Community Readiness Research on Family Violence & Healthy Relationships

For The HEART Movement

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Contents

Background on The HEART Movement

The HEART Movement is a community-led initiative that aims to promote healthy relationships in the Glen Innes and Pt England area. HEART is the acronym for '**Hea**lthy **R**elationships in **T**amaki' and is made up of several different leading social service organisations within the Tamaki community. TIES - Tamaki Inclusive Engagement Strategy has been used to create a membership agreement and develop a shared understanding of values for the network (TIES Team, 2010). Current members of HEART being:

- Auckland Council
- Barnardos
- Child, Youth and Family
- Department of Internal Affairs
- Faith Family Baptist Church
- Family and Community Services
- Family Works Northern
- Glen Innes Family Centre
- Grace International Church
- Ka Mau Te Wero
- Plunket
- Police
- Problem Gambling Foundation
- Residents of Glen Innes and Pt England
- Ruapotaka Marae
- Sharat Ministries
- Shine (Safer Homes In New Zealand Everyday)
- Tamaki College
- Tamaki Community Board
- Tamaki Community Development Trust
- Tamaki Pathways Trust
- Tamaki Transformation Programme
- Te Hononga O Tamaki Me Hoturoa
- Te Huruhi Trust
- Te Waipuna Puawai Mercy Oasis
- University of Auckland (Social and Community Healthy, SOPH)

The HEART Movement aims to promote positive, healthy relationships and prevent family violence - emphasizing a strengths based approach. The movement promotes a different way of working, that encourages everyone within the community to get involved. One key focus of the movement is to build on their activities as they learn with the community. The HEART Movement vision is a community where loving, safe and supportive relationships are created and nurtured (Heart Meeting Notes, July 15, 2011).

HEART wanted to learn more on community mobilisation around preventing family violence and what measurement tools could be used so approached The University of Auckland. Cristy Trewartha completed a literature review to inform HEART on tools to measure change in community and effective national and international initiatives within her dissertation "It is OK to help: effective community mobilisation to prevent family violence" (Trewartha, 2010). This dissertation was the launchpad for utilising the Community Readiness Model to assess the level of readiness of Glen Innes and Point England in terms of preventing family violence and promoting healthy relationships. Further explanation of this model is detailed below.

The HEART Movement research completed two assessments simultaneously - investigating two different issues with two different sets of respondents. The two issues - Healthy Relationships and Family Violence were chosen to compare the responses from a positive (Healthy Relationships) and a negative (Family Violence) perspective in the community. The research was enquiring how the way we frame the discussion of intimate relationships alters how people perceive the level of efforts made in the community and access to support. How ready is the community to address family violence as opposed to healthy relationships? Are they more prepared to act on one issue than the other? Does the level of readiness vary across the dimensions assessed for each issue? The HEART Movement hoped to gain answers to these questions to inform the development of actions within the community.

The Community Readiness Model and Scoring

This Community Readiness research is the first project of The HEART Movement. The Community Readiness Model assessment shows the current level of readiness in Glen Innes and Point England community to take action on 'Healthy Relationships' and 'Family Violence' (Plested, Edwards & Jumper-Thurman, 2006).

The Community Readiness Model "is a model for community change that integrates a community's culture, resources, and *level of readiness* to more effectively address an issue" (Plested et al., 2006, pg. 3). There are six different dimensions' that ask a series of questions about the community. The answers to questions, lead to a score for each dimension on the level of community readiness.

The six different dimensions are:

Community Efforts	Community Knowledge of the Efforts	Leadership
Community Climate	Community Knowledge of the Issue	Resources Related to the Issue

(Plested et al., 2006)

The answers from each respondent are scored against the Community Readiness Model 'Anchored Rating Scales' and tabled. The scores that are given range from 1 to 9 with 1 being the lowest and 9 being the highest. Each level of scoring needs to be achieved to be able to progress onto the next level (Plested et al., 2006). An example of one of the Anchored Rating Scales can be seen below.

Table 1. Anchored Rating Scale for Dimension A.

