

The Pathways to Resilience Research Project (New Zealand):  
*Whāia to huanui kia toa*

**Review and Analysis of Case File Summaries**  
**Report on Family/Whānau Patterns**

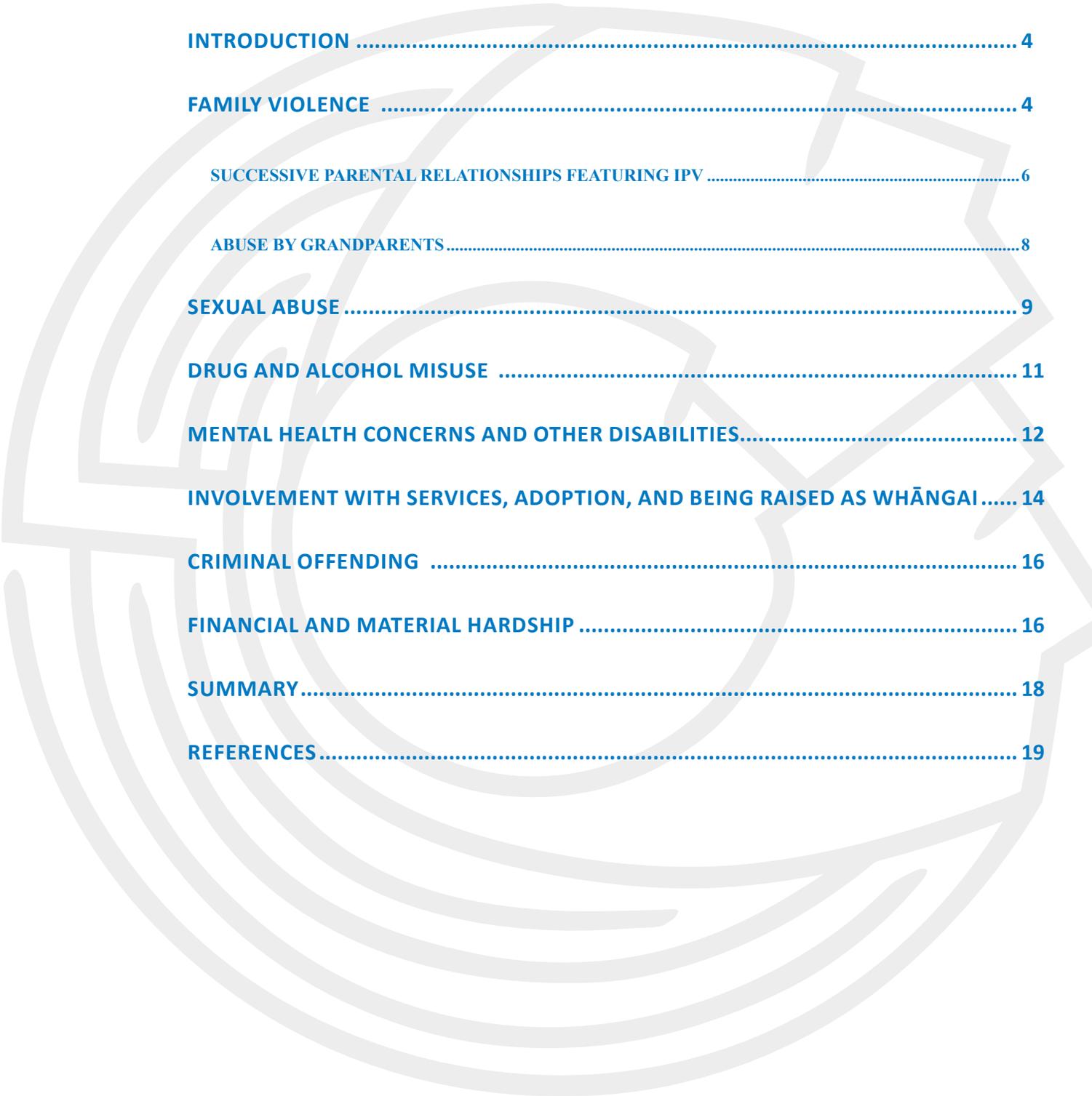
**Technical Report 9**

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## Introduction

This report discusses findings from the analysis of the case file summaries contained within the family/whānau patterns node<sup>1</sup>. The family/whānau patterns node captured information on patterns across single (generational) or multiple generations (intergenerational) of an extended family/whānau. This report explores family/whānau patterns of:

