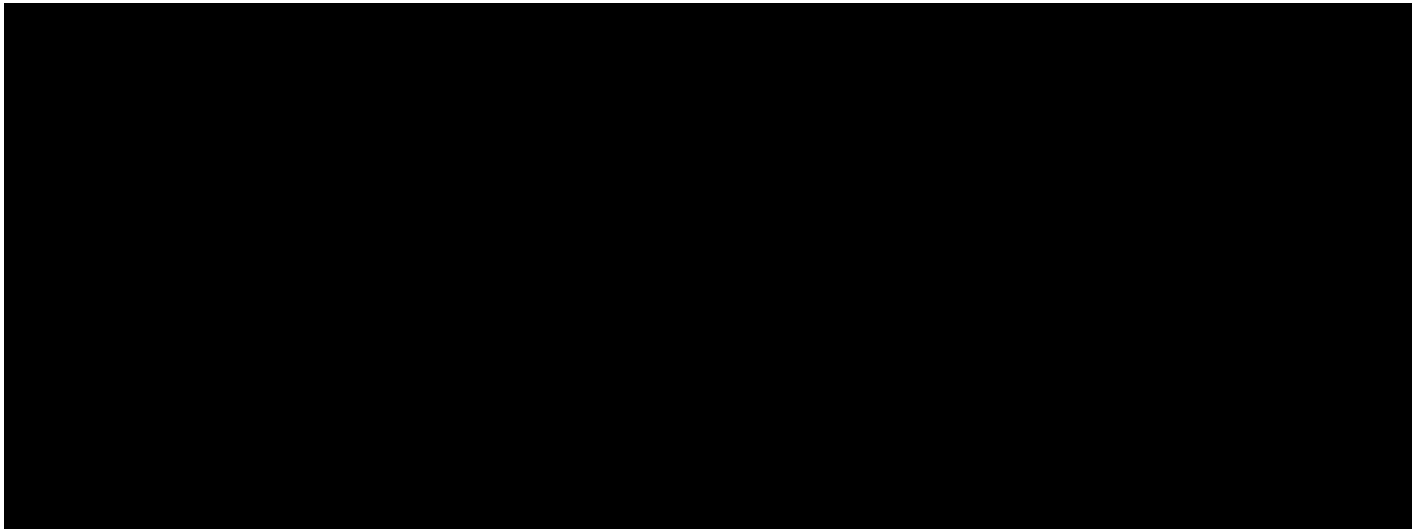




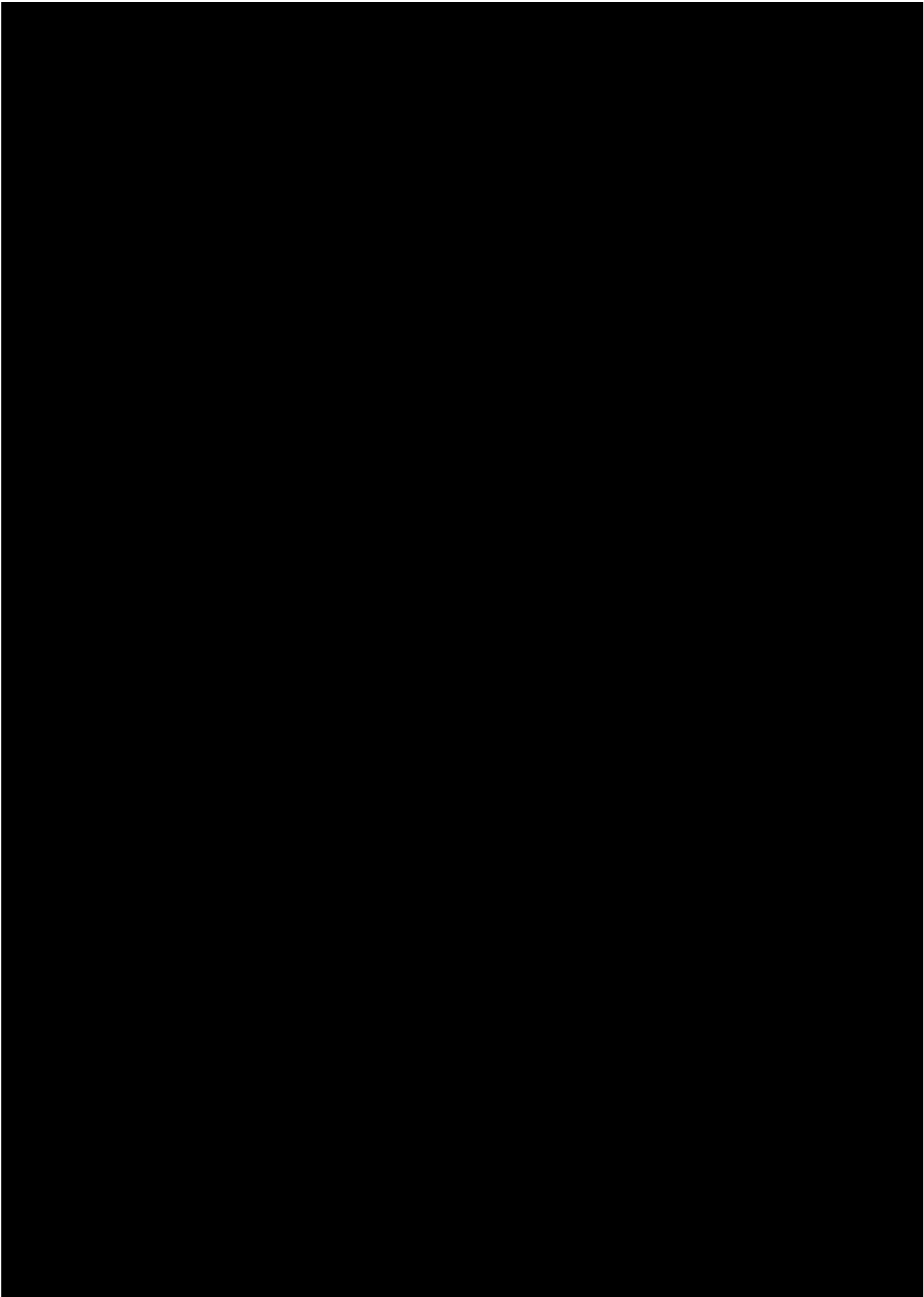
