives and addresses domestic violence.”¹³ The widened definition of family violence places new emphasis on the abuse of children and incorporates notions of power and control, acknowledging that children can be abused in a number of ways. Thus, the new definition includes not only physical violence, but also a diverse array of behaviours and tactics that are employed to harass, intimidate, belittle, and control. Sexual and emotional abuse, along with threats, intimidation, harassment, damage to property, and causing or allowing a child to witness physical, sexual, or emotional abuse of a family member, have all been defined as acts of domestic violence. An abuser is defined as psychologically abusing a child if they allow the child to see or hear, or put the child at risk of seeing or hearing, the abuse of another person in their family or home. Importantly, the Act also contends, “that the person who suffers abuse is not regarded as having allowed the child to see or hear the abuse.”

¹¹ Jaffe, P., Wolfe, D., & Wilson, S.K. (1990). *Children of battered women*. Newbury Park, CA: Sage Publications. p.27.

¹² Suffert, N. (1996). *Lawyering for Women Survivors of Domestic Violence*. *Waikato Law Review, Special Issue on Domestic Violence*. 4:1.

¹³ DVA Children’s Programmes – Provider Guidelines, 18 December 1997, p.3.

1.2 Rationale for specialist Māori programmes

Whilst abuse against women and children is a social problem that transcends all class and cultural boundaries, in New Zealand, family violence is a major concern for Māori and Māori men are high on the list of offenders¹⁴. Naturally then, it is often Māori women and their children who are the victims of domestic violence in New Zealand. In 1991 45.9% of women and 55.9% of children who used Women's Refuges were Māori (National Collective of Independent Women's Refuges, 1996). This is clearly worrying when Māori make up around 14 % of the New Zealand population.

It is only recently that research by Māori for Māori has focussed on this complex issue of Māori family violence. In 1997 Te Puni Kōkiri released "Māori family violence in Aotearoa", a report which looked at violence within Māori families. This report recognised that family violence is not simply about human brutality, but is instead

*...an expression of male power and control. Amongst Māori, however, there is an additional factor; their status as a colonised people. In today's political climate most Western intervention approaches are proving to be inappropriate for Māori people.*¹⁵

Māori are actioning their Treaty of Waitangi rights to "tino rangatiratanga" - the rights to self-determination. The evidence suggests that "western interventions are not working for Māori"¹⁶. In an attempt to regain control of Māori issues, Māori are creating their own jargon, for example, "by Māori for Māori", "Māori solutions for Māori problems", "by iwi for iwi", are just some of the terms that have been coined to describe this process of reclamation.

1.3 The values, goals and structure of the programmes¹⁷

Programmes provided under the Act are regulated by The Domestic Violence (Programmes) Regulations 1996. These set out the goals and structure of programmes provided under the Act.

30. Goals of children's programmes—

- (1) *Every programme for protected persons who are children must have the primary objective of assisting those children to deal with the effects of domestic violence.*
- (2) *Every programme for protected persons who are children must have the following goals:*
 - (a) *To assist the child to express his or her feelings, including feelings of hurt, pain, guilt, shame, and isolation in order to assist the child to deal with the effects of domestic violence;*

¹⁴ Te Puni Kōkiri (1997) *Māori Family Violence in Aotearoa*. Wellington: Ministry of Māori Development.

¹⁵ Te Puni Kōkiri (1997) *Māori Family Violence in Aotearoa*. Wellington: Ministry of Māori Development.

¹⁶ Te Puni Kōkiri (1997) *Māori Family Violence in Aotearoa*. Wellington: Ministry of Māori Development.

¹⁷ The Domestic Violence (Programmes) Regulations 1996.

- (b) *To assist the child to develop a sense of normality, a healthy self image, and to build self esteem;*
- (c) *To assist the child to deal with issues arising from separation or loss;*
- (d) *To assist the child to gain a realistic perspective of the events leading to the making of the protection order, including the child's involvement in those events;*
- (e) *To assist the child to understand the events following the making of the protection order, including the changes in the child's family life, and the options for the future;*
- (f) *To help the child to build a support network;*
- (g) *To assist the child to assess safety issues and to put in place strategies to maximise that child's safety;*
- (h) *To strengthen the bond between the child and his or her caregiver;*
To assist the child to develop –
 - (i) *Social skills and improve his or her competency in social relationships, including social relationships with the child's peers; and*
 - (ii) *Strategies for non-violent conflict resolution and to learn anxiety management techniques and anger management techniques.*

Structure of children's programmes—

- (1) *Every programme for protected persons who are children must—*
 - (a) *Be structured so as to ensure that the primary objective and the goals set out in regulation 30 of these regulations are capable of being met during the programme; and*
 - (b) *Provide for the involvement of caregivers wherever possible during the programme; and*
 - (c) *Where the programme is a group programme, provide that the group of children attending the programme sessions must not exceed—*
 - (i) *Three children, where the programme is to be presented by 1 programme provider; and*
 - (ii) *Eight children, where the programme is to be presented by 2 programme providers; and*
 - (d) *Where the programme is to be presented by 2 programme providers, provide if possible that those programme providers are different genders.*

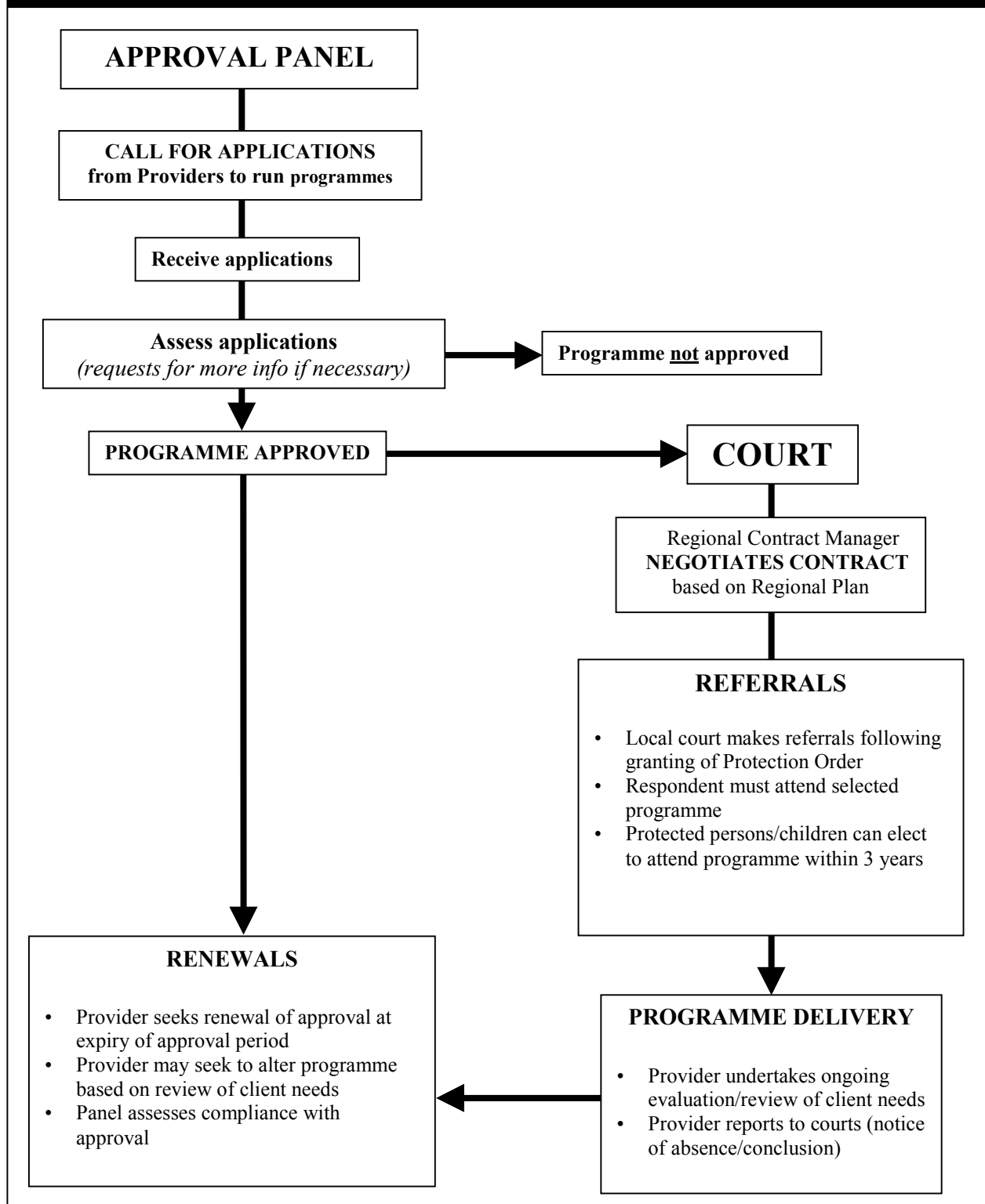
- (2) *Every programme for protected persons who are children must consist of a specified number of programme sessions which must—*
- (a) *Consist of an initial interview—*
 - (i) *To assess the child's needs and the suitability of the programme for that child; and*
 - (ii) *Which does not exceed 2 hours; and*
 - (iii) *At which the child, the child's caregiver, and such members of the child's family or whānau (other than the respondent or associated respondent) as the caregiver has requested are present; and*
 - (b) *Consist of such other sessions the total duration of which is not more than—*
 - (i) *Twenty hours, where the programme is a group programme; or*
 - (ii) *Ten hours, where the programme is an individual programme— including, where requested by the child's caregiver, a final separate session for that child with the caregiver and such members of the child's family or whānau as the caregiver has requested be present.*

1.4 The approval process

The process whereby programme providers and programmes are approved is prescribed in the Domestic Violence (Programme) Regulations 1996. To this end regional approval panels have been constituted and may grant approval to individuals and agencies who wish to provide programmes in as far as they and their programmes satisfy the requirements as laid out in the regulations.

The following chart sets out the role of approval panels and the courts in the approval and delivery of domestic violence programmes.

DV Programme Delivery Process Approval Panels & Courts



1.5 Selection of programmes to be evaluated

The Ministry of Justice and Department for Courts selected three programmes for evaluation. They were selected as examples rather than being representative of the range of programmes available. The criteria for selection were as follows:

- Type of programme (group or individual);
- Characteristics of client group (gender, ethnicity);
- Geographical location (urban/provincial/rural);
- Size of client group;
- Length of time in operation.

One of the three programmes selected has a large client group and the other two, a smaller client group. All are well established, given the brief period since they began. The providers agreed that their programmes would be the subjects of this evaluation.

1.6 Description of the programmes included in the evaluation

Early Childhood Development, Auckland (ECD)

Early Childhood Development provides children's programmes nationally, however, this study evaluated only those programmes delivered in the Auckland metropolitan area. These programmes employ six facilitators who provide children's programmes in the Auckland metropolitan area including South Auckland to Papakura, West Auckland and the North Shore. Facilitators work with family units (siblings and caregivers) in venues close to their homes, such as schools. Their clients are mostly Māori but they are approved to work with other ethnic groups. The age range of clients is 3-11 years; however, because they work with family units, they have worked with children as old as 15 years. Between September 1998 and February 2001, 533 children were referred by the Courts to the Early Childhood Development programmes in the Auckland metropolitan area, with 367 children completing the full ten-session programme. Just under half of the children who completed the He Taonga Te Mokopuna programme were Māori.

The DoVe Group for Children, New Plymouth

The DoVe Group for children is run by two facilitators and primarily serves an urban population. The DoVe Group provides programmes for children aged between 5 and 7 years and for those aged 8 to 12. Groups include both boys and girls and a mix of families. The programme's client group is largely Pākehā, with a smaller proportion being Māori.

The Whangarei Children's Programme

Two facilitators who also provide programmes for adult protected persons and respondents run the Whangarei children's programme. They are approved to work with Māori clients but their client group so far has been mostly Pākehā. They work primarily with sibling groups and are approved to work with children aged 4-12 years. Although their geographical location would be described as urban, their programme also provides a service for rural families. This is possible because, when the situation calls for it, the providers travel to participants' homes to conduct sessions.

1.7 Evaluation objectives

Objectives for the evaluation are set out below.

- Objective 1:** To establish in what ways the programmes meet the goals listed in Regulation 30 of The Domestic Violence (Programmes) Regulations.
- Objective 2:** To describe the underlying philosophy, content, processes, and resources of the programmes.
- Objective 3:** To examine issues surrounding the implementation and delivery of programmes and to suggest improvements.
- Objective 4:** To describe the client group and any perceived impacts the programme has had on the lives of the children and their caregivers.
- Objective 5:** To identify the factors that assist or impede the take-up of programmes, including reasons for non-attendance.
- Objective 6:** To identify, within the context, elements of 'best practice' which could be generalised from these to other programmes.
- Objective 7:** To examine, in relation to all of the above objectives, the extent to which the programmes meet the needs and values of Māori clients.

1.8 The aim of the final report

The overall aim of this report is to present the findings of this evaluation. Specifically, the report describes in what ways programmes for children assist children in dealing with the effects of domestic violence.

1.9 Methodology

It is important to note that at the time of the evaluation the programmes were new and still evolving. The methodology for the evaluation of these programmes reflects this in that it could best be described as formative and descriptive.

A pilot phase of the evaluation was conducted to familiarise the researchers with the providers' programmes and to trial the evaluation instruments and methodology. As a result of piloting, minor changes were made to some of the survey questions.

Given the results from the pilot phase of the evaluation, the following methods were used to gather the data to address the evaluation objectives:

- Face-to-face meetings with staff involved in the programme delivery and ongoing correspondence via telephone, email and post throughout the evaluation period.
- Interviews with other key informants, such as people working in other organisations that have links with the service providers (e.g. other programme providers, agencies, solicitors and Family Court Coordinators).
- Face-to-face interviews with providers and ongoing communication via telephone, email and post.
- Face-to-face interviews with child participants.
- Face-to-face and telephone interviews with caregivers and whānau.
- Review of programme documentation and providers' databases.
- Completion of satisfaction survey by children and caregivers.
- Notes (observations) made by the researchers during participation in some of the programmes.

Sources of report information

A number of sources were used to obtain information relevant to this report. The main methods are outlined below.

- Interviews with programme providers and staff involved in programme delivery.
- Information from participants and their families obtained via interviews and self-completion evaluation forms.
- Notes (observations) made by the researchers during participation in some of the programmes delivered.
- Interviews with other key informants, such as people working in other organisations who have links with the service providers (e.g. other programme providers, agencies, solicitors and Family Court Coordinators).

Recruitment and interview process for families

Caregivers and children who had participated in programmes during the evaluation period were invited by providers to take part in the evaluation. However, in some programmes an invitation was dependent on providers' assessment of whether involvement would be overly burdensome to the family. Following acceptance of the invitation, contact details were

forwarded to the evaluation team and families received a copy of the brochures for caregivers and children that outlined in detail the purpose and format of the evaluation. Caregivers were then contacted by telephone to confirm their intention to participate and to arrange a time to meet.

Prior to the interviews commencing, caregivers' written consent and the children's assent to participate was obtained. (Appendix B) Interviews with both caregivers and children were loosely structured. In the initial interviews questions followed a logical progression from referral through to programme completion. Follow-up interviews with caregivers primarily sought to tap information on the longer-term impact of the programmes. At the conclusion of the interviews, which were audio taped, both caregivers and children were asked to complete satisfaction surveys. (Appendices C & F)

Procedure

Data informing the evaluation were collected between June 1999 and December 2000. Following initial meetings with providers in which the nature of the evaluation was discussed and an understanding of the programmes was gained, the research team developed the evaluation tools and applied to the University of Auckland Human Subjects Ethics Committee for approval to undertake the evaluation, which was duly granted (Ref. 1999/297). Key informant's interviews followed and recruitment of families began.

Providers invited families to participate and notified the evaluation team of prospective participants. A member of the evaluation team then contacted the families and arranged a suitable time to meet. Wherever possible initial interviews with caregivers and children took place within a month of the completion of the programme and follow-up interviews with caregivers, six months after completion. It should be noted that originally it was proposed to include children in the follow-up interviews; however the responses from the children in the initial interview led us to believe that little would be gained by interviewing them a second time. Typically meetings took place in the family/whānau home. In most instances the researcher interviewed the mother while the children were at school and the children on their return from school. While all initial interviews were face to face, some of the follow-up interviews with caregivers of the New Plymouth families were conducted by telephone.

Data analysis

The interviews were transcribed and were read repeatedly in order to identify themes related to the evaluation objectives. Survey data were collated and descriptive statistics obtained.

2 Māori Programmes

2.1 Service Provider

'He Taonga Te Mokopuna' Programme Delivered By Early Childhood Development, Auckland

2.2 Objective 1 - To establish in what ways the programmes meet the goals listed in Regulation 30 of the Domestic Violence (Programmes) Regulations

The He Taonga Te Mokopuna programme, as outlined in the written documentation provided by Early Childhood Development, has been designed to ensure that the goals of the programme correspond directly with the goals outlined in regulation 30 of the Domestic Violence (Programmes) Regulations 1996. Table 2.1 clearly shows that each of the goals in regulation 30 has a matching He Taonga Te Mokopuna goal, although they do not follow the exact sequence of the Act, they are nevertheless all covered. For example, the goal

2(g) "To assist the child to assess safety issues and to put in place strategies to maximise that child's safety"

in the He Taonga Te Mokopuna programme is called **"Tiaki"** and involves the assessment and implementation of safety issues. Tiaki is also the first session of the programme as it is seen as an important issue to work on.

The Tumuaki Māori of Early Childhood Development, stated that Early Childhood Development not only agreed with the goals under the Act but that they had specifically designed the He Taonga Te Mokopuna programme to meet the goals of the Act.

We agree with the goals that are listed under the Act. It's how you go about getting to them that is the important thing. Our programme is based around those goals, nothing else. In a ten-session programme, you don't have time to do anything else but get to those goals. They are all about increasing the self-esteem of children and keeping children safe. Making sure they have safety skills and making sure that they have adults around them who are going to be effective in times of need. Provider Interview

During the sessions observed by the researcher all programme goals assigned to the session were covered in the session, even though each facilitator had a different approach and personal style. For example, the children's "workbooks" were an important source of information during the evaluation.

Each child was given a “workbook” which was a large A1 scrapbook. In this book they kept all the work they did during their time on the programme. The workbook showed the date, session goals and the work that had been completed, related to that goal. What was clear was that different facilitators used different techniques to achieve the same goal. What was also clear was that the children felt that their books were really important to them. One mother described how important the book was to her son.

He wouldn't let me throw it out, usually with school books and things he wouldn't even care, but with (name of facilitator) book he wouldn't let me throw it out. And he even gets it out still and reads it and says “oh yeah, I remember when we did this or that... Caregiver Interview

The He Taonga Te Mokopuna programme also meets regulation 27, which relates directly to Tikanga Māori. Māori facilitators deliver a programme that is based on Māori Tikanga, uses Māori protocols and activities and was developed by Māori early childhood specialists (see Table 2.2).

Regulation 31 is met both through the planning and administrative structuring of the He Taonga Te Mokopuna programme. The staff ensures that the referrals meet the criteria specified in the regulations. Whilst the planning of the programme includes the other structural details, for example an “initial” assessment session is included in the He Taonga Te Mokopuna programme and is additional to the nine sessions listed in the programme documentation. Provider Interview

Participant views

All of the children and their caregivers were aware of the goals of the programme. They all recalled the facilitator explaining the goals to them in the initial session. In particular, one facilitator used a flip chart, which had the goals of the He Taonga Te Mokopuna programme on it. The use of the flip chart was recalled by all of the whānau involved with that facilitator. They all commented that it made them feel comfortable because it was a visual chart and it was not too long.

Initially I was a bit wary, a bit standoffish to begin with, you know, and then (name of facilitator) pulled out a flip chart and it wasn't too heavy or anything and it wasn't pages and pages long. Basically she told me what would be covered in the sessions, and showed me the chart. The children were there and they could understand it. I appreciated it because it was a visual aid. Caregiver Interview

The children were also aware that each session had specific goals. During the session the children would put the date, the name and goals of the session in their “workbooks” and complete the associated activities. For example, under the goal: 2(f): *To help the child to build a support network*, “**Te Whānau Whānui**” (see Table 2.1), one facilitator got the children to draw a series of boats. The children were then asked to put people in the different boats depending on who they felt safe with. Thus in the boat the children placed themselves in, they also placed the people they felt most safe with. Other boats held people they felt safe with but with whom they might have been less familiar. For example, one 8-year-old boy put his grandma, his grandpa, his mum and his older brother in his boat. In the following boat he

put his older sister, a friend's mother, a maternal uncle and several maternal aunts. In the next boat he put his teacher at school, the school principal, a policeman, and his father. When asked about this the boy was able to articulate clearly why he had placed each person in the boat.

I put my older sister in the boat, pretty close to me, but not in my boat, cause sometimes she fights with me...um and sometimes she doesn't, but I really feel safe with my mum and grandma and that so I put them in my boat. My dad I feel ok about so he is in the last boat and my teacher is good so she is in the front of the boat too. 8-year-old Māori boy.

The children also discussed the fact that they were aware that the programme had a specific structure and set goals.

Um...she explained to us what she was going to do and she said that it as a thing to help kids and that sometimes we would do two goals and sometimes we would only do one.

10-year-old Māori boy

Yeah we would start off with the date and the name of the session, and it was Māori and then we would do the goals and sometimes we would do two and sometimes we would do one, it would just depend on things. 12-year-old Māori girl

[Name of facilitator] would decide what we did, she would because she had a list of things for us to do and there were Māori names for the things we were going to do. 12-year-old Māori girl

Key informant views

The key informants who were programme providers knew how stringent the Approval Panel was, and therefore they felt comfortable that if a panel had approved the programme then it had to meet all the regulations under the Act.

No I never actually saw any of the programme details, but knowing what a process it is to get approved I know that the programme must have met all the regulations or else it wouldn't have been approved. Women's Programme Provider

Although I don't know exactly what is in the programme I know that having been through the approval process myself that there will be certain things covered in the programme, before it can be given approval. Māori Provider

Other key informants believed that they didn't necessarily need to know what was included in the programme, as they believed that the Approval Panels had already approved the programme and so it was not up to them to judge the programme.

I don't know formally what is included in the programme and I am not sure whether I need to know. Because the courts (Approval Panels) have already decided that they meet the criteria. I have to be impartial and just give the women the information pamphlets and let them choose. Family Court Coordinator

I don't really know anything about the programmes, but when we are drawing up the orders and things I always inform the women that the court provides counselling for them and their children. I think that courts would be careful to make sure that programmes they approved were good. Lawyer

One Family Court Coordinator clearly found the new processes associated with the Domestic Violence Act (1995) very difficult to both understand and accept. In particular she found the transition from the old system to the new system very difficult. Under the old system Court Staff had exclusive power to make decisions about where and to whom protected persons were sent for counselling. However under the new system this power was taken away from individual Court Staff and Regional Approval Panels were established and given the task of deciding which agencies were “approved” to deliver counselling/educational packages to protected persons.

I don't even know how Early Childhood Development got the contract and why they got it. I mean I was just told to use those providers who were approved. I don't even know what the content of the programme is, but I am obliged to refer women to them, regardless. Before the Act (Domestic Violence Act) we could as Court Coordinators check the programmes out and see if they were safe. If we felt it wasn't ok then we wouldn't refer to it. Now after the Act we just have to refer them. Family Court Coordinator

2.3 Summary

- Early Childhood Development documentation clearly covers the goals listed in the Act, specifically 27, 30 and 31.
- All of the children and caregivers involved in the evaluation clearly recognised that the He Taonga Te Mokopuna programme had specific goals.
- The He Taonga Te Mokopuna programme has a clear structure, however individual facilitators add their own personality to the programme and deliver it in a way that both matches their personal style and that meets the needs of the family.
- Key informants were generally happy with the Approval Panel being responsible for assessing whether programmes met the regulation guidelines.
- The transition to the new process of Approval Panels has been difficult for some Family Court Coordinators.
- Family Court Coordinators expressed a desire to have more information about programmes they are expected to refer children to.

Table 2.1 Session goals and key objectives, learning outcomes and resources

Session	Corresponding Regulatory Goal	Goals, To assist the child to...	Key Learning Outcomes, Children will...	Key Activities
1.	2g 2i	<p>A) Tiaki- assess and implement safety issues.</p> <p>B) Awhi Manaaki- develop social skills and improve their competency in social relationships.</p>	<ul style="list-style-type: none"> • Know the ground rules for participation and safety in the group. • Gain confidence, participate and take appropriate risks in the group session. 	<ul style="list-style-type: none"> • Discussion about everyday rules, seat belts, fire safety etc. • Play Kei a Wai, and practice turn taking.
2.	2b	Tū Pakari- develop a sense of normality, a healthy self-image and self-esteem.	<ul style="list-style-type: none"> • Trust and express their fears. • Gain a respect for rules about harming themselves and others. • Increase their self-responsibility. • Increase self-confidence. 	<ul style="list-style-type: none"> • Discuss their feelings and make a feelings poster in their workbooks. • Play Kei a Wai practising Māori language and develop confidence.
3.	2d	Tū Tangata- gain a realistic perspective of and their involvement in the events leading to getting the protection order.	<ul style="list-style-type: none"> • Gain an understanding of human rights. • Gain an appreciation of equity and fairness. 	<ul style="list-style-type: none"> • Photocopy the protection order and discuss the implications of it and how it can protect people.
4.	2e 2h	Mana Aotūroa- understand the events, changes and options following the protection order.	<ul style="list-style-type: none"> • Increase skills and confidence in expressing their feelings. • Learn (non-violent) strategies to deal with violent situations. 	<ul style="list-style-type: none"> • Write their whānau and the changes that have been made since the orders. • Identify non-violent solutions
5.	2i	Whakamana- develop strategies for non-violent conflict resolution and to learn anxiety and anger management techniques.	<ul style="list-style-type: none"> • Learn it is not okay to hit, tease, damage belongings or threaten. • Express feelings and needs using appropriate verbal and body language. • Use non-violent strategies spontaneously. 	<ul style="list-style-type: none"> • Practise role playing scenarios and finding non-violent ways to handle them. • Discuss situations in the home in the previous week where they have seen, or used strategies.

Session	Corresponding Regulatory Goal	Goals, To assist the child to...	Key Learning Outcomes, Children will...	Key Activities
6.	2a	Mana Reo- express his or her feelings of hurt, pain, guilt and isolation in order to deal with the effects of domestic violence.	<ul style="list-style-type: none"> • Increase practice in responsive and reciprocal skills. • Develop confidence in expressing their feelings in both verbal and non-verbal ways. 	<ul style="list-style-type: none"> • Draw and discuss feelings people have and begin to practise stating how they feel.
7.	2c	Ngā wehenga, ngā ngaronga- deal with issues arising from separation or loss.	<ul style="list-style-type: none"> • Understand and be able to express their feelings about loss and separation. • Learn strategies of care for self and caregivers. 	<ul style="list-style-type: none"> • Look at how their family handles loss; look at Māori processes such as tangihanga.
8.	2f	Te Whānau Whānui- build a support network.	<ul style="list-style-type: none"> • Know who and how to ask for help. • Make contact with their safe adults. 	<ul style="list-style-type: none"> • Look at the safe people in their lives that they can count on. • Draw a safety net of people in their workbooks.
9.	2h	Whakanui te Whānau- to strengthen the bond between themselves and their caregiver.	<ul style="list-style-type: none"> • Share some of their learning with their caregivers in a joint celebration. 	<ul style="list-style-type: none"> • Discuss with their caregivers the things they have learnt. • Practise the learning as a whānau.

Table 2.2 Ngā Tikanga Māori within the He Taonga Te Mokopuna Programme

Concept	HE TAONGA TE MOKOPUNA Viewpoint	Implementation	Activities Described
Tīaki Tamariki	Children are viewed as linked to past, present and future. Defining their positions and status integrates them into communities while informing those communities of their obligations to their children.	Through aroha manaakitanga, mana Atua, mana whenua, mana tangata.	Reciting whakapapa, kōrero tāwhito whakatauaāki and waiata.
Mana Wahine	Māori women are defined as where tangata and play an important role as conveyor of karanga and as puna roimata.	Portraying a positive image of women.	Stories of Papatūānuku, Hinemoa, Te Pūea and other strong Māori women.
Mana Tāne	Māori children may have a distorted view of Māori men and therefore He Taonga Te Mokopuna tries to present a balanced view where male is nurturer.	Providing examples of caring and responsible roles undertaken by men.	Story of Tama-nui-te-Ra, who raised Maui.
Taha Hinengaro	Acknowledges the psychological and mental well-being of the child is of immense importance to their overall well-being.	Providing consistent care and concern for the child and ensuring that their learnings are positive, self-affirming and based around knowledge and skill acquisition.	Learning about safe people /situations and how to express their emotions appropriately.
Taha Tinana	Acknowledges the physical presence of a person. Recognises that children will at least have witnessed physical abuse and as such their self-worth and self-esteem may have been affected.	Encourages self-caring and physical pride as well as understanding of safe and appropriate touching.	Likening their image to a particular tipuna. Strategies to keep themselves physically safe.
Mana Reo	Signifies the power of language and communication. Recognises that a person's ability to communicate appropriately and clearly empowers them.	Supports the development of verbal and non-verbal language.	Language through art, drawing, music and movement. Tribal stories and symbols and other ways to be creative and expressive.
Whānaungatanga	Acknowledges kinship and socio-economic alliance, which governs relationships between individuals, groups and the universe. The whānau rather than the individual takes precedence.	Explores the interconnection of the child with other groups and other whānau links.	Māori stories to portray whānaungatanga safely.