- Family violence<sup>2</sup>, including patterns of parents becoming involved with successive abusive partners
- Sexual abuse
- Drug and alcohol misuse
- Mental health concerns and other disabilities
- Involvement with services, adoption, and being raised as whāngai<sup>3</sup>
- Criminal offending
- Financial and material hardship

## Family violence

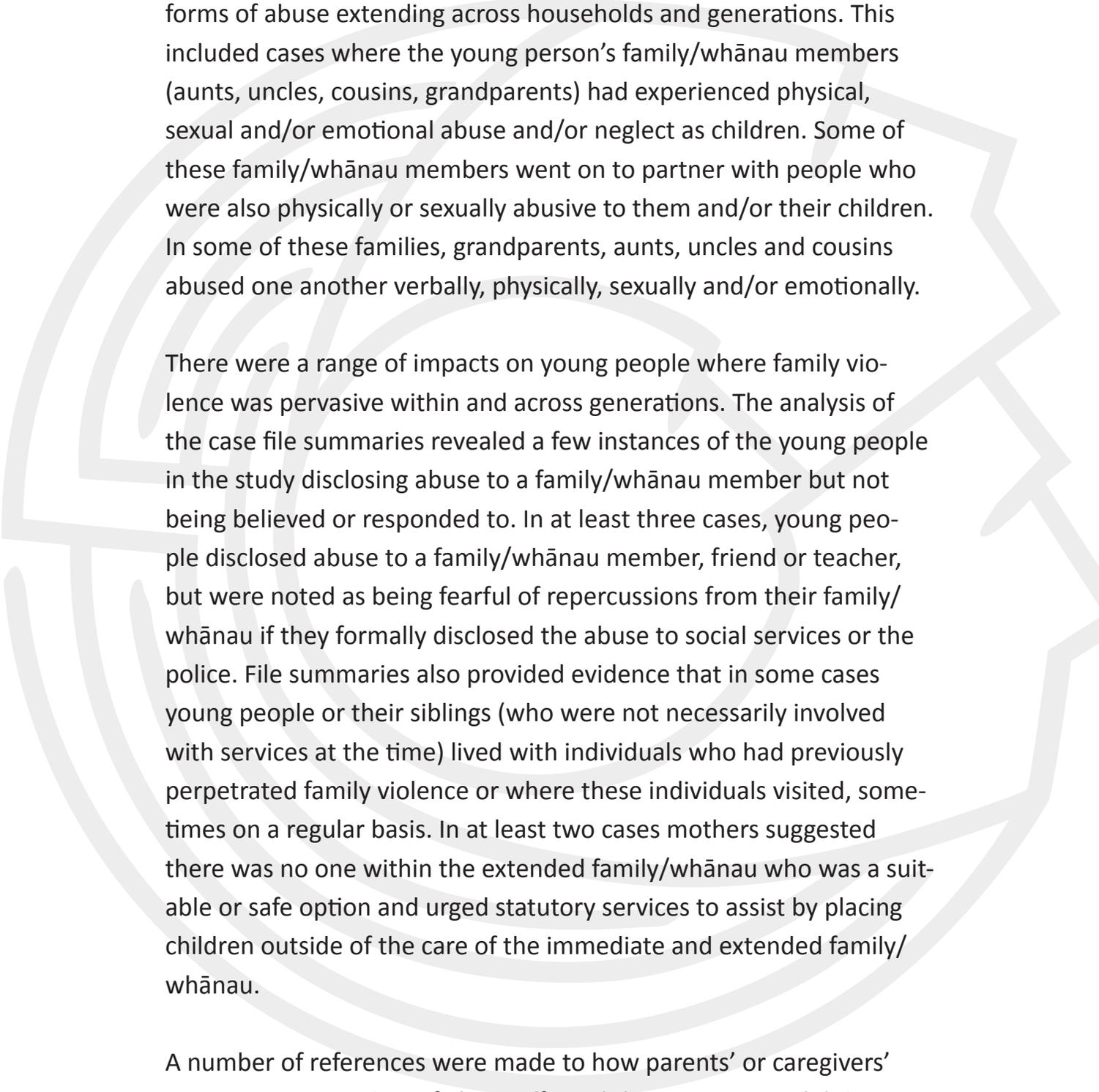
Family violence was a strong theme prevalent in over three quarters of the files examined, and this reflects New Zealand's high rates of family violence (New Zealand Family Violence Clearinghouse, 2013).