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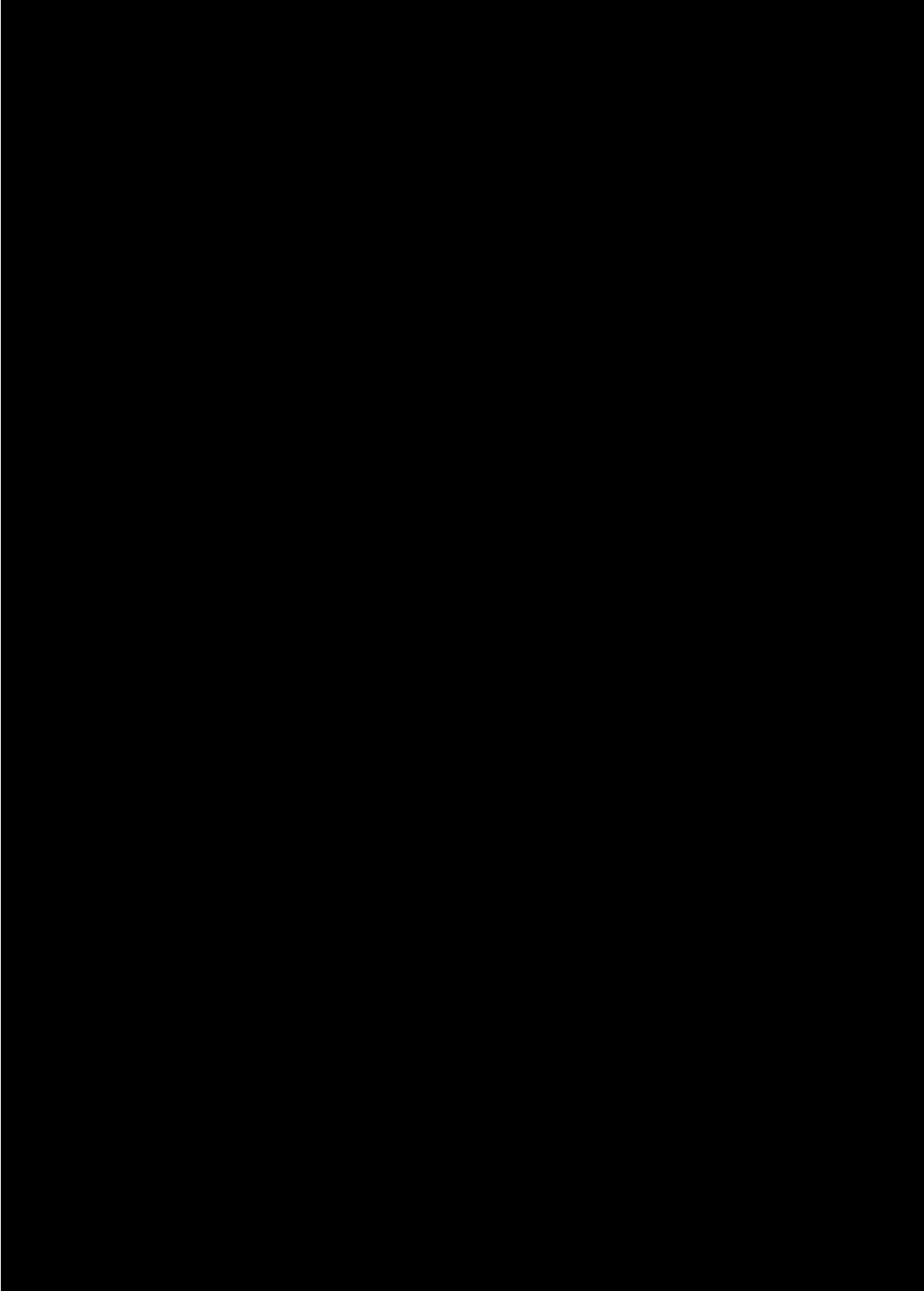