2.4 Objective 2 - To describe the underlying philosophy, content processes, and resources of the programme

In Māori philosophy a person is seen as being part of, and having a relationship with, a larger system. This includes their family, the land, and things that are bigger than the individual.¹⁸ A provider of domestic violence programmes for Māori children must be able to “reach” Māori children and cater for their unique learning style, whilst also addressing fundamental issues. The literature described this as “the ability to provide ‘culturally-appropriate services’” and is now recognised as being a key element of programme effectiveness for Māori participants, as western approaches to Māori problems are not working.¹⁹

The Tumuaki Māori of Early Childhood Development stated that the He Taonga Te Mokopuna programme was designed by Māori early childhood professionals, who combined both Māori and early childhood values and incorporated them into the He Taonga Te Mokopuna.

Well I think it needs to be stressed that this programme is designed yes for Māori, but that it has also been designed by early childhood professionals, or if you want to describe us as Māori early childhood professionals. We have taken our early childhood values and merged them in, and that is why we use ‘Te Whāriki’ as the underpinnings of the programme. Tumuaki Māori.

Te Whāriki is the National Early Childhood Curriculum and it is based upon widely-acknowledged Māori principles:

- Ngā Hongonotanga- learning through responsive and reciprocal relationships with people, places and things.
- Whānau-Tangata- learning through the wider world of children’s family and community.
- Kotahitanga- learning through holistic means.
- Whakamana- children are empowered to learn effective safety skills and strategies.

He Taonga Te Mokopuna also includes other Māori Tikanga that has a specific focus on children’s cultural development. Table 2.2 shows more specific examples of how Tikanga is included in the He Taonga Te Mokopuna programme. From the documentation provided by Early Childhood Development, the concepts listed under regulation 27 of the Domestic Violence Act (Programmes) Regulations are all met. For example; tiaki tamariki, mana wahine, mana tāne, whānaungatanga, taha wairua, taha hinengaro and taha tinana. Generally the He Taonga Te Mokopuna programme uses Te Reo Māori, Māori facilitators, Māori kawa and Māori resources (such as ‘Kei a Wai’) to reinforce Māori for Māori learnings and knowledge. In Māori society Māori being with Māori is an important way in which Māori learn. Knowing this, the He Taonga Te Mokopuna programme has Māori facilitators who ‘talk with’ and ‘sit with’ Māori children and the interaction and relationship that develops between them is a fundamental element of the programme. Along with valuing the

¹⁸ Te Puni Kōkiri (1997). *Māori Family Violence in Aotearoa*. Wellington: Ministry of Māori Development.

¹⁹ Te Puni Kōkiri (1997). *Māori Family Violence in Aotearoa*. Wellington: Ministry of Māori Development.

relationship, the programme endeavours to keep the entire experience ‘truthful’ and ‘realistic’ for the Māori whānau involved in the programme. Thus the resources that are used during the programme are resources that would be available to the whānau, and likely to be available in the home. In this way the child is not alienated from their environment.

To us it is not about how you can use a piece of resource to get children to express their feeling, it is how person to person you get that expression. It is the personal interaction that you get. All our methodology is based on the facilitator opening herself up and exposing herself to the child, for the safety of that child...that is why the kōrero is kanohi ki te kanohi. This programme is kōrero-based, it is wairua to wairua, it is mauri to mauri. That is the essence of Kawa on Marae; it is kanohi ki te kanohi. And that is how we as Māori learn to trust each other, it is not about that bit of resource that comes in the middle, it's not about how you can use a certain toy. And to be honest some of these children's homes wouldn't have those toys or pieces of equipment in them. You could actually be using a piece of equipment that they don't ever actually see again. How truthful is that?
Provider Interview

To illustrate this point, the Early Childhood Development requested that the following quote from Ngahuaia Te Awekotuku²⁰ be included in the report.

My childhood was far from stable - it was violent, abusive, and ugly. The only stable blocks of time were Ohinemutu with my kuia, the one constant person in my life with whom I experienced unconditional, absolute and unquestioning love. I've said that I believed my survival and resilience came from knowing as a child that I was loved and could be safe with one special person.

Early Childhood Development sees it as their responsibility to provide a role model and an opportunity for a block of time when the child feels safe. The facilitators are also committed to helping the child find safe people with whom they can experience that unconditional, absolute and unquestioning love. Indeed ‘He Taonga Te Mokopuna’ focuses on searching and making connections with a safe adult in that child’s life.

So that is how we think of ourselves as being a stable block of time. And our aim is to try our best to see who in that whānau is going to act as a safe person, as a safe adult for that child. The children get to nominate who they feel really good with and whom they think they would like to come and help them if they really needed it. We help them to make contact with that person. Provider Interview

Early Childhood Development also discussed the cultural importance of “sharing of kai” in the programme. Not only did it meet a physical need in children who were often hungry after school, but it also gave the facilitator and the children an opportunity to practice the cultural art of sharing kai. The importance and significance of kai in Māori Tikanga is seen not only in terms of the requirements of “hosting” and the experiences associated with being tangata whenua, and of being “hosted” as manuhiri, but also in terms of its role in spiritual processes of “lifting tapu and making things noa”²¹.

²⁰ Te Awekotuku, N. (1991). *Mana wāhine Māori*. Auckland: New Women’s Press.

²¹ Durie, M. (1998). *Whaiora Māori Health Development* (Second Edition). Oxford University Press.

Structure, delivery, content of the programme

Early Childhood Development uses methodologies that are dependent on a number of factors; the number of children involved, how strongly they identify as Māori, the age, gender and learning styles of the children. The facilitators are all early childhood professionals who have extensive qualifications including teaching qualifications. Therefore they have the skills to assess and ascertain the level and needs of the children. The facilitators are also culturally matched to the families as staffing levels permit. The resources and materials are selected according to both the needs and interest of the children and their relevance to the goals of the programme respectively.

It really depends on what the needs of the whānau are, that is why that initial assessment is so important. Because it is at that stage that we start to design the programme to specifically fit the family. Provider Interview

The He Taonga Te Mokopuna programme is delivered to sibling groupings. But within this structure there is also room for individual or group programmes. If it is a large whānau for example, the group may be broken in two and two facilitators used, or if there is a large age range or age gap between siblings, the older and younger children may be grouped accordingly. The type of groupings is agreed upon between the facilitator and the caregiver.

Programme structure

There are ten sessions which include an initial assessment session.

Each session has very clear goals and objectives which relate directly to the goals of the Domestic Violence (Programmes) Regulations 1996 (See Table 2.1).

The sessions are around sixty minutes long for an individual programme and between one and one and a half hours long for sibling programmes.

The caregiver is expected to participate in as much of the programme as the facilitator deems appropriate with a minimum expectation of attendance at the first and last sessions. The caregiver remains in the house as the programme is delivered to their children.

Programme delivery

- The facilitator travels to the family and delivers the programme in the place that the family chooses. Occasionally if other family members are in the house when the programme is being delivered they are included, although Early Childhood Development receives funding only for those children named on the court referral.
- Each facilitator uses their own skills to deliver a programme that is appropriate to the needs of the individual child/ren, which are identified during the assessment session.
- Programmes are in the main delivered by one facilitator, although there have been occasions when two facilitators have worked together with a large family.

Programme content

The programme content is delivered in accordance with the specific issues and learning foci of the children, although there is a set programme (see Table 1). The facilitator applies tactics and strategies to gauge the current mood and feelings of the children and then ensures the achievement of specific session goals through the utilisation of methods that include:

- Settling children into the session.
- Ensuring children's comfort and safety.
- Talking through issues, or alluding to them using play techniques.
- Use of praise and other forms of positive reinforcement.
- Use of play and other activities to bring about understanding about keeping themselves safe.
- Diverting poor behaviour and providing alternatives.
- Use of language and content that is familiar and understood by each child.
- 'Participation in' or 'observation of' parts of the session, by the safe caregiver.
- The inclusion of safe adults who play a key role in ensuring the ongoing safety of each child.

A challenge for the facilitators has been to deliver a programme that caters for both those whānau who strongly identify as Māori and those who do not. Therefore facilitator flexibility and sensitivity is needed to ensure that Māori families do not feel alienated from the programme.

Participant views

Although the programme has a set format which caregivers knew about, the majority of the caregivers made specific comments indicating that they were impressed with the way in which the facilitator managed to make issues relevant to the experiences of their family. For example, five of the families involved in the research suffered the death of a close relative during their involvement with the programme. Three were the respondents, one was a grandparent and the other was an auntie. All three families who lost a respondent during the programme commented on how this was included in the programme by the facilitator.

She is very skilled to work it into the programme; you know when the kids' father died. She was able to work the theme of 'death' into the programme. I just sat back and watched and I was really impressed with (name of facilitator) skill. Caregiver Interview

The activities were all relevant to my children. The questions and activities were all very relevant to them. They were flexible to suit each child and the family. I mean when the kids lost their father, and (name of facilitator) was able to incorporate that into the sessions well I just thought, what a wonderful programme. Yeah I thank god for (name of facilitator). Caregiver Interview

Like when the kids' father was killed, well that was a major one really. I liked the way that (name of facilitator) handled the death of my husband. She was working on the separation issues and then 'bang' he dies and then (name of facilitator) had to change everything and deal with that. It was incredible, yeah. Caregiver Interview

All of the caregivers stated that they understood the content of the programme and were happy for their children to be involved in it. However what came through strongly in the interviews was the fact that they were extremely satisfied with the facilitator and their ability to provide flexibility within the structure.

It was not what she (name of facilitator) was using, you know the programme, it was herself, it was her attitude as a person, that is why she was a godsend, sent here to help people like she helped me. Caregiver Interview

Key informant views

All key informants reported having little knowledge of children's programmes content or process. Knowledge that informants did have had been picked up incidentally, such as from talking with a caregiver and/or their children. The majority of key informants indicated that it would be very helpful to have more knowledge about the programmes.

Role, training, experience and selection of programme staff

The Tumuaki Māori stated that the facilitators were selected because they were primarily early childhood professionals and had experience working with Māori children. As well they held professional qualifications in either early childhood education, primary education or social science. They were also selected because they strongly identified as Māori, had extensive relationships and connections with Māori communities and were competent in Te Reo and Tikanga Māori.

Once the staff were selected, Early Childhood Development provided a training package to up-skill the facilitators so that they could deliver the He Taonga Te Mokopuna programme. There were packages delivered by child therapists, Māori practitioners, psychologists and other specialist staff.

There are also regular monthly professional development meetings where all Auckland He Taonga Te Mokopuna staff receive relevant ongoing supervision and professional development.

Participant views

All of the caregivers and the children held the belief that the facilitators were ‘counsellors’, and they all alluded to their children being involved in a counselling programme.

Yeah I was having my own counselling at the same time they were having their counselling and so it just worked in well. Caregiver Interview

Yeah she was nice, I mean I have had counsellors before, but I couldn't talk to them but with (name of facilitator) it was different and it was safe. 14-year-old Māori boy

All of the caregivers held the erroneous belief that there was an association between the Department for Courts and the Programmes, where the Department for Courts had an evaluative, watchdog role with regard to the programmes. Therefore caregivers believed that the staff of programmes would be “well qualified” because the Department for Courts would make sure of it in their role as “evaluator” or “regulatory body”. This also showed that caregivers did not have a clear understanding of how the Department for Courts were involved. The following quote was typical of the caregivers’ responses.

I just believed that the courts would have to have qualified people; I mean you can't just have anybody. The courts couldn't let that happen. Caregiver Interview

Key informant views

Again, most of the key informants were not sure what kind of training and experience the facilitators had, but most acknowledged that in order to have been approved they would have had to have been well qualified. Two of the key informants knew some of the facilitators quite well and knew that they held education qualifications.

I know that (name of facilitator) has a teaching background and I would assume that the others had a similar background. Māori provider

I'm pretty sure that (name of facilitator) has a psychology background. Women's Programme provider

Resourcing of the programme

The Māori facilitators of He Taonga Te Mokopuna have had to create resources which are appropriate and meet both the needs of Māori children and their whānau and are specific to domestic violence issues. Facilitators have therefore spent large amounts of time and funds creating their own resources. The facilitators have also attended specialised training in working with Māori children using traditional Māori materials. As a result there is a resource box located at Early Childhood Development's Auckland Office which is freely available to all staff.

Anyone who works with Māori children knows that there are very few appropriate resources for Māori children. And being early childhood specialists we are use to designing and

making our own resources. However, whenever appropriate we do borrow from Pakehā resources, especially books that deal with feelings and things because there aren't any Māori ones that I am aware of. Provider Interview

Early Childhood Development's most commonly-used resources are pencils, felts, stamps, old magazines, books and paper. The Tumuaki Māori of the programme believes that it is important to create a real experience for the children so that they can relate it to their lives and therefore ensure that it has more relevancy for them.

A lot of the whānau that we are dealing with are on the 'low income' level and we want to create a real experience for them. We don't want to create an experience that is outside their experience, so rather than creating a false environment in which they use resources or materials which they are unlikely to see again, we try and provide a fun and memorable experience using resources that will be known to them. Provider Interview

In addition, the inclusion of children with special needs in programmes for children exposed to domestic violence also requires that providers develop appropriate resources and programme modifications. As providers were not contracted to develop educational resources, it is recommended that consideration be given to including compensation for such in the future.

Providers expressed the wish to be able to learn about and have the opportunity to share ideas and educational resources with other providers of children's programmes from throughout the country. It is therefore suggested that a national annual hui be held to facilitate this.

In order to work in a culturally-appropriate way, Early Childhood Development staff often have to make additional "visits" to the family. For example, for several of the families interviewed staff travelled to tangi to support the whānau. Such expenses are not catered for in the current funding.

Whilst consultation with other agencies and providers is seen as helpful, there is currently no funding to do this.

2.5 Summary

- The He Taonga Te Mokopuna programme is based on both Māori and early childhood philosophies and values.
- The programme, whilst structured, is flexible enough to meet individual family's needs.
- The facilitators are extremely well qualified, holding professional qualifications and an in-depth knowledge of Tikanga and Te Reo Māori.
- The families and most key informants see the facilitators as 'skilled professionals'.
- Professional development and supervision is provided monthly by Early Childhood Development.

- Key informants expressed a desire for more information about the programme.
- ‘Real’ resources have been developed by staff, which are appropriate for Māori children and their whānau.
- There are costs associated with resources that are currently not funded.

2.6 Objective 3 - To examine issues surrounding the implementation and delivery of programmes and to suggest improvements

Provider’s experience with the approval process

In December 1997 the Department for Courts provided a ‘Children’s Programmes Application Pack’, for those people and/or agencies wanting to provide domestic violence programmes for children. The pack provided potential applicants with guidelines and expectations about the process of approval and contracting. The pack contained three parts:

- An information pack, which described the approval process, the purchasing strategy and the contracting process.
- Provider and programme approval guidelines, which contained the provider and programmes application requirements, the application forms and a checklist.
- A copy of the Domestic Violence (Programmes) Regulations.

Early Childhood Development described their experience of the approval process as ‘complex’. They believe that being a national provider of a children’s programme added to the complexities and made it quite ‘difficult’ at times. For example, being a national provider meant presenting the He Taonga Te Mokopuna programme to four different Regional Approval Panels; Northern, Waikato, Central and Southern. Both the programme (He Taonga Te Mokopuna) and the provider (Early Childhood Development) had to be assessed independently in each of the four regions. The same programme was seen to be culturally-appropriate in its structure and content in one region, yet in other regions it was seen as having either ‘too much or not enough’ Māori content. Currently there is no structure within the Act for programmes to receive national approval. However, according to information provided by the Department for Courts:

“the Department and Approval Panels recognised the problems experienced by national providers and a joint working group was established with representatives from each of the Approval Panels to manage the renewal of the approval process for national providers in 2000”. (Correspondence with Department for Courts)

Early Childhood Development understands that the panel’s purpose is to assess programmes and providers against the standards set out in the Domestic Violence (Programme) Regulations and then to grant approvals for the provision of effective and culturally-appropriate programmes for children. However, ECD’s experience was that each panel expressed certain expectations of the provider for which they were not resourced. For example, there was an expectation that Early Childhood Development would establish and

maintain relationships with the community, the family, other providers and the Māori community. Whilst this is an ideal situation, the reality is that Early Childhood Development do not have the time, staffing, or money to do this. Early Childhood Development is only funded to provide a programme for children.

There is a complex approval process, especially for us as we are a national provider, and therefore we had to face four regional approval panels. The approvals panel's focus quite rightly is on the provision of effective and culturally-appropriate programmes for children and so their role is to suss you out, you know, make sure you are a safe and professional provider, as well as culturally-safe. Their expectations however are quite specific in terms of expecting that we will have consultation or relationships with the community, with families, with other providers. Quite rightly the approval panel expects this and this to happen. And we would love to go to the Māori community every day and be consulting with them, but we don't have the money nor do we have the time, and so that is their expectation but we are only funded to run a programme. The resource does not allow for the other global bits. With greater resources we would be able to carry out the required levels of community consultation and interaction. Provider Interview

Initially the three-month time period after receiving approval was also described as 'difficult and taxing' by the Tumuaki Māori of the He Taonga Te Mokopuna programme. She described how even though they had been granted approval they did not receive any referrals to the programme for three months. This was stressful for staff who had been hired to deliver a programme but who were receiving no referrals. It also meant that Early Childhood Development had to pay staff, when there was no income being generated.

The whole setting up process was difficult and taxing on the staff and the resources, because even though we had approval we weren't getting any referrals from the courts. It was like they didn't really know that we were there, when we had already gone out and spoken to the courts and lawyers and that. And so we didn't get any referrals for about 3 months. That was hard because the agency had to sustain that cost, until we were generating an income. Provider Interview

Factors which assist or impede the implementation and delivery of the programme

Referral process

For Early Childhood Development one of the most important factors that assist the implementation of the programme is the quick and accurate processing of referrals by the courts. However at the time of writing this report different courts seemed to operate different systems for the processing of referrals. For example in one court the referrals were processed within two weeks (after the adult protected persons had requested a referral to a domestic violence programme); in another instance it was more likely to be closer to two months. A more effective and standardised system of processing referrals would ensure more efficient and effective service delivery.

Accurate referral information

Ethnicity

It is also important that the details of each family are recorded accurately. Ethnicity needs to be recorded in the first instance by the lawyer, then by court staff who send the referrals through to programme staff. Even though in He Taonga Te Mokopuna case, there is a specific space to record “ethnicity” on their referral forms, in as many as a quarter of all referrals received by Early Childhood Development, ethnicity of the children is not recorded. Without this information a culturally-appropriate facilitator cannot be allocated to the whānau and there is a risk of ‘talking past each other’²² and a risk to the establishment of good rapport between family and facilitator. For example, several families felt that the initial delay in contact was Early Childhood Development’s fault; they were not aware that the delay occurred in receiving the referral from the courts.

Contact details

Ensuring that the contact details are accurate is also important. Often women and their children who have been victims of domestic violence, are transient, and are on the move. They may move to be closer to family or other supports or they may move away from the area associated with the abuse or abuser in order to make a ‘fresh start’. Therefore a delay in receiving the contact details may mean that the family can no longer be contacted and therefore that a family who indicated that they wanted support does not receive it.

Benefits of being a National Programme

The fact that Early Childhood Development provides a national programme also assists in programme delivery, especially for families who indicate they want support and then move out of the area. They can be picked up by other Early Childhood Development offices. For example, in the evaluation six of the thirteen families had initially been in one area of New Zealand and had then moved to Auckland. The families had made contact with an Early Childhood Development facilitator who then referred them to the Auckland programme.

Participant views

The caregivers made several suggestions as to what would assist with implementation of the programme. Most believed that more information needed to be made available so that people were aware that such free programmes existed. None of the thirteen caregivers interviewed had any knowledge, prior to gaining a Protection Order, that there was a free programme available for families with a current Protection Order. Caregivers felt that information needed to be given to all families, particularly those who did not have a Protection Order; they felt it would be helpful for women who were considering gaining a Protection Order to have this information.

²² Metge, J. (1992). *Talking Past Each Other: Problems of Cross-Cultural Communication*. Victoria University Press.

There needed to be more advertising and things because I like didn't even know that there was this programme out there. I wasn't even aware that these kinds of programmes and help existed at all. I was really surprised when the lawyer told me about it. Caregiver Interview

They should definitely advertise it more, I didn't even know about it and I don't believe that many people know that this programme even exists. I know that I certainly didn't know. It is a real shame that more people don't know about it, cause I know a lot of Māori whānau who could be helped by such a programme. But no one knows about it. Caregiver Interview

Initially the Whangarei telephone number, which was listed on Early Childhood Development pamphlets was confusing to Auckland families and sometimes resulted in them mistakenly believing that they had to go to Whangarei for the programme. It also meant that families with toll bars on their telephones could not contact Early Childhood Development. However at the time of writing this report this had been rectified and all of the pamphlets distributed about the He Taonga Te Mokopuna programme now include a local area telephone number.

Key informant views

Family Court Coordinators stated that everyone involved (police, lawyers and court staff) was still getting used to the Domestic Violence Act and its implications. The Act was described by some as 'cumbersome' both from a legal perspective and also from an administrative point of view. The Family Court Coordinators also acknowledged, at the time these interviews were conducted, that they were still identifying effective and efficient ways to process referrals as Court manuals were still in draft stages and therefore no standardised system had been implemented²³. Staff shortages were also seen to have been a factor in the delay in processing referrals and the ability of the courts to keep statistical data about the number of women and children referred to programmes etc.

There were two of us doing it (processing referrals) but then (name of coordinator) left and so I was the only one left, I was left trying to do the job of two. Family Court Coordinator

No we don't keep stats, unfortunately there are no resources to do that kind of statistical data collection. Family Court Coordinator

Impact of the regulatory environment on implementation and delivery

The provider commented that they often had to explain to whānau who Early Childhood Development was and clarify what their role was. Initially some families were concerned about the courts being involved; however once they meet the facilitators this worry disappeared.

²³ It should be noted, however, that according to details provided by the Department for Courts, Court staff received training prior to children's programmes coming on stream. Further, a circular was issued by the Department for Courts on July 7th, 1998, (Case Processing Circular 1998/44) regarding implementation of children's programmes and how referrals were to be handled.

Currently, the regulations (Regulation 22 (3) (b)) require that the respondents, the children and the protected person are sent to different programmes and the domestic violence legislation precludes working with couples. Whilst stipulating safety first, the Tumuaki Māori of Early Childhood Development has been thinking about the need to have more communication between programme providers which may enable the whānau to be supported as a whānau, at some stage, especially if the family intends to stay safely together.

We have some interaction with applicants' and respondents' programmes, there should probably be more, but we are not resourced for that. However, to be fair to the mothers' programme, their goals are about personal safety skills, not parenting skills and there is a gap. There needs to be a whānau approach, that is what should happen, and I think our programme is fine the way it is, and we keep safe people around that child initially but the next stage is some sort of bonding process for the whānau if they intend to stay together and to stay together as a safe unit. But there are so many complex issues and problems with the respondents. Provider Interview

The fact that people need to gain a protection order before they can receive support has been raised as a concern by the Early Childhood Development as their experience is that having this criterion restricts access to support. Early Childhood Development have anecdotal evidence of a number of families who have rung Early Childhood Development inquiring about their children attending a programme, who have usually been referred by a family who has already attended the programme. However, because they have not had a Protection Order, they have been unable to attend the programme.

We often get women ringing us up, saying that so and so (a family who we have worked with or are currently working with) referred them and they say they want to be involved in our programme. Then we have to ask whether they have a protection order. If they say no, then we try and encourage them to get one, but some women aren't ready for that for whatever reason. Provider Interview

In response to demand, Early Childhood Development has recently gained funding to become a training organisation for community groups so that a domestic violence programme can be delivered free to all Māori whānau. The programme is “Te Pa O Te Harakeke”.

Participant views

Caregivers had mixed feelings about the fact that the programme was funded by the Department for Courts. Most caregivers expressed some initial concern that the facilitators were really social workers from the Children's and Young Persons Service or some other statutory agency, who were there to spy on them. But in all cases once they had met the facilitators they all felt very positively about their children being on the programme.

I was a bit worried at the start of the sessions you know, before I had met (name of facilitator). Because I have had a lot to do with CYFS and the police and shit like that and I thought what if they are here to you know, like spy on us and that. But then I met (name of facilitator) and she told me that they were not even court staff; they were like on their own. Caregiver Interview

At first I had a few worries, ya know just being from the courts and all that. I was also kind of worried about how they might be looking at us. I was thinking 'oh shit I hope the kids don't accuse me of anything'. But then (name of facilitator) explained it all to me and we talked about it and she said everything was confidential and all that and I felt better. Caregiver Interview

Genuinely I was a bit fretful, being from the courts and all that. I thought 'shit' the court is going to be involved. I worried 'like is it going to be CYFS or what'. I already had a run in with CYFS and um I was really worried that I was going to be evaluated, and that maybe I was going to be sussed out. But nah, it wasn't like that ah. Caregiver Interview

However a couple of caregivers felt that it must be more professional if the courts were involved. Again, the erroneous belief that an “evaluative relationship” existed between the Department for Courts and the programmes was comforting for caregivers.

I had no real idea about what the programme was going to be about, but I thought to myself well the courts have sent a trained counsellor to us and so this could only be good for them. Caregiver Interview

I wanted them to have some professional support and I thought the courts just wouldn't let someone counsel the children who wasn't qualified and that, so I just thought that a programme like this had to be beneficial to my children. Caregiver Interview

Key informant views

Each of the key informants understood that in order to gain access to the DVA programme the applicants had to have a Protection Order. Most of the Family Court Coordinators felt that issues around the Domestic Violence Act are still fairly new to the court system and that adjustments need to be made so that the system fits both the legislation and family requirements. Four Family Court Coordinators/Administrators acknowledged that it was a “difficult job” and they were still “getting to grips” with it when the interviews were conducted in 1999.

The objective for funding under the DVA is directed towards programmes structured around education as opposed to therapy, and this was an issue for one provider who felt that before there can be education there needs to be healing.

Whilst I am grateful that the court recognises that women need support, however the fact that they call them 'education programmes' detracts from the personal healing which I believe needs to occur before the woman and her family can be re-educated. Women's Provider

Issues relating to planning and initiating the initial and final sessions

Initial session

The initial session is called the ‘assessment session’ by Early Childhood Development. It is seen as extremely important because this is the first face-to-face contact that the family has with the facilitator. The aim of this session is to gain appropriate information about the whānau whilst also ensuring that they clearly understand the structure and content of the programme and that they feel comfortable about what is involved. These issues are discussed with the caregiver:

- The appropriateness of the programme for their child/children;
- The content of the programme;
- Any Protection Order issues;
- An agreement to attend all 10 sessions;
- Where the programme is to be delivered;
- Questions about the programme;
- Reasons for seeking a programme;
- Expectations about the programme;
- Appropriate information about the respondent and his relationship with the caregiver and child(ren);
- Appropriate information about the child(ren) relationship with parents, siblings and other extended whānau.

This information assists the facilitators to formulate specific goals for each child as well as incorporating the more general programme goals.

Caregivers are asked to complete two satisfaction surveys, one at the halfway stage of the programme and the other at the completion of the programme. Informal evaluations occur with the whānau at the start and end of each session.

Participant views

All of the caregivers felt that during the initial assessment session a full explanation of programme details was given and they also felt that the manner of the facilitator really made them feel comfortable.

Yes I remember that first session, (name of facilitator) gave me a flip folder to look at as she explained it all to me. It was a very positive programme and looked as if it had an outcome. It just wasn't an ongoing aimless thing. It was explained clearly to me and I was given all these brochures and told how the ten weeks were going to work and what they were going to do. I felt really comfortable with what they were going to do and I also felt comfortable with (name of facilitator). Caregiver Interview

Final session

The final session is seen as a ‘celebratory session’ by Early Childhood Development. All members of the whānau are asked to attend and there is usually a special hakari and the children are invited to share what they have learnt from the programme, with those family members who are important to them.

Participant views

All the children enjoyed the last session, although more than half stated that they felt sad about it being the last session, with several children indicating that they had been tearful at the time but that they were ok with it now.

Cause she was kinda sad and we were kinda sad and we had dinner and she was going to (regional area) and she didn't really want to go and we didn't really want her to go. But it was sad that she wasn't going to be coming back and yeah we were like, when Tuesday came along we were like oh, she's not coming. 12-year-old Māori girl

I was like really sad and I just wanted to cry and I don't cry now, but I felt sad that I wouldn't see her again, cause I really liked her. 8-year-old Māori girl

Relationships of the programme with other agencies and programme providers

Early Childhood Development described having a working relationship with the courts, which involved the processing of referrals, and the dissemination of information and pamphlets about the programme. In terms of other agencies, facilitators stated that they had little time for contact with other agencies, which included other providers. The Tumuaki Māori stated that she thought it would be a good idea to have such contact, but again stressed that this sort of networking was not funded for by the Department for Courts. Initially Early Childhood Development did spend time educating the various courts about their programme and organised presentations to court staff; however this has not continued, as there is no funding for this sort of networking, even though Early Childhood Development acknowledges that this would be useful.

As well, many of the Māori facilitators have links to Māori networks in the Auckland area and are known by other Māori organisations and Māori programme providers.

Participant views

At the time of interview all caregivers stated that they were not given any choice about which programme they received. Although five caregivers specifically asked for a Māori programme, the other caregivers indicated that they were unaware that they were able to do that.

I don't really remember what happened actually. I know I was asked about whether I wanted a programme for the kids. But I didn't know that I could choose one. I just

thought it was going to be that I had to go to an agency or something. Caregiver Interview

The first thing I said to them when (name of facilitator) telephoned me is 'are you Māori' and she said yes, I said I am happy with that and I looked forward to them coming. Caregiver Interview

Key informant views

One Family Court Coordinator stated that she was too busy to really be involved with knowing more about any of the providers. She stated that she trusted the Approval Panel and did not feel the need to know.