Level	Dimension A. Existing Community Efforts
1	No awareness of the need for efforts to address the issue.
2	No efforts addressing the issue.
3	A few individuals recognize the need to initiative some type of effort, but there is no immediate motivation to do anything.
4	Some community members have met and have begun a discussion of developing community efforts.
5	Efforts (programs/ activities) are being planned.
6	Efforts (programs/ activities) have been implemented.
7	Efforts (programs/ activities) have been running for several years.
8	Several different programs, activities and policies are in place, covering different age groups and reaching a wide range of people. New efforts are being developed based on evaluation data.
9	Evaluation plans are routinely used to test effectiveness of many different efforts, and the results are being used to make changes and improvements.

(Plested et al., 2006, pg. 19)

An average score for each dimension is calculated as well as an average score over all. There are two different scorers that work independently to assign scores for each interview. They then meet to discuss each score that differs and agree upon combined scores.

The Community Readiness Model is a 'diagnostic tool' that helps to determine what level the community is at for intervention on particular issues. It is not intended to define details on what strategies to put into place for any particular goals (Plested et al., 2006).

The Community Readiness Model outlines the specific questions that need to be asked for each dimension in the interviews to determine accurate scoring. Unfortunately, for this research project, one question was omitted by mistake. This was identified after the interviews had been completed but before the final combined scoring was conducted. This one question affected the dimension "Community Climate" - specifically being *"What are the primary obstacles to efforts addressing this issue in your community?"* This omission was duly noted and acknowledged when scoring the affected dimension. The respondents discussed obstacles to efforts within the interview through other questions.

Healthy relationships have been defined by The HEART Movement for the purpose of this research as "Relationships where there is love, safety and support". Family violence has been defined by The HEART Movement for the purpose of this research as "psychological, physical, sexual violence, financial, or spiritual abuse; or neglect between family members or those in an intimate relationship". On the next page is a table sourced from "Community Readiness: A Handbook for Successful Change" outlining the different stages of readiness the model scores (Plested et al., 2006).

Table 2. Stages of Community Readiness

STAGE	DESCRIPTION
1. No Awareness	Issue is not generally recognised by the community or leaders as a problem (or it may truly not be an issue).
2. Denial/ Resistance	At least some community members recognise that it is a concern, but there is little recognition that it might be occurring locally.
3. Vague Awareness	Most feel that there is a local concern, but there is no immediate motivation to do anything about it.
4. Preplanning	There is clear recognition that something must be done, and there may even be a group addressing it. However, efforts are not focused or detailed.
5. Preparation	Active leaders begin planning in earnest. Community offers modest support of efforts.
6. Initiation	Enough information is available to justify efforts. Activities are underway.
7. Stabilization	Activities are supported by administrators or community decision makers. Staff are trained and experienced.
8. Confirmation/ Expansion	Efforts are in place. Community members feel comfortable using services, and they support expansions. Local data are regularly obtained.
9. High Level of Community Ownership	Detailed and sophisticated knowledge exists about prevalence, causes, and consequences. Effective evaluation guides new directions. Model is applied to other issues.

(Plested et al., 2006).

Methods Used in Research

Identification of Respondents

In 2010, a working group was created to focus on developing the next steps of the movement. This working group developed the criteria for and selection of participants in the research. Key community leaders and members were identified with some connection to family violence prevention or promoting healthy relationships. Efforts were made to ensure two representatives of a range of different groups within the community were included. The different groups were:
• Schools and Kura Kaupapa
• Council
• Police
• Health
• Children and family services
• Churches
• Refugee
• Maori and Pacific communities
• Family violence services
• Young parents

By June 2011, a total list of 30 possible participants were identified and working group members were allocated to approach each possible participant that they knew to discuss with them what HEART was and information on the research that HEART wanted to complete. This was to encourage the possible participants to participate in the research. The participants were randomly allocated to either the Family Violence research or the Healthy Relationship research. Through out July and August 2011, 24 community members became respondents for the research by participating in interviews with the community readiness researcher.