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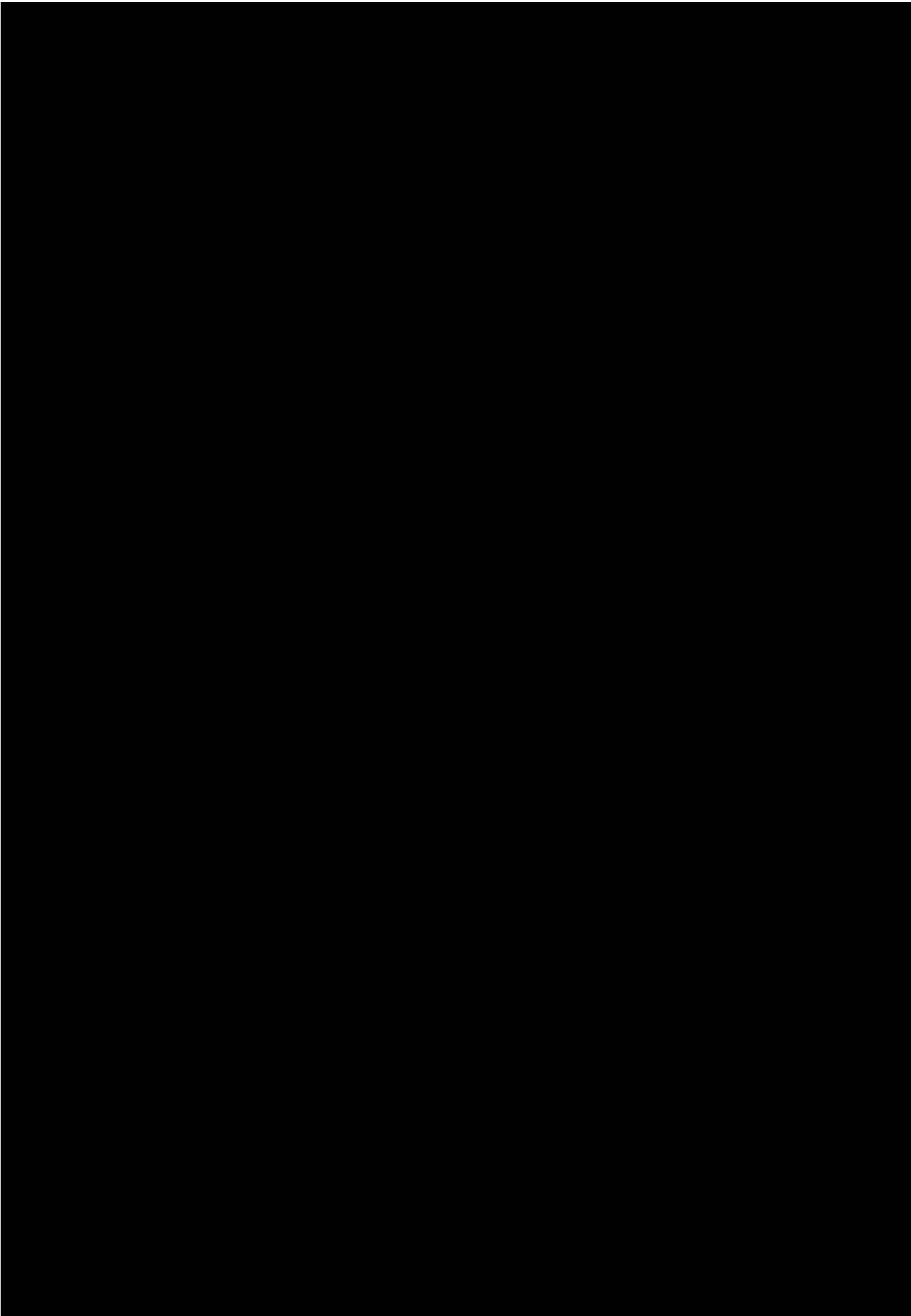