All of the key informants stated that they would like more information about the programmes provided and since Early Childhood Development had developed their pamphlets there was a sense that there was more information available to women and their children.

The only contact lawyers have with applicants is at the application stage; there is no follow-up at the end of a programme so feedback is not usually sought.

Also the court staff do not seek feedback, so any comments are therefore unsolicited and informal.

Services provided additional to the programme

Provider views

Early Childhood Development stated that they often worked with family members who they had not been funded for, because if they were in the whānau and wanted to be involved, then culturally the right thing to do is to include all the whānau members. This meant that often older siblings were included in the sessions as were other extended family who happened to be there at the time the programme was being delivered.

Early Childhood Development acknowledged that a gap exists where adolescents are concerned, as they are only funded to work with children aged from 3-11. However the courts have funded referrals for Māori children up to the age of 14.

The individual facilitators also made themselves available to whānau in times of need. For example some facilitators had attended tangi held for family members.

Participant views

The caregivers all felt that the facilitators did a lot more than just deliver a programme. They also felt that they became one of the family for the time that they were involved with the programme.

She came to the tangi and everything. She really exceeded my expectation. She went that extra mile and I was so pleased. Caregiver Interview

She became like one of the family, she was welcomed and she participated. Caregiver Interview

2.7 Summary

- The providers experienced the approval process as difficult because as a national provider of a service they had to satisfy four different Approval Panels.
- Caregivers do not understand the relationship between the Department for Courts and the programmes provided under the Domestic Violence Act. Many hold the erroneous belief that the Department for Courts (and all of the regulatory environment that exists with it) have an evaluative and “watchdog” role over the programmes.
- Initially referrals were slow (none received in the first three months by Early Childhood Development) and this made it difficult for Early Childhood Development to cover the staffing costs.
- Delays in the processing of referrals by the courts continue to hinder programme implementation and delivery.
- Inaccurate information on referrals forms hinders programme delivery.
- The initial sessions are important for families and the facilitator who tailor an appropriate programme together and discuss any concerns they may have.
- The Early Childhood Development facilitators were seen to go the extra mile and the families and children appreciated this.

2.8 Objective 4 - To describe the client group and any perceived impacts the programme has had on the lives of the children and their caregivers

Demographic characteristics of children and caregivers

From September 1998 to February 2001 Early Childhood Development received 533 referrals from Family Courts in the Auckland Metropolitan area, although only 367 children completed the full programme. Of the 533 referrals, 254 children were Māori, 173 were European/Pākehā, 83 were Pacific people and 23 identified as ‘other’. Of these, 311 were boys and 222 were girls, with their ages ranging between three years and 15 years old.

Table 2.3 provides details of the number and ages of children interviewed about the He Taonga Te Mokopuna programme for this evaluation.

Table 2.3 Number and ages of children interviewed about the He Taonga Te Mokopuna programme

Age of children (years)	Number of children		
	Female	Male	Total
3	0	0	0
4	2	1	3
5	1	0	1
6	0	0	0
7	1	2	3
8	2	2	4
9	0	1	1
10	2	0	2
11	1	2	3
12	2	3	5
13	0	2	2
14	1	1	2
Total	12	14	26

The caregivers' details

- Thirteen caregivers were interviewed and all were mothers of the children.
- Eleven of the caregivers identified as Māori, one caregiver was Pākehā and the other was from the Pacific Islands.
- The caregivers' ages ranged from 31 to 52.
- Ten of the 13 caregivers had received some counselling themselves, or attended an adult protected persons programme, at the time of the first interviews.

The incidents of domestic violence

Overall, the level of violence disclosed by the caregivers was significant (see Table 2.5).

- Ten caregivers reported at least one severe incident of physical violence, which they felt required some sort of medical intervention.
- Five caregivers reported severe incidents of physical violence in which they “feared for their life”.
- Thirteen caregivers reported that they felt that the “emotional abuse” was often more threatening to them as parents.
- Ten caregivers believed that their children had probably seen at least one incident of severe abuse. Three caregivers believed that it had been “hidden” from them, by either “taking the respondent into another room”, “making sure the children were sent to their rooms”.
- Eight caregivers stated that their children had suffered direct abuse from the respondent; two stated that their children had not been involved directly and three did not disclose any incidents.

- In 10 cases the police had been called to the violent incident. In the other three cases the woman had either left, or the respondent had left the place where the violence had occurred.

The respondents' details

- In four families the respondent had returned, and the family was living as a family unit. In four other families the respondent had not returned. Two respondents were in prison at the time of writing this report. In addition, three respondents had died during the time their children were involved in the He Taonga Te Mokopuna programme.
- The ages of the respondents ranged from 33 to 55 years.
- Five of the respondents had been or were in prison at the time of the first round of interviews.
- Nine of the respondents had been referred to programmes but it was unclear whether they had completed the programmes.
- All respondents were Māori.

Family/relationship details

- In 11 of the families all the children had the same mother and father; in the other two families there were children from other relationships.
- Five families strongly identified as Māori and felt confident in Te Reo and Tikanga Māori frameworks; five families strongly identified as Māori; three families identified as Māori.
- The relationships were fairly long-term, with seven of the relationships being between 10-20 years in length (see Table 2.4).
- More than half of all the families had been involved with other agencies during the relationship, such as Children Young People and their Families Service (CYFS), Special Education Service (SES), Women's Refuge and other community groups such as Citizens Advice, local urban Marae etc (see Table 2.6).

Geographic details

- All 13 families were "urban" based. Four families had moved into the Auckland area from other geographical areas and four had moved within the Auckland area.
- Six of the 13 families had moved from other areas in New Zealand, once they had received their Protection Orders. Three families had moved to escape their partners' harassment, the other three had moved to 'start afresh' and to be with supportive whānau.
- When initially interviewed the families lived in these geographical areas: ten in the Southern area, one from the Central area and two from the Northern area of Auckland.

Table 2.4 Length of time in relationship

	0-5 years	6-10 years	11-15 years	15 plus years
Number of caregivers	2	4	5	2

Table 2.5 Level of violence caregivers were exposed to during the relationship

	Number of caregivers who disclosed
Emotional abuse	13
Physical abuse	10
Other abuse	7
Suffered bruising as a result of abuse	8
On reflection medical treatment should have been sought	10
Loss of consciousness	5
Thought they would be killed by abuser	6
Children aware of abuse	9
Chose not to disclose	3

Table 2.6 Involvement with other services

	CYFS	Refuge	SES	Other
Number of families	5	2	5	5

Protection Order / Custody Order details

Participant views

All of the caregivers had Protection Orders and custody of the children who attended the programme. They also stated that they had not really understood what that meant and that they appreciated the fact that the facilitators of the programme explained it clearly to them and their children.

Yeab (name of facilitator) was very good she explained exactly what the protection order was. They even photocopied it and put it in their books. Yeab and then they knew all about it and they talked about their rights, yeab. Caregiver Interview

I remember that (name of facilitator) told us about our rights and what the protection order did to protect us. 10-year-old Māori girl

However, all 13 of the caregivers and children felt that the programme needed to be provided to anyone who could benefit from it. Caregivers felt strongly that it should be available to every woman, not just those who had orders, as they believed that some women would never get to the stage of getting a Protection Order and would therefore never be eligible for the programme.

Even if you choose to leave him (respondent) he is still the father of our children and um so I think that would stop some women from getting protection orders and so she couldn't get onto the programme. I know it took me ages before I finally got a protection order. I reckon I only got it because I really felt like the next time he hit me, I might end up dead. Caregiver Interview

I believe that if I had known that there was this support out there, that the help should have happened earlier. Even before I had gone to court. It is like, when I think about it now, it is like you have to wait until something really bad happens and then they tell you there is help for you. Caregiver Interview

Characteristics of the whānau/family living with the children

At the time of writing this report five of the families had the respondents living back in the family unit. Five of the women were living on their own with their children. Three were living with extended family members sharing the costs; they included a maternal uncle, and boyfriend of older siblings, a grandparent and stepsiblings.

Perceptions of how the programme assisted children

Participant views

All of the caregivers referred to the facilitators of the programme as ‘counsellors’ and held the belief that their children were receiving ‘counselling’. Therefore they all held the belief that their children would be able to talk about things.

Before (the programme) the kids never use to talk about things. Then at the end they were talking about their feelings and how they felt about a lot of issues. Caregiver Interview

Yeah I wanted them to have the opportunity to talk about things that were inside them. Caregiver Interview

However the types of things that they thought they would talk about varied. Two caregivers specifically stated that they had hoped that their children would do more talking about the abuse and what they had experienced.

I hoped they would do more talking about the actual abuse and that, like it was a good programme and that, but I would have liked them to have had more of a talk about all that hard stuff. Because I know they are still carrying it around in them. It is still there that hurt. Caregiver Interview

Although other caregivers were clear that they did not want their children to have to talk about the abuse and violence that occurred with their father.

I was scared that it was like, going to have a negative kind of perspective, like talking about the abuse and stuff, and I didn't want the kids to have to talk about that and drag it up from the past. Caregiver Interview

All the caregivers mentioned that they knew that the programme was for the children, but they also felt like they picked up skills and learnt from it as well. These comments are typical of the responses.

I listened to how (name of facilitator) explains things. The method she used to make my son understand and now I use them as well. Caregiver Interview

She took time out to listen to me and she helped me to understand and to help my kids. Caregiver Interview

All of the caregivers mentioned that whilst the children were on the programme the relationships between all of them improved dramatically.

We just got on better. We didn't just yell at each other. I learnt to trust him and he just learnt to trust me. Caregiver Interview

They learnt conflict resolution skills and they were well behaved. I could see this because there was a lot less fighting in the family. Caregiver Interview

They learnt to deal with things better. Like they use to be really moody and things and (name of facilitator) really taught them a lot. They stopped fighting with each other and so that made the house a nicer place to be in. Caregiver Interview

Words start to come out, because he has been through a really traumatic time of it, being pulled by one parent and then the other. It is lovely to see him now talking. I believe that the programme helped him, whatever they talked about helped. Caregiver Interview

We learnt that you can't just go around fighting, like what dad did, that there are rules and you just can't do what ever you want, you have to obey rules and that. 12-year-old Māori boy

I remember learning heaps, like who I felt safe around, who I felt close too, you know - mum, my sister, her boyfriend, and my friends. (Name of facilitator) showed me my rights. That I was allowed to talk about my problems and that. You know, speak freely, not be afraid to speak out. That I have my own feelings about stuff and that's ok. 14-year-old Māori boy

Yea how to talk about stuff instead of getting angry and stuff, just talking to a person, just talk out your problems instead of arguing, and it works. 14-year-old Māori girl

You could talk about what was on your mind and that with (name of facilitator), and she knew how you felt, she knew what we were talking about and how we felt. Cause that is her job to talk to kids about things and their feelings and that, you know who have been through like what we've been through. 12-year-old Māori girl

Many of the caregivers stated that their children had been really angry and were fighting with each other before they became involved with the programme. This was something that they worried about, as they didn't want the 'cycle to repeat'. Therefore dealing with angry feelings was an important issue parents wanted dealt with in the programme.

Um, they were fighting more and more like I guess because of what they saw at home between me and their dad. It was horrible, really horrible; they were like yelling at each other all the time, they were just really angry all the time. Then they did the programme and things started calming down. Caregiver Interview

I remember we did stuff with (name of facilitator) about how we were feeling and like what things we could do when I was feeling angry, like count to 10, um, do something else, um tell them how I feel, walk away. 12-year-old Māori boy

I don't know why that counting thing worked, but it kinda did. 10-year-old girl

Yea like some kids get into fights and that and they hit each other. Cause they have been around violence. So that means that they see that and so that's what they do and that, cause they don't know any other ways. 12-year-old Māori girl

Yeah we use to fight a lot more than we do now, cause now we don't fight that much, just play fight. Like she used to tease me and that and now she doesn't because she knows what I went through and I know what she went through. Because of the talks we had with (name of facilitator). Even though (name of facilitator) is gone, I have actually got a bit of it (what we learnt) in my mind, like I don't want to hurt people, I have changed. 12-year-old Māori boy

Safety and having safe people around to support the children is a key objective of the He Taonga Te Mokopuna programme and is also a key therapeutic issue. Caregivers were clear about wanting safety addressed in the programme.

Yeah I feel really confident that they know what to do if an unsafe situation ever came up. Because they just have so much more confidence now. Yeah I just believe that they know what to do. (name of child) said something about what their dad had done the other night and he said that it wasn't ok and he said 'you know that you're not allowed to do that'. Caregiver

All of the children recalled their sessions on safety and commented on how much safer they felt.

Yeah we talked about safety, like having safe people that you can call on, and now I know I have heaps of people I can get help from, some at school, some of my neighbours, some of my friends and some of my family. 12-year-old Māori boy

I feel heaps safer now and I know I have people who I can count on. 14-year-old Māori boy

In particular, one of the older children in the programme dealt with a serious incident involving a non-custodial parent, who tried to have suspicious contact with the child whilst he was still in school. The caregiver commented that

It is my belief that had he not had counselling with (name of facilitator) he would not have known how to deal with that incident that happened at school last week. I know he had the skills and confidence to handle it and I am grateful. Caregiver Interview

Enhancing the children's self-esteem was another important expectation caregivers held about what the programme would deliver.

They are really getting on better with me and with each other. I also felt that like I got more confident with them as a result of the programme, I think they felt more confident as well, yeah, in themselves and in their abilities. Like they would talk about things they did at school with pride and that. Yeah they were happy she was here and they really enjoyed the things she did with them. Caregiver Interview

Providing Māori role models was also a common theme from the caregivers.

It was excellent that (name of facilitator) was Māori, cause it gave the kids another positive Māori role model. I mean it is really important that our kids have good role models that they can aspire to and be in awe of. Yeah so the fact that she was Māori was really important for me and for my kids. Caregiver Interview

Like the first thing my son said when he saw (name of facilitator) was 'oh mum, she's Māori' he was just so happy and so relieved. Especially with our past horrendous experience with a Pākehā psychologist around the custody issue. Caregiver Interview

I wanted my kids to see that as Māori we can do things. (name of facilitator) was a perfect role model for the children and for me really as well. Caregiver Interview

Every caregiver and child mentioned that the programme helped them to improve things at school. They talked about not only improving in their schoolwork, but also improving in their relationships with teachers and peers.

Yeah it helped with my attitude at school and things. I use to be really negative and then I got to talk about things and I just started to open up. I felt better and I did better at school. I mean my marks improved at school. 14-year-old Māori girl

I noticed that his homework started to improve. Because (name of facilitator) gave him homework and checked on it. His second school report, this term his whole presentation has improved. ...I noticed he completed things. It has reflected on his school report, it shows a difference. Caregiver Interview

Like I learnt how to make friends, cause I couldn't do it before and then (name of facilitator) showed me how to do it and now I have friends and I like going to school. (name of facilitator) said that if I just like smiled at someone nicely and talked nicely that they would be nice and they are. 8-year-old Māori girl

Other perceived impacts, positive or negative, of the programme on children and their families

Provider views

The expectation is that the caregivers participate in as much of the programme as the facilitator deems necessary, with a minimum of the first and last sessions. The Tumuaki Māori stated that having the caregiver there, even though she may not be involved in the programme for parts of it, is important so that the way to interact with children can be modelled for the caregiver and that learning for the caregiver can occur subtly.

I guess the hope is that some of the programme rubs off on the caregiver, that when observing the things that are happening on the programme, the things that they observe, like self-esteem. That they get involved in it and they start to model the kinds of interactions that our staff have with their children. We're not calling this a parenting programme, but the caregiver is observing all the time, they must pick some things up.

The Tumuaki Māori discussed how there were subtle learning differences for Māori and Pākehā, which she identified as the clash of tikanga.

There is a subtle learning difference. We are not highlighting the problem; it is about focussing on a solution, in terms of children and their needs. So we focus on how there is good in the world and how special those children are.

Participant views

None of the caregivers or the children involved had any negative experiences of the programme. This is not to say that they didn't have some suggestions for how the programme might be improved.

Long-term changes are harder to define and families felt differently about whether the changes had been maintained. One caregiver stated that

Things have kind of gone back to how they use to be, I mean not as bad, but they have forgotten about what (name of facilitator) told them about. There definitely needs to be some other support, or else it's a waste.

The caregivers felt that their children had had a positive experience with a helper and felt that this would open the way for them to go and seek support if they required it in the future. They were pleased that they could talk to someone about their problems, to lift the stress and feel better about it.

I knew the programme wasn't going to last forever, and we could probably have gotten by not having one, cause we have an extremely supportive whānau. But it was really nice having a professional involved to help out. The kids still remember her and we still talk about some of the things she helped us with. 6 Month Follow-up Interview

Um they are still pretty good, but I think there needs to be a booster session or something to remind them about things. Cause I think that they have forgotten some of the things. I would like to see some sort of booster session, yeah, maybe after 3 months and then 6 months. Yeah I think that would work. 4 Month Follow-up Interview

The duration of the programme was an issue that every caregiver expressed their concerns about. Some held very strong views that the programme needed to be longer. When asked to suggest a time, most agreed that between 15-20 sessions would be optimum.

However several caregivers stated that perhaps each case needed to be assessed individually.

Everyone is different, in my case I believe that my son needs longer because he has to deal with the consequences of seeing his father as an abusive man, that he is not allowed to see again, it can't be alright now. They can't just switch the programme off because the funding is finished, it is wrong. I'm just lucky that I still have my daughter living with me to help out with the financial side and so we can sort of afford to get some help. Caregiver Interview

Two caregivers felt that the 10 sessions (including the assessment session) were fine for their circumstances but expressed their concern for other families.

I know ten sessions was fine for my kids and me, but what about other whānau who don't have that support? How do they cope, cause our circumstances are all different. Caregiver Interview

Caregivers were also aware that many of the children were sad when the programme ended and they didn't see the facilitator again. The responses ranged from being Ok with them leaving, to being tearful and upset about it.

Key informant views

Some of the key informants mentioned their concern about what happened to the children's needs after the programme. They were unsure of what support there would be for them.

The Māori providers talked about the issue of isolation of fathers from children and the possible negative effect of that on the children. They also discussed the fact that if the whānau isn't treated as a whole then there may be unknown problems that exist but that don't get an opportunity to be dealt with, especially if the family unit get back together again.

The Family Court Coordinators were also keenly aware that there is a lack of programmes for older children. Often these are the children that the courts are most concerned about, but that there are few programmes in the Auckland area to deal with them. They were aware that some agencies were working with them even though they weren't approved to do so.

Child and caregiver satisfaction with the programme

Satisfaction surveys

At the completion of the interviews with caregivers they were given a brief survey to rate their satisfaction with various aspects of the programme. Children were also asked to complete three survey sheets, one addressing how they felt about the programme generally, another looking at how they felt about the specific Māori content of the programme and the last one asking questions about their learning.

Caregiver satisfaction

Results from the caregiver survey are presented in Table 2.7. The satisfaction rating scale was from 1 (not satisfied) to 5 (extremely satisfied). All the self-report data is consistent with the information gathered during the audio-taped interviews.

The table summarises the degree of satisfaction that caregivers felt about all aspects of the programme. Overall the caregivers were 'very satisfied' to 'extremely satisfied' with the majority of the programme. This is consistent with the interviews that indicated that they felt extremely positive about the programme and the quality of the facilitators. For example, 12 of the 13 caregivers were extremely satisfied with the facilitator and eleven of the thirteen

caregivers also reported being ‘extremely satisfied’ with the amount of feedback received from the facilitator.

Table 2.7 Caregiver Satisfaction Survey (N=13)

Item	1	2	3	4	5	Mean
	Not at all satisfied	Slightly satisfied	Satisfied	Very satisfied	Extremely satisfied	
1 Information prior to programme	4	1	3	2	3	2.9
2 Feedback during programme				2	11	4.5
3 Number of sessions	2	2	2	1	6	3.5
4 Length of sessions			1	1	11	4.8
5 Time of day sessions were held				1	12	4.9
6 Timing of programme for you				2	11	4.5
7 Involvement in the programme		1	6	2	4	3.7
8 Children’s learning			1	2	10	4.7
9 Helping behaviour at school			2	4	7	4.4
10 Helping behaviour at home			2	2	9	4.5
11 Ways children learned			1	4	8	4.5
12 New behaviours or skills			2	3	8	4.5
13 Importance that the facilitator was Māori				4	9	4.7
14 Māori aspects of programme				2	11	4.9
15 Contact with facilitator				1	12	4.9
Overall						4.4

The fact that the programme was Māori and was delivered by a Māori facilitator was on average, extremely important to the caregivers. Some caregivers did note that it was difficult to respond to items 8 and 11 because they had insufficient information and stated that their responses were guided by their children’s verbal reports about the programme.

The aspect that caregivers were least satisfied with was the initial amount of information they had about the programme.

Impressions of the programme

Table 2.8 summarises the children’s impressions of the programme based on a self-report survey that was carried out at the end of the interview. To summarise, all of the children felt very positively about the programme and the facilitators, which was again consistent with their interviews. On average, children’s responses indicated that they ‘absolutely’ enjoyed the programme and that they felt ‘absolutely safe’ in the programme. Responses also indicated that children felt that they could absolutely relate to the facilitator(s). Overall just over half of the children (16 of 26) felt that they were ‘absolutely heaps’ satisfied with the programme. These results are consistent with the verbal feedback we received from the audio-taped interviews.

Table 2.8 Children’s impressions of the programme (N=26)

Item	1 Nothing	2 A bit	3 Okay	4 Heaps	5 Absolutely Heaps	Mean
1 Enjoyment of sessions			1	4	21	4.8
2 Helpfulness of sessions		1	1	11	13	4.4
3 Level of learning			2	7	17	4.6
4 Safety		1	1	2	22	4.7
5 Being with siblings			7	4	15	4.3
6 Relating to facilitator				2	24	4.9
7 Overall rating				8	18	4.7
Overall						4.6

All of the children commented on the fact that they liked some or all of the activities included in the programme because they were fun.

It was fun, you know drawing and that and getting ideas from (name of facilitator).
9-year-old Māori girl

It was really fun, I liked all the activities and the talking was cool. 10-year-old Māori girl

All of the children also commented that they liked the talking they did with the facilitator because it helped them to feel better and they felt comfortable talking to her.

I liked it (the programme) it felt nice to share our talking and it also felt nice to let things out that she didn't know about. I liked it because it was like having a bug in your tummy and letting it out. 12-year-old Māori girl

The way she said stuff made me feel really comfortable and when I was comfortable I could talk with her about stuff, yeah it helped me. You know she seemed comfortable and it made me feel comfortable. 14-year-old Māori boy

All of the children mentioned that initially they had felt very ‘shy’ about the programme and some expressed the fact that they had initially been angry with their caregiver for making them go, as they felt that they didn’t want to or they didn’t need to go. However once they had met the facilitators they felt comfortable and enjoyed the programme.

Um... I didn't think about going anywhere. I thought ho... we don't need to go to this children's programme thing and well (name of the facilitator) arrived and, ... and I knew we had to go any way... and yeah, like after a little while it was cool, yeah I enjoyed it.
12-year-old Māori boy

I didn't really want to go and sit down and talk to someone about my problems, but yeah it was alright, once I got to know (name of facilitator) and I got started it was cool, yeah and she was cool. 14-year-old Māori girl

All of the children felt extremely positively about the facilitators and the programme and stated that they would do it again and recommend it to other Māori children who were having difficulties in their families.

I would just say to anyone who has problems, like I had, that it does help 'talking about it does help' and I would recommend this programme to any other teens who have been through the things we have. 14-year-old Māori boy

I would just say to kids that you should do the programme cause it is cool and you learn things and it make you feel good about yourself, yeah. 12-year-old Māori girl

Yeah and if you listen to what (name of facilitator) has to say you just might learn something. Especially like that it's not ok to hurt you and that. 9-year-old Māori boy

She (name of facilitator) was nice and good and I felt nice and good when I was with her. 5-year-old Māori girl

Most children didn't think there needed to be any changes to the programme, apart from perhaps making it longer.

I think it was just great how it is; I don't think I would change anything. Um...maybe just to have it longer, yeah cause I really liked it. 10-year-old Māori girl

Perceptions of Learning in the Programme

Table 2.9 summarises the children's perceptions of their learning in the programmes. On average the children indicated that they had learned 'heaps' to 'absolutely heaps' while on the programme.

Table 2.9 Children's perceptions of learning (N=26)

Item	1	2	3	4	5	Mean
	Nothing	A bit	Okay	Heaps	Absolutely Heaps	
Express feelings			2	5	19	4.7
Deal with angry feelings		5	2	9	10	4.0
Safety skills				7	19	4.7
Understanding violence		3	2	6	15	4.3
Relating to children at school			2	8	16	4.6
Self-esteem			1	3	22	4.8
Improved relationships with caregiver			2	9	15	4.5
Improved relationships with siblings		5	5	5	11	3.8
Overall						4.5

Twenty-one of the children believed that they had learnt ‘absolutely heaps’ about feeling good about themselves (self-esteem). Which again was consistent with what they talked about in the interviews:

I liked the way that we looked after each other in the sessions and how (name of facilitator) made me feel great about the things I can do and the things our whānau can do too.
11-year-old Māori girl

We talked about things that we could do and she like always said that we were talented and that and that we should be thankful for our talents and that. 12-year-old Māori girl

Nineteen of the 26 children indicated that they had learnt ‘absolutely heaps’ about expressing feelings and learning safety skills.

We talked about all the things we need to keep safe and made safety plans and rules about how to keep safe. Cause it is important safety. 12-year-old Māori girl

Yeah I learnt heaps about not getting angry, well I get angry, but I don’t get violent, I can do heaps of things now, like walk away, go to be by myself, do something else to take my mind off it and if it still bugs me I can talk to someone about it. 12-year-old Māori boy

On average, the majority of children felt that their relationships with their caregivers had improved ‘absolutely heaps’, but less so with siblings.

We tried to make sure that mum had a better time with us, cause we use to just treat mum like a slave and um now we can see that she’s got heaps of other things to deal with too. But we have gotten better with mum, and we aren’t fighting as much now, cause I just ignore her (sister). 12-year-old Māori boy

Twenty-one of the 26 children rated the extent to which the programme helped them to understand violence as ‘heaps’ or ‘absolutely heaps’. Again this was consistent with what had been picked up in the interviews.

We talked about some things to do with violence, like that it is not ok to be violent and it just doesn’t happen in Māori families. And it just isn’t when you get hit either you know, like if people swear at you then that is violence too. Plus not all families hit too. And definitely not all Māori families hit. 14-year-old Māori boy

Impressions of the Māori aspects of the programme

Table 2.10 summarises the children’s impressions of the Māori aspects of the programme. Again the findings match those found in the interview. Overall the majority of children felt “heaps” to “absolutely heaps” satisfied with the Māori aspects of the programme. Twenty-three of the 26 children interviewed felt that it was “absolutely heaps” important for them that the facilitator was Māori.

On average the majority of the children (23/26) felt “heaps” to “absolutely heaps” safe talking about Māori things and about their Māori identity. The children indicated that they were least satisfied with the amount of talking that was done about Māori things, but still indicated that it was OK.

Table 2.10 Children’s impressions of the Māori aspects of the programme (N=26)

Item	1 Nothing	2 A bit	3 Okay	4 Heaps	5 Absolutely Heaps	Mean
Importance of Māori facilitator			2	1	23	4.8
Helpfulness about Māori things		3	3	11	9	4.0
Amount of talking about Māori things		6	8	4	8	3.3
Amount of safety with Māori things		1	2	7	16	4.5
Māori identity			3	5	18	4.6
Relating to Māori facilitator				3	23	4.9
Overall						4.4

Other issues

The children also enjoyed the food sharing time – they enjoyed the snack and it also gave them a chance to have a rest.

The food was cool, yeah I liked the snack, it gave us a chance to have a rest too. 8-year-old Māori boy

I liked it when we had our kai, cause I love food. 12-year-old Māori girl

Other sources of support or help for the children

This area is not really provided for, and is one of the main areas of concern that has been identified by the research; because everyone, the providers, the participants and their families and the key informants were concerned about what supports there were available for the children and their families once the programme finished. However the caregivers and the children had identified people who they felt safe with as part of the He Taonga Te Mokopuna programme.

2.9 Summary

- Most of the relationships between the caregivers and respondents had been long term.
- The violence experienced by the caregivers in 10/13 cases was severe.
- In eight families children had suffered direct abuse.

- Four of the 13 families had the respondent back and living as part of the family unit.
- All of the children who participated in the programme and all the caregivers felt extremely satisfied with most aspects of the programme. The parents identified being least satisfied with the amount of information provided about the programme and the number of sessions available.
- The children were most impressed with their relationship with the facilitators: specifically the fact that they were Māori, which was extremely important for 23 of the twenty-six children. They were least impressed with being on the programme with their siblings.
- The children felt that they learnt most about “self esteem” and learnt less about “improving their relationships with their siblings”.
- Nineteen of the 26 children felt that they had learnt “absolutely heaps” about safety and safety skills.
- The main area of concern was the lack of supports available for children and their families once the programme finished.

2.10 Objective 5 - To identify the factors which assist or impede the take-up of programmes including reasons for non-attendance

How caregivers found out about the programme

Participant views

There were a variety of ways that the caregivers described finding out about the existence of a programme. Five of the women stated that their lawyers had asked them if they wanted their children to be involved in a programme; four described finding out from the courts; three found out from victim support workers and one woman rang the courts just inquiring about support for her daughters and was then referred to the programme.