Definition of Wording

In this report, there are several words used to define types of people that are participants in the research. The meanings of these words are below:
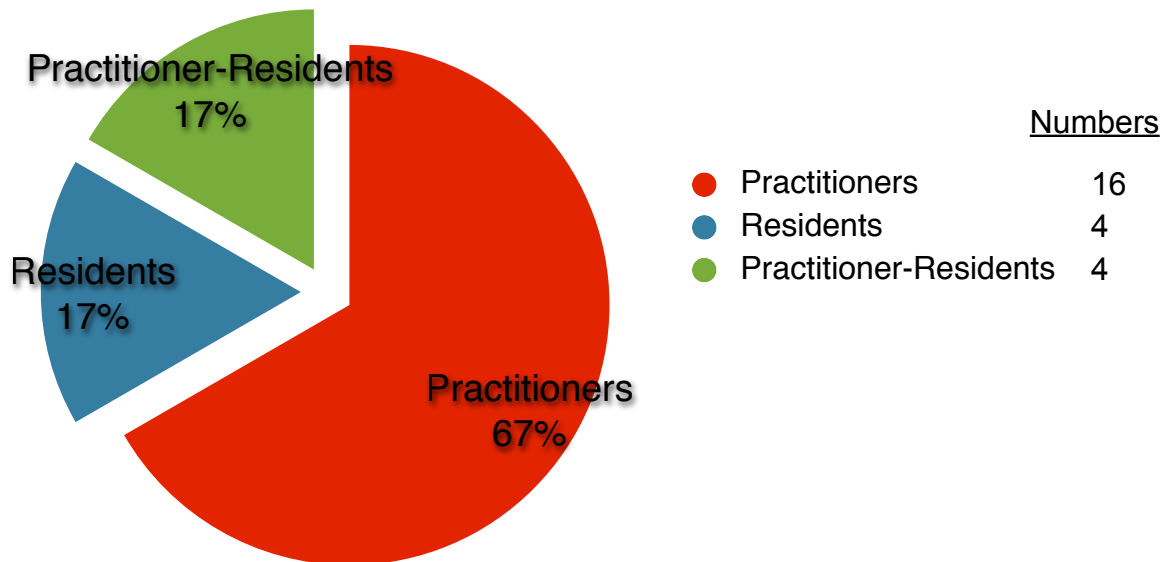• **Practitioner** - Participants in the research that are employed or work in the community.
• **Resident** - Participants in the research that currently live in the community and have lived in Glen Innes or Point England for a period of time longer than 1 year.
• **Respondent** - Participants in the community readiness model research.

Description of Respondents

Respondents derived from: practitioners that are employed in various sectors within the community; hold leadership roles within the community; and a variety of common ethnicities in the community.
• **Practitioners and Residents** - The research identified two different groupings of community members: practitioners - people that work within the community; and, residents - people that live within the community. There is a cross over of four people (out of twenty four) that work as well as live within the community.
• **Practitioners** - Came from a broad variety of different sectors.
• **Ethnicity** - There are two main ethnicities that the respondents identify as - Māori and Pacific Island. In addition, there is a smaller grouping of European and one 'Other' ethnicity.

Respondents Roles within The Community

Numbers	
● Practitioners	16
● Residents	4
● Practitioner-Residents	4

Practitioner-Residents
17%

Residents
17%

Practitioners
67%

Sectors that Respondents are Employed Within

Refugee
10%

Church
5%

Schooling
15%

Council
10%

Children and Family Services
20%

Family Violence Services
5%

Work and Income Services
5%

Police
10%

Health
10%

Mental Health
10%

Numbers	
● Schooling	3
● Council	2
● Family Violence Services	1
● Police	2
● Mental Health	2
● Health	2
● Work and Income Services	1
● Children and Family Services	4
● Church	1
● Refugee	2

Ethnicity of Respondents

Other
4%

European
21%

Maori
42%

Pacific Island
33%

Numbers	
● Maori	10
● Pacific Island	8
● European	5
● Other	1

Final Scoring of The Community Readiness Model

Family Violence

Below is the combined scoring of twelve **Family Violence** interviews conducted with twelve different community leaders or members in the community of Glen Innes and Point England. The interviews were conducted throughout July and August 2011.

