Australasian College
for Emergency Medicine

34 Jeffcott Street West Melbourne Victoria 3003, Australia
+61 3 9320 0444 | admin@acem.org.au | ABN 76 009 090 715

30 June 2021

Sheryl Hann
Chief Advisor
Family Violence and Sexual Violence Prevention
Joint Venture Business Unit
Ministry of Justice

By email: submissions@violencefree.govt.nz
Sheryl.Hann@justice.govt.nz

Tēnā koe Sheryl

The Australasian College for Emergency Medicine (ACEM; the College) is the peak professional organisation for emergency medicine responsible for the training of emergency medicine doctors and the advancement of professional standards in Aotearoa New Zealand (NZ) and Australia. ACEM has a vital interest in ensuring the highest standards of medical care are provided for all patients presenting to an emergency department (ED).

Thank you for the opportunity to provide feedback to the vision, principles and each of the focus areas for the Joint Venture's National Strategy and Action Plans (the Strategy and Action Plans).

Feedback on the Vision

Overall, we support the Joint Venture's draft Strategy and Action Plan. Although an ambitious vision, we welcome the emphasis on elimination, rather than "combatting", "prevention" or "reduction" of family violence and sexual violence. The vision reflects the importance of this issue.

Feedback on the Principles

The principles are appropriate.

Feedback from Stakeholders – Partner and/or Community

Members of the health sector are not listed as an option in the survey as a "partner and/or community". Health sector partners are key stakeholders, especially as the Joint Venture plans to bring together multiple sectors to draft the Strategy and Action Plan between July and September 2021. As consultation continues, there need to be clear processes for the inclusion of the health sector to ensure that these vital perspectives are reflected in the Strategy and Action Plans.

ACEM will continue to be a part of this process as people who are experiencing family violence present daily to every ED in NZ.

Feedback on Focus Area 1: Recognise te ao Māori - Whaimana te ao Māori

ACEM agrees that Te Tiriti o Waitangi (The Treaty of Waitangi) is the starting point for developing an equal Crown-Māori relationship to reduce violence, but the scope needs to be widened.

There is a lot of cross-agency work that may be duplicated. For instance, the Ministry of Health's Māori Health Strategy, He Korowai Oranga[1] and Whakamaua: Māori Health Action Plan 2020-2025[2]; and the Ministry of Education's Māori Education Strategy, Ka Hikitia – Ka Hāpaitia and actions[3]. In a process led by Māori, other indigenous models and frameworks should be considered, as there are other examples internationally that may

[1] https://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga
[2] https://www.health.govt.nz/our-work/populations/maori-health/whakamaua-maori-health-action-plan-2020-2025
[3] https://www.education.govt.nz/our-work/overall-strategies-and-policies/ka-hikitia-ka-hapaitia/ka-hikitia-ka-hapaitia-the-maori-education-strategy/#actions

inform good practice. In our experience, the integration of Kaupapa Māori conceptual frameworks, including Kaupapa Māori research and interventions that provide evidence-based solutions underpinned by Māori values and beliefs, has proven effective. This incorporates a partnership being developed between national and local Māori, and reinforces 'by Māori, for Māori' programmes. There should be greater focus on Māori initiatives and utilising te ao Māori worldview. Utilisation of traditional Māori medicine and rongoā (traditional Māori healing practices), encompassing holistic responses to health issues, may be part of the suite of interventions that are available to communities and will facilitate greater patient autonomy.

Interventions should also be designed in partnership with people who have experienced family violence and who feel safe and protected to disclose sensitive information. Services must have training on culturally appropriate Māori interventions alongside broader interventions, ensuring that people have the choice about what type of programme that is appropriate for them.

All key stakeholders will also need to be involved in Focus Area 1, including staff working in EDs. Patients with injuries as a result from domestic violence or sexual violence often present at the ED. EDs operate 24 hours a day, 7 days a week, in which they may identify whānau with issues of family violence or sexual violence at any time. Ideally people should have access to support mechanisms within a te ao Māori framework every day of the week in our EDs.

When family violence is identified in our EDs, further options are needed to support whānau who present to ED outside of Monday to Friday 9 to 5pm. Many EDs do not have support services such as social workers or pou whirinaki (advocates/wayfinders) available at weekends. Often ED staff's only option is deciding whether to call Oranga Tamariki or the Police. There is also a measure of distrust from whānau regarding these options, and the Joint Venture should consider addressing this as part of the Strategy and Action Plans.

We recommend that specialised education opportunities, including continuous professional development (CPD) be made available, with increased specialised services and support in the community. Services will need trained staff (across all sectors) that are able to respond in a culturally safe and appropriate way. An Integrated Safety Response has been trialled in some hospitals across NZ. It will also be helpful to whānau to have support services such as pou whirinaki (advocates/wayfinders) in EDs. They ensure follow-up on specific days and ensure there is continuity of care, regardless of the services they opt for afterwards.