Victim support rang me actually and then the court sent me out letters and said that um there was this programme and they told me that they would come to my home, which I thought was good because I couldn't get my kids there. Caregiver Interview

How caregivers and children found their way to the programme

Participant views

Caregivers mentioned a variety of situations, which led them to taking part in the He Taonga Te Mokopuna programme. In all of the families there had been an escalation of abuse from the respondent, which led them to obtain a Protection Order, and when informed about the programme they all requested that their children have this professional support. Ten families moved out of their original residences, six families moved into Auckland from other parts of New Zealand and four families moved from one suburb in Auckland to another. The move

was both to get away from the abuser and to be closer to family or other supports. They stated that their intention was to “start afresh” and begin a “new life”.

Three families remained in the family home after the respondent had left and found out about the programme either from the police or victim support workers. However, it was often the informal knowledge and support from the caregiver’s family and friends that was an important indicator as to whether caregivers became involved in the programme. In one instance, a family member had heard positive feedback about the programme and encouraged the caregiver to attend. Other caregivers, family or friends simply encouraged them to “try” the programme. Women who were attending their own programme were also encouraged by their counsellor, to have their children attend a programme. All of the caregivers informed their children that they were going to go on a programme.

Time elapsed between Protection Order and attendance at the programme

Provider views

There was huge variation in the time it took for some courts to process referrals, referenced by the date a programme was requested and the date Early Childhood Development received the referral. Some courts took between 2-3 months, another court had good procedures and the referral was received within 10-14 days. All referrals are faxed through to Early Childhood Development’s Whangarei office where they are allocated to facilitators.

Participant views

All thirteen caregivers described the period during which they were procuring a Protection Order as at least ‘extremely stressful’ with most of them describing it as chaos and a time in their lives where they were living day to day.

Yeah at that stage in our lives things were chaotic, the kids were getting evaluated for health camp and he was in prison and the kids were confused about heaps of things that were going on in their lives. Situations were all changing and I was like, shit there is just so much to cope with. Caregiver Interview

Ten of the thirteen women were being supported through their own adult programme, which they felt helped them to cope with the pressures and strains in their lives. It was surprising that for those caregivers who requested a programme for both themselves and their children (at exactly the same time), that the referral to the adult programme was relatively quick (within in a month).

It wasn’t too bad actually, because I had heard from my counsellor earlier, so I was quite relieved in that. I could sort of like get my stuff out into the open, no it wasn’t too bad a time. I wasn’t feeling too bad about anything at that time, just waiting for the kid’s thing (programme). Because I was able to get some things off my chest with my counsellor, so it wasn’t too bad. Caregiver Interview

In terms of rating how they felt about the timing of the programme, eleven of the families stated that they were 'extremely satisfied' and two families felt 'very satisfied'. This was also reflected in their discussion during the interview.

Yeah the timing was really great when I think about all the other chaos that was going on in our lives and with the moving and stuff, yeah I was happy. Caregiver Interview

Indeed several families had the expectation that they would have to wait.

I thought that we (the family) had to meet some criteria before we were allowed onto the programme. So I just thought they would eventually contact me. Caregiver Interview

Um, I thought because the courts were involved that we would be on a waiting list and that when there was a space we would get on. Caregiver Interview

Several families waited for up to three and a half months after having requested a programme for their children at the same time as they had applied for the Protection Order. This long delay was usually caused by difficulties with the referral, such as not receiving it for two or three months, incorrect contact information, the family shifted often, change of circumstances, or death (of a respondent).

The death of my husband stopped the whole process. I phoned up and said 'don't send the orders because my husband has just been killed' and I didn't want his family to be traumatised by getting those. But then at the same time I didn't realise that it would stop my children from being involved in the programme. So I rang up again like about 2 months later and asked what the story was. They told me that they had stopped it. I was mad as, cause now the kids were having to deal with what he did and his dying without any support. Then when (name of facilitator) phoned me I was like so relieved and I just wanted it to get started. So yeah it was over three months before the programme actually started. Caregiver Interview

Women's own stress levels and lack of supports meant that they moved to be with more supportive whānau in different areas.

Yeah I applied in January and I got a letter in April saying that someone would contact me. Then maybe a month later I heard from Early Childhood Development. But um she had already been trying to contact me earlier, but just that my work and my situation - I was an alcoholic. I couldn't fit it in any earlier and I was moving all over the place; me and my son we were here, there and everywhere. We were just scattered all over the place. Caregiver Interview

To be honest I didn't know what I was doing at that stage in my life. I moved heaps of times and I don't know how they actually found me really. Caregiver Interview

Programme strategies to contact and engage potential clients

Participant views

Telephone contact was the initial way that facilitators of the programme engaged their clients. After meeting the facilitators, all thirteen of the caregivers stated that they felt ‘comfortable’ about their children being involved in the programme. The fact that the facilitators were Māori was also very important for twelve of the thirteen caregivers and was another reason that they felt comfortable about their children being involved in the programme. The children themselves also felt that the manner in which the facilitator presented, and the fact that she was Māori was important.

Yeah she looked nice and happy and I said to mum ‘look she is brown’ and I just felt really good. 8-year-old girl

At first I was shy, and then (name of facilitator) came and she was smiley and so I felt good once I knew her. 10-year-old boy

Details of programme attendance

Once Early Childhood Development picks up a referral, they then make every effort to try and locate the family. According to the administrative details supplied by Early Childhood Development, once families have had the initial session with a facilitator, most go on to complete the full 10 sessions.

Participant views

All thirteen caregivers interviewed were on site when the programme was delivered to their children. They recalled being asked at the initial session if they could commit to completing all 10 sessions, with several caregivers stating that they would have completed the programme anyway because they felt that it was going to be helpful to their children.

Even though (name of facilitator) asked me to commit to having the kids on the programme, I would have done it anyway because that is the type of person I am. If I start something I finish it. I know I would have completed it regardless. Caregiver Interview

Key informant views

Family Court Coordinators felt that they would like more detailed information about why a family is not accepted by Early Childhood Development as a referral.

They also expressed their concerns with the court process itself that admittance to the programme is only through a Protection Order as they felt that this was only catering for a small percentage of the families affected by domestic violence.

Factors which assist or impede programme take-up, attendance and completion

Early Childhood Development staff acknowledges that it is difficult to say specifically what assists or impedes programme take-up. However their experience has shown that there are several issues that impede the process:

Referral process

- Courts' lack of a streamlined referral process means that the referrals can take several weeks before they reach the Early Childhood Development. Often caregivers believed that the delay was due to provider issues rather than the courts issues. Sometimes this meant that the caregiver is no longer in a position to have their children attend a programme (the respondent has returned, or they no longer want their children to attend a programme, or the families can no longer be contacted as the contact details are no longer correct).
- Lack of correct ethnicity details may mean that Māori who have a Pākehā caregiver might not even be offered a Māori programme as they may assume that because the caregiver is Pākehā, so are her children. Identifying ethnicity on the referral form is an important issue so that a culturally-matched facilitator can make the initial contact with whānau.
- Once the referral has been requested, what happens next is of concern. How is the programme being offered? What is being offered to families? Who is offering it? How is it being offered? To whom is it being offered? When is it being offered? Who makes the decision about which programme children are referred to? Anecdotal evidence suggests that some Family Court Coordinators may not be offering the He Taonga Te Mokopuna programme to all Māori whānau who apply for children's programmes and may be "gate keeping" and only referring to programmes of "their choosing" rather than giving caregivers a choice of programmes. Some Court staff admitted that they "referred families to He Taonga Te Mokopuna based on whether they had transport or not".

The programme name

- Sometimes the Māori name of the programme was seen as impeding the process as families who do not strongly identify as Māori fear that the programme will be totally in Te Reo Māori. Thus families who have never felt comfortable identifying as Māori may opt for what they believe is a non-Māori programme.

Statistical information

- Lack of statistical information from the courts impedes Early Childhood Development's ability to look at trends and patterns which can be used to further develop the He Taonga Te Mokopuna programme or to target key areas which need attending to or to make appropriate staff allocations. At the time of writing this report Family Court Coordinators felt that they did not have the resources to collate statistical information about the number of Protection Orders granted in each month, the number of Māori whānau applying for orders or programmes, what programmes caregivers and children

were referred to, which geographical areas referrals were sent to, and other demographic details about whānau applying for orders or programmes.

Lack of adolescent programmes

- Currently there is a lack of programmes designed specifically to cater for the needs of Māori adolescents. Given that urban Māori adolescents are often over-represented in negative health and justice statistics, combined with the fact that many of this age group are already in their own relationships, requires specific attention. Early Childhood Development recognise that their expertise lies in their staff who are predominantly early childhood professionals but see that there is a need for Māori youth to have their needs more specifically catered for so that the cycle of violence might be broken.

Participant views

Before getting a Protection Order caregivers didn't know that a programme existed. They felt that there was a real lack of advertising about the programme.

I reckon it should be advertised more, like because I have friends and they haven't known about this programme or anything. Especially for Māori, we have domestic violence in our families and my friends have it in theirs and they're still living with that kind of life.

Caregiver Interview

Two caregivers, when contacted by Early Childhood Development, had not known or did not remember that they had consented to their children being involved in a programme. Thus when the facilitator contacted them they were shocked to find that they were being offered a programme for their children as they had no recollection of having requested this kind of support. However once the programme was discussed with them they took up the offer.

Yeah I didn't even know that my kids were on a programme, until (name of facilitator) rang me.

Caregiver Interview

Initially some families were confused about what Early Childhood Development provides. However since the beginning of this evaluation Early Childhood Development have produced pamphlets called 'Helping to Heal the Hurt' which were sent to all family courts so that they could provide accurate information for caregivers and their children.

Yeah I remember there was some sort of booklet that I got sent and it gave me a bit of information about the programme and then when (name of facilitator) came, well she really explained it to me, so no I didn't really have any worries about what was going to be in the programme then.

Caregiver Interview

Key informant views

Key informants wanted more detailed information and feedback from ECD about why referrals are not picked up by them. However, evidence on file at Early Childhood Development shows that they are always sent a letter with the referral, explaining the reasons for the file being returned or a programme not being completed. There are various reasons that a file/referral may be returned to the courts. The following list presents examples that have been documented by the He Taonga Te Mokopuna programme administrator:

- The court may have directed that the file be returned due to the fact that the Domestic Violence Act (1995) orders have been discharged.
- The referral is assessed as being high risk and is therefore not picked up by Early Childhood Development, as they feel that they do not have the facilities to adequately support these whānau.
- Health problems of the caregiver meaning that the child/children go to live with the respondent.
- Families move to another area and are not able to be followed up because of incorrect contact details etc.
- Caregiver has not responded to any of the contact made by Early Childhood Development.
- Caregiver feels that their child/children do not 'need' a programme.
- Caregiver has reconciled with a respondent and no longer wants her child/children to be on a programme.
- A family have already started another counselling or support programme.
- Family have been re-contacted after a change of address but have since moved again and live outside of an Early Childhood Development delivery area.
- Caregiver is 'ill' and it is not convenient for the programme to be delivered at this time.
- Caregiver has cancelled the programme halfway through, with no reason given.

Overall, approximately half of the referrals are returned to the courts and are not followed up by Early Childhood Development. The Family Court Coordinators say that they try to offer the family other programmes but also acknowledge that being able to locate the families is often very difficult.

Factors which assist programme take-up

Provider views

The provider stated that ensuring a smooth and effective court referral process and database would be one of the most effective ways of assisting programme take-up.

Participant views

An important reason that caregivers both take up and complete the full 10 sessions, is the fact that it is offered in the families' own homes and they do not have to travel to attend the programme.

It was like our family home and she came here so we didn't have to go there you know and it's hard to get there because um mum can't drive and that, yeah it just would have been harder to go. Like we've been to other counsellors before and that but we couldn't go all the time. Nah it was too hard. 12-year-old Māori girl

Yeah it was good she came to us, because if it was somewhere else then we might touch something and if that breaks then we might feel bad about it and not feel comfortable. 10-year-old Māori boy

It was good us being together here at home, because if one of us felt shy to talk about something then the other one could answer for them. Or they could share stuff that one person didn't know and help like that. 8-year-old Māori boy

There wasn't the hassle of getting the kids in the car. In the home environment it made them feel safe about talking about their issues. Like when you go and talk in an office they don't know where anything is. No I probably wouldn't have gone to the programme if it had been you had to go somewhere. I just think it was better for them to be in the house with all their own stuff. Plus the practicalities of the cost of petrol, the nightmare of traffic here in Auckland and then trying to find a parking space, forget it. Caregiver Interview

Yeah not having to travel, that was excellent, because we don't have a car and we would not have been able to make it otherwise, if I had to go and take them anywhere. It just would not have been possible. Caregiver Interview

Um being able to have the programme delivered at home that was really important. If I had to go somewhere else I don't know if I would have done it, especially because I like to have the kids home in the evening. I also don't like driving down here, it's way too scary, from a girl up north this is major stress getting in a car. Caregiver Interview

Reasons why caregivers may choose not to arrange for their children to attend a programme

Participant views

All participants attended the full programme, therefore their comments in this section were their ideas about why they may not have attended the programme. Many of the families had been to other support or counselling agencies in the past and had never completed the full sessions.

Yeah like we had been to counselling and things like that before, but we had never really liked it. It hadn't been any good. This is the first one that we have all really enjoyed going to. 14-year-old Māori boy

Programme eligibility issues

Early Childhood Development would like to see additional funding so that the programme could be delivered to all those families who want it for their children. In terms of their kaupapa Māori philosophy, they would also like to see the programmes delivered by Māori community groups and agencies, so that programmes are delivered by Māori for Māori. Early Childhood Development has future plans to become a trainer of facilitators nominated from the communities. At the time of writing this report Early Childhood Development were established to deliver such a programme called “Te Pa Harakeke”.

It is not our intention to deliver a programme forever; you know the government policy of devolution. It is our belief that our communities are the best providers of the programmes. It is important to have facilitators who are aware of their communities. We would hope that there are enough resources put behind them so that this can happen. So we at Early Childhood Development would become the training and educational resource for the community, so that the programme could be delivered. Yeah, ultimately we would like to take the programme back to the community so that it can be delivered by iwi for iwi.
Provider Interview

2.11 Summary

- The women found their way on to the programme in a variety of ways. They included via a lawyer, the court, victim support, own resources and two caregivers couldn't recall how they found their way to the programme.
- Individual courts have their own referral processes, which can take from two weeks to over two months before Early Childhood Development receives the referrals.
- Full and accurate details in the referral form help Early Childhood Development allocate culturally-appropriate facilitators.
- A variety of situations led to a delay in some families starting the programme, once Early Childhood Development have received the referral from the court. They include, changing address, family stress/difficulties at the time, and lack of details about a referral.
- Lack of appropriate programmes for adolescents has been highlighted in the evaluation.
- Lack of advertising about the existence of such “free” support programmes was identified as a concern for participants and their families.
- Delivering the programme in the families' homes was identified by all caregivers as being a significant reason that they completed all 10 sessions.
- There are a variety of reasons that Early Childhood Development may not pick up a referral. They include receiving notification from the courts that orders have been dismissed, or status has changed, caregivers or family situations change and the family moves and no contact has been able to be made, the children have already started on another programme, or caregiver removes their children for some known or unknown reason.

- Early Childhood Development needs to ensure that courts are informed about the reasons referrals are returned to them.

2.12 Objective 6 - To identify, within the context, elements of best practice which could be generalised from these to other programmes

Elements of best practice

The fact that Māori early childhood professionals developed the He Taonga Te Mokopuna programme, which has Te Whāriki as its philosophical base, suggests that the programme has been designed appropriately for Māori young children. The fact also that most of the facilitators have a teaching background suggests that as an educative programme He Taonga Te Mokopuna is delivered appropriately.

The fact that the programme was designed by Māori for Māori suggests that the most appropriate resources and processes will have been included. The documentation provided by Early Childhood Development also supports the consultation involved in the initial design of the programme. The Tumuaki Māori of Early Childhood Development stated that there were obvious advantages to designing the programme for Māori and identified a distinct difference between Tikanga Māori and Tikanga Pākehā.

“It means we can specifically focus on things we know will work for us as Māori, and will be acceptable to us as Māori. We are well aware of the different levels of comfort different Māori may sit with in terms of identifying as Māori, therefore we adopt a very sensitive approach to incorporating tikanga according to that comfort level. Overall however, our objective is to portray the positive aspects of being Māori and to convey to whānau that traditional Māori interaction as whānau is based on care and respect for ourselves and for others, beginning from the absolute uniqueness of each child within the whānau.”

Thus being involved in a totally Māori programme has meant that whilst concepts are expressed in Māori they are explained according to how strongly the families identify as Māori.

The feedback from older children who attended the programme was extremely positive, suggesting that even though the programme was designed by Māori early childhood specialists, it is still appropriate for older children.

From the interviews with nine of the older children it was clear that they still enjoyed the programme and in particular they enjoyed “talking with the facilitators about their worries” even when they stated that they were initially quite “shy about talking to a stranger”.

Yeah, I didn't think that I would talk to her (name of facilitator) very much, cause I usually don't talk much with strangers and that, but no she understood, like what I was going through and that. 14-year-old Māori boy

I was really shy when she first came, and it took me a while to feel comfortable with her, then I could really talk with her about things. People say I am a shy girl, and I think I am too. 14-year-old Māori girl

Early Childhood Development facilitators are also aware of the need to have male staff available to address gender issues with the families and to set up examples of positive male role models. Recently there has been the appointment of two male Māori staff who are able to facilitate programmes when it is agreed between the facilitator and the whānau that this would be appropriate.

Early Childhood Development staff review each session once it has been delivered through their records and in professional supervision. Professional group supervision is provided to all Early Childhood Development staff formally once a month and informally on a weekly basis.

There are three levels of supervision, with your peers every other session, with a buddy in this office informally, either face-to-face, or phoning each other. There is the next level, which is the monthly group supervision, and then there is my level where I have a free phone, free communication level. If (name of Tumuaki Māori of the service) is sick I would be available to staff to discuss issues. Provider Interview

Early Childhood Development provides opportunities for caregivers to discuss issues both informally (before or after a session) and formally. The formal evaluations are carried out by Early Childhood Development staff twice during the ten-session structure of the programme. The mid-way evaluation is an opportunity for the caregiver and facilitator to discuss formally the progress made in the programme to date and to discuss suggestions for the rest of the programme. The end of the session evaluation is carried out at the completion of the programme and includes a caregiver survey.

Risk and safety issues

Early Childhood Development has a protocol for risk and safety issues.

Cultural safety

- Ensured through using skilled staff who are of the same cultural background as the family whenever possible.
- Ensured by having appropriate Māori staff who have cultural expertise in their communities and who have the ability to fashion an appropriate programme designed to fit the whānau.

Child safety

- Facilitators monitor the situation and discuss with the caregiver.
- Incorporate a child safety plan in the programme.

- Disclosures of all levels of abuse are recorded accurately by the facilitators.
- Suspected abuse or escalating abuse is discussed with the facilitator's supervisor, project director and if serious or urgent, referred to the Department of CYFS or the police.
- Physical environment of the programme is monitored.
- Given that most programmes are delivered in the children's own homes, the environment is familiar to them.
- All ECD staff have cellular phones at their disposal should they need to access other help agencies.
- ECD has provided detailed documentation about the He Taonga Te Mokopuna programme. At the time of writing this report there had been no documentation provided which incorporated protocols for 'staff safety' (given that the facilitators go into the homes of at risk families) or a 'complaints procedure' (for participants of the programme).

Record-keeping practices

- Facilitators complete records after each session.
- The records include observations of the child/ren's involvement, attitudes, activities and interactions.
- The needs of the children are reviewed and monitored. Once the children complete the programme the records are held in a locked filing cabinet in Whangarei.
- Each child has a portfolio, which includes relevant artwork, writing etc related to the work they have done in the sessions.

2.13 Summary

- He Taonga Te Mokopuna was designed by Māori early childhood specialists and caters well for the needs of young Māori children. The feedback from older children in the programme suggest that they find it useful and enjoyed talking with the facilitators.
- The providers acknowledged that there is a lack of programmes for older children.
- Early Childhood Development carries out their own formal and informal evaluations of the He Taonga Te Mokopuna programme.
- Best practice protocols are in place and include Māori design, implementation and evaluative processes.
- Records are kept in locked files.
- Early Childhood Development has risk assessment protocols established.

2.14 Objective 7 - To examine, in relation to all the above objectives, the extent to which the programmes meet the needs and values of Māori clients

Participant views

That the programme was designed and delivered “by Māori for Māori” was important for 12 of the 13 caregivers. They all felt strongly about this fact and they all had clear reasons as to why this was important for them and their wishes for their children.

To me it was important because, um just the things that my children have learned about who they are. Being Māori, that is important to me, knowing who family are, um, the whole family. I sometimes have felt that over the years since I left my husband, that some of the social service people, who are not Māori, don't quite understand what I am talking about. No matter how much I might try to explain it, it just gets nowhere, you know. I really lose them and to me it's like quite a simple thing. I think if they are losing me and I am fairly articulate, then how are they going to understand my children when they talk about things? Because often I use Māori words or I'll discuss a whole Māori situation, and I've seen people, you know they get that look on their face, like 'what are they talking about' look. Um, when they are everyday occurrences for us as Māori. So yeah that was a real plus in having someone who was Māori, as the facilitator. Caregiver Interview

I think it was important that (name of facilitator) was Māori, that is important too for my children. I just thought if I had a Pākehā person here it wouldn't have worked. I know because they have Pākehā teachers and coaches and it is a 'go, go, go!' thing. They have a different expectation and I think my kids didn't need to be pushed at that time in their lives. I just wanted them to slowly go through it themselves. I wouldn't like any Māori women going through what I went through. Caregiver Interview

I actually do think it was important that she was who she was. I mean that my mother was Dutch and my father was Māori. I mean if I had a Pom come in here for instance, they would have brought their ethnicity in here with everything that they do; it just would have come through. But it wouldn't have been pertaining to how we live our lives here in New Zealand. I just felt comfortable with her; it wouldn't have been the same with an outsider. Caregiver Interview

Yeah it was really important for me that she (name of facilitator) was Māori. It was really important for them (the children) as a role model to see our own people doing the work and then we think we can do that as well. We can strive to be that. It was important that she knew about Māori things. Caregiver Interview

The fact that she (name of facilitator) was Māori was extremely important cause I wanted my kids to have good role models and she was an excellent role model for them. Like the kids were really used to her because she was Māori. Yeah I think especially if you are coming into a Māori family's home then being Māori is really important. Caregiver Interview

It was also important for 25 of the 26 children and young people involved in the programme that their facilitator was Māori. Even the younger children felt that it was important for them.

Heck yeah, it was important that (name of facilitator) was Māori because we are Māori, and we can share Māori things together; Pākehā wouldn't be able to understand, and I wouldn't have talked to a Pākehā person. 12-year-old Māori girl

I think it was great that she (name of facilitator) was Māori, because she knows things about Māori and she shared things about being Māori as well. 6-year-old Māori boy

Yeah I feel better talking to a Māori, cause we have different languages, and it would be hard talking to a Pākehā because they wouldn't know. 8-year-old Māori boy

Yes it was important to me that she (name of facilitator) was Māori because I am a Māori and that is important. We just knew each other. 8-year-old Māori girl

Yeah when (name of facilitator) was sharing about her Māori side and that we could really relate to that. Heck yeah, it was really important that she was Māori because I probably wouldn't have talked to her if she was a Pākehā. Because they wouldn't know things about Māori whānau and stuff and they probably wouldn't talk about their family and that. Nah I would have been real shy. 12-year-old Māori boy

Several caregivers also felt that there needed to be a total family approach if the family unit was going to stay together.

I think that whanaungatanga needs to be put in place before any of these programmes are started. How can we get the children back on track when the parents aren't on track?
Caregiver Interview

2.15 Summary

- The fact that the programme was designed for Māori and is delivered by Māori is important to Early Childhood Development.
- The fact that the programme is Māori and is facilitated by qualified Māori was seen as important for 12 of the 13 caregivers and 25 of the 26 children.

3 Non-Māori Programmes: New Plymouth Service Provider

Two non-Māori Service Providers participated in this evaluation: one in New Plymouth and one in Whangarei. This chapter presents the findings in relation to each objective for the New Plymouth Service Provider.

3.1 Objective 1 - To establish in what ways the programmes meet the goals listed in Regulation 30 of the Domestic Violence (Programmes) Regulations

Regulation 30: Goals of children's programmes:

Every programme for protected persons who are children must have the primary objective of assisting those children to deal with the effects of domestic violence.

The New Plymouth providers' programme, entitled the DoVe Group, has undertaken to meet this objective by designing their programme in accordance with the specific goals outlined in Section 2 (a) through (i) of Regulation 30. The ways (activities) in which the programme has met this overarching objective of children's programmes, as reported by the programme providers, are delineated in Table 3.1, in relation to goals 2 (a) to (i) of Regulation 30.

It should be noted that the goals and related activities were not conducted in this order. The following is an outline of session progression and the organising goal for each session provided by the DoVe Group providers:

Session 1: Introduction to Group and Enhancing Personal Safety

Session 2: Safety Planning and Responsibility for Violence

Session 3: Family Changes

Session 4: Feelings

Session 5: Anger Management

Session 6: Becoming Positive Problem Solvers

Session 7: Feeling Good About Yourself

Session 8: Wrap Up: Review of Learning and Graduation from Group

Table 3.1 New Plymouth Programme Content

GOAL	ACTIVITIES
2a To assist the child to express her or his feelings of hurt, pain, shame, and isolation in order to assist the child to deal with the effects of violence	<ul style="list-style-type: none"> • Modelling and having the parents present • Giving permission to talk about feelings • Body outlines - where feel different feelings in the body • Acting out feelings • Identifying feelings using Munchkin pictures • Fishing game - hooking feeling fish, talking about that feeling • Create safe and supportive environment-use of music, aromatherapy • Establishing group philosophy - awareness feelings are okay • Feelings 'shake' • Family drawings—what family used to be like and what family is like now • 'Graffiti' mural—getting in touch with feelings exercise
2b To assist the child to develop a sense of normality, a healthy self-image, and to build self-esteem	<ul style="list-style-type: none"> • Not restricting group to siblings enables children to see violence happens in other families • Constant affirmation • Message: violence happens in lots of other families too • Self-esteem session—T-shirt making exercise
2c To assist the child to deal with issues arising from separation or loss	<ul style="list-style-type: none"> • Family session - before and after pictures, focus on good things as well as loss • Family shake • Key message throughout sessions: it's hard when your family changes but it can be a new beginning • Creating safe and supportive environment - use of music, aromatherapy • Creating supportive group culture via philosophy

GOAL

ACTIVITIES

- 2d** To assist the child to gain a realistic perspective of the events leading to the making of the protection order, including the child's involvement in those events
- Talking about what a protection order is
 - Addressing the issue of responsibility - that children are not to blame
 - Provision of a wide definition of what constitutes violence - including emotional and psychological abuse
 - Victim is not to blame - they got the protection order to protect themselves and the children
- 2e** To assist the child to understand the events following the making of the protection order, including the changes in the child's family life and the options for the future
- Family changes session
 - Feelings 'shake'/family 'shake'
 - Discussion and information given regarding things such as rules following protection order
 - Caregiver involvement - family before and after pictures share with child at home
 - Older children are encouraged to also consider the future of their family - any unrealistic expectations come to the fore and are discussed
- 2f** To help the child to build a support network
- Development of a safety plan
 - Development of safety skills
 - Creating through group philosophy a safe and supportive environment that enables a natural support network to emerge for individual members within the group
- 2g** To assist the child to assess safety issues and to put in place strategies to maximise that child's safety
- Safety plan - identifying people children can go to for help
 - Practising use of telephone to call for help
 - Weekly safety reviews using variety of methods
- 2h** To strengthen the bond between the child and her or his caregiver
- Involvement of caregiver in sessions 1-3 & 8—includes discussion of Protection Order
 - Caregiver newsletters sent out with homework exercises for caregiver and child to do together
 - Caregiver and child sharing pictures and stories
 - Family 'shake' activity

GOAL

2i To assist the child to develop: (i) social skills and improve his or her competency in social relationships, including social relationships with the child's peers (ii) strategies for non-violent conflict resolutions and to learn anxiety management techniques and anger management techniques

ACTIVITIES

- Afternoon tea-time to practice social skills especially sharing
- Children develop group philosophy
- Meeting social objectives happens informally all the way through
- Anger messages - it's okay to be angry but some forms of behaviour are unacceptable
- Anger rules, anger plan and anger posters
- Angry volcano - increasing awareness of anger triggers
- Teach "quick relax" - repeated at the close of each session
- Use issues in the group - e.g. children having a dispute over something
- Concept of 'I' messages introduced and practised
- Problem-solving techniques learned through role playing

3.2 Objective 2 - To describe the underlying philosophy, content, processes, and resources of the programmes

Philosophy and values of the programme

The providers of the DoVe Group programme state that the guiding principle is to provide, in a “*safe and fun way*”, a programme for children and families who have experienced domestic violence that will empower them to deal with the effects of domestic violence. An essential principle that guides the DoVe Group programme, according to the providers, is that of the need to value the whole family. This is because the providers see the family as a system, and the child as part of that system. The providers state that a crucial part of the DoVe Group philosophy is to value the caregiver/child relationship. To this end, they have built into the programme sessions that are designed to strengthen the caregiver/child relationship. Caregivers are expected to take an active part in the sessions, rather than be passive observers. In addition to meeting one of the goals of children’s programmes under the Domestic Violence (Programmes) Regulations 1996, ‘to strengthen the bond between the child and his or her caregiver’ (*Regulation 30 (b)*), they believe that involving caregivers increases the likelihood of effective, long-term change. It also serves to combat the notion that children can be “dropped off to be fixed up”. Other advantages of including caregivers described by the providers are:

- caregivers have an opportunity to increase their understanding of their child’s feelings and behaviour in response to their experience of domestic violence;
- children can observe parents modelling positive behaviours (e.g. developing a safety plan);
- facilitators model positive behaviours for caregivers (e.g. affirmations of children).