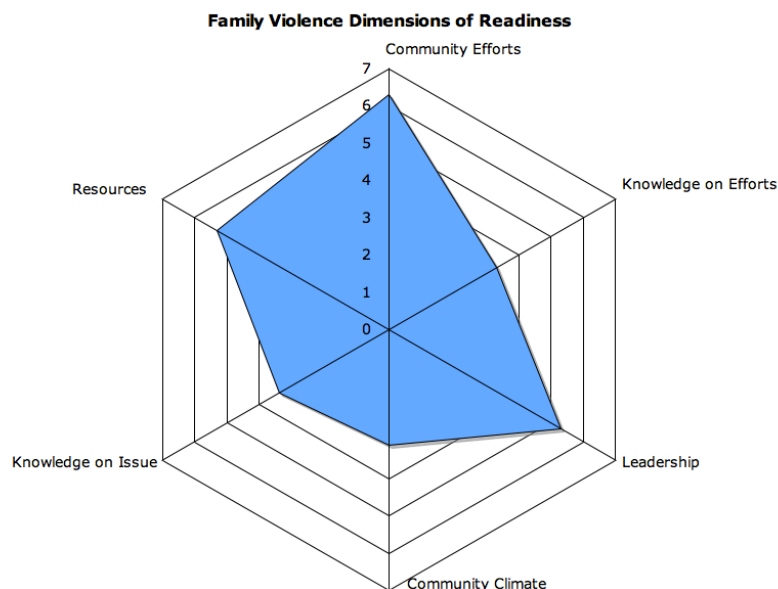| Participant	Community Efforts	Community Knowledge of Efforts	Leadership	Community Climate	Community Knowledge of Issue	Resources Related to the Issue	Total Scoring
Table 2. Family Violence Scores							
1	7	5	6	6	5	7	36
2	7	3	7	4	4	3	28
3	7	5	7	4	5	7	35
4	7	3	8	5	5	8	36
5	4	3	5	2	4	5	23
6	6	3	4	1	3	2	19
7	6	3	5	4	3	5	26
8	5	3	5	1	1	5	20
9	7	3	2	2	2	6	22
10	7	2	4	2	2	4	21
11	5	3	6	4	3	4	25
12	7	3	5	2	4	7	28
Average Score	**6.3**	**3.3**	**5.3**	**3.1**	**3.4**	**5.3**	**26.6**
OVERALL FAMILY VIOLENCE SCORE				**4.4**			

According to the Community Readiness Model Scoring System, the overall stage of the community in their readiness for addressing the issue of **Family Violence** is at **Preplanning**. The community clearly recognises that something must be done about family violence and there is a group addressing the issue. The next step is to develop concrete strategies to raise awareness of family violence in the wider community.

Family Violence Dimensions of Readiness

Healthy Relationships

Below is the combined scoring of twelve **Healthy Relationship** interviews conducted with twelve different community leaders or members in the community of Glen Innes and Point England. The interviews were conducted throughout July and August 2011.

Participant	Community Efforts	Community Knowledge of Efforts	Leadership	Community Climate	Community Knowledge of Issue	Resources Related to the Issue	Total Scoring
1	7	4	8	7	3	7	36
2	7	5	7	4	4	7	34
3	7	3	6	4	4	7	31
4	7	3	6	3	3	6	28
5	7	3	6	3	2	6	27
6	2	2	1	3	5	3	16
7	7	5	7	6	5	6	36
8	8	6	7	6	5	6	38
9	7	5	6	3	6	6	33
10	5	1	5	5	5	6	27
11	7	3	4	3	4	6	27
12	7	4	8	5	5	6	35
Average Score	**6.5**	**3.7**	**5.9**	**4.3**	**4.3**	**6.0**	**30.7**
OVERALL HEALTHY RELATIONSHIP SCORE				**5.1**			

Table 3. Healthy Relationships Scores

According to the Community Readiness Model Scoring System, the overall stage of the community in their readiness for addressing the issue of **Healthy Relationship** is at **Preparation**. The community has active leaders that have begun planning around the issue of healthy relationships and the community offers modest support for these efforts. The next step is to use existing data to plan comprehensive action.