For the Strategy and Action Plans to be effective, there must be increased funding of existing initiatives. Often this will require wider engagement with key people/agencies/organisations already working in this sphere, rather than creating new initiatives. We also believe there should be an increased funding of related services outside of the immediate treatment and support services for people who are experiencing family violence and sexual violence. These include, but are not limited to, mental health services, drug/alcohol services, and rehabilitation services.

Feedback on Focus Area 2: Bring government responses together - Whakapiri ngā mahi ō te kāwanatanga

One of the most significant challenges in the development and implementation of the Strategy and Actions plans is addressing the duplication of initiatives across different agencies and the potential for these initiatives to continue to be developed and resourced in parallel. Resourcing linked to the various initiatives must be combined so that on agency takes responsibility for an initiative and unnecessary duplication is avoided. We recognise there is a lot of similar work across several agencies and recommend the Joint Venture adopt one of the following prominent wellbeing frameworks:

- Mental Health and Wellbeing Commission's (MHWC) *He Ara Oranga Outcomes Framework* which incorporates a dual world view that considers a 'Shared perspective of wellbeing' (general population lens) and a 'Te ao Māori perspective of wellbeing',
- *The Child and Youth Wellbeing Strategy* (within the Department of the Prime Minister and Cabinet), and
- *The Living Standards Framework (LSF)* represents the Treasury's perspective on what matters for New Zealanders' wellbeing, now and into the future.

The suggested actions of "Enable frontline government workforces to recognise, respond and refer safely, compassionately and consistently," and to "Provide early help at the frontline of government agencies and in everyday places" are essential for ensuring that our members can support the implementation of the Strategy and Action Plans.

Following this consultation, further engagement with frontline workers is required. Patients who present at EDs are often vulnerable and an assessment needs to be done in a sensitive compassionate manner, which can take a lot of time and resources that staff in ED do not always have. The recent addition of social workers in some EDs with availability up to 16 hours of the day has been welcome and this should be made more widespread across NZ EDs. One area that is not currently covered is violence in the workplace. Any workplace, including hospitals, should also be safe, and free from the threat of violence. Many emergency medicine doctors and nurses experience violence in EDs. They are often required to identify, screen, treat and support ED patients (and their family/whānau) that may pose a threat to staff, other patients, and/or themselves. To reduce the threat of violence from patients, all hospital-based staff need to be trained and resourced accordingly.

From the perspective of EDs, there are significant challenges in ensuring that patients access community services in a connected and streamlined way, which in turn presents barriers to an effective response to family violence. The increasing fragmentation of mental health service results in longer waiting times for the "correct" community team to attend the ED. The inability of mental health teams to work with patients whose mental health issues are perceived to be related to drug or alcohol abuse also causes significant challenges, whereby patients with inextricably linked issues (e.g. depression and alcohol abuse) fall into gaps between in the services as neither mental health or Community Alcohol and Drug Services (CADS) are adequately equipped to address the complex relationship these problems result in. We also recommend the introduction of strong rehabilitation principles within the penal system and corrections facilities, as this will be vital for an elimination strategy.

An effective response to family violence requires recognition that for many, risk of exposure to family violence or sexual violence is the result of socioeconomic factors that are not within the control of the individual. The removal of any "blame" culture that may be inherent in biases held by pakeha. Those exposed to familial violence are more likely to become perpetrators, which provides opportunities for early intervention to break the cycle of violence, alongside broader changes to societal views on relationships. This includes an overall strengthening of the social safety net and ongoing programs to raise families and communities out of poverty.

As a priority, there must be increased funding for community-based primary healthcare services, that should include community-based mental healthcare funding and resources. There should also be increased investment in psychiatric capacity and other resources such as social work within EDs, particularly out of office hours.

Feedback on Focus area 3: Recognise tangata whenua leadership and community-led approaches - Hāpaitia te mana ō tangata whenua me kaupapa hapori

In support of the suggested action in recognising tangata whenua leadership and community-led approaches, ACEM recommends:

- extended hours for specialised services in the community,
- pou whirinaki (advocates/wayfinder) service implemented across the health and social system,
- improved inpatient mental health bed capacity, and
- increased funding into Māori led initiatives – i.e. increased Māori-specific full-time equivalent (FTE) in district health boards (DHBs)/hospitals, for Maori-specific services.

Feedback on Focus Area 4: Strengthen workforces to prevent and respond to family violence and sexual violence - Whakakaha i te hunga mahi ki te autaki me te whakautu ki te tūkino whānau

There are two major reforms currently underway – the Reform of Vocational Education (RoVE) in the education sector, and the Health Reform as a result of the Health and Disability System Review. Consideration of these two reforms, and the work of other government agencies and Crown Entities, is necessary to find solutions to prevention of family and sexual violence – especially with elimination as the objective of the Strategy and Action plans' vision.

A key challenge for staff in EDs is identifying a patient as experiencing abuse, and this may lead to a high rate of under-reporting. Professional uncertainty and discomfort are unfortunately a barrier to this. ACEM currently recommends utilisation of an Australian version of the Hurt, Insult, Threaten, Scream (HITS) tool in Australian EDs. In partnership with the Joint Venture agencies, we are keen to develop a HITS tool for NZ EDs that can be utilised in both rural regions and in general practices[4].