Another important aspect of the DoVe Group philosophy as described by the providers is that of affirming children and enhancing their self-confidence and sense of self-worth. This is built into every session. The programme is designed to be flexible so that sessions may be modified to fit the particular needs of the participant group. In addition, the providers state that it is the philosophy of the DoVe Group to include children with disabilities.

Content, processes and resources

Roles, training and experience

Two females run the DoVe Group programme using a co-facilitated group approach. One of the facilitators, a Clinical Psychologist (MA Applied in Clinical and Community Psychology), initiated the application to register as a provider of children’s programmes. This facilitator had previous involvement with children and families through work in both health settings and the Family Court, and saw the children’s programmes as a logical extension of her court work. The opportunity to work from a preventative perspective was a major factor in her applying to register as a provider. Her co-facilitator is a social worker (B.S.W., C.Q.S.W.) and has worked with children in families in the areas of health, welfare, justice and disability in both Taranaki and Auckland. The two facilitators designed the programme together based on their 16 and 17 years of experience respectively. The facilitators have worked together for

many years and currently also provide a family therapy service together for the Taranaki community.

The DoVe Group programme serves North Taranaki and part of South Taranaki and caters for children between the ages of five and twelve years. However, the programme has successfully integrated a teenager with an intellectual disability. Inclusion of children with disabilities is based on the DoVe facilitators' belief, in accordance with the principles of integration as stated in the Education Act, that children with special needs can be accommodated within mainstream programmes. Accordingly, children with learning disabilities are welcomed into the DoVe programme, and the content is modified to meet their needs. To date, four children with disabilities have completed the DoVe programme.

The maximum number of children in a co-facilitated group is eight and the minimum number is four. The providers state that the benefits of a group approach are that:

- it allows children to see that they are not alone and that others have had similar experiences;
- children have fun together while they learn;
- children often derive support from each other and may develop an informal support network outside the group;
- caregivers have the opportunity to develop a support network if they so choose.

Ideally, separate programmes are run specifically for children between the ages of five and eight, and nine and twelve, the aim being to bring together children of a similar age and developmental level, but this is dependent on the nature of referrals and is not always possible. Siblings usually participate in a group together because of the impracticalities of separating them (e.g. issues around caregiver transportation and time). However, the providers have suggested that, due to the presence of male sibling violence, it may be preferable to place male siblings into separate groups.

The programme is held in the office reception area of one of the facilitators. The atmosphere is altered through the use of music, posters, aromatherapy oils and the removal of furniture. The group sessions take place over eight consecutive weeks. The timing of sessions each week is flexible to meet the needs of participants and families. Sessions are held on Wednesday afternoons between 3.30 and 5.30, or Saturday mornings.

In addition to the programme sessions, an initial assessment interview is held with potential participants. Child(ren) and caregiver are interviewed separately by one of the facilitators to determine the suitability of the programme for the child and to establish the child's needs in order to match her/him to an appropriate group.

The interview with the caregiver takes place first. If there is more than one child in the family they are interviewed separately later. In the caregiver interview, information is gathered on the respondent, the caregiver and respondent's relationships with the child, the child's relationship with siblings, friends and peers, how the child deals with conflict, and the child's school performance. Further, information is obtained on the history of violence toward the caregiver and her perceptions of the impact of the violence on her child. The caregiver's

reasons for seeking the programme for her child are also sought, as are her expectations for what the child will gain from participation. The process seeks to identify and address any misgivings or misconceptions the caregiver may have about the nature and scope of the programme and is very useful in assisting the facilitators to formulate specific goals for each child.

In assessing the child, neutral, non-threatening questions about school, friends and family are asked initially. Toys and drawing materials are available to enable children to relax while telling their stories. The facilitator explains what the programme is about and the child is invited to take part. This interview is an opportunity for the facilitator to begin establishing a relationship with the child. Children are asked to complete a pre-programme assessment form, a modified version of the form used in the London (Ontario) Programme for Children Exposed to Wife Abuse, which provides information on children's current state of understanding and skills in relevant areas. This information provides a baseline that the facilitators use to assess the value of the programme for children.

The providers state that the initial assessments are always undertaken just prior to a group starting so that the relationship established and impetus are not lost.

Each group session is two-hours long and includes a snack time. Programme materials received from the facilitators outlining each session show that each is structured around the achievement of specific goals. These goals are designed to directly coincide with the goals of the Domestic Violence (Programmes) Regulations 1996 (see Table 2.1). Related to each goal are a set of activities and practices for that session. Session activities are modified according to the age and particular needs of the group. Caregivers participate with children in sessions 1, 2, 3 and 8 (the final group session where the children 'graduate' from the programme) in which their active participation is seen as critical to enhancing children's learning. Newsletters detailing session content for caregivers and small homework activities for caregiver and child to complete together are provided for those sessions which caregivers do not attend. The facilitators state that involvement of caregivers in sessions has had the added benefit of providing opportunities for caregivers to develop supportive networks with other caregivers.

At the completion of the eight sessions, a separate family/whānau session is held with each of the families in a group. This session is extended to other significant members of the family who wish to attend (but excludes respondents). The purposes of this session are:

- to share with the caregiver and child thoughts about progress throughout the programme;
- review the family's safety and discuss ongoing support networks for children and caregivers, safety strategies and contact with the respondent;
- evaluate the programme's effectiveness by way of re-administering the programme evaluation form to the child and discussing children's learning, and administering child and caregiver satisfaction forms;
- discuss any outstanding family issues and how these can be addressed both within the family itself and through community resources as required;

- affirm and praise the child, and affirm the caregiver for her commitment and positive attitude/behaviour demonstrated over the course of the group;
- discuss again with caregivers expectations expressed at the beginning of the programme and consider whether these have been achieved;
- achieve a strong sense of closure.

The facilitators engage in self- and programme-evaluation on an ongoing basis to ensure that the programme is meeting the needs of participants. This is achieved through the administration of the satisfaction surveys upon completion of the programme, and the programme evaluation forms given at the beginning and end of a programme. The feedback is used by the facilitators to check on the effectiveness of the programme for participants. In addition, each child's progress is monitored throughout the programme with the use of a client review checklist. As a consequence of the ongoing evaluation of the programme, the providers describe it as constantly evolving.

There is one other children's programme in the New Plymouth area, the Tu Tama Wahine programme, an approved Māori programme that takes children and young people between the ages of 3 and 17 years. Māori children attend the DoVe Group programme when the family, in consultation with the providers, feels it is appropriate for them to do so.

Resourcing

In the absence of readily available materials appropriate to the purposes of the children's programmes, providers have developed a variety of resources and novel ideas for activities. In addition to the newsletters and homework activities devised, the providers have created, for instance, child-friendly 'session openers', games and activities, and a variety of textual resources for children. The providers state that developing appropriate materials has required a substantial investment in time.

Changes and modifications

The facilitators state that they have made several modifications to sessions in response to the identified needs of children and caregivers. For instance, particular sessions have been modified to reflect the different needs of older children. Furthermore, specific modifications have been made for the successful inclusion of children with disabilities. For example, where a child's attention levels do not allow full participation for the entire session, the facilitators provide short periods of one-on-one involvement with a deliberate focus on the main theme or goal of activity, followed by a period of free time.

Referrals

Referrals come mainly from the Family Court, although the providers state that there have been two referrals from the Child, Youth and Family Service (CYFS), and one from a client's lawyer. In the cases of the two referrals from CYFS, one attended and was resourced by CYFS, the other did not attend because the child was currently in an unsafe situation. With

regard to the referral received directly from the client's lawyer, no Protection Order was in place at the time of the referral.

The providers report that caregivers are contacted as soon as a referral is received and are told that they will be contacted again for an assessment session when there are enough children to form a group.

3.3 Summary

- The DoVe Group's philosophy reflects the intentions of children's programmes according to the Act, and is informed by the providers' considerable experience in child and family therapy.
- The facilitators are very well qualified, having professional backgrounds and expertise.
- The DoVe Group is a structured programme but at the same time can be tailored to the specific needs of the children involved.
- Programme development is continuous: the DoVe Group represents an evolving programme.
- Process and programme evaluation is ongoing and feedback obtained is used to make appropriate modifications.
- The creation of resources involves considerable time expenditure and is not covered by current funding for children's programmes.

3.4 Objective 3 - To examine issues surrounding the implementation and delivery of programmes and to suggest improvements

Provider's experience with the approval process

The providers of the DoVe Group programme stated that they found the approval and contracting process lengthy and time-consuming but felt that the detail they were required to provide was warranted. The providers reported a sense of achievement upon completion of the application. Feedback from one of the key informants in the New Plymouth area, herself a provider of women's programmes, stated that the "vetting" of providers for children's programmes was critical.

Children are so powerless and fragile, by the time they get to a group they've been through enough and they really need to have someone that can handle that...they need to be completely safe with facilitators. Provider of Women's Programme

This key informant suggested that one way of vetting to ensure the competency of facilitators to work with children would be to consult with other professionals in the community who had first-hand knowledge of their work.

Factors assisting or impeding implementation and delivery

Although the providers have overcome the problem of a lack of readily-available, suitable resources by developing their own, this potentially represents a barrier to implementation and delivery. As noted previously, the providers stated that the development of appropriate resources is extremely time consuming. As programme changes occur in response to participant needs, new and additional resources may be necessary. The providers would welcome the opportunity to access and share resources and ideas with other programme providers throughout New Zealand.

Due to frequent fighting behaviour between some male siblings and the potential for it to impede programme implementation, the providers have suggested that it may be preferable for male siblings to attend separate groups.

Given that the DoVe Group programme involves groups of children from different families, programme implementation is dependent on the formation of an appropriate group (consisting of the right mix of children), which in turn is dependent upon receipt of referrals, and on families' decisions to take up the programme within any given period. Because of this set of circumstances, delays in programme implementation may occur.

Impact of regulatory environment on implementation and delivery

With regard to the impact of the regulatory environment on implementation and delivery, the DoVe Group providers noted that, while they understood the reasons behind the requirement that respondents be excluded from the process, they had some concerns around this issue. The providers noted that, for a substantial number of children who went through their programme, respondents remained an important part of their family system. In effect, exclusion from the process denied this aspect of these children's lives. More communication between providers of children's, adult protected persons and respondents programmes may enable greater family support in this respect. However, the providers recognise that inclusion of respondents may not always be appropriate for reasons of safety, and would need to be considered on a case-by-case basis.

Issues relating to planning and initiating initial and final sessions

The providers of the DoVe Group programme state that, in addition to the other features noted above, the assessment sessions are an essential means by which they gather information from caregivers about the child and the caregiver's perceptions of the impact of the violence on the child. They reported that caregivers are often very emotional during these interviews:

Even if the violence is not recent, talking about it can arouse a lot of old emotions. Many caregivers feel particularly saddened and, in some cases, guilty about the effect that the violence has had on the children. Some may berate themselves for not escaping the situation earlier. (Excerpt from written statement made by DoVe Group providers.)

In such instances, the providers take great care to be very respectful and supportive. They state that they affirm caregivers for the changes they have made already and for the commitment they are showing to their children by applying for a programme.

The final family/whānau session held upon completion of the programme is important in order to, in the providers' words, "*achieve a strong sense of closure*" with the families. The providers work with the families to achieve this.

Relationships with other agencies, and with adult protected persons' and respondents' programmes

With regard to the relationship of the programme with other agencies, as noted above, the providers of the DoVe Group programme stated that they would welcome a closer connection between providers of children's, adult protected persons' and respondents' programmes as this may assist them in providing greater support for families. As the regulations currently stand, programme providers for the various participants may only share safety information.

A key informant from the New Plymouth area, a provider of programmes for adult protected persons, stated that she had contact with the facilitators through bi-monthly meetings with all programme providers. She noted that although the purpose of this meeting was primarily procedural, it also provided an opportunity for facilitators of different programmes to ask questions of one another. She further stated that a goal for the meetings was to provide an opportunity for collaboration, but, at the time the interview was conducted with her, protocols for sharing information had yet to be established.

The key informant from the Court in New Plymouth described the working relationship with the DoVe Group providers as "*excellent*". The bi-monthly meetings established for all programme providers had effectively, in her opinion, facilitated dialogue between the various groups that had been of benefit to everyone. This key informant further stated that she had never experienced "*any difficulties getting people onto the programme*" and maintained very good contact with the facilitator. When referring a child to the programme, the key informant stated that she would phone and discuss any concerns. The programme providers reciprocated this communication process whenever issues arose for them. The key informant from the Court further stated that the DoVe Group providers were always guided by what was best for the child. If it was felt that the programme was not meeting a particular child's needs, the providers would consult with others and take whatever action was considered necessary to find ways for those needs to be met.

Service provided additional to the programme

The DoVe Group providers stated that they encouraged caregivers to approach them with any issues they wish to discuss before or after sessions. This was done discreetly. Further, caregivers were encouraged to contact the facilitators at other times if necessary. The providers stated that they remained alert to caregiver needs throughout the programme, looking out for signs of distress. On occasions caregivers had raised various concerns about their child(ren) with the facilitators. The facilitators discussed and provided advice on these concerns as they arose.

The providers identified a need to provide a service for teenage girls as they had received a number of referrals for older girls who currently were outside their age range. They were currently in the process of designing a programme specifically for teenage girls and would seek approval for it when finalised. A key informant, a provider of programmes for adult protected persons, also reported the need for programmes in the New Plymouth area for older children.

3.5 Summary

- The approval process experience was lengthy and involved but this was recognised as necessary.
- The DoVe Group programme has a commitment to the inclusion of children with disabilities.
- The providers identified a need to share resources and ideas with other programme providers throughout New Zealand.
- Programme delays may occur, as programme implementation is dependent on the formation of an appropriate group, which in turn is dependent upon referrals, and families' readiness to participate.
- Providers suggest that male siblings may be better served in separate groups due to the occurrence of sibling aggression.
- While recognised as necessary, exclusion of respondents created issues for children that might be alleviated by greater communication between providers of childrens', applicants' and respondents' programmes.
- Key informants reported having a good working relationship with programme providers that was assisted by bi-monthly interagency meetings.
- The providers are in the process of designing a programme for teenage girls to currently fill a recognised gap in the provision of services for this group.

3.6 Objective 4 - To describe the client group and any perceived impacts the programme has had on the lives of the children and their caregivers

Demographic characteristics of children and caregivers

The total number of children who completed the DoVe Group programme during the evaluation period (18 months) was 29, from a total of 18 families. Of these, 13 of the children were girls and 16 were boys. Twenty-two of the children were European/Pākehā (13 European/Pākehā families), and seven were Māori (five Māori families).

Six groups were completed during the evaluation period, with the number of children in each ranging between three and eight. Children's ages ranged between 5 years and 12 years, with the exception of one teenager with an intellectual disability.

The total number of referrals to the DoVe Group programme during the evaluation period was 60, 48% of whom went on to complete the programme (three children will complete a programme beginning next term). Twenty-four percent (N=7) of the children who completed the programme participated in this evaluation, along with their caregivers (N=5).

Protection Order/Custody Order details

All caregivers of children who participated in the programme during the evaluation period had current Protection Orders, with the exception of one child for whom the Protection Order had lapsed. This child was funded into the programme by CYFS.

Characteristics of the whānau/family living with the child(ren)

The following table gives details of the living situation for the five families who participated in this evaluation.

Table 3.2 Family characteristics of interviewed families

Caregiver	Children	Father/respondent back living with family	Other family members
Mother	3 boys	No, but regular contact with father	No
Mother	3 boys	No contact with father	No
Mother	2 girls	No	Partner
Mother	1 girl, 1 boy	No, but supervised access with father	No
Mother	2 girls	No contact with father	No

Participants' perceptions of the ways in which the programme has assisted children to deal with the effects of domestic violence

Assisted children to identify what violence is in a theoretical way and to understand why and what changes in the family have occurred

Caregivers stated that the DoVe Group programme assisted their children to deal with the effects of domestic violence by helping them to 'name' it and talk about it in a theoretical way:

I noticed in the very last session we've just had where they, the children, from their very first session they filled out a sheet on what they thought violence was, and they had the questionnaires, and at the very last one they revisit that form and ask the same questions again. With (child), my 11-year-old, all the answers, he had all the theory down pat, like he had improved, but putting it into practice was very difficult for him, partly because of his ADD and he also has a problem retaining things long term... (Other child), at age 7, I think he gained, although he has always been fairly placid anyway, but I think it got in there, he was quite easy to recall things that they'd learnt. Caregiver A

Further, this caregiver stated that a positive factor about the programme was that the facilitators used realistic language that reflected the reality of the issues that the children were experiencing and clarified their meaning:

They were direct with their questions, which I think is good 'cause you can't cover all this and use flowery words, I mean you have to call it for what it is... they were sensitive, but they had to call it for what it was. And they talked about Protection Orders, so they used the proper technical terms, because they are the terms the children are dealing with in day-to-day reality, and they would talk about violence. Caregiver A

Caregiver D stated that although her child already had a good understanding of what constituted violence, her daughter learned to talk about what had happened in relation to the changes that had occurred in the constitution of her family as a result of the domestic violence. The caregiver, however, noted the limitations of a group programme as far as her daughter's needs were concerned:

(DoVe Group concentrates) on what's happened within your own family—dad did this or mum did this, and now you are living like this which is a change in family, but that can be good and things like that ... But it set out to concentrate on the violence issue, and the changes in the family, that it's dealt with, yeah. Caregiver D

Caregiver C similarly stated that, since participation in the DoVe Group programme, her child understood the situation better, felt reassured about the current situation, and was more prepared to talk with her mother about the issues:

And (child) understands a lot more now. We had a little talk last night, you know, "I was scared, mum, that it was going to happen again" and all this sort of thing, "but now I understand it won't happen again, because you've got the Protection Order, and daddy is not going to come back and hurt you, and I was frightened for you", you know, this sort of stuff that goes on in their heads that they, they couldn't talk to me about it, but they'll sit and

talk to (facilitator) and (facilitator), because they're someone totally different, you know, they're not in the family circle. Caregiver C

Assisted children to talk about the domestic violence

Caregiver A also reported that, as a result of participation in the programme, her children were able to talk more openly about the domestic violence in their family.

Just opening up and learning to talk, and being comfortable saying what went on and how they felt about it and just getting it to the back of their mind that violence isn't OK and it happens to other families...the difference between –the fact that verbal abuse is violence, because I think a lot of kids don't realise that calling someone else a name is actually still hurtful, and there's a lot of that still going on in our family. Caregiver A

However, this caregiver stated at the time of the initial interview that, while her two sons who participated in the programme were able to express their feelings in the group situation, they were still finding it difficult to do so at home.

In the group they were (expressing their feelings). I'm still struggling at home to actually get them to talk. But in the group, no, they were very forthcoming. Caregiver A

At the follow-up interview 5 months later, this caregiver noted some progress in this area:

The DoVe Group was good for one thing, and that is, it taught (middle child) and (youngest child) to acknowledge their inside feelings, and now they will share those with me, especially at bedtime. I go in and talk to each one of them and they can be honest and open with me, and that's because they practised doing that in the group. Caregiver A

As noted above, one caregiver reported that participation in the programme has enabled her child to talk more openly about the effects of the violence on her. Similarly, another caregiver reported that her children were now able to talk more freely about the violence. This caregiver attributed this to the facilitators' sensitivity to different children's readiness to talk about such issues, and the flexibility they showed by allowing children to do so at their own pace.

And they let children say it at their own pace. If they didn't want to talk about it, then that was fine. But if they were going to talk about it, they'd stop what they were doing and they would listen to that child, which was really good, because all kids are, like (younger child) took until the last two sessions to start talking about things. And (older child) was straight upfront from the very beginning. So, yeah, they were good like that, I mean, kids take their own time to get things out. Caregiver B

This caregiver reported at the follow-up interview that her children still talk about the DoVe Group programme, and that improvements in their capacity to talk freely with her about their feelings and experiences remained. She noted this was especially the case for the younger child who she described as having “*come out of his shell*”.

Assisted children to make some positive behaviour changes

Caregiver E noted that her child's aggressive behaviour had diminished somewhat after participation in the DoVe Group programme:

There were a lot of changes...she used to be very angry...all the time, whereas now, she is still angry but she's a lot happier too, well not all the time but more of the time...before she'd punch walls, throw things, kick, she only ever took it out on me...(she) definitely learned lots. Well, during the group I think she didn't really show much...If they got upset she was supposed to do the "technique" and she didn't do it much during the group, she only did it once, now she's doing it all the time...No, I found it marvellous. Caregiver E

Although at follow-up this caregiver noted that her daughter's positive behaviour was not consistently maintained (see section 'Persisting Behavioural Problems' under 'Other Issues and Needs Identified'), she felt that one of the lasting effects of participation in the programme was that her daughter discussed problems with her now and no longer destroyed property. Furthermore, she stated that she herself was better able to understand her daughter's anger as a result of the DoVe Group programme.

In an interview conducted shortly after programme completion, Caregiver C reported positive behaviour changes for her child as a result of her participation in the programme.

Well, she's not into that hitting mode that she was in. Because that was the big thing. You know, a lot of times she's come home from school and she's been upset about something and it's "What did you do (child)", "Oh, I just walked away from it", you know...she's learned that violence isn't okay, and it didn't get her anywhere, and it makes things worse. Caregiver C

At the time of the follow-up interview, this caregiver stated that her child's positive behaviour changes had been maintained:

(Child) has been very good, not so much violence, she seems to get on better with other children in the extended family. Caregiver C

One child participant reported that he learned about how to behave towards others in a positive way:

We done drawings of ourselves...and how to be kind, and things that aren't kind. (And we talked about) violence. Child participant

Caregiver B reported that one of her children's behaviour deteriorated initially following completion of the programme, while the other's behaviour improved. However, the deterioration in behaviour of one child did not last and appeared to be a result of having released his feelings about the situation.

(Younger child) was actually a little bit naughty for a little while, and but, (older child) has improved...I think it (the programme) brought it out for (younger child), but he went off on a bad little...he was a bit naughty for a little while, but then he came right again, and I think it was just because it cleared him. He keeps things to himself too much.

Caregiver B

This caregiver reported that in the long run, participation in the programme seemed to have helped her children.

Assisted the child to realise that they were not responsible for domestic violence

In the follow-up interview, Caregiver C reported that the programme had helped her child to realise that she was “*not alone*”, that she was “*not to blame*”, that it was “*not her fault that her parents fought*”.

Similarly, Caregiver B believed that her children had learned not to blame themselves for the violence:

It taught them that it wasn't their fault, for what things that happened. I think that, specially for (younger child). Caregiver B

When asked what was learned, one child stated:

I learned violence is not (my) fault. Child participant

Another child participant expressed these sentiments:

(I learned) it (the violence) wasn't our fault and that it was bad, and that it's punching and kicking and when you swear it's not, it's being violent too, 'cause it hurts your feelings. And the worse thing is, it hurts inside. Child participant

Learned strategies for dealing with violence

This child also stated that she learned strategies for dealing with situations involving violence:

If someone's being violent to you, you just walk away. And go and tell the teacher. And if someone's being mean to you, you say, "Please don't do that, I don't like it, could you please stop calling me names". And if you took your favourite doll to school and you play with it in the playground and someone snatched it off you, you say, "Please give me my doll back, my mum bought it for me, not for you, you're not special enough to have that". Child participant

Although the children of Caregiver A stated both in the initial interview and the follow-up interview that they didn't learn anything from the programme, they could relate, when prompted, a safety plan in the event that they didn't feel safe at home. However, one of the children reported that the “*stuff*”—issues to do with domestic violence—was still there, although he said that he did feel “*different*” after participating in the programme. He could not say anything further on this.

The children from two families could not remember their safety plans when asked about it in the interview immediately following programme completion. However, each of them had a written copy which they produced and which they were able to talk about with the interviewer. Three other child participants could recall particular aspects of their safety plans, such as calling 111, without referring to written materials.

At the time of the follow-up interview, Caregiver B reported that her children's awareness of a safety plan remained, and had been reinforced by a school safety programme.

Understand mixed feelings about respondents/fathers

One caregiver noted that her child was helped to understand her ambivalent feelings about her father, which helped her to understanding that while she might not like what her father has done, it is still okay for her to love him.

and I think the big thing with her was that reinforcing, they said if you don't like what they're (fathers) doing, I think that's a really important message for the children, that they may not like what their fathers have done, but it's still okay to love that person, because I think that can be very confusing for them...that was a really good message to get, that she could still love him and that. Caregiver D

Improvements in behaviour at school

With regard to improvement in school behaviour, three caregivers noted positive changes in their children's behaviour following participation in the programme:

...and I mean she has definitely benefited from it in some respects, but her teacher at school can see differences in her behaviour, (describing her daughter's behaviour at school following a group session) She doesn't cry at school, she has weepy eyes...so it was obviously opening up a lot for her. Caregiver D

Well I know before this she was lashing out at school a lot with her friends and now she's managing a lot better, calmer.

Yes, there's been quite a few changes. Schoolwork has really picked up, definitely.

Caregiver A stated that she noted no differences in her children's behaviour at school, which had been pretty stable throughout with no noticeable changes as a result of their exposure to domestic violence.

Other perceived impacts, positive or negative, of the programme on children and their families

Assisted children to have trust in people again

Caregiver A felt that her children had learned to trust people again as a result of participation of the programme and the skills of the facilitators:

(The facilitators) are really good with the kids. You couldn't ask for anyone better to take them...Yes and the trust too. Like it's really hard for the kids that have been through that to trust anyone. I think they learnt too, to trust other people. It's all right to do that. So that was another good little lesson. Caregiver B

Gender-mixed groups may assist children to express their feelings in a group

As noted above, one of the caregivers suggested that a benefit of a gender-mixed group arrangement is that the girls assisted the boys to feel comfortable about expressing their feelings in a group.

Initially, I think it... you had to break the ice with another family starting. And I think the older girls in the group picked up on that and so they started talking first and once the boys realised they were talking, they felt comfortable talking too. Caregiver A

The programme provided a fun learning situation for the children

Caregiver A stated that her children enjoyed many of the activities engaged in during the group sessions:

The kids responded really well because there were games...they pleaded to play hangman every week. But the hangman was always to do with the saying that was on the wall, or something that they were going to talk about that week. So although it was fun it was still talking about what was relevant to that session. And they were really good at doing that, making it fun...they loved the acting where they pick out an emotion from a hat, like they had a fishing rod and they had to fish in this hat and pull out an emotion...and they would have to discuss how they were going to show this emotion...and try and act it out and everyone would have to guess and the kids really loved that one too. So, I think, yeah, it made it fun as well as—probably without them realising they were learning something as well. Caregiver A

Two child participants stated that they enjoyed the programme because it was “fun”:

Because it's fun and because you get afternoon tea. Child participant

Caters for the needs of children with learning disabilities

The mother of the child with a learning disability reported that the facilitators creatively adjusted their practice in order to integrate her child into the group:

Well, especially, I thought the group was really good in a way, because (older child's) IQ is really low...he can't read or write, and they did a lot of it, so they found a lot of other ways for him to deal with, the way, what they were doing, getting him to play with things, and instead of, and helping out, and I found it really good, because I was worried about him. Caregiver B

Assisted caregiver towards greater awareness of the impact of domestic violence on child

Caregiver B noted that, as a result of her children's participation in the programme, she was better able to understand the impact of the domestic violence on her children. As a result of this awareness, the caregiver resolved to never allow her children to be put into that situation again:

I think I didn't understand, didn't realise how much it affected them until they went, which was like the first couple of sessions and then I realised that...yeah. So, it did affect me in a way too. It made me realise that they knew a lot more than what I thought was going on. And so, yeah, it made me deal with it too, and made me realise that I'm never putting them in that position again. Which was, yeah, that was good...I think half the course is, you don't get yourself in that position again, so that's the learning from it. That's the big learning tool. You notice your kids are really hurt from what's gone on, and you don't want them to get into a position like that again, or yourself, but I don't think I will.
Caregiver B

One of the key informants reported that the feedback that she'd received from families who had participated in the programme suggested that a major impact for caregivers has been learning of the extent to which the verbal abuse and violence at home had affected their children. Furthermore, caregivers had been unaware of just how much of the abuse and violence the children had actually picked up on despite caregivers' efforts to shield them from it. As a consequence, the key informant reported that caregivers often felt very guilty about allowing their children to be exposed to the violence, directly and indirectly. Caregivers also reported to the key informant that they better understood their children's acting out behaviour, which helped them not to react to the behaviour, but rather to manage it. Caregivers reported that their children had been happy to go to the group, and that they felt better knowing that violence happened in other families too. Further, caregivers stated that their children liked being able to talk about what had happened in their family and that they liked learning how to have some control in the situation.

Two other key informants stated that they weren't in a position to receive much feedback from participant families. However, one stated that the little feedback she had received had been positive. The key informant reported that one caregiver had commented on "big changes" in her children and another, in which issues with the father/respondent were ongoing, commented that her children had a better understanding of what had happened to the family.