Healthy Relationships Dimensions of Readiness
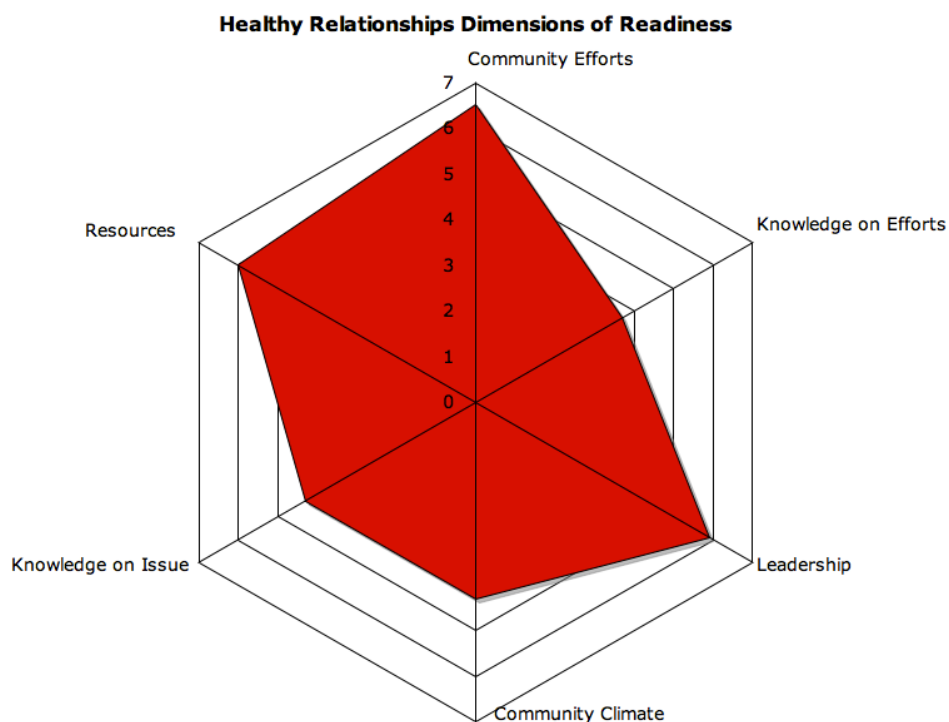
Comparing The Two Issues through the Six Dimensions

When comparing the two issues of Family Violence and Healthy Relationships, it is interesting to note that the scores for each dimension are very similar, with Family Violence scoring just slightly under the Healthy Relationship scores for every dimension.   This can be seen in the chart below.