[4] Please refer to paragraph 4.2 of ACEM's Policy on Domestic and Family Violence: https://acem.org.au/getmedia/69e7db91-5dcd-4875-a6e0-ce5760684678/Policy_on_Domestic_and_Family_Violence_Nov16.aspx

To strengthen the ED workforce to respond to, and ultimately eliminate, family violence and sexual violence in NZ, ACEM recommends:

- The expansion of the following workforces to allow for the extension of service hours on all days of the week, and so that the needs of the community are being met:
    - Allied health and social services, particularly for specialised services in the community
    - ED staff, particularly for mental health and allied health and social services, and
    - Pou whirinaki (advocate/wayfinder) services for whānau.
- Specialised continuous professional development training opportunities for emergency medicine doctors and ED nurses.
- Improved recruitment and retention of Māori staff in community and inpatient services. Part of such an initiative could include:
    - A root cause analysis for the severe failure of Māori staff retention in healthcare services – especially in EDs,
    - Recommendations to address these problems, and
    - Funded education scholarships for Māori to increase representation in key workforces.
- Training support for the ED workforce to work with diverse communities, including people from culturally and linguistically diverse backgrounds.
- Pipeline scholarships for school children and those doing New Zealand Qualification Framework (NZQF) Level 4 qualifications to enable them to go in healthcare workforces.
- Vastly increased funding for woman seeking refuge following family violence and sexual violence., and
- Ongoing collaboration with frontline healthcare workers and emergency services providing care, who have the in-depth knowledge on the best ways to treat patients who feel unsafe to disclose information.

Feedback on Focus Area 5: Increase the focus on prevention - Whakanui i te arotahinga ki te aukati

True prevention requires significant socioeconomic reform within NZ. This needs to be a major collaborative effort between all agencies within this Joint Venture, but more specifically between the Ministry of Health, Ministry of Social Development, Ministry of Justice, Oranga Tamariki, Ministry for Women, and Ministry of Housing, working alongside key community services. It is important that the Strategy and Action Plans should reference poverty, which is strongly associated with family violence and sexual violence.

We also recognise that violence can occur in a variety of ways and is not always physical. Abusive relationships can occur with no physical abuse – and be equally as damaging. Coercion, manipulation, degradation, and gaslighting are all are forms of violence.

The "use [of] mass digital, social media and campaigns to change thinking, attitudes and beliefs that support violence, and disrupt social and gender norms" are important, but will need to be augmented with targeted community-based health promotion responses. For example, different culturally and linguistically diverse communities will benefit from interventions that are co-designed with them and responding to the specific issues that they raise as leading to violence within their specific communities.

In addition, these issues are often related to drug/alcohol abuse and mental health issues, which require increased funding.

Feedback on Focus Area 6: Develop ways for government to create changes - Whakawhanake ngā mahi ō te kawanatanga ā tōna wā

From a health sector perspective, there must be greater collaboration and leadership from the Ministry of Health. Hospitals should be held accountable to the Ministry of Health for targets/outcomes regarding their services, including for patients presenting to the ED as a result of family violence and sexual violence. However, it is also important, from an ED point of view, that it is made clear that it is the health system's responsibility to provide funding for appropriate services for such patients, and there be a plan and follow-up for the continuation of care within the community. This needs to be done at high standard. These targets/outcomes should not become yet another ED responsibility that EDs would be accountable for without additional resources.

We agree with the goal that "Government funding and commissioning approaches are flexible and enable shared decision-making." Overall, more action is needed. The time for reviews has passed, and it is time to start implementing significant actions. By working together, interventions can be targeted, focussed and implemented faster.

Feedback on Focus Area 7: Enable continuous learning and improvement - Whakamanatia te mātauranga me te whakapai tonu

All of Government must commit to educate and work together and achieve the goal of elimination. Consideration should be given to developing an inter-agency values charter (similar to the Health Charter the Transition Unit is currently working on, regarding the Health Reform work). Such a values charter could promote this work across all agencies and Crown Entities.

We also recommend that all service delivery organisations/entities that support or endorse the Strategy and Action Plans agree to regularly do specific CPD (continuing professional development). This could be based on a set of standard learning outcomes, tailored for each sector. In that way there is a consistent approach set by the Government, with content that is relevant for each workforce.

EDs and other services should be required to evaluate their services and outcomes with an equity lens. Services should implement a model that considers the experiences of people from culturally and linguistically diverse backgrounds, as well as how migrants are integrated as part of a population focus. Continuously learning from utilising a Māori perspective and engaging with CALD communities can hopefully enable members of CALD communities to feel safe and protected to seek help when they experience family and sexual violence. These communities are especially a high priority community given the ethnic stigma surrounding family violence, depression, and suicide.

More information

Thank you for the opportunity to contribute to this consultation. For more information or to clarify any aspect of this submission, please contact Elmarie Stander, ACEM NZ Office Manager (elmarie.stander@acem.org.au).

Nā māua noa, nā

Dr John Bonning
President
Australasian College for Emergency Medicine

Dr André Cromhout
Chair
ACEM Aotearoa New Zealand Faculty Board