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1 Data collection and analysis methods are outlined in *The Pathways to Resilience research programme: Review and analysis of case file summaries: Overview* (Stevens et al., 2014b), which also provides details on the qualitative descriptors used in this report.

2 Family Violence definitions and a description of how family violence has been analysed and reported on is included in the Overview report (Stevens et al., 2014b).

3 “Whāngai is a customary Māori practice where a child is brought up by someone other than their birth parents – usually another relative. Whāngai may be temporary or permanent. A parent who takes on a child is called a matua whāngai, and the child is a tamaiti whāngai. The child knows both its birth parents and whāngai parents, and the whole community is usually involved in the decision” (Te Ara the Encyclopedia of New Zealand, 2013).



The analysis of the case file summaries revealed many families with complex histories (Thoburn, 2009) of family violence and multiple forms of abuse extending across households and generations. This included cases where the young person's family/whānau members (aunts, uncles, cousins, grandparents) had experienced physical, sexual and/or emotional abuse and/or neglect as children. Some of these family/whānau members went on to partner with people who were also physically or sexually abusive to them and/or their children. In some of these families, grandparents, aunts, uncles and cousins abused one another verbally, physically, sexually and/or emotionally.

There were a range of impacts on young people where family violence was pervasive within and across generations. The analysis of the case file summaries revealed a few instances of the young people in the study disclosing abuse to a family/whānau member but not being believed or responded to. In at least three cases, young people disclosed abuse to a family/whānau member, friend or teacher, but were noted as being fearful of repercussions from their family/whānau if they formally disclosed the abuse to social services or the police. File summaries also provided evidence that in some cases young people or their siblings (who were not necessarily involved with services at the time) lived with individuals who had previously perpetrated family violence or where these individuals visited, sometimes on a regular basis. In at least two cases mothers suggested there was no one within the extended family/whānau who was a suitable or safe option and urged statutory services to assist by placing children outside of the care of the immediate and extended family/whānau.

A number of references were made to how parents' or caregivers' experiences as victims of abuse affected their caregiving abilities. One case summary noted the mother had experienced sexual and physical abuse as a young person. She was described as suffering from

depression as an adult, which contributed to her neglecting her own child (one of the young people in the study). In this case, services provided the mother with housing, budgeting and practical support to assist her to live independently from her family/whānau, linked her to mental health and counselling services, and provided respite care for her child. Eventually however the young person was placed outside of family/whānau.

In other cases parents or caregivers who had been victims of family violence took part in parenting programmes that enabled them to recognise and address the effects of their own abuse on their parenting.

There were a few references to approaches being taken to deal with violence at a broader family/whānau level. These examples consisted primarily of interagency information sharing and planning (e.g. social workers for different parts of the family/whānau working together on safety plans) and in a few cases family group conferences or hui where family/whānau themselves developed plans to minimise violence within their families (e.g. deciding where offenders would live, what programmes they would attend, what behaviours were acceptable within their family/whānau). Some perpetrators of violence received interventions through Stopping Violence programmes. These programmes were largely provided by non-government agencies, and in some cases ordered by the Family or Criminal courts.