Other issues and needs identified

The need for additional services beyond the scope of a short-term educational/group programme

Some caregivers identified a need for the provision of additional services for children affected by domestic violence that are beyond the scope of the educational group programme. One caregiver reported a need for additional services in the form of individual psychological assistance to help deal with her child's persisting trauma and problem behaviours resulting from the exposure to domestic violence. Her child had begun to have enuresis and was

exhibiting “*out of character*” behaviours that did not go away as a result of participation in the programme:

I don't think cutting holes in clothes and ripping wall friezes off the wall and, are normal behaviour at five, if she had been three perhaps... I think she's not an isolated case by any means. I'd say there were a lot of children out there whose own personalities, temperaments have changed due to what they've witnessed...they want to see how far they can push that one parent...the behaviour gets to such that you do have to start drawing the line, it's very hard. But yeah, it's a hard call as to how you could approach that bit. Yeah, from my point of view, I don't think it (DoVe Group) does look at their individual (behaviour)
 Caregiver D

This caregiver further noted that she understood that the DoVe Group programme, as a “group educational programme”, could not address such needs.

but it doesn't, because it's a group too, it can't take individual (behaviour), I don't think... well, I think it's a very good programme and that, and it's one of those things, it's hard to cover everything that everyone needs...it's one of those things isn't it? Caregiver D

Caregiver A also discussed the difficulty of getting the right kind of assistance at the right time through the one educational/group programme for her three children whose needs tended to differ as a function of their ages and personalities. Due to their different needs and ages, participation in the same group at the same time was not appropriate for all her children. And yet the caregiver felt strongly that they all needed help at the same time.

...and you know, with three different ages, 12 or nearly 13, 11 and 7, they'd all got different emotions, but my youngest one, he's...got his own feelings about, he doesn't like mum and dad not being together...My 11-year-old is very open. He'll talk to anyone about anything and that was marvellous. But my nearly 13-year-old, crams everything up in his head, he got very angry when his brothers talked about what was going on...I felt he needed more help, and DoVe Group wasn't suitable for him because a) he didn't want to participate—like he didn't want to talk about it, and b) if it wasn't through them, then they need something now... I'm not getting a referral now through the Child and Adolescent until 23rd of December. You know, five months before I get to talk to anyone about him, and it's a long time. Because what you are doing is you are actually getting them to reopen old wounds...and opening them up five months later is going to be a lot harder than dealing with it straight away...You know, I just find the help is not there really when you need it. Caregiver A

This caregiver went on to explain that in addition to her 13-year-old child's resistance to talking about the violence, the age mix of children wasn't right for her 13-year-old at the time that her other two sons attended. Furthermore, she stated that her eldest son was not prepared to talk with “*any female*”, and that after attending the initial assessment her son was resistant to what he perceived as too childish an approach:

(In the assessment session) he didn't want to know, he wasn't forthcoming, he was very closed and it wasn't that he didn't take to (the facilitator), he just didn't want to talk to any female at all. You know, he was angry at me because I made the decision to leave and he felt that—I don't know whether it's because (the facilitator) deals a lot with younger kids

mainly...but he felt that she was quite babyish in her manner. This just from the 13-year-old's point of view...maybe it would have been different if it was a male...I am definitely looking for another male counsellor for him. Caregiver A

This caregiver further expressed the need for specialist services in the form of family therapy:

From my kids' point of view, there hasn't been any real changes. I talked to (the facilitator) at the last session and I said I think we need some more extended therapy, just for our family. There is still a lot that needs resolving that couldn't be resolved in the group, in relation to how the family is relating to each other. And this is a separate issue from the violence point of view. And until that is fixed, I can't honestly say that there has been a lot of progress. There is still a lot of—there was a lot of undoing to be done...because the children have learnt copying from their father all the negative ways to deal with anger. And those negative ways are still there. There is still a lot of verbal abuse going on between the brothers, and they think it's normal, that's the thing. They think it's normal to call each other a dickhead if they're angry. They think it's normal to kick a door in if they are angry. They've learnt all the wrong ways to deal with their anger, and that's not something a programme like this is going to fix in six or eight weeks. So while the DoVe Group was good talking about—generalising about violence and how it happens and why it happens and feelings and things like that, it didn't solve the problems that we do have, so there is still more work to be done...I think we need the extended therapy to make this DoVe course work. Caregiver A

This caregiver noted that her children had had ongoing contact with their father, which she reported as being very negative and upsetting for the children.

Caregiver E was non-committal at the time of the follow-up interview regarding the need for additional services stating that she needed to wait and see whether further support would be needed for her child.

Caregiver B reported a desire to have ongoing contact with the group for a period of time following programme completion as a means of support and monitoring of the situation for the children:

I think it was really good, the programme, but I reckon it would be really good if they, once every six months, a meeting maybe, with the kids again, just to see how everyone is doing, so you not go, and that's the end of it. And so they're keeping an eye on the kids and things. Caregiver B

Furthermore, this caregiver reported that additional supports in one form or another were essential for positive long-term adjustment for the family. She noted that she received a lot of support from the principal at her children's school, which was vital to her since she had no relatives nearby.

Things are going really well for me at the moment, but for me, I have, I haven't got any relatives or anything. It's only me, but I have the support of the school, which is what most people don't. The principal is there for me. She rings me twice a week to make sure that things are all right, so I think you need another support of some sort. If there's no support then you would be in trouble I think. Caregiver B

At the time of the follow-up, this caregiver reported that her children had no further needs. She attributed this to the fact that her children were away from all the violence and to her commitment to never putting her children in the same situation again. This caregiver noted that her boys had had very little ongoing contact with their father since obtaining the Protection Order.

The need for a “one-stop shop” that addresses the entire needs of the child

In identifying a need for other services beyond the scope of the educational programme provided by the DoVe Group that would help with other effects of exposure to violence, some caregivers voiced a preference for a more inclusive system of support, a kind of “one-stop shop” that would avoid the necessity of children having to become familiar with and open up to multiple people on multiple occasions in the course of getting the comprehensive assistance they required.

For instance, one caregiver who reported the need for individual psychological assistance for her child’s behavioural and enuresis problems that occurred following exposure to the domestic violence and continued to occur following completion of the DoVe Group programme, reported a preference for someone who the child was already familiar with who could work with her child individually on the other issues:

Yes, say if you started from scratch, and they already know what it’s been built on...and some things have to be built on one-on-one, because they don’t affect all and everyone. See, I actually went to the doctor originally to get something for her and then trying at a Centre, but they said that she had to go to DoVe Group first, and then at the completion of that, if there was still a problem they would be quite happy to see her. So that’s what we’ll be aiming for next year. Caregiver D

Caregiver A stated that her eldest child’s refusal to participate in the programme for the reasons described above, compounded by the fact that the group mix was not considered right for him, caused difficulties with her other two sons. Influenced by their older brother’s non-participation, they were also resistant at times about attending. The caregiver expressed the need for an approach that could take in the needs of the family:

But I knew if I’d let (second eldest son) have the choice not to go, then because his other two brothers didn’t go, (the youngest) wouldn’t have gone either. So, it’s back to it really should be a family thing as much as you possibly can. Caregiver A

At the time of the follow-up interview five months later, this caregiver was still expressing a need for additional services that could build on relationships already established:

Yeah, I think all the boys need more counselling. Like it’s really hard, there is so much stuff going on in their lives. And they need someone else to talk to but I’m not just going to introduce yet another person into their lives right now. They’ve had enough you know. Like we went to the DoVe Group for the violence stuff, and that’s what got dealt with there, and then we’ve been to (psychologist) at the Child and Adolescent Unit for the behaviour stuff, and now they are all facing new stuff... but this would be another person they have to tell their story to, and that’s too many... Why can’t there just be one psychologist who can deal

with all the issues these kids have to face?...I would have liked a group that dealt with all the issues, the DoVe Group wasn't wide enough to deal with all the issues in their lives. Each person tends to specialise in one little area and then when you talk to them about other stuff they say, "No, I don't deal with that", and they pass you on to someone else, so the kids have to start all over again with someone new, and I just can't do it to them again".
Caregiver A

Persisting behavioural problems

Three caregivers noted that their children's negative behavioural changes that resulted from exposure to domestic violence persisted after participation in the children's programme and represented ongoing problems in the families.

Although one caregiver noted that two of her children who had attended the programme were better able to discuss their feelings with her, she also noted that no lasting change had occurred in her sons' behaviour, in terms of the way they behave to one another ...

The programme was okay at the time but it hasn't really changed things for the kids or between the kids, they still fight. Caregiver A

and in their behaviour towards her, as they still engage in put-downs and verbal abuse.

No, there is no obvious change in the boys' behaviour as a result of the DoVe Group...I just think that the physical and verbal abuse that they saw right from the time they were babies, and they've learnt how to do it from watching their parents and they are still imitating their parents, especially their dad's behaviour, so they find it hard to change...they still use all the behaviours their dad did, swearing and put-downs and verbal abuse...they use it to wind me up when they can...and I've been told to ignore it but I don't think that's good enough...I don't want them thinking that they can swear at me and that's okay.
Caregiver A

This caregiver identified a gap in her sons' abilities to put what they had learned about violence in the programme into practice in their daily lives at home.

They (sons) haven't learned to put it (knowledge about violence) into practice. So although they've talked about it (violence), which is good, and they've learned all the theory, which is good, I think it's excellent, but they haven't learned how to put that theory into practice. And...yeah, I don't know whether that's something that could be achieved in the group, or should have been, or ...yeah, I'm not sure. Caregiver A

Another caregiver stated that despite her child's participation in the programme she continued to have behavioural problems as follows:

Oh yes, we've ripped our whole wall friezes off our bedroom wall, we draw all over our desk, we cut holes in clothes...and she throws wobblies now and answers back and all that sort of thing - she never used to do...I don't think DoVe so much concentrates on their individual behaviour as much as on what violence is, and why you shouldn't be violent and that side of it, it isn't so much a concentration - unless perhaps they are being violent to other children.

It doesn't take the other activities (difficult behaviour at home) into account" (Discussing what might have been done in the group:) even just go to, you know, say to the children sort of things like, you know, if you did this in your room, do you think that's a good thing or a bad thing, or if you spoke like this to your mum, is that a good thing or a bad thing. Caregiver D

One caregiver (Caregiver E) who had noted positive changes in her child's behaviour after participation in the DoVe Group programme, stated at the time of the follow-up interview that her daughter's improved behaviour was not consistently maintained. She reported that her child still gets violent and verbally abusive towards her following visits with her father.

It should be noted that this lack of long-term positive change in children's behaviour identified by caregivers may not so much be a function of the particular programme attended, but rather may be a function of a limited term educational programme, and/or ongoing family circumstances.

Issues to do with group dynamics and problematic behaviour in a group programme situation

Caregivers reported various issues related to dynamics in a group programme. Two caregivers (whose children—both girls—participated in the same group) reported that their children often said that other children (boys) were disruptive in the group. This was of some concern to another caregiver who felt that such issues could have detracted from the learning:

When she'd (daughter) come out at night, you know after the parents dropped her home or I'd pick her up and say how was the thing? "Oh, it was alright, but (child A in group) did this, and (child B) did this, (child C) did that", you know and you sort of got all that side of it before you even got down to what they had discussed, and I wondered how much the actual two hours got taken up with just...managing the behaviour, as opposed to doing a lot of stuff, which is not (the facilitators') fault by any means. Caregiver D

They (the facilitators) were very good with the kids, ...but umm, yeah, there was two boys there that—they were brothers actually, so they'd seen, obviously seen, both seen the same violence in that, in their family and yeah...it sort of disrupted the other two, two girls. But no, the ladies (the facilitators) dealt with them all right. Caregiver C

A five-year-old participant stated that during sessions two of the boys in her group were "restless". She said this was "bad" because she thought, "someone might get hurt". Child participant

Another girl who participated in the same group reiterated this situation.

And (boy's name) and (boy's name) were silly. And they hit everyone (When asked what happened then, the child stated)...She (facilitator) put (the boys) in a corner and splitted them up... But they were still pushing me and (girl's name) around. Child participant

One caregiver also stated that personality, age and gender issues presented several problems where her child's participation in the programme was concerned.

She's a fairly quiet child, and the other three personalities in the group were fairly strong, dominant personalities...I think she possibly, even when they were having to say things about themselves she would kind of sit back and listen to what the others have to say, than just come out with her own problems and circumstances and I mean she is a very young five...So, I think, you know, if they were at any time trying to draw the children out of their own behaviour she possibly just would have sat there. Caregiver D

The caregiver who had one son with ADD, stated group work created both positives and negatives for her son:

If he decided he didn't want to participate in something, he'd just sit back and he would try and act the goat and because of his other conflict with his ADD it was very hard to bring him back into line sometimes. So we just had to sort of leave him and let him cope at his own level and come back into the group when he wanted to...So his actual ADD in itself caused a few problems in the group. Because he does have problems with group work anyway, so those little things didn't help. Caregiver A

However, this caregiver reported that this same child enjoyed being in a group with younger children:

Although he has difficulties, he is a very social person...and he loves working with younger kids, so for him having younger kids in the group helped him shine.

Services for under 5-year-olds needed

One caregiver stated a need for her younger child to receive assistance due to the effects of domestic violence that could not be addressed by the DoVe Group programme due to the child's age and the fact that the programme does not cater for her age group.

I mean, the only thing that I find is my (child)-well, she's not three yet, until the end of August, obviously she's too young, and she doesn't speak anyway, she has nightmares, which is hard to say exactly what it's caused by, but then her father yelled at her, her entire life, so...um...and by the time she's old enough, I think the time limit to do another Protection Order has expired. So, I think that's a shame in some ways, because I think any child that has seen it, regardless of what age they are, unless they are an absolute baby, is going to have some memories of what happened. And I mean now, when someone raises their voice, she cringes and covers away so she obviously has some processes going on there about what it is. Yeah, so we will just have to see what happens with her when she gets older. I mean she couldn't go anyway, because she can't talk, so. Caregiver A

Younger students may require shorter session times spread over a greater number of weeks

One caregiver reported that she felt that two-hour sessions were too long for the younger children in the group, and suggested that the programme be spread across more sessions:

The difficulty with a seven-year-old and even (the facilitators) admitted this, they don't have an answer for it, is that 2 hours is a long time for that age group...they could last an hour and a half, the last half hour was really hard, they'd get tired, they'd get cranky, and, yeah, how you actually get the whole programme in an hour and a half, you'd have to actually have more than six weeks [sic] of it, because you couldn't cover everything in an hour and a half that needed to be covered...But yeah, the little ones found the two hours really hard, the last half hour was very hard to keep them on task. Caregiver A

(Note: The caregiver later realised her error about the length of the programme being 8 weeks and not 6, and corrected herself on this.)

Time delays in programme availability due to the group format

Several of the caregivers interviewed noted a time delay in the availability of the programme for their child(ren) because of the dependency on forming a group with the right mix of participants:

The only negative thing I would have to say about it is that I know they run for six weeks [sic], and there is only the two of them here that run it, but I felt that, I mean it was nearly two months from by the time we got back home from the refuge until the programme started, and I really felt that the programme should be started sooner than that from the kids' point of view. I mean two months down the track, to me, it was too long. And that's not anything against the group, it's just the way—I mean it runs for six weeks and they have to get the mix right with the ages and the genders of the kids, but I still felt that two months after coming home was too long to wait, I really felt if it wasn't then, there should be something available for kids immediately. Caregiver A

I ended up getting a Protection Order. I found the kids were pretty mucked up at that time, but it was like a couple of months after that time that the courts actually rang me, yeah they rang and said that the kids were eligible to go on the course and it took another 14 to 18 months²⁴ before they actually got (child) into the course...(The reason for this delay was) just to the fact that there was not enough children at the time to put on the course, to actually start a course up...Well, they (her children) were probably a bit of a mess for a while. It probably would have been better if they would have, you know, been able to get on it sort of straight away. Caregiver C

One caregiver reported at the follow-up interview that one of her children needed to go on the programme but because she had gone to live with her father, who apparently had made no changes to his behaviour, when her sibling attended the programme, she was ineligible for the programme. Since returning to live with this caregiver, the child's behaviour had become unmanageable. The caregiver expressed frustration at having to wait:

²⁴ Feedback from the DoVe Group providers shows that no family who participated in the programme during the evaluation period waited for more than 6 months from the date of referral to inclusion in the programme; 1 family waited for 6 months; 2 families waited between 2-3 months, 2 families waited between 1-2 months, 13 families waited for less than 1 month.

It takes so long to get on the programme. (Other child) is still waiting to get on DoVe Group nearly two years after the Protection Order... (she) is violent to the other children in particular... It's a very good programme but it needs to be applied right away when the Protection Order first goes through. Caregiver C*

(* Note: The providers state that the reason that the child was ineligible for the programme at the time her sister attended was because the respondent, with whom she was living, had made no behaviour changes. It was felt that under the circumstances the programme would be of limited benefit to the child and might actually put her at risk.)

Child and caregiver satisfaction with the programme

Satisfaction Surveys

Upon completion of the interviews with caregivers and children, a brief anonymous survey was given to both parties to obtain their degree of satisfaction with various aspects of the programme. Results from the survey instruments are reported below.

Caregiver Satisfaction

Caregivers were asked to rate their level of satisfaction with the programme their child(ren) attended, on a scale of 1 to 5, where 5 represented greatest satisfaction and 1 represented least satisfaction. (Appendix C) Table 3.3 provides a summary of the results.

Of the five caregivers who responded to the survey, most reported a high degree of satisfaction with most aspects of the programme. All caregivers rated their satisfaction with the contact that they had with facilitators as “extremely satisfying”. All caregivers were “satisfied” to “extremely satisfied” with: the amount of information received prior to programme participation, the length of sessions, the time of day of sessions, their involvement in the programme, the ways in which the programme assisted children to get on at home, the learning activities provided in the programme, and the development of new behaviours/skills by children. The majority of caregivers were also “satisfied” to “extremely satisfied” with: the amount of feedback provided during the programme, the number of sessions, timing of programme in terms of life events, the learning of skills and attitudes provided in the programme and how much the programme helped children to get on in school.

One caregiver rated her satisfaction with the number of sessions provided as unsatisfying. In each of the following situations, one caregiver rated their satisfaction as “slight”: amount of feedback provided during the programme, timing of programme in terms of other life events, child’s learning in the programme and how well the programme helped the child to get on at school.

Table 3.3 Caregiver Satisfaction Survey (N=5)

Item	1 Not at all satisfied	2 Slightly satisfied	3 Satisfied	4 Very satisfied	5 Extremely satisfied	Mean
1) Information prior to programme			1	1	3	4.4
2) Feedback during programme		1		2	2	4.0
3) Number of sessions	1		1	1	2	3.6
4) Length of sessions			2	1	2	4.0
5) Time of day sessions were held			1	3	1	4.0
6) Timing of programme in terms of life events		1	1		3	4.0
7) How involved you were in the programme			1	1	3	4.4
8) Children's learning in the programme		1	1	1	2	3.8
9) Helping behaviour at school		1	1	2	1	3.6
10) Helping behaviour at home			2	2	1	3.8
11) Ways children learned in sessions			2	1	2	4.0
12) New behaviours or skills			3		2	3.8
13) Contact with the facilitators					5	5.0

Children's Satisfaction

Children completed two surveys on a two-sided sheet: On one side children were asked to rate their satisfaction with aspects of the group in which they participated. On the other side, children were asked to rate their satisfaction with aspects of their learning in the programme (see Appendices). The scale consisted of ratings of either “heaps” or “great” depending on the question, “a lot”, “OK” or “some” depending on the question, “a bit”, and “Nothing”. Table 3.4 provides a summary of children's satisfaction with group aspects, while Table 3.5 provides a summary of their ratings of how much they learned.

Table 3.4 Children's Satisfaction with the Group (N=7)

Item	1 Nothing/ No way	2 A bit	3 OK	4 A lot/ Real well	5 Heaps/ Great	Mean
Enjoyment of group	1		1	2	3	3.9
Helpfulness of group	1				6	4.4
Level of learning		1		2	4	4.3
Safety in group		1	3	2	1	3.4
Enjoyment of being with other children		1	3	1	2	3.6
Get on with facilitator		1		4	2	4.0
Overall rating of how good the group was		1		4	2	4.0

Generally children enjoyed the group they participated in, with only one child reporting that he/she didn't enjoy the group at all, and that the group didn't help him/her at all. The majority of children stated that being in a group helped them "heaps", that they learned "a lot" or "heaps" from the group, that they felt safe "OK", "a lot", or "heaps" safe in the group, that they enjoyed being with other children and that they got on "real good" or "great" with the facilitators. Overall, the majority of children (N=6) rated the group as "real good" or "great".

Table 3.5 Children's Satisfaction with Learning (N=7)

Item	1 No way	2 A bit	3 Some	4 A lot	5 Heaps	Mean
Help express feelings		1		2	4	4.3
Help deal with anger	1			3	3	4.0
Learn safety skills		1	1	3	2	3.9
Help to understand violence	1		1	1	4	4.0
Get on better with children at school	1			4	2	3.9
Feel good about yourself	1		1	4	1	3.6
Get on better with mum	1			3	3	4.0
Get on better with siblings	2	1	1	1	2	3.0

The majority of children stated that participating in the programme helped them to express their feelings and deal with anger "a lot" or "heaps". Five of the seven children stated that they learned a "a lot" or "heaps" about keeping themselves safe, while the other two stated that they learned "some" or "a bit". Six of the children reported that the programme helped them to get on better with children at school and with mum either "a lot" or "heaps". One child reported that the programme did not help him/her to get on with mum at all. While most of the children (N=5) reported that the group helped them to learn "a lot" or "heaps" about violence, and feel "a lot" or "heaps" 'good' about themselves, two children reporting that they were helped with these aspects by the programme either "a bit" or not at all. The biggest range of responses came in relation to the question asking them to rate whether the programme helped them to get on better with siblings, with only two children giving a rating of "heaps" while two gave a rating of "no way".

Other sources of support for children

The providers reported that, in cases where children referred needed to be referred back to the Family Court and required other kinds of assistance, caregivers are directed to other agencies, individuals, or programmes as appropriate.

3.7 Summary

- 29 children from 18 families completed the DoVe Group programme during the evaluation period (18 months).
- The programme:
 - assisted children to identify violence and understand the reasons for and the nature of changes in their family as a result,
 - assisted children to talk about domestic violence,
 - assisted children to make some positive behaviour changes,
 - helped children to realise they were not responsible for domestic violence,
 - taught children strategies for dealing with violence,
 - helped children to understand their mixed feelings about fathers/respondents,
 - assisted with improvements in school behaviour,
 - assisted children to trust others again,
 - provided a fun learning situation,
 - caters for children with disabilities,
 - assisted caregivers to better understand the impact of domestic violence on their children.
- Additional services were identified that were considered beyond the scope of an educational/group programme.
- A need was identified for a “one-stop shop” where the entire needs of children might be met.
- Some behavioural problems resulting from domestic violence persisted after programme participation.
- Issues were identified around group dynamics and problematic behaviour in a group situation.
- A need for services for under 5-year-old children was identified.
- Shorter sessions over more weeks may be more appropriate for younger participants. Group format may result in delays in programme participation.
- Both caregivers and children reported satisfaction with the programme.

3.8 Objective 5 - To identify the factors which assist or impede the take-up of programmes, including reasons for non-attendance

How caregivers found out about the programme

One caregiver noted that she was given information and a pamphlet on the DoVe Group programme by a counsellor who gave a talk during her stay at a women's refuge. This caregiver subsequently contacted the Family Court Co-ordinator who put her in contact with the DoVe Group Course Coordinators. The caregiver called and spoke with one of the facilitators for about 40 minutes during which time the programme was discussed with her and details were given as to how it ran.

In all other cases, caregivers reported that they found out about the programme from the Family Court Coordinator, or from CYFS.

How caregivers found their way to the programme

Caregivers reported that they received a telephone call from the providers after receiving information from the Court. In discussion with the providers, a group time was arranged and an assessment session scheduled.

Time elapsed between Protection Order and referral to programme

Most caregivers could not recall the actual amount of time between obtaining a Protection Order and a referral to the programme. In all instances, caregivers had a lot to deal with at that time. Consequently, their memories of such details are vague. One caregiver reported that it was a "*couple of months*" after getting a Protection Order that the Courts actually phoned her to tell her that her children were eligible to attend a programme.

The following is a listing of the number of referrals received by the DoVe Group for each month of the evaluation period.

<u>Month/Year</u>	<u>Number of Children Referred</u>
June 1999	0
July 1999	4
August 1999	12
September 1999	6
October 1999	0
November 1999	1
December 1999	0
January 2000	0
February 2000	3
March 2000	5
April 2000	1
May 2000	5
June 2000	6
July 2000	6
August 2000	4
September 2000	2
October 2000	0
November 2000	3
December 2000	2

Preferred time period between Protection Order and attendance at programme

In general, caregivers stated a preference for immediate admittance for their children into a programme. Uniformly, caregivers felt that children needed assistance as soon as possible, and expressed regret in situations (two caregivers) where they had to wait months before their children could be admitted to a programme. As noted above in relation to the Satisfaction Survey given to caregivers, three caregivers rated their satisfaction with the timing of getting started on a programme for their children as “extremely satisfied”, while one caregiver gave a rating of “Satisfied” and another gave a rating of “Slightly satisfied”.

Time elapsed between referral and attendance

Caregivers were not always clear about the amount of time between referral and attendance. However, one caregiver reported that she waited between eight to 10 weeks from first learning that there was a programme to her children’s admittance into the DoVe Group

programme. This was considered too long. Another caregiver reported that it took 14 to 18 months before her child could get into a programme²⁵.

Programme strategies to contact and engage potential clients

The DoVe Group programme has put out a pamphlet describing their programme. In addition, the providers have spoken to various community groups in the area about the programme. Upon receipt of a referral, one of the providers/facilitators makes telephone contact with the caregiver to discuss the programme, clarify issues and make arrangements for assessment.

The key informant from Courts reported that the providers had given her an information sheet entitled, “Aims of Children’s Programmes” which she sends out to caregivers with the letter from Courts.

Details of programme attendance

Six groups went through the programme during the 18-month evaluation period. These 6 groups represented the 5th through 10th groups run by the providers. (See Objective 4: Demographic characteristics for further detail.)

The following information received from providers sets out the number of children in each time period that participated in a group:

Group 5	August to October 1999	5 children
Group 6	October to December 1999	8 children
Group 7	April to June 2000	4 children
Group 8	June to August 2000	4 children
Group 9	July to November 2000	3 children
Group 10	September to December 2000	5 children

The number of children in each age group who participated in these groups is as follows:

One 5-year-old
Eight 6-year-olds
Two 7-year-olds
Four 8-year-olds
Two 9-year-olds
Three 10-year-olds
Four 11-year-olds
Four 12-year-olds

²⁵ Feedback from the DoVe Group providers shows that no family who participated in the programme during the evaluation period waited for more than 6 months from the date of referral to inclusion in the programme; 1 family waited for 6 months; 2 families waited between 2-3 months, 2 families waited between 1-2 months, 13 families waited for less than 1 month.

The providers gave the following details regarding non-acceptance of children referred to the programme, and non-completion of the programme:

If children referred to the programme were not within the age range catered for by the DoVe Group (over 12 years or under five years), then they were not accepted into the programme (five children from five different families during evaluation period). If children were very young at the time that the domestic violence occurred and could not recall the violence when assessed in the initial interview, they also were not admitted into the programme (three children/three families). Children who were living with the respondent at the time of the referral and where the respondent had made no apparent change in behaviour (two children/two families), children who were considered to be in an unsafe situation (e.g. caregiver currently in a violent relationship) and those for whom the programme was considered “culturally inappropriate” (three children/one family) similarly, were not accepted.

In two cases (two children/one family), the caregiver was unable to be contacted.

Factors which assist or impede programme take-up, attendance and completion

Providers' views

The providers reported that of the 60 referrals received during the evaluation period, 30 children did not attend or complete the programme. Of these, some were excluded on the basis of provider decisions as described above, while others were a result of caregiver decision or changes in family circumstances. Details on this group were provided by programme providers and are as follows: one child referred refused to participate, one child received help elsewhere and did not need to attend, two children moved overseas prior to assessment, the family circumstances changed significantly for one child such that the programme was no longer considered necessary, the respondent remained in the home and would not allow children (two) to attend, three children were withdrawn following the first session—no further explanation given, one child attended four sessions and then moved to another district with family, and two children were removed from caregiver by Family Court and placed with the respondent, negating their involvement in the programme.

Key informants' views

The key informant from the Court in New Plymouth stated that information about children's programmes is sent out to applicants as soon as the application for a protection order is made. She stated that she has reservations about this timing as she feels that it may be impeding programme take-up as women are in turmoil at this time and have more pressing issues to deal with, such as their family's immediate safety, living arrangements etc., so they aren't necessarily able to deal with the information sent to them at that time. This key informant stated that this impression has been affirmed by feedback received from caregivers in which they stated that they recalled receiving the letter from the Courts but didn't really attend to it, or that they didn't recall being sent a letter at all. While the key informant from the Courts realised that bringing up a file some time later does present some problems

administratively for the Courts, she didn't consider these to be insurmountable. It was her opinion that perhaps it would be better to send the information to applicants three months after the protection order had been granted. However, considering caregivers' stated need for immediate admittance for their children to a programme, rather than delaying sending out such information, take-up may be assisted if a second mailing of information to caregivers is made after an interval if they have not accessed a programme for their child.

Caregivers' views

As all of the children whose caregivers were interviewed completed the programme with the exception of one, little information on reasons for non-completion or non-attendance is available from this source. As noted previously, one caregiver stated that her son was not prepared to participate in the programme as he considered it age-inappropriate and disliked the fact that it was female facilitated. Apart from this, two caregivers noted that programme delays were an impediment to programme uptake.