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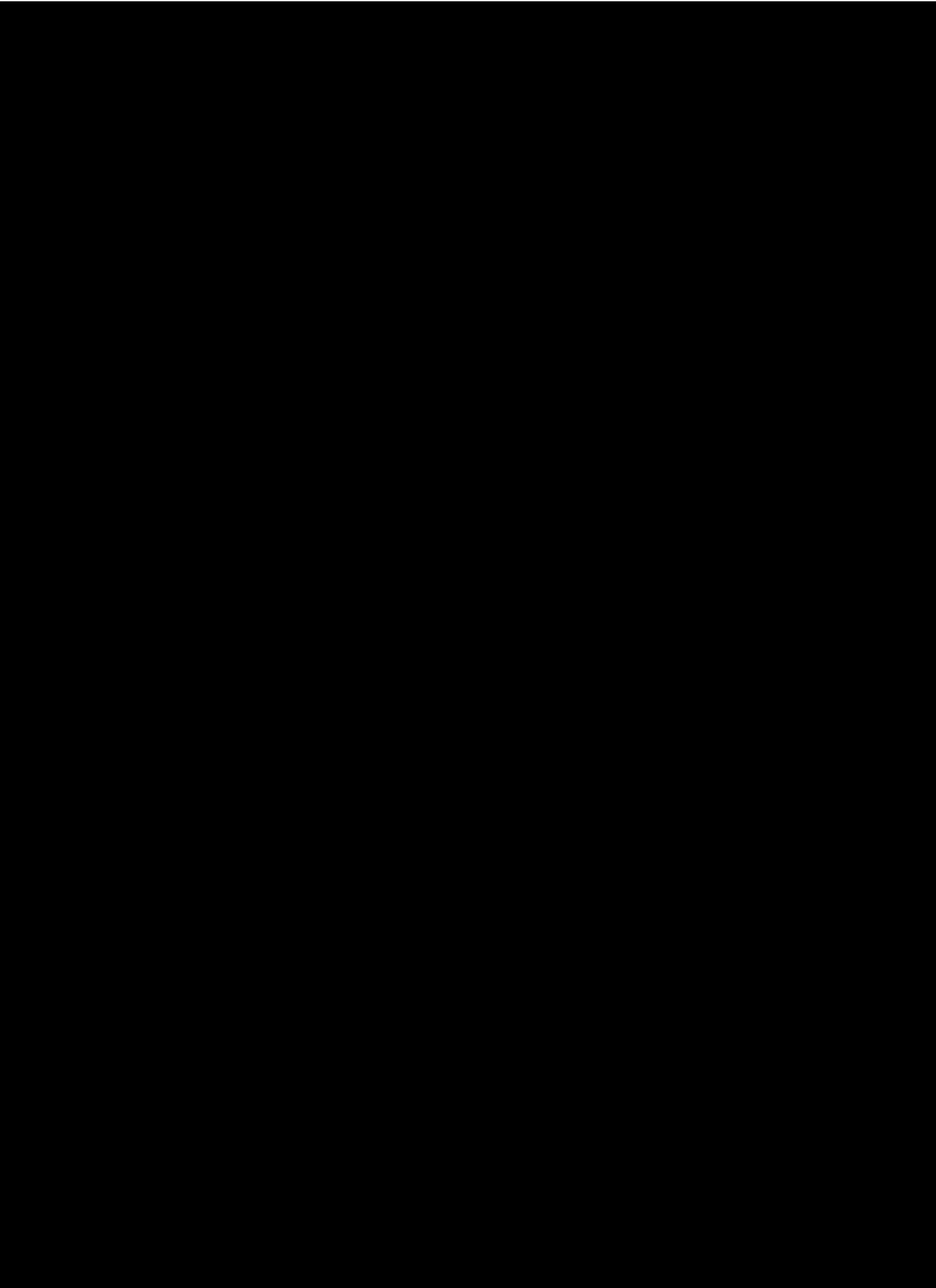