### **Successive parental relationships featuring IPV**

Young people's experiences of their parent(s) or caregivers entering successive relationships featuring intimate partner violence (IPV) are included in this report because they demonstrate extended patterns of family/whānau (parental) behaviour. These patterns may normalise behaviours or have cumulative effects on young people and require

interventions beyond those used when family violence occurs between a particular set of partners. For example, protection orders may protect children from one particular violent relationship, but if young people are subject to a series of parental IPV relationships they may require additional measures to protect their safety or to guide their understanding and development of healthy relationships.

In several case file summaries parents demonstrated patterns of entering into successive violent relationships, resulting in the young person witnessing and/or being subject to abuse at the hands of multiple offenders or step parents.

The analysis of the file summaries revealed circumstances where a parent, under duress, out of fear or otherwise, would prioritise the needs of their partner over the children's needs. Jealousy from step-parents over a parent's relationship with their children was evident in a few file summaries. In several cases, agencies (in particular police) identified and monitored parental IPV trends on an on-going basis.

Families experiencing successive parental relationships featuring IPV often received interventions in the form of support services providing safety advice, education, and counselling for victims of violence. Support services included those provided by women's refuges, counselling services, anger programmes, and programmes for children or young people affected by violence. Programmes were largely provided by non-government agencies, and some were ordered by the Family or Criminal courts. In a few cases and usually after other interventions had been tried, children were removed from homes where parents or caregivers 'failed to protect'<sup>4</sup> them from IPV. In most of

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4 The term "failure to protect" used here is consistent with the definition in s195A of the Crimes Amendment Act (No 3) 2011 (New Zealand Legislation, 2014). Failure to protect a child has recently become an offence under this Act, although at the time most of the young people's files were written this was not the case.

these cases there were concerns in addition to the IPV such as neglect and concerns about the young person's behaviour. Interventions to address cycles of family violence and young people's violence are discussed in the reports on social service practice (Stevens et al., 2014c) and young people's behaviour (Urry et al., 2014).

### **Abuse by grandparents**

The analysis of the file summaries revealed examples of grandparents becoming or being considered as carers for their grandchildren where it was known they had previously abused their own children. In at least one case, a grandmother who had previously been declined by a service as a caregiver for her grandchildren on the basis she had physically abused her own children, went on to become an approved caregiver for the young person at a later date. The service was aware of previous concerns yet chose to proceed with this grandparent placement after exhausting all other caregiving options. In this instance the service required the grandmother to attend parenting classes and provided respite care as a form of support for the placement; the young person was still living with the grandparent when the case was closed.

The analysis of the data revealed that in several cases historical abuse was overlooked. Reasons for this included that information was held on other files or because placements were made informally by a family/whānau with services unaware that a child had been placed with a historically abusive person until after the move had been made. In one case, a young person who had previously been involved with a service, travelled overseas to live with a grandparent (known abuser) when their existing family/whānau placement broke down. This occurred during a period when the file was officially closed to that service. Following notification of this move the file was reopened and the service worked with overseas agencies to assess the ongoing

safety of the child and the eventual return of the child to New Zealand.

Overall, family violence was a key concern across many case file summaries. In several cases these patterns were pervasive and resulted in young people being moved away from their families. File summaries documented a range of interventions put in place to deal with the effects of family violence. Interventions and their outcomes are further discussed in the report in this series on social service practice (Stevens et al., 2014c).

### **Sexual abuse**

Patterns of sexual abuse across generations or households within a single generation featured within the family/whānau patterns data.

The analysis revealed that in a few cases, adult family/whānau members disclosed their own or other family/whānau members' intergenerational experiences of sexual abuse when they became concerned about a younger family/whānau member, often to reinforce the validity of those concerns and young people's disclosures of abuse. In these cases adults who had been victims of sexual abuse acted as allies or protectors of young people. In one such case, an aunt became a close ally and caregiver for a young person. Both had experienced sexual abuse within their family/whānau. In order to continue in her role as caregiver and deal with the challenges presented by the young person, at her request the aunt was provided with a range of supports including parenting skills, respite, and personal counselling. These supports appeared to enable the aunt to play an ongoing, significant role in the young person's life throughout her journey into adulthood.