In sum, it appears that a variety of circumstances may impede programme attendance or completion, ranging from lack of fit between perceived need or programme appropriateness, provision of alternative supports from other agencies, transience, or other changes in family circumstances. In addition, other factors such as the timing of referrals and programme delays (referred to as a frustration for two of the caregivers interviewed) may impede programme uptake. It is difficult to know whether or to what extent programme delays resulting from the need to form appropriate groups might have on programme uptake, since those who did not take up the programme were unavailable for comment. It is conceivable however, that considering the state of flux these families are often in, and their resulting transience, any delay in programme delivery may contribute to programme non-attendance. However, as reported by the DoVe Group programme providers, transience is not a major issue for the families that they see in this area.

3.9 Summary

- Caregivers generally became aware of the availability of the programme through the Family Court Coordinator.
- Caregivers were contacted by providers following receipt of information from the court.
- Caregivers stated a preference for immediate admittance for their children to a programme.
- The DoVe Group programme has produced a pamphlet providing information on the programme offered.
- Six groups went through the programme during the evaluation period (18 months).
- A variety of circumstances may impede programme attendance or completion, ranging from a lack of fit between perceived need or programme appropriateness, availability of alternative supports, or various family changes. Timing of referrals or programme delay may inhibit take-up.

4 Non-Māori Programmes: Whangarei Service Provider

This chapter presents the findings in relation to each objective for the Whangarei Service Provider. The small number of programme participants [2 children and 1 caregiver] available for interview for this programme has limited the degree to which the objectives could be addressed.

4.1 Objective 1 - To establish in what ways the programmes meet the goals listed in Regulation 30 of the Domestic Violence (Programmes) Regulations

Regulation 30: Goals of children's programmes:

Every programme for protected persons who are children must have the primary objective of assisting those children to deal with the effects of domestic violence.

The Whangarei providers have met this primary objective by designing their programme in accordance with the specific goals outlined in Section 2 (a) through (i) of Regulation 30 of the Domestic Violence (Programmes) Regulations. The particular ways (activities) in which the programme meets this overarching objective, as described by the providers, are detailed in Table 4.1, in relation to goals 2 (a) to (i) of Regulation 30.

Table 4.1 Whangarei Programme Content

GOAL	ACTIVITIES
<p>2a To assist the child to express her or his feelings of hurt, pain, shame, and isolation in order to assist the child to deal with the effects of violence</p>	<ul style="list-style-type: none"> • How are you feeling today? - children cut out a picture that matches feeling, feeling is identified and children asked to remember a time they felt that way • ... sketches portraits of the children on cards and these are used on a board game in which children talk about positive and negative feelings and how negative feelings can be changed to positive feelings • Hiding feelings - using the iceberg analogy to talk about feelings people don't show • Making opportunities to say how children are feeling right now
<p>2b To assist the child to develop a sense of normality, a healthy self-image, and to build self-esteem</p>	<ul style="list-style-type: none"> • Lots of praise and encouragement over all activities. 2. Lot of noticing when children are doing the things ... and ... want them to do and noticing when they have made a choice • Sense of normality from conversation - letting them know that there are other families in which violence happens as well. ... and ... acknowledge any raruaru in their own family as well during 'rounds' • Video - "What about us?" - series of scenarios used when it seems to fit, not for every family
<p>2c To assist the child to deal with issues arising from separation or loss</p>	<ul style="list-style-type: none"> • Some of the children don't know whether dad is in or out - sometimes it's a recent partner, or a stepfather, i.e. there are different situations • Not all children in a family feel the same - separation issues cannot be polarised • Family drawings used
<p>2d To assist the child to gain a realistic perspective of the events leading to the making of the protection order, including the child's involvement in those events</p>	<ul style="list-style-type: none"> • Timeline on a big roll of newsprint - shows who the child lives with, where s/he feels safe, what s/he would like to happen in the future

GOAL

2e To assist the child to understand the events following the making of the protection order, including the changes in the child's family life and the options for the future

2f To help the child to build a support network

ACTIVITIES

- As above
- Spider web map - who there is in support network, how often children see a person
- Encouraging children to develop reaching out to others for support
- Older children encouraged to develop a relationship with school guidance counsellor
- ... and ... send a postcard to children between sessions
- Children make a safety plan that varies according to where the respondent is. Some children already have very good safety skills
- House plan - use metaphor of what they would do in the case of a fire
- Check that children are not taking responsibility for caregivers in any way
- Information about what help is available
- Information about the protection order
- Talk about family with child and caregiver and discuss safety planning
- Have child and caregiver share in structured activities together to build trust and self-esteem
- Provide opportunity for child to talk about their experience of events with caregiver present
- Interactive drawing involving caregiver
- Use of relaxation techniques, music and sand tray techniques with caregiver present
- Discuss feelings re family members and ways of expressing feelings

2g To assist the child to assess safety issues and to put in place strategies to maximise that child's safety

2h To strengthen the bond between the child and her of his caregiver

GOAL

2i To assist the child to develop: (i) social skills and improve his or her competency in social relationships, including social relationships with the child's peers (ii) strategies for non-violent conflict resolutions and to learn anxiety management techniques and anger management techniques

ACTIVITIES

- Ongoing encouragement of listening skills
- Reducing inter-sibling teasing and hitting
- Passing around 'kindness', e.g. a crystal used in one family to symbolise appreciation for one another
- Relaxation/calming
- Worksheets
- Teaching assertion skills
- Situation cards - problem solving, coping with bullying
- Self-soothing - connection between thinking and feeling, notion of taking self away

4.2 Objective 2 - To describe the underlying philosophy, content, processes, and resources of the programmes

Philosophy and values of the programme

The Whangarei providers run a programme entitled ‘No Violence – OK?’ that caters primarily for siblings, but also undertakes individual programmes as necessary. The philosophy of the Whangarei programme is to foster in children a sense of being valued in a wider community that cares about them and that will protect their safety. The guiding principle of the programme is to assist children to deal with the effects of domestic violence in their lives through education and therapeutic techniques. The sibling programme provides an opportunity for siblings to hear each other’s feelings and thoughts about the effect of violence on their lives, thus allowing them to break the code of silence that often occurs amongst children in a family. The providers believe that a sibling programme is necessary to address the antagonism that often occurs between siblings, particularly when they have been exposed to violence, and to provide an opportunity to enhance sibling relationships.

The providers believe that the programme should be a special time for children that will enable them to “see a different way of being”, and to achieve this, employ educational and therapeutic practices flexibly, according to the particular needs of the participants. In order to create a comfortable and reassuring environment in which participants may explore their feelings, the programme providers incorporate informal practices used spontaneously, as the need arises, such as ‘walks and talks’ along the nearby beach or reserve adjacent to the purpose-built studio where sessions are usually held. This is intended to enhance the experience for children and to contribute to a feeling of a ‘special time’ for them.

Flexibility of practice is an important aspect of this programme allowing the facilitators to be responsive to the individual needs of participants as they arise and, in accordance with this philosophy, sessions are not highly structured nor occur in a lock-step fashion. Further, when necessary, sessions are held at participants’ homes. A central theme of the philosophy of this programme is the valuing of the child/caregiver relationship. Thus sessions have been incorporated that include caregivers alongside children that are designed to support and enhance the child/caregiver relationship.

The providers state that an important aspect of their programme philosophy is to provide a sense of cultural safety in interactions with tangata whenua participants, which is achieved through the facilitators’ respect for difference in cultural perspectives.

Content, processes and resources

Roles, Training, Experience

A team consisting of one female and one male are the providers and facilitators of the Whangarei programme. Both facilitators are registered teachers. Further, one is an Educational Psychologist who has been involved in running ‘stopping violence’ programmes for men since the 1980s. The other facilitator has a background in teaching children with

special needs and in establishing a Women's Centre and Women's Refuge. In addition, the female facilitator provides programmes for adult protected persons, while the male facilitator provides programmes for respondents, as set out in the Domestic Violence Act 1995. These facilitators were asked to apply for registration as providers of children's programmes by the Family Court Coordinators. Having spent many years working with adults, they saw this as a welcome opportunity to work with the children affected by domestic violence.

To date, participants have been aged between 4 and 16 years. The programme is available to Māori families. Although not offering Tikanga Māori, the providers have undertaken to provide a culturally-safe programme.

Children who live in the city area usually attend sessions at the facilitators' studio. In general, the facilitators hold sessions in the homes of children who live outside the city area, or at their schools, whichever is most appropriate. Children have eight sessions available to them, which are taken up as and when most appropriate for the children, depending upon family circumstances and needs. The providers stated that families are made aware that they have three years in which to take up the full eight sessions from the time of a Protection Order being granted. (But note: This does not accurately reflect the Domestic Violence Act 1995, Section 29 (4) (d), which states that *requests* for children's programmes may be acted on when made within three years following the granting of a Protection Order, or beyond three years at the discretion of the Registrar where special circumstances exist. It does not stipulate that programmes must be completed within three years. However, it appears that the providers' understanding was that a programme must be completed within three years, hence their advising families of a three year time limit for completion). Having the three-year time frame means that sessions are not necessarily held over consecutive weeks unless this is what the family requires, but are paced according to need.

The minimum number of children in a sibling group is two, while the maximum is six. As groups are made up of siblings from the same family, sessions can begin at any time and are not dependent on the availability of other referrals. In the sibling group programme, sessions are two hours long, while the individual programme sessions are one and a quarter hours long. Group sessions are run in a co-facilitated approach. The facilitators state that their co-facilitated/co-gender model incorporates power sharing, assertive/effective communication and behaviour, mutual respect and co-operation, thus modelling effective and harmonious interaction for participants.

Before beginning sessions, assessments are conducted with both child and caregiver separately. One of the facilitators undertakes both the child and caregiver assessments, while the other provides support for caregivers while the child/children are being interviewed and vice-versa. Child interviews are up to two hours long and are designed to be minimally intrusive. Each child referral in a sibling group is interviewed individually. This means that a sibling group of three children will have six hours available assessment time. The child interview asks about the school, family relationships, self-concept, feelings, child abuse, and the nature of the violence witnessed by the child. In the past, the facilitators have used the London (Ontario) programme evaluation form but have found this to be less useful over time. They have also used the John Briere Trauma Checklist. They favour non-intrusive means of gathering information, and therefore do not administer such forms in a direct manner, but rather use them as a guide for gathering information while the child draws a

picture of their family or displays family figures in a sand tray. The child interview assesses the general psychological well-being and developmental maturity of the child to determine whether a small group programme or an individual programme would be most suitable.

The caregiver interview covers family relationships, child behaviour and relationships, violence experienced by the child, and violence witnessed by the child. Information on post-traumatic symptoms noticed by the caregiver is also obtained. The providers, in collaboration with the caregiver, determine whether sessions should begin immediately or be delayed, in accordance with individual child needs and family circumstances.

Both the caregiver and child assessments are seen as an opportunity for the facilitators to establish rapport and to put the participants at ease with the provision of the service.

A final session is held separately with each family. The aims of this are to review children's needs, and to: discuss safety plans developed, discuss their experience of the programme noting likes and dislikes, identify follow-up services needed and where to access these, affirm behaviour changes made.

Generally, the facilitators involve caregivers in every second session with children, although some are involved in every session. The final session with caregivers and children reviews what has changed for the child, with a focus on behavioural changes.

Although sessions are fairly unstructured, they are guided by a set of goals that relate to the goals of children's programmes as outlined in Table 4.1. In addition, the goals for any one session are related to particular behavioural outcomes for children and are guided by particular methods of practice.

Resourcing

In the absence of appropriate available resources, the providers have developed a variety of resources themselves. One of the providers uses his artistic skills to develop activities, such as doing portraits of children as part of a 'feelings' activity, as well as creating posters about violence that are coloured in with the children. The providers have also developed a puppet theatre with which they enact family transactions, and rehearse safety strategies with children.

Changes and Modifications

With regard to programme changes, the facilitators have noted that their programme is constantly evolving in response to participants' needs. Although they have not noted any specific programme changes since approval, as their programme is fairly unstructured and designed to be highly responsive to the individual needs of participants, the opportunity for change is built into their process. They did note that they appear to be dealing with more complex family dynamics and families facing ongoing turmoil in their lives. Perhaps related to this situation is the fact that they have to deal also with more sibling violence.

One of the providers commented that the term ‘programme’ is not really representative of what they do, since it implies “something very structured and exact” which they feel does not fit with the reality of helping the families they see deal with the effects of violence in their lives. The providers note that much of what they do is about helping family members “get along with one another” which is not an explicit objective of children’s programmes, yet is a natural part of their work with sibling groups.

Session review is conducted following each session during de-briefing. Children’s needs are reviewed during this de-briefing, and dynamics of sibling relationships are noted. Any disclosures made by children during the session that give rise to concern are noted at this time and are acted upon sensitively, according to provider guideline protocols.

Programme evaluation is conducted during the final group session, as well as the final separate family session.

Referrals

Referrals to this programme come mainly from the Family Court, although referrals may also come from other sources, such as the Department of Child Youth and Family Services (CYFS) or the Public Health Nurse. However, the referral by CYFS subsequently went through the Family Court, while the referral from the Public Health Nurse was a re-referral (which was previously a Family Court referral). The facilitators state that, in the latter case, funding is most likely to come from North Health.

4.3 Summary

- The Whangarei programme’s philosophy reflects the intentions of children’s programmes according to the Act, and is informed by the providers’ considerable experience with children and therapeutic methods.
- The facilitators have professional backgrounds and experience with both applicant and respondent programmes.
- The programme is flexible, incorporates informal and therapeutic practices and is designed to be highly responsive to the particular needs of children and families.
- Programme evaluation is ongoing and programme changes occur as necessary, dependent on individual needs.
- The programme is designed to be culturally safe.

4.4 Objective 3 - To examine issues surrounding the implementation and delivery of programmes and to suggest improvements

Providers' experience with the approval process

The providers of the Whangarei programme reported that the approval process was long, very involved and quite “daunting”, but appreciated the need for such a rigorous process.

Factors assisting or impeding implementation and delivery

With regard to factors assisting or impeding programme implementation or delivery, the facilitators stated that families may decide not to take up a programme once they are made aware of the fact that complete confidentiality cannot be guaranteed. The facilitators make it very clear to caregivers at the outset that, should issues arise that give concern for a child's safety, they are duty bound to pass the information on to the appropriate agency in the interests of the child's safety. This factor, they believe, may discourage some caregivers from proceeding further with a programme for their child.

The facilitators stated that they believe the three-year time frame for families to complete a programme following the granting of a Protection Order places unnecessary limits to programme delivery. (However, as noted previously, the Domestic Violence Act 1995 does not limit the period of completion of a programme to three years, but rather, states that requests for access to a programme will be acted on when made after a Protection Order has been in force for three years or more at the discretion of the Registrar. The fact that the understanding of this provider was that a programme must be completed within three years following the making of a Protection Order suggests that clarification of this is required.) This issue was of importance to the Whangarei providers as they stated that many of the families they see prefer to spread their sessions out over time, taking them up as and when needed most, according to individual family needs. The facilitators believe that, given the ongoing turmoil these families tend to face, more time should be available for programme completion. They suggest that programme availability should be open-ended.

Feedback from the key informant from programmes for adult protected persons suggested a need for a brochure about children's programmes that could be made available to adult protected persons in their programme, as well as other forms of promotion through the media. This key informant felt that applicants were generally unable to take in the information about children's programmes received from the Courts at the time it was given as they would sometimes later comment that they hadn't noticed receiving it. It was felt that providing them with material at a later time in the form of a brochure might assist programme uptake.

Impact of regulatory environment on implementation and delivery

The impact of the regulatory environment on programme implementation and delivery manifests itself mainly in the form of hesitancy on the part of caregivers, according to the programme providers. Caregivers are sometimes suspicious of the Court's connection. The facilitators discuss issues around the provision of their programme with caregivers to ease their minds. However, in the interests of ethical practice, the facilitators also inform caregivers of the boundaries around confidentiality in relation to the child's safety. Awareness of these limitations in confidentiality may dissuade some caregivers from going further with a programme for their child.

Issues relating to planning and initiating initial and final sessions

Few issues around planning and initiating assessment and final sessions were raised. The assessment session was described as being very important because it is the first point of face-to-face contact between children and facilitators and, as such, is an opportunity for facilitators to both establish a rapport with participants and put them at ease with the provision of their service. Further, it is seen as an essential means of gathering sufficient information from both the caregiver and child in order to gauge the extent of the violence the child has been subjected to, both directly and indirectly as a witness. The assessment session provides an opportunity to establish a trusting relationship with the caregiver and child, while at the same time informing the caregiver of the boundaries of confidentiality. The providers of the Whangarei programme state that the process used with children needs to be flexible enough to accommodate their developmental level, degree of shyness and/or apprehension, and manner of relating to an unfamiliar adult. Thus, they argue that the assessment should be as non-intrusive as possible. They note that the interviewer has to be sensitive to the possibility of divided loyalties between/amongst siblings within a family who may not want to betray a loved parent.

Relationships with other agencies, and with adult protected persons' and respondents' programmes

Both the facilitators reported that they have a close collaborative and consultative relationship with other agencies through an inter-agency network established in Whangarei. As a result, they believe that information about the children's programmes is getting to families who need it. Key informants from the Whangarei region reiterated this state of affairs. The key informant from the Courts, who emphasised how useful the inter-agency family violence network meetings held monthly were, was very positive about the working relationship her agency had with the facilitators, stating that there was a "*high level of case consultation and liaison*" and trust between them. The monthly meetings focus on the development of protocols for situations involving issues of danger and safety. The key informant stated that consultation with the facilitators was very helpful to their agency's efforts to reduce continued risk for families. Furthermore, this key informant stated that there was no "*rivalry*" or conflict of interests between the two children's programmes in the area. Rather the emphasis, she said, was on providing, in a collaborative, co-operative way, that which was in the best interests of the children.

Similarly, another key informant, a solicitor in Whangarei, reported that she had good communication with the facilitators. Neither party would hesitate to contact the other if they had cause for concern about a client. A key informant from programmes for adult protected persons expressed similar sentiments, stating that the working relationship between the two agencies was good and was such that they were able to share information about their work with a particular family. Since one of the facilitators also provides programmes for respondents, a very good understanding of the situation for a particular family was possible. Such consultations were generally of an informal nature, based on needs related to work for a particular family. This key informant (herself Māori) said that she felt comfortable referring Māori to the facilitators although they are tauwiwi because they have a lot of understanding of Māori culture.

Services provided additional to the programme

With regard to services provided in addition to the programme, the key informant from programmes for adult protected persons stated that as her working relationship with the facilitators allowed for information sharing, both parties were able to provide a degree of monitoring of the families they were assisting, going beyond the requirements of their individual programmes. In addition, the key informant from the Courts reported that she was aware that the facilitators provide a lot of follow-up for families after completion of the programme, which was not part of their contract and for which they are not funded. The key informant stated that this:

“typifies their commitment to the ongoing safety and well-being of families they’re involved with.” Key Informant from Courts

This key informant also stated that the fact that the facilitators are prepared to spread programme sessions for children across time, as needed, was another service they provided that enabled longer-term involvement with families.

4.5 Summary

- The approval process was perceived as complex and long but the rigour was recognised as necessary.
- Limits on confidentiality where the child’s best interests are at stake represents a potential barrier to programme uptake.
- Time period of programme availability to families should be open-ended to allow for more flexible programme delivery, in accordance with families’ needs.
- A brochure for children’s programmes in the Whangarei area should be made available to potential participants’ families to assist programme uptake.
- A close, collaborative and consultative relationship exists between the programme providers and other agencies in Whangarei supported by the monthly inter-agency family violence network meetings.

- Additional services are provided by the Whangarei programme that include monitoring during programme participation and follow-up of the families after completion of the programme. Flexibility in pacing of sessions was recognised as an additional service to families.

4.6 Objective 4 - To describe the client group and any perceived impacts the programme has had on the lives of the children and their caregivers

Demographic characteristics of children and caregivers

The providers received referrals for 13 girls and 17 boys from a total of 15 families during the 18-month evaluation period. Six of the families identified as European/Pākehā, and 3 families identified as Māori (the heritage of the other families referred was not identified).

Of the families referred during the evaluation period, three have completed the programme, two started the programme but moved out of the area before completion with the intention of continuing elsewhere, and two are still in progress in the programme. A further family decided against taking up the programme following assessment. Four families referred did not proceed with assessment (reasons to be discussed below). Two families are 'on-hold', preferring to take up the programme when they are ready. One referral was subsequently referred on to the Department of CYFS.

In two cases, the providers considered it appropriate for families who completed the programme within the evaluation period to be approached regarding participation in this evaluation. Although these two families initially agreed to be interviewed for this evaluation, one subsequently declined for unknown reasons. The family who was interviewed consisted of a caregiver and two children. However, although the caregiver had agreed to be interviewed, she appeared somewhat reticent during the interview, and did not want her interview to be tape-recorded. Therefore, limited information was obtainable from this caregiver. This family could not be contacted at the time of the follow-up interview.

A request was made for interviews to be conducted with families who were part-way through the programme; however, for various reasons, the providers did not deem this appropriate.

Protection Order/Custody Order details

All families referred to the programme during the evaluation period had current Protection Orders.

However, it should be noted that the providers have expressed concerns that children who have been exposed to domestic violence but whose caregivers do not seek Protection Orders or who do not request the programme are currently being denied assistance under present legislation that excludes them from participation in children's programmes. Under current legislation these children's needs are not being met.

Characteristics of family/whānau living with child

(Note: The following information pertains to the family interviewed. Due to the small sample size the information must be treated with caution, as generalisations from a sample of one are unfounded. To maintain the family's anonymity, detail provided on family characteristics is limited and, in the main, verbatim accounts have been summarised.)

The family members interviewed for this evaluation included a caregiver and two children. The family had had no further contact with the respondent at the time of the interview.

Perceptions of the ways in which the programme has assisted children to deal with the effects of domestic violence

As noted above, only one of the families who completed the programme during the evaluation period agreed to be interviewed. Therefore, information on children and caregivers' perceptions of the ways in which the programme assisted them to deal with the effects of domestic violence is limited.

The two children interviewed had strong memories of the positive interpersonal relationships established with the facilitators during the programme sessions, as well as of the art and craft activities engaged in as part of the programme.

The children's caregiver reported that the children were very comfortable around the facilitators and enjoyed the attention they got from them. She saw the facilitators as filling a sort of grandparent role for the children, who have no real grandparents of their own. The caregiver reported that the programme provided was very creative and artistic, and fitted well with the age and interests of the children. Ideas were delivered in a way that allowed the children to understand and put them into effect. She described the facilitators as "*more than just the right people at the right time*", reporting that their expertise in dealing with the issues gave the children a lot of confidence.

The caregiver reported that the programme was highly flexible to the family's needs:

No matter how drastic and dramatic the situation became, the programme was able to respond. Caregiver

Prior to participation in the programme, both children suffered from symptoms of anxiety. However, the caregiver reported that the facilitators gave them useful strategies to help them deal with these problems.

Specifically, the caregiver thought that the children learned how to use their safety plans, control certain situations, and to control temper outbursts, which were apparent at the beginning of the programme, following the domestic violence episodes. However, the caregiver was not sure that the children would know how to handle a violent situation should it occur again, although she knows they would come to her for help.

The caregiver stated that the facilitators offered reassurance to the children and reinforced the message conveyed by the caregiver herself; that the children were not to blame for the domestic violence.

The children stated that they learned about 'feelings'. The older child stated that the facilitators provided reassurance regarding certain problems she was experiencing. When asked how the facilitators helped them to feel about themselves, the older child stated that:

We felt more at home, and we felt, and we felt like we are a family again and stuff.

Although the children asserted that they had developed a safety plan with the facilitators, they stated that they couldn't remember it specifically. However, when asked what they would do if they got into a scary situation, the younger child stated the following:

Well, we could, we could call the police or run away, or try to get out. Or otherwise, don't panic.

Other perceived impacts, positive or negative, of the programme on children and their families

The caregiver stated that she would have liked the programme to go for longer and to taper off over time a bit more. This is because the children came to see the facilitators as "*friends, and not so much as people who came to help them and so it was hard to have to stop seeing them*".

The caregiver appreciated the way the facilitators would turn up with "*nice food for afternoon tea*" and would spend time chatting before the session got underway.

The key informant from adult protected persons programmes reported receiving feedback from a number of Māori clients whose children had attended a programme with the facilitators at one time or another. All of these clients reported being very happy with the outcome. Further, according to this key informant, caregivers reported marked changes in children's behaviour, such as

"being more open and speaking up for themselves" as well as having "a better understanding of the violence and a reduction in bullying behaviour". (Key informant from programmes for adult protected persons)

The key informant from Courts stated that she had spoken with several applicants who advised her that they were very happy with the programme their children had received from the facilitators. Similarly, a key informant solicitor stated that she had also received "*positive feedback*" from caregivers, who told her that their children felt that they "*could trust (the facilitator), and felt supported, and that they liked the confidentiality*".

Child and caregiver satisfaction with the programme

As only one family completed the Satisfaction Survey, responses are not presented for each question, but rather an overview is given. The caregiver responded to all questions on the Satisfaction Survey with no less than a rating of 3 (Satisfied). The majority of the caregiver's ratings were 'very satisfied' (a rating of 4), while two statements were rated as "extremely satisfied". Overall, this caregiver appeared highly satisfied with the programme.

Similarly, the children showed a high level of satisfaction, both with aspects of the sessions and aspects of their learning. The majority of both children's ratings regarding satisfaction with session aspects achieved a rating of 5 (Heaps/Great), with a few achieving a rating of 4 (A lot/Real good). One child gave a rating of "OK" to the question, "How much did the sessions help you?" With regard to their learning in sessions, ratings ranged from 3 (Some), to 4 (A lot), to 5 (Heaps), with one child giving a rating of "A bit" (2) to the question, "How much did the sessions help you to understand about violence?"

Other sources of support or help for the children

The caregiver reported that the children received support from an institution they attended, which was nicely balanced by that received from the facilitators. In addition, the caregiver felt that the school the children attended helped to stabilise them, and provided "*good family values*".

No further information was obtainable from the caregiver.

4.7 Objective 5 - To identify the factors that assist or impede the take-up of programmes, including reasons for non-attendance

Programme strategies to contact and engage potential clients

Upon receipt of a referral, the facilitators make telephone contact with the caregiver to discuss participation in the programme, to clarify issues and make arrangements with the family about how/when to proceed. If a family cannot be contacted by telephone, the facilitators write to caregivers, inviting caregivers to contact them.

As noted above, the key informant from Courts stated that it would be useful if there were a pamphlet that could be given to families about the providers' children's programme.

Details of programme attendance

During the evaluation period, two families reportedly began the programme with the facilitators but subsequently discontinued as they relocated to another area.

Three families completed the programme during the evaluation period.

Two families are currently in progress in the programme.

Factors that assist or impede programme take-up, attendance and completion

Reasons why caregivers may choose not to arrange for child to attend a programme

Two families reportedly failed to complete the programme because of the need to relocate as a result of ongoing violent situations. Four other families moved prior to assessment, two of which gave the same reason for relocating. The other two families could not be contacted, having apparently relocated before contact could be made. This suggests that the need to relocate, often as a result of ongoing violence, is an impediment to programme uptake.

One family did not take up the programme with the facilitators as they preferred a Māori programme, and were referred to one by the providers. Thus, having alternative programmes for children in an area that are culturally-appropriate potentially assists programme uptake.

The providers reported that one family did not proceed beyond assessment because of a concern that information divulged in the programme could be used in a custody dispute. This concern resulted from misinformation received from the caregiver's lawyer about the children's programmes. This suggests that more in-depth knowledge and understanding of children's programmes by those involved with families around domestic violence may impact on the take-up of programmes for children. The key informant solicitor interviewed commented that she was "*woefully unaware*" when it came to her own understanding of the structure of children's programmes.

According to the providers' details, two families are currently 'on-hold' with the programme. It is their intention to begin the programme at some later date. The caregiver from one of these families wishes to complete a drug and alcohol programme for herself, and applicant and respondent programmes for herself and father, before the children attend the children's programme. The other family has recently requested an assessment date. Two other families are currently participating in the programme.

The facilitators report that they have another family that they are still working with from a referral received in 1998 and another two families who "saved" their sessions preferring to spread them out over time. In addition, they have received a re-referral from a family that attended a programme with them previously. The facilitators have suggested that limiting the timeframe within which families can take-up a programme for their child(ren) to three years is an unnecessary impediment to programme uptake. They have argued for the need for a more open-ended time period.

The statement made by the key informant from adult protected persons programmes that caregivers often reported being overwhelmed and in a state of flux at the time information from the Courts regarding children's programmes was received and that as a result they were often unable to process the information, suggests that additional practices may be necessary in order to engage potential participants and increase programme uptake.

5 Conclusion

5.1 Conclusions and issues for consideration including Best Practice

It must be stressed that this report and its conclusions must be interpreted with care due to the fact that the programmes evaluated are only three of a large number of programmes for children operating nationally. Furthermore, generalisation of these conclusions may be limited given that the sample may not be representative, only a small number of participants were involved, and the lack of information pertaining to the long-term outcomes for children, given the time frame of the evaluation.

- All children's programmes assisted children to deal with the effects of domestic violence by providing an effective educational programme.
- All programmes helped children to deal with the effects of domestic violence through the design of specific practices and activities in accordance with the goals outlined in Section 2 (a) through (i) of Regulation 30 of the Domestic Violence (Programmes) Regulations (1996).
- All programmes incorporate practices that are designed to be responsive to the needs of children as protected persons.
- The philosophy of all three programmes reflected the goals for children's programmes as set out in the Domestic Violence (Programmes) Regulations (1996).
- The provision of age and culturally-appropriate programmes for children is reinforced by the findings of this evaluation.
- A strength of all the programmes in this evaluation was that programme facilitators were highly qualified. This was recognised by all informants as an essential element of successful programme implementation. Further, given the multiple and specialised needs of the families, this is seen as a critical feature of programmes.
- Due to the lack of readily accessible, appropriate resources for use in educational programmes for children who have witnessed domestic violence, all of the providers have spent large amounts of time and funds creating these individually. As providers were not contracted to develop educational resources, it is recommended that consideration be given to including compensation for such in the future.
- While the providers found the rigorous approval process taxing, all stakeholders appreciated it was necessary if communities were to have trust and confidence in the children's programmes.