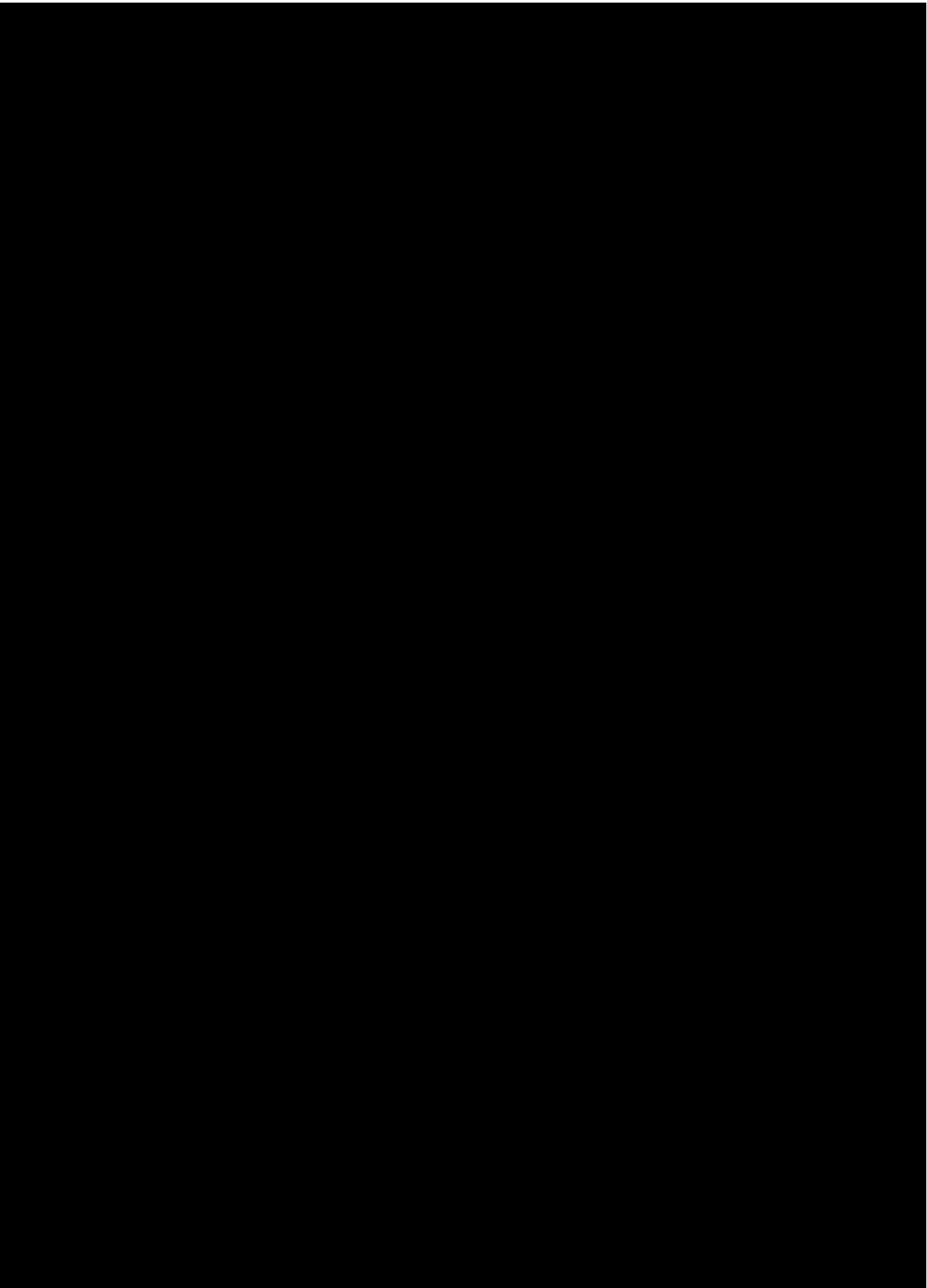
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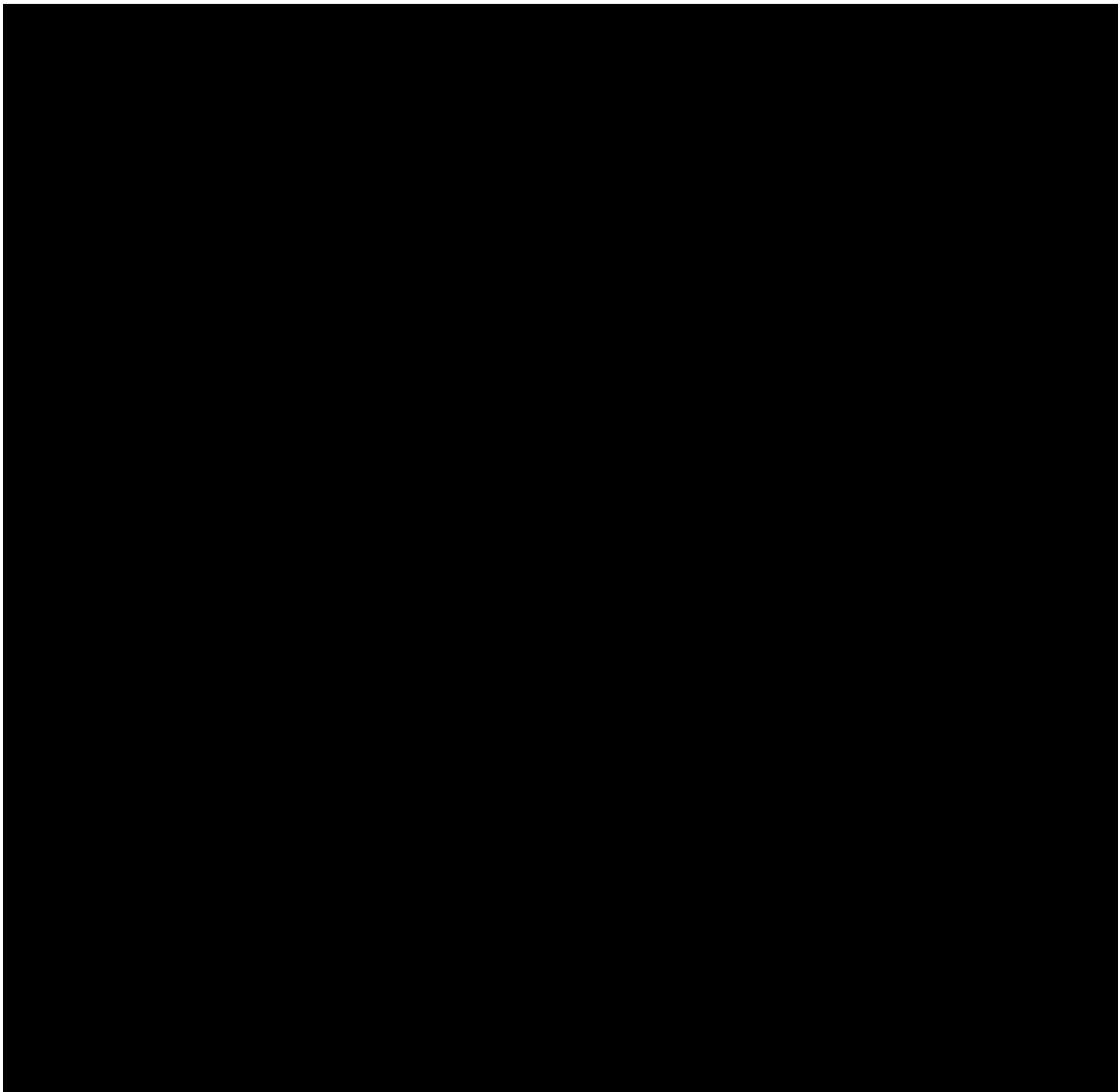