The analysis of the case file summaries revealed the often hidden

and perpetuating nature of sexual abuse within families and demonstrated cases in which families closed ranks making it difficult for services to assist in keeping the child safe. In one case, an individual who had notified a service about concerns that a young person was being sexually abused received threats of physical violence from the family/whānau of that young person. When the young person's family/whānau were visited by the social worker they were hostile and refused to provide details of the young person's alleged abuser.

The analysis of the case file summaries also revealed the justice system's limitations in acting on concerns of sexual abuse particularly where a young person was not able to or did not wish to follow up with prosecution of offenders, or where the alleged offender was under the age of consent (16 years) when incidents occurred. In one case, a young person under 16 who had a sexual encounter with an older extended family/whānau member did not wish to pursue a police complaint or get the family/whānau member into trouble. Without a complaint the police were unable to pursue the matter and consequently no legal steps were taken to prevent the offender from committing the same offence again.

Young people who had experienced sexual abuse were sometimes noted as being reluctant to pursue conviction of offenders because they did not wish to upset or destroy their families; because they believed (despite being under-age) they had been a consenting partner or felt they had in some other way been responsible for the abuse; or because legal processes were lengthy and required the young person to re-live experiences they wished to put behind them.

While the analysis of the file summaries demonstrated difficulties the justice system faced in dealing with sexual abuse, these challenges do not necessarily limit therapeutic interventions if parties (e.g. fam-

ily/whānau members) are in agreement and if funding is available<sup>5</sup>. Some file summaries made reference to individual sexual abuse counselling or therapy, while in a small number of cases therapeutic interventions worked with the whole family/whānau. In one example, a worker provided individual counselling to a young person as well as whānau support and assistance to the caregiver with day to day management of the children and finances. In a few cases interventions were culturally specific (e.g. a Pacific young person received counselling from a Pacific Island organisation). File review summaries generally contained little information about the outcomes of therapeutic interventions. Further discussion of interventions is contained within the report on social service practice (Stevens et al., 2014c).

## **Drug and alcohol misuse**

The case file summaries revealed that many of the young people were affected by misuse of drugs and/or alcohol (substances) by one or more parents or step parents. Siblings' substance misuse also affected a few young people, damaging family/whānau relationships, creating financial burdens, and family/whānau stress through involvement with services such as police, probation and health services. Substance misuse within the young person's nuclear family/whānau, where this affected the young person's wellbeing, is further discussed in a separate report on wellbeing concerns (Stevens et al., 2014a). In some of the file summaries there was evidence of generational or intergenerational substance misuse. Some file summaries documented substance misuse by grandparents, aunts and uncles, and situations in which previous generations had experienced abuse and/or neglect at the hands of intoxicated individuals. In some instances substance misuse precipitated family violence, in other cases adults

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5 Sensitive Claims funding may be available through the New Zealand Accident Compensation Corporation upon application (Accident Compensation Commission, 2014).

failed to protect children from abuse from a third party because they were under the influence.

Many of the young people with family/whānau patterns of substance misuse also misused substances and in a few cases young people were documented as using drugs or alcohol with their parents or other family/whānau members. In many cases young people or their parents were referred for drug and alcohol counselling or rehabilitation either by services or by the courts. These services were provided largely by the health system although some longer term rehabilitation services were provided by non-government and voluntary agencies. Several referrals were made to programmes that are known to work with both the addicted individual and their families (e.g. Odyssey House). While files indicated that a few young people or family/whānau members did reduce their use of substances through such programmes, many did not complete the programmes or went on to relapse.

Substance misuse was a key issue across the case file summaries, with a broad range of detrimental effects for both the young person and for family/whānau relationships. Further information about parental use of substances where this affected young people's wellbeing is discussed in the report on wellbeing concerns (Stevens et al., 2014a), while information about interventions to deal with substance abuse is included in the report on social service practice (Stevens et al., 2014c).