- Referral to children’s programmes is dependent, in the first instance, on the caregiver obtaining a Protection Order, and secondly, on the caregiver requesting a referral. It is strongly felt that referral to programmes should not be exclusively linked to a Protection Order so that all children exposed to domestic violence have access to needed assistance.
- The referral process appears to be differentially applied. There are inconsistencies and problems associated with the timing of referrals, including caregivers’ ability to act on information received about children’s programmes when first received.
- Good working relationships were found to exist between children’s programme providers and members of other agencies, such as adult protected persons’ and respondents’ programmes.
- Specific knowledge of the structure and content of programmes was often lacking in those responsible for making referrals (e.g. Family Court Coordinators). This limited the quality of information that could be passed on to caregivers. To this end it is recommended that sufficient information (such as the programme brochures in Appendix I) be made available to facilitate uptake and allow caregivers to be able to make an informed choice.
- Children and caregivers reported that they were highly satisfied with the programme they participated in.
- All programmes assisted children to express their feelings about the impact of domestic violence on their lives, to better understand family changes, and to consider strategies for keeping safe in situations of domestic violence.
- It appears that children who have been exposed to domestic violence are likely to have to deal with multiple and/or ongoing negative life events such as parental separation, relocation of family home and school, and the effects of reduced family income.
- Caregivers and children expressed a concern, in some instances, that the programme ended abruptly, with a sudden severing of relationships that had developed between children and facilitators. This withdrawal of support was often stressful. Caregivers expressed a need for ‘top-up’ sessions and the flexibility to access the programme again as needs arise. While a child’s sense of loss following the withdrawal of support maybe inevitable, this could be reduced by consideration of how support might be tapered off over a period of time. Further, a gradual withdrawal of support and the possibility of accessing ‘top-ups’ as needed would be likely to have the added benefit of consolidating programme effects for children.
- Of concern is the large number of potential participants who appear not to have taken up programmes due to transience or relocation. We suggest that ways be looked at to prevent children from such families from “slipping through the net”.
- Providers expressed the wish to be able to learn about and have the opportunity to share ideas and educational resources with other providers of children’s programmes from throughout the country. It is therefore suggested that a national annual hui be held to facilitate this.
- Both providers and caregivers spoke of the need to provide programmes that target the specific needs of adolescents who have witnessed domestic violence. Adolescence is a particular developmental period with its own challenges and needs that are not adequately met in programmes designed for children. There is a pressing need for support to

resource existing programmes to cater for adolescents, or where this is not possible, to fund programmes specifically to provide for young people.

- It is suggested that sibling violence is an important issue that needs to be specifically addressed if educational elements of children's programmes are to be maximally effective. A holistic family approach is more likely to be conducive to dealing with sibling violence, which was identified as an issue by providers and families alike in this evaluation.
- A purely educational programme is not intended to address family systems issues. However, based on feedback from participant families and notions of best practice, it is suggested that the best outcomes can be expected from programmes that take a holistic family-oriented approach with the option of home-based delivery as this is likely to further facilitate the strengthening of caregiver-child relationships.

5.2 Conclusions and issues specific to the Children's Programmes for Māori

- Conditions in the Domestic Violence (Programme) Regulations 1996 require that respondents, adult protected persons and children are treated separately and attend different programmes. The intention of the Domestic Violence Act 1995 is rightly focussed on ensuring that women (predominantly) and children do not end up in a situation where the respondent can continue to exert power and control over them. This is particularly important when caregivers choose not to continue on in a family structure that includes living with the respondent. However, for those caregivers who wish to reconstruct their family including the respondent, the current structure does not allow providers to work in a culturally-appropriate way, where the whānau is seen as connected and worked with in a holistic way. Currently the only connection whānau can have is under Regulation 31 (2) (b) (ii) which provides for a final separate session for the child and caregiver and such members of the child's family or whānau as the caregiver has requested be present. Potentially the respondent could be involved in that session if the caregiver wanted and was aware it was permitted. It is suggested, therefore, that caregivers and children who participate in programmes be made aware that this option exists so that, where appropriate, respondents may take part.
- Having Māori facilitators was extremely important to the Māori children and their whānau.
- For many Māori whānau, their economic status may mean that they may have limited access to resources. Naturally then, a home-based option not only requires less resource input from whānau but it also means that the whānau feel more secure in their own environment and there is the potential for caregiver-child relationships and sibling-sibling relationships to be strengthened.
- A strength of the Early Childhood Development programme was that programme facilitators were both Māori and highly qualified (in terms of their own professional backgrounds and in terms of their own knowledge and expertise in Tikanga Māori). This was recognised by all informants as an essential element of successful programme implementation. In addition, given the multiple and specialised needs of the family, this is a critical factor for children's programmes generally, and Māori programmes specifically.

- It is suggested that a major publicity campaign is needed so that women (in particular) and other professionals involved with families are aware of the process of gaining Protection Orders and also that free programmes like He 'Taonga Te Mokopuna exist for caregivers and their children who have a Protection Order.

Appendix A Caregiver and Children's Brochures²⁶

²⁶ Note: the wording of the brochures, questionnaire and surveys differed slightly according to the programme being referred to.

about us

The people involved in the project are all from the University of Auckland:

- Dr Fiona Cram, Ngati Kahungungu, (International Research Institute for Maori and Indigenous Education)
 - Dr Robyn Dixon
 - Dr Vivian Adair (Centre for Child and Family Policy Research)
 - Tania Cargo, Ngati Maru, Ngati Manu
 - Dr Sue Jackson
- (The people who will do most of the interviews. Both are Clinical Psychologists with a lot of experience working with children and their families).

do you want to know more?

do you want to talk about being involved?

any other queries?

THEN CONTACT US:

THE MAIN PHONE NUMBER IS

09 373 7599

FIONA ext 5831

ROBYN ext 7388

SUE ext 2392

TANIA ext 2392

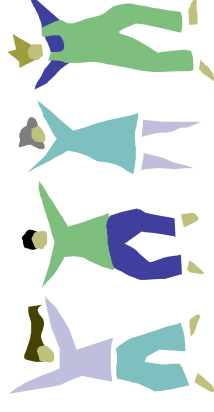
Any questions about the ethics?

Frederick Kroon ext 7609



**Tena
Koutou
Katoa**

Evaluation of Children's Programmes



An invitation to give your views about Children's Programmes provided under the Domestic Violence Act 1995

A research project being carried out by researchers at the University of Auckland for the Department for Courts

What is the research for?

We need to find out how well the children's programmes are working for children and their caregivers so that programmes throughout New Zealand can be improved and developed to best meet the needs of children and their families.

when do we want to do it?

We would like to talk to you soon after the programme finishes and then follow this up 3-4 months later to find out if thoughts, feelings, behaviours are the same or different.

how will we protect your information?

All your information will be

CONFIDENTIAL. This means:

- Only the researchers doing the evaluation will see or hear your information. **BUT** if we learned that you or your child/children were not safe we would talk with you about who we should contact to support you in keeping safe.
- All your information- tapes and anything written down- will be kept in locked files. Only the researchers have keys.
- We **WILL NOT** use any information that might identify you in anything we write about the evaluation.

what will we do with the information?

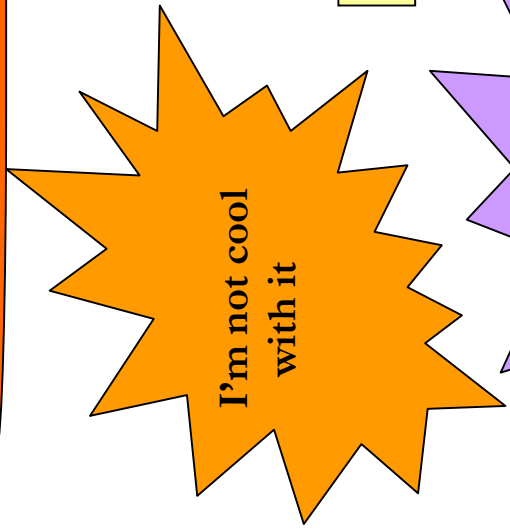
We will write a report for the Department for Courts about the views of children and families toward children's programmes. You are welcome to have a copy of the report or, if you prefer, a summary of what we find.

how will we do it?

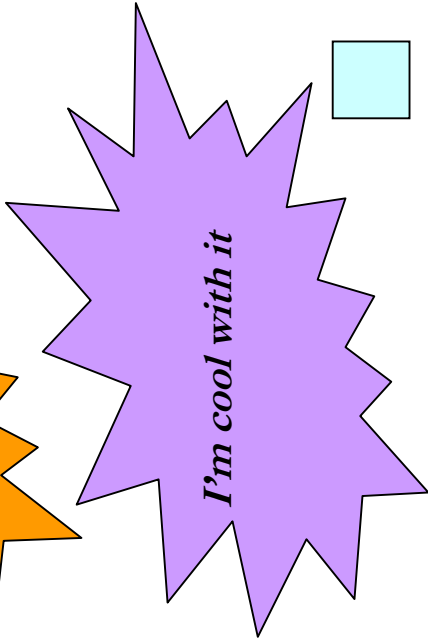
- We will talk with you in the place that is best for you
- We will talk about the thoughts and feelings you and your child/children have had from the time of referral to finishing the group.
- If you agree we would like to record our talk on tape.
- Our talk would take about one to two hours the first time and a shorter time at the 3-4 month follow-up.
- You can stop our talk at any time.

what do we want to do?

- Talk to caregivers about what they thought and how they felt about the children's programme
- Talk to children about what they thought and how they felt about the children's programme
- Talk to teachers about any changes they have noticed in children before and after doing the children's programme



I'm not cool with it

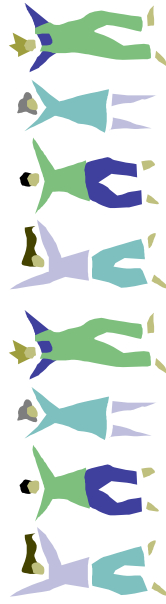


I'm cool with it



Name _____

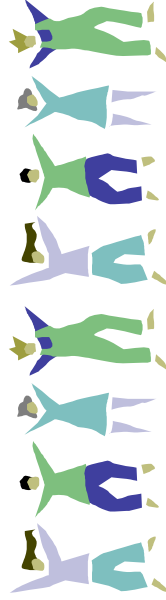
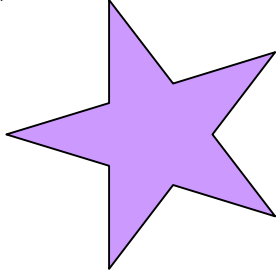
Address _____



Names and telephone numbers of the researchers

The researchers all live in Auckland.

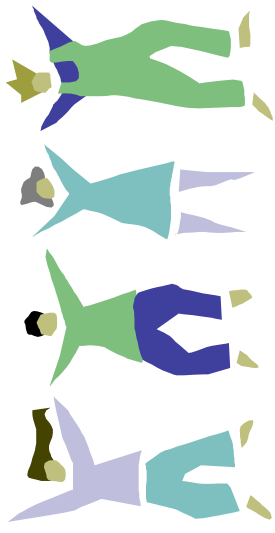
Fiona Cram 09 373 7599 ext 5831
Tania Cargo 09 373 7599 ext 2932
Sue Jackson 09 373 7599 ext 2932
Robyn Dixon 09 373 7599 ext 7388



What did you think

about the

Children's Group?



An invitation to take part in a special research project

You are invited...

to take part in a special research project called "What do children and young people think about (Children's Groups)?"

What is the project for?

We want to find out how children and young people feel about the group. This will help the people who run the groups to know what works best in the groups. They will also know what changes to make in the groups to make things better.

What will happen if I say yes?

You will be asked to talk about the things you liked and did not like, and about the things you learned in the group. You won't have to talk about anything that you don't want to and you can stop the talk at any time. Our talk will be taped on a tape recorder. You can do things like drawing while we talk if you want to.

Who will talk to me?

A person called a researcher will talk to you. She is someone who has talked a lot to children and young people about what they think and feel about different things.

What will happen to my talk?

We will listen to the tapes of all the children and young people we talk to and write down what they say. Next we will read all the talk and then we will write about the main ideas. Our writing will go into a small booklet. The booklet is for the people that pay for the children's groups and the people who run the groups.

Who will know what I say?

Only you and the researchers, and your mum if you want her with you. Nobody else is allowed to hear your tape. Your name will not be printed in the booklet.

I think I want to do the project... What do I do now?

Tick the boxes if the words are true.

I know all about the project.



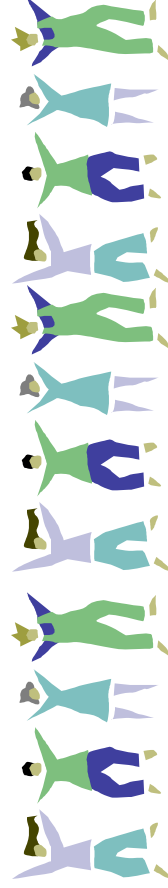
I know I can stop the talk at any time.



I know my talk will be taped.



I know what will happen to my talk.



Turn over for the big one!

Appendix B Consent Checklist and Consent Form

INFORMED CONSENT: Interviewer Checklist

1. Information about the project

- Background to the evaluation
- What is being evaluated
- Who is doing the project
- Time frame for the project

2. Consent for taping the interview

- Reason for taping
- What happens to the taped information

3. Right to withdraw

- How long interview takes
- Right to talk only about things want to
- Right to stop the interview at any time
- Right to withdraw any or all information up to one month later

4. Confidentiality

- Access to information only by researchers
- Storage of information
- Removal of any information that could identify participant in written material
- Exception to confidentiality- safety of woman and/or child, discuss contacting appropriate agency to ensure protection

5. Recording of information

- Report for Department for Courts
- Availability of report or a summary of findings to participant

CONSENT FORM

Please tick the box if you agree with the statement.

I have been told what the project is about.

I understand that my information will be protected.

I know I can withdraw from the project any time up to one month after the interview.

I agree that the interviews for me and for my child's can be taped.

I agree that the researchers can ask providers for assessment and evaluation information.

I agree to take part in this research project.

I agree that my child can take part in the research project.

Name: _____

Signature: _____

Date: _____

Appendix C Caregivers' Satisfaction Survey

Caregivers' Satisfaction Survey Early Childhood Development Programme

Satisfaction with the Children's Programme

The following questions ask about how satisfied you were with various aspects of the programme that your child/children attended with (name of facilitator). Each question has a rating scale of 1 to 5 to rate your level of satisfaction. The higher the number, the greater your satisfaction. Please circle the number that best fits with your level of satisfaction.

- | | | | | | |
|---|---|---|---|---|---|
| 1) How much information you had before the programme it started | 1 | 2 | 3 | 4 | 5 |
| 2) The amount of feedback given to you throughout the programme | 1 | 2 | 3 | 4 | 5 |
| 3) The number of sessions. | 1 | 2 | 3 | 4 | 5 |
| 4) The length of sessions | 1 | 2 | 3 | 4 | 5 |
| 5) The time of day that the programme was held | 1 | 2 | 3 | 4 | 5 |
| 6) The timing of the programme in terms of what else was happening in your life | 1 | 2 | 3 | 4 | 5 |
| 7) How involved you were in the programme. | 1 | 2 | 3 | 4 | 5 |
| 8) What the children learned in the programme (e.g.skills, attitudes) | 1 | 2 | 3 | 4 | 5 |
| 9) How much the programme helped your child(ren) to get on at school | 1 | 2 | 3 | 4 | 5 |
| 10) How much the programme helped your child(ren) to get on at home | 1 | 2 | 3 | 4 | 5 |
| 11) How the children learned in the programme (e.g. activities) | 1 | 2 | 3 | 4 | 5 |
| 12) The development of new behaviours or skills in your child/children | 1 | 2 | 3 | 4 | 5 |
| 13) How important was it for you that (as well as being highly skilled and experienced) (name of facilitator) was Maori | 1 | 2 | 3 | 4 | 5 |
| 14) Maori aspects of the programme | 1 | 2 | 3 | 4 | 5 |
| 15) Contact with the facilitators | 1 | 2 | 3 | 4 | 5 |

Appendix D Interview Guide (Adult)

INTERVIEW GUIDE (Care-giver)
(from Peled & Edelson, 1992)

How did the child come to participate in the group?

How was that for you? (the child, others)

- *Feelings*
- *Thoughts and attitudes*
- *Expectations*
- *Preparations*
- *Assessment session*

How did the child(ren) respond to the group?

- *Behaviorally*
- *Verbally*
- *Other*

.....to activities, structure, peers, facilitators

What were you thinking/feeling about these issues?

Have you noticed changes in the child(ren) during group participation? What kinds of changes?

Can you tell me about any special experiences or events the child(ren), you, or others had during the group?

What do you think the influence of home was on the child(ren)'s group experience. In what way did the group influence life at home?

How were things after the group ended?

- *Direct and indirect responses*
- *Thoughts*
- *Feelings*
- *Behaviors*

Now that some time has passed, what do you think of the group?

What would you say the outcomes of the group were?

Do you have any suggestions for changes in the groups?

How do you see the child(ren)'s future coping with (violent) situations at home?

Appendix E Interview Guide (Children)

INTERVIEW GUIDE (Child)








1. How come you got to go to the group with (providers)
 - Whose idea was it that you go?
 - What did you think about going?
2. Before you went to the group, you and your mum went to see (providers).
Do you remember what you did? (prompt as necessary, this is to cue the child into the assessment session).
 - How did you feel about going to see(provider)
 - What did you think of that session with (provider)
3. I want you to think back to the very first time you went along to the group, the time when all of the other kids were there.
 - How did you feel?
 - And the rest of the group sessions-did you feel the same or different? What feelings did you have?
4. What can you tell me about the group- I wasn't there so I don't know anything about what you did.
5. What things did you like the most about the group?
 - What was cool about that?
 - Anything else?
6. What things didn't you like about the group?
 - How come you didn't like that?
 - Anything else?
7. What did you think about the other kids in the group?
 - What made you think that?
 - Anything else?
8. How did you feel about(providers)
 - What made you feel that way?
 - Anything else?
9. How did you feel about going to the group after school?
 - What made you feel that way?
 - Any other feelings?
10. I'm wondering what you thought about how many times you went to the group - did you think it was too long, too short, about right?
 - What would be a good number of times?

11. Were there any special things that happened in the group?
 - Tell me about them
12. How did things that happened in the group affect things that happened at home? (older children only)
13. How did things that happened at home affect how you felt in the group (older children only)
14. How did the group help you?
 - Getting on with older kids
 - Getting on with brothers/sisters?
 - Being safe
 - Learning new things
15. How did you feel when the group ended?
16. Have things been different for you since you stopped going to the group?
 - What is different?
17. What kinds of things did you get out of the group?
18. Would you go to this kind of group again? Why?
19. How would you change the group?

Appendix F Survey (Children)

What I thought about the Children's Programme

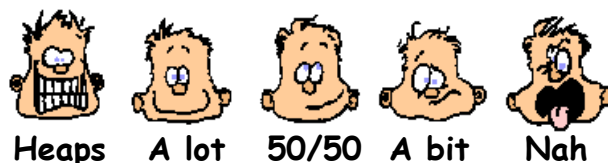
These questions ask about what you thought of the children's group that you went to with _____. There are no right or wrong answers. Put a circle around the picture that shows best what you think.

- | | | | | | |
|---|--|---|---|--|--|
| 1. How much did you enjoy the programme? | 
Heaps | 
A lot | 
OK | 
A bit | 
No way |
| 2. How much did the programme help you? | 
Heaps | 
A lot | 
OK | 
A bit | 
No way |
| 3. How much did you learn from the programme? | 
Heaps | 
A lot | 
OK | 
A bit | 
Nothing |
| 4. How safe did you feel in the programme? | 
Heaps | 
A lot | 
OK | 
A bit | 
No way |
| 5. How much did you like being with your brother or sister? | 
Heaps | 
A lot | 
OK | 
A bit | 
No way |
| 6. How did you get on with _____? | 
Great | 
Real well | 
OK | 
A bit | 
No way |
| 7. When you think about everything to do with the programme, how good was it? | 
Great | 
Real good | 
OK | 
A bit | 
No way |

What I thought about the Maori Parts of The Programme

These questions ask about what you thought of the children's group that you went to with _____. There are no right or wrong answers. Put a circle around the picture that shows best what you think.

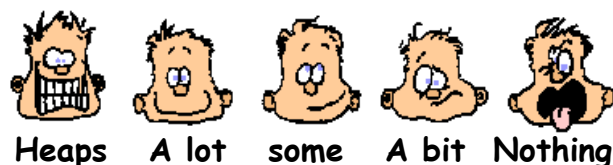
1. How important was it for you that the person you worked with was Maori?



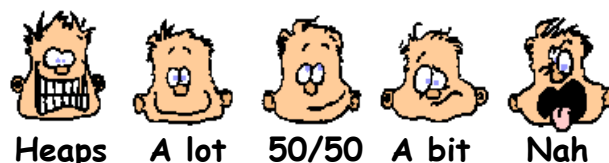
2. How much did the programme help you with any worries you had about Maori things?



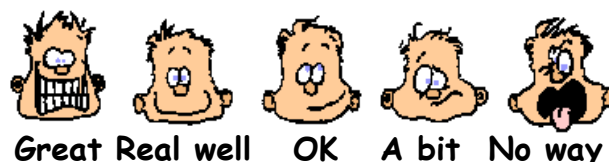
3. How much talking about Maori things did you do on the programme?



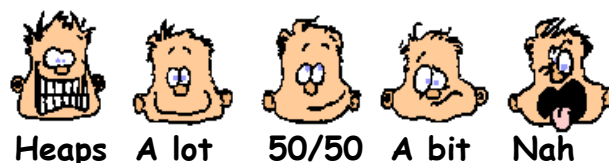
4. How safe did you feel talking about Maori things?



5. How good do you feel about being Maori?

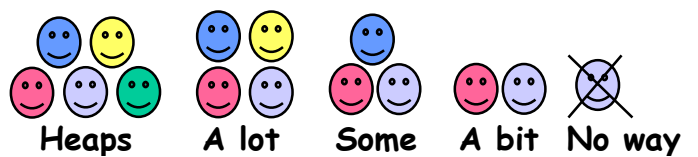
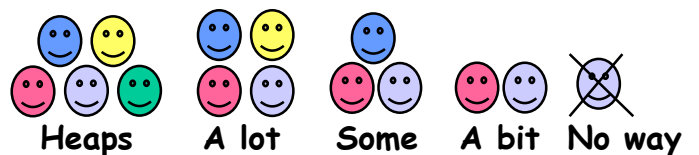
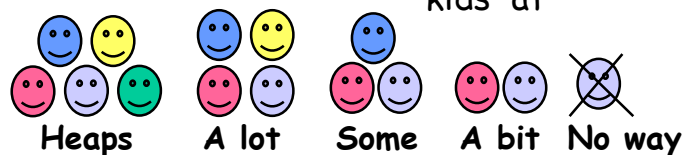
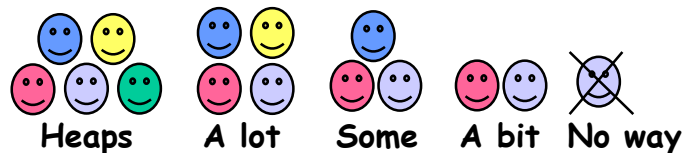
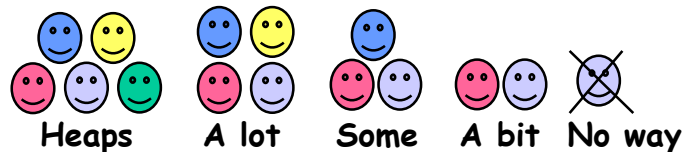
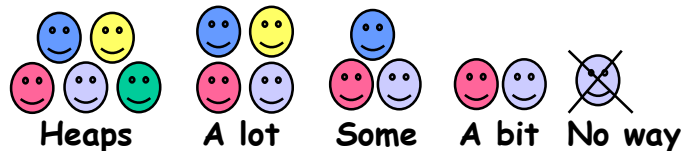
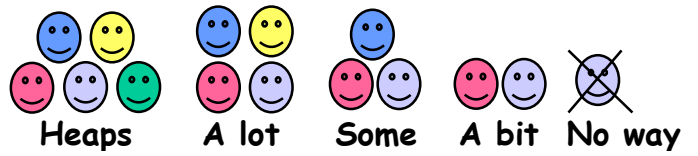
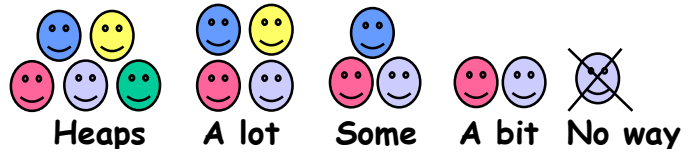


6. How important to you was it that _____ was Maori?



My learning in the sessions

1. How much did the sessions help you to talk about your feelings
2. How much did the sessions help you to deal with angry feelings?
3. How much did the sessions help you with ideas on how to keep safe?
4. How much did the sessions help you understand about violence?
5. How much did the sessions help you to get on better with other kids at school?
6. How much did the sessions help you to feel good about yourself?
7. How much did the sessions help you to get on better at home with mum?
8. How much did the sessions help you to get on better at home with your brothers/sisters?



Appendix G Follow-up Interview (Caregivers)

DVA FOLLOW UP INTERVIEW (caregiver)

1. How have the child(ren) been since we last spoke?

- *Behaviourally (at home, school etc)*
- *Verbally*
- *Other*

2. What do you think the programme has done for your child(ren)?

3. Has the programme had an effect on you? If so what?

Parenting practices, Participation in protected persons programmes

4. Can you tell me of any instances or events in which you or the children have used material or skills that are a result of having participated in the programme?

5. Were there areas that the programme did not address that you would have liked to have seen included? If yes what were these?

6. Do you feel the children need further support or assistance? If yes what would you like to see happen?

7. Is there anything else you would like to say about the programme ?

Appendix H Follow-up Interview (Children)

Follow Up Interview For Children (Only if you want to).

1. What do you remember about what you did on the programme?

I remember talking about

.....

I remember doing

.....

I remember feeling

.....

2. What do you think being in the programme has done for you?

I think being on the programme has

.....

3. Do you remember making a safety plan? Can you tell me about it?

My safety plan is

.....

4. The last thing I would like to say about the programme I did is

.....

.....

.....

.....

Appendix I Programme Brochures

He Taonga Te Moko puna The Child is a Treasure

Early Childhood Development develops and delivers programmes for children who have been affected by domestic violence situations. The programmes aim to:

- help children to feel good about themselves
- help children express feelings such as pain, hurt and fear
- build safety nets around troubled children
- strengthen children's relationships with caregivers.

Early Childhood Development presents three programme structures designed for your needs:

Individual programme

Specifically designed for ECD Facilitators to work on an individual, face-to-face basis, with your child. The programme consists of ten sessions, each up to an hour's duration.

Group A programme

Caters for groups of two to three children. Your ECD Facilitator will plan and carry out ten sessions of up to two hours' duration each.

Group B programme

Delivered by two ECD Facilitators working together, this programme caters for groups of four to eight children. It consists of ten sessions of up to two hours' duration each.

All ECD programmes for children are delivered by sensitive and qualified professional staff who understand the dynamics of domestic violence, and its impact on children.



*He Taonga Te Mokoopuna
The Child is a Treasure*

Early Childhood Development offers you and your children:

- a **free** service
- a sensitive and caring environment
- absolute confidentiality
- a tailored programme based on the real interests and needs of your family
- learning by using child-appropriate activities
- caring and non-judgemental staff
- an assessment session which lets you check out the suitability of our programme and staff, without any obligation.

If you are interested in your children being part of our programme, please let your Family Court Coordinator know.

Early Childhood Development is a government education agency with offices throughout the country.

Your local ECD Facilitator is:



*Helping to heal
the hurt...*

Programmes for Children
Domestic Violence Act
(1995)



*Early Childhood Development
Ngā Matauraki Kōhungahunga
RIGHT FROM THE START*



*Early Childhood Development
Ngā Matauraki Kōhungahunga
RIGHT FROM THE START*

How to Contact us

Dove Family Therapy Centre
P O Box 293
NewPlymouth

This is a private practice family
therapy centre.

Family Therapists



The Dove family therapy Centre

*For families who want to work together
to make positive changes.*

Who We Are

I am a Clinical Psychologist / Family Therapist with 15 years experience. I have specialised in working with children and their families within a disability and health setting and later years in private practice.

I am a registered Psychologist, member of the NZ Psychological Society and the N.Z. College of Clinical Psychologists. I practice in accordance with the professional ethics of these organisations

I am a qualified Social Worker / Family Therapist with 17 years experience. I have worked with children and families in disability, health and social service settings and youth and adults in Justice Services.

I am a member of New Zealand Association of Social Workers and practice in accordance with my professions ethics.

What the Centre Offers

- ✦ Family Therapy ~ working with family groups.
- ✦ Parenting and behaviour management strategies.
- ✦ Group work programmes for children and young people as requested.
- ✦ Training for those working in Social Services and community groups.
- ✦ Professional and Clinical Supervision.

Areas of Special Interest and Experience

- ✦ Domestic Violence.
- ✦ Disability Support Services.
- ✦ Issues for children when parents separate.
- ✦ Group work for children and young people.
- ✦ Parenting and behaviour management strategies.