2. Family Violence and Sexual Violence

2.1 Current context

One in seven children grows up in a violent home and one in three ever-partnered women reports having experienced physical and/or sexual intimate partner violence in their lifetime. That rate rises to one in two when emotional/psychological abuse is included. Around one in ten people over the age of 65 will experience elder abuse – mostly at the hands of family members. We note that these are estimates only – family violence tends to be underreported.

While family violence occurs in all sections of the population, certain populations are disproportionately affected. Māori are more than twice as likely to be a victim of a violent interpersonal offence by an intimate partner. Both Pacific (4.8 times the rate of the general population) and Māori (5.5 times the rate of the general population) children are more likely to die from child abuse and neglect than children from other ethnicities. Disabled people and those in rainbow communities are also at increased risk of victimisation.

2.2 Family violence as a health issue

Family violence and sexual violence is undoubtedly a public health issue. As well as contributing to New Zealand's high child mortality rate, violence and sexual abuse in whānau can have damaging, cumulative physical and mental health effects that can last long after the abuse has ended. These include depression, suicidality, alcohol and drug abuse, post-traumatic stress disorder, eating and sleeping disorders, anxiety disorders and an increased risk of miscarriage, gynaecological problems, sexually transmitted infections and injuries.

Exposure during early childhood (including while in the womb) is particularly damaging to neurodevelopment and increases the risk of poor health and social outcomes, including substance abuse (and tobacco use), mental health issues and suicidality, disability and chronic health conditions. Exposure at an early age also increases the likelihood of intergenerational family violence.