### **Mental health concerns and other disabilities**

Based on information from the case file summaries, the proportion of young people who had a parent or step parent with mental health concerns was consistent with proportions for the broader New Zealand population (Buckley et al., 2013; Mental Health Foundation,

2013). Mental health concerns within the young person's nuclear family/whānau are further discussed in the report on wellbeing concerns (Stevens et al., 2014a). Very few cases recorded that young people with a diagnosed mental health concern also had at least one parent with a mental health diagnosis.

The case file summaries revealed a small number of young people with disabilities. Most were recorded as an intellectual disability although two young people had hearing disabilities and foetal alcohol syndrome was suggested in at least one instance. Analysis of case file summaries found none of the parents of these young people had recorded physical disabilities, although some demonstrated mental health concerns and/or drug and alcohol addictions. In these families there was evidence to suggest parents at times experienced challenges in managing their young person's special needs given their own limited capacity. On occasion this resulted in neglect of the child being reported. In such situations multiple agencies often were or became involved in supporting the family/whānau.

In one case file summary, special education, child mental health and child protection services worked together utilising a Strengthening Families forum to respond to a family/whānau where a young person demonstrated high needs including intellectual disability. There were concerns about parental IPV and drug use. Initially an informal agreement was put in place and the family/whānau was provided with home help and respite care for the child. Later the young person was sent to a residential special needs school however that placement broke down and several family/whānau placements were attempted. Eventually the young person was placed in statutory care and the parents were requested to undertake parenting, relationship, and drug and alcohol interventions, which they partially completed. While the mother retained involvement in the young person's life, he remained in the care of Child Youth and Family until he was aged 17. He was

discharged from care to live independently.

Analysis revealed other cases where family/whānau members' (siblings, aunts or uncles) mental health concerns or other disabilities impacted on the young person. These included direct effects (e.g. being left unattended in a park by an affected family/whānau member) or indirect (e.g. a family/whānau experiencing emotional, physical and financial stress due to the significant demands of having more than one child with a disability).

Many case file summaries documented workers' challenges in gaining mental health assessments, diagnoses and interventions for either a young person or their parent. These challenges commonly resulted in delays in putting in place supports for either the young person or their parents.

While not as pervasive across the case file summaries as family violence or drug and alcohol misuse, mental health concerns featured across many files and providing appropriate responses appeared to occupy a great deal of workers' time. Further information is included in the reports in this series on wellbeing concerns (Stevens et al., 2014a) and social service practice (Stevens et al., 2014c).

### **Involvement with services, adoption, and being raised as whāngai**

While not common, several of the young people came from homes where their parent or step parent had been in foster care or adopted as a child. The analysis of the case file summaries revealed that at least six parents had been in care as young people, three had been adopted, and two were raised as whāngai.

In a few of these cases, parents who had been in care were negatively



affected by their experiences, either with their originating family/whānau or in their experiences with social services, and continued to be involved with services (e.g. corrections, mental health and addiction services) into adulthood. While these experiences occasionally made parents initially fearful or resistant to services becoming involved with their own children, in some cases their experiences appeared to provide adults with insights or, in a few cases, resignation, about what young people were experiencing or how agencies were attempting to assist.

The analysis of the case file summaries also revealed the lifelong commitment and often challenging experiences foster and adoptive carers and matua whāngai had with their young people, extending through to caring for their foster and adoptive grandchildren. There was evidence that these carers were often the first to seek help for their grandchildren and to offer their support.

Several parents who had been in care or were adopted, demonstrated challenges in managing their own relationships. In a few cases this was described as being related to poor relationship role modelling, or because of attachment issues. One mother who had been in care herself told her worker she was starting to understand she had not learnt positive coping skills in the past about how to help her own children feel secure within their relationship as a family/whānau.

Limited family/whānau and support networks were seen to have intergenerational flow on effects, and may have contributed to perpetuating cycles of growing up in care. For example, one file summary stated that there were no suitable placements for a young person on the father's side of the family/whānau because he was brought up in foster care. The young person in question understood this and was able to settle with a caregiver.

While not as common as family violence or substance misuse, family/whānau patterns of involvement with services or growing up outside of immediate family/whānau, were demonstrated within the study. Their own

experiences in some cases caused parents to be cautious in their dealings with services, although in other instances these provided both services and families with insights, and directed supportive intervention approaches.