Comparing Dimensions of Readiness
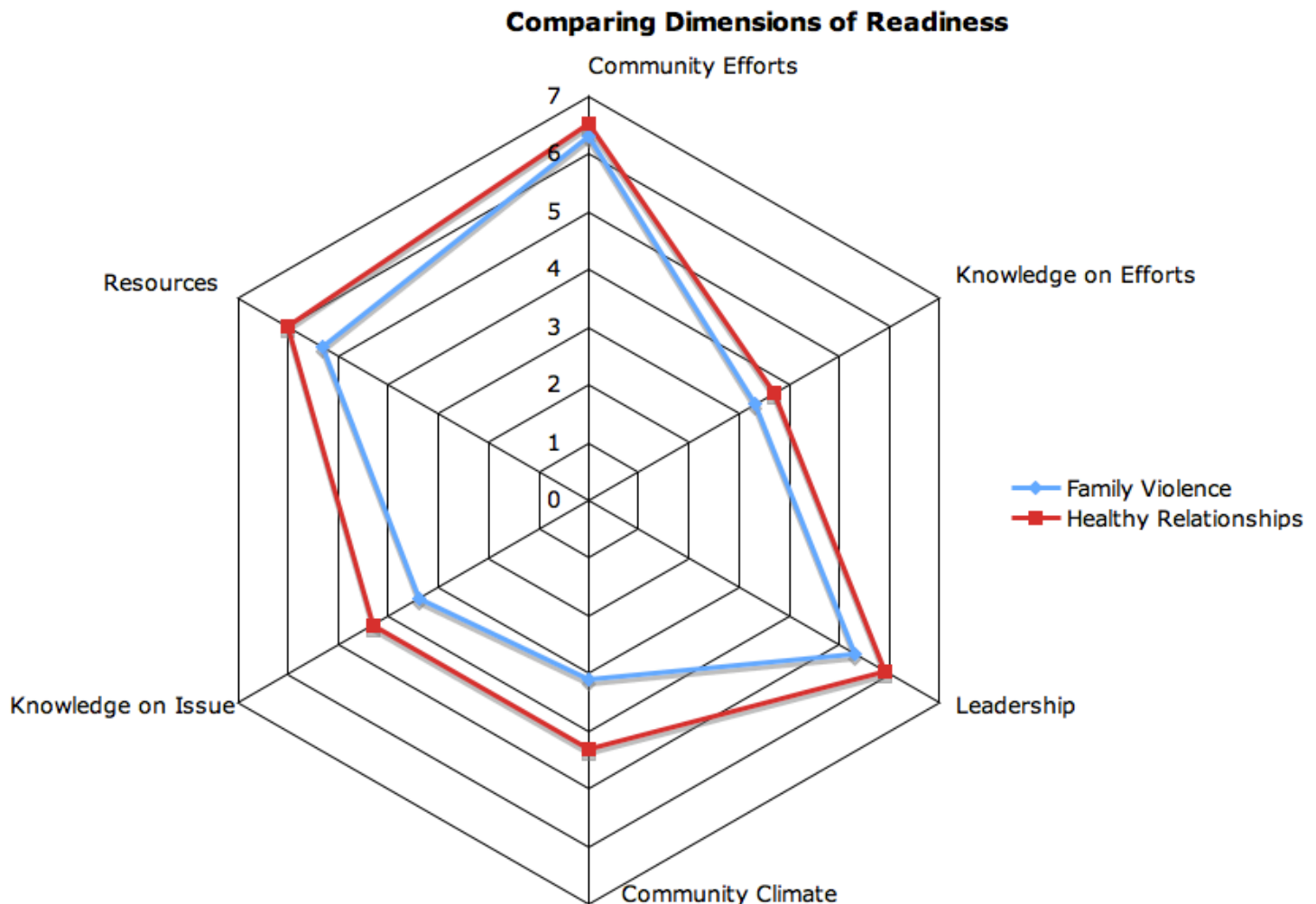
This is important to note for future development within the community. Because the two issues are at almost similar levels, it will be productive to develop strategies that encompass lifting the levels for both issues at once - especially in the dimensions that are lower for each of them.

For both Healthy Relationships and Family Violence, 'Community Knowledge on Efforts', 'Community Knowledge about the Issue' and 'Community Climate' are significantly lower than 'Community Efforts', 'Leadership' and 'Resources', which score highly.

Family Violence Findings

Community Efforts

The average scoring for community efforts is 6.3 out of a possible of 9. This scoring means the respondents stated that efforts have been implemented within the community (Plested et al., 2006, pg. 19).

Grouping of Scoring for Community Efforts

Diversity of Responses

Almost all respondents (9 out of 12) relayed that they were aware of efforts in the community being implemented or have been running for several years focusing on family violence.

					x			
1	2	3	4	5	6	7	8	9
Average Score for Community Efforts								

"I would say that there's been interest going on in the community for years and years" (family violence research respondent).

Three respondents however believed that there was not much effort in the community preventing family violence at all - if any. It is interesting to note here that those respondents are also long-term residents of the community.

"I think there's difficulty accessing it all around, because there's no set organisation. And in our community, WINZ is seen as the hub.... But then again, they [community people] don't want to be going in there and asking for help" (family violence research respondent).

One interesting viewpoint that a resident respondent commented on was the lack of emergency support outside of Police or WINZ. This causes difficulty for victims of family violence.