2.3 Current health sector engagement

The health sector has an important role in prevention, screening, early intervention and responding to family violence and sexual violence. Currently DHBs engage predominately through general health services where people can be screened or seek appropriate care. There are some initiatives focussed solely on family violence as well, including:

- **Violence Intervention Programme (VIP).** This programme provides training to ensure routine screening occurs in hospitals and other specialist settings across New Zealand. VIP received an additional \$524,000 per annum (a total of \$3.2 million) to cover increasing costs, and \$300,000 for the next two years to scope the expansion of VIP into primary health care and community service settings.
- **Child Protection Alert System.** The DHB based system flags when a child has experienced violence so health practitioners know to check whether the child is at risk. The Ministry currently does not provide any funding for this.

- **Integrated Safety Response (ISR).** ISR pilots in started in Canterbury and Waikato in 2016. They are led by Police, and provide a rapid collaborative response from health, other agencies and NGOs. DHBs provide \$405,000 per annum to support of each of these sites. Going forward, this will form the basis of the Integrated Community Response (ICR) model.
- **Child Protection Teams.** Currently there is a pilot called Puawaitahi in Auckland that provides integrated trauma-informed responses to family violence and neglect towards children, including health practitioners, Police and Oranga Tamariki.

2.4 Family Violence Sexual Violence Joint Venture

The Ministry of Health is an active partner to the Family Violence Sexual Violence (FVSV) Joint Venture that is tasked with delivering the integrated approach that is needed to reduce family violence, sexual violence and violence within whānau.

The Joint Venture is led by Parliamentary Under-Secretary Jan Logie, and there is a Joint Venture Ministers' group including Minister Little, Minister Sepuloni, and Minister Martin. It is also governed by a board of public sector Chief Executives, chaired by Peter Hughes as State Services Commissioner. The Board includes the Director-General of the Ministry of Health and Chief Executives of the Department of Prime Minister and Cabinet, Oranga Tamariki, Te Puni Kōkiri, Social Development, Education and Justice, Police, ACC and Corrections.

As part of the Joint Venture, Cabinet agreed to establish an interim Te Rōpū to assist the government to work in partnership with Māori on an integrated response to family violence and sexual violence. Members of the Interim Te Rōpū include Prue Kapua (Chair), Roni Albert, Ngaropi Cameron, Ange Chaney, Paora Crawford Moyle, Te Owai Gemmell, Roku Mihinui, Susan Ngawati Osborne, Russell Smith, and Sir Mark Solomon.

Key work programmes for the Joint Venture include

- **The national strategy and action plan.** The Interim Te Rōpū has been asked by the Chair of the Joint Venture Board to produce a draft strategy. We have received an early indication of themes. Their input is framed around the Te Ao Māori perspective that addressing institutional violence and racism towards Māori must be the starting point for any strategy to eliminate violence within whānau. There will now be a process to identify how both the Interim Te Rōpū's content and government insights can be combined to reflect a partnership approach. We are engaged in this process, and will keep you updated.
- **The joint budget process.** Budget bids for family violence and sexual violence are prepared as part of a joint process with the Joint Venture, although the money goes into individual votes. In Budget 19 we successfully sought money for stabilisation of the Violence Intervention Programme and scoping the expansion of the programme into primary health care and community services. We are currently considering options for Budget 20, and will provide you with advice in due course.
- **Integrated Community Responses:** Integrated community responses are a key feature of the whole of Government response to FVSV. DHBs and the health sector more broadly are expected to participate in ICR both at a national and local level.

2.5 Ministry of Health work programme

Please find a copy of our work programme for FVSV on page 13.

We have one programme focussed on Adverse Childhood Events (ACEs) as a major predictor of a number of negative health and social outcomes, including key government priorities such as family violence, mental wellbeing and addiction, and criminal offending. We are in the early stages of a project that will consider the current efforts that minimise ACEs and identify a future state that effectively responds to ACEs, and opportunities for doing so.

We are also commencing work to develop a strategic approach to FVSV in the health sector. We do not currently have a shared and consistent view on the role of the health sector in FVSV generally, and in particular, in the sector's role in prevention and early intervention. This project will explore the role of the health sector, looking at key intervention points across the system and making a case for taking a strategic approach to FVSV. It will have a particular focus on primary and community health, in prevention, detection and early intervention of FVSV, including expected impact, potential interventions, integration across the system (health, social and justice) and the role of current systems such as VIP, CPAS and Child Protection Teams.

We are also currently developing a health sector lens on ICR both to influence the design of the response and to support and enable DHB and health sector participation.

Finally, there is work to scope an expansion of the Violence Intervention Programme. In response to the current climate, future likely demands on DHB resources, and ongoing Government focus on FVSV, this project will review whether VIP is working and is needed going forward. It will cover both the current programme and scope potential expansion of screening for FVSV to primary and community care settings.

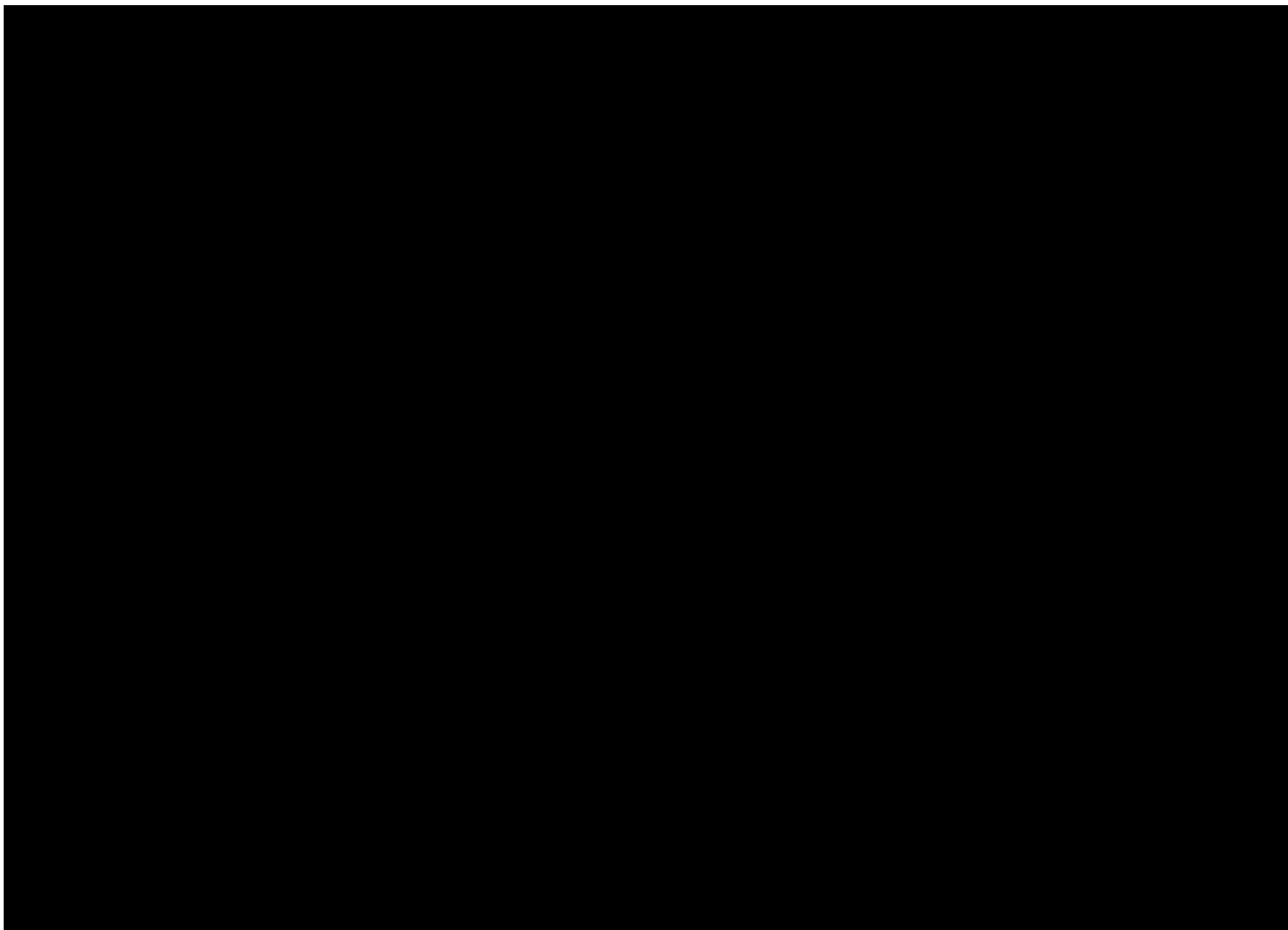
2.6 Implementation of the Family Violence Act

On 1 July 2019, the Family Violence Act (2018) came into effect that requires agencies to collaborate to identify, stop, prevent and respond to family violence. The legislation names the Ministry, DHBs, Primary Health Organisations and registered health practitioners as family violence agencies. We have contributed to shared guidance, and prepared health sector specific to help the sector understand their responsibilities.

2.7 Further Information

Report number	Title	Month sent
HR 20182120	Memorandum: The Role of Health in Family and Sexual Violence.	October
HR 20182660	Updated package of family violence and sexual violence initiatives for Budget 2019	December
N/A	Family Violence Sexual Violence work plan- from an official's discussion with the Minister.	





3. Public Health

Public health is a large and diverse portfolio. A dedicated briefing document is provided as attached.