### **Criminal offending**

File summaries for some of the youth also documented offending by the family/whānau network. At least twelve young people had a parent who had recently been or was currently in prison, and at least three had siblings who had been in prison. File summaries suggested that in some families petty crimes and drug use were condoned and/or older family/whānau members committed offences alongside the young person. Several files made mention of multiple family/whānau members being involved with and committing offences as gang members. Further discussion of offending by young people in the study is included in the report on young people's behaviour (Urry et al., 2014), and analysis of interventions to address offending are discussed in the report on social service practice (Stevens et al., 2014c).

### **Financial and material hardship**

Family/whānau patterns of financial and/or material hardship were evident in several cases, particularly those where extended family/whānau was involved in caring for young people. File summaries described situations where generations of family/whānau lived in crowded housing situations, and/or where extended family/whānau had limited means to cover the costs of having a young person in their care. These included the costs of a young person's groceries, furniture and bedding, clothing and uniforms, medical, dental and counselling costs, phone bills and transportation to and from appointments and school. Some families did not have access to private transportation.

In at least one case a young person was cared for by a grandparent with ailing health, in the grandparent's home. One of the young person's parents was deceased and the other in prison. The grandparent's home was becoming run

down and the file summary noted this deterioration posed risks to the young person's health. The grandparent's income was limited to superannuation payments and even when combined with an Unsupported Child Benefit, this level of income was inadequate to cover the costs of maintaining the family/whānau home and meeting both the child's and the grandparent's needs. The rest of the family/whānau was unable to afford to maintain the home or to care for either the young person or the grandparent. Eventually this young person moved into the state care system.

In a few cases, a family/whānau's ability to take up interventions or complete plans as required by services (e.g. attendance at a counselling appointment) were limited by financial hardship (e.g. being unable to afford petrol) and file summaries suggested that on occasion, services viewed these limitations as a lack of cooperation with services.

Case file summaries provided evidence of services supporting families either by directly providing financial or material assistance, or by advocating on behalf of families access to appropriate agencies and resources. Services were involved in assisting families into more appropriate housing (both state subsidised and private), linking them to budgeting services and support agencies (e.g. Missions or other community-based support agencies) and advocating on their behalf for financial and material support through government agencies (e.g. Ministry of Social Development, Inland Revenue, Ministry of Education).

While very few file summaries discussed family/whānau patterns of financial hardship per se, descriptions of a young person's circumstances within different households suggested many of the young people came from homes where there were limited resources to draw from. Although financial hardship does not necessarily result

in families being poor caregivers, the file summaries revealed that in some cases it created additional stress in families who were already experiencing challenges. Long term financial hardship can impact on a young person's wellbeing and their future opportunities<sup>6</sup>, potentially perpetuating cycles of financial and material hardship.

## Summary

A range of generational and intergenerational family/whānau patterns were evident in the file summaries. Patterns of family violence and substance misuse were perhaps the most commonly recorded themes and interventions to address these were regularly put in place although outcomes were not necessarily recorded. Patterns of sexual abuse across different parts of the same family/whānau became evident, with families often resistant to disclosing these patterns. A potential relationship between parental or caregiver mental health problems or substance misuse, and their ability to manage a young person's care or behaviour emerged; interagency approaches were used to intervene although workers commonly experienced challenges in accessing mental health services for both young people and their parents. Less common but still evident were family/whānau patterns of criminal offending, or patterns of adults/parents being in care as a child. While not necessarily resulting in poor care of a young person, family/whānau patterns of financial and material hardship were evident in many of the case file summaries, often contributing to the stress families were already experiencing. Further discussion of patterns within nuclear families, and interventions put in place by services, are included in the reports on wellbeing concerns (Stevens et al., 2014a) and social service practice (Stevens et al., 2014c).

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6 The Children's Commissioner's Expert Advisory Group on Solutions to Child Poverty (2012) notes childhood poverty is associated with reduced employment prospects, lower earnings, poorer health and higher rates of criminal offending.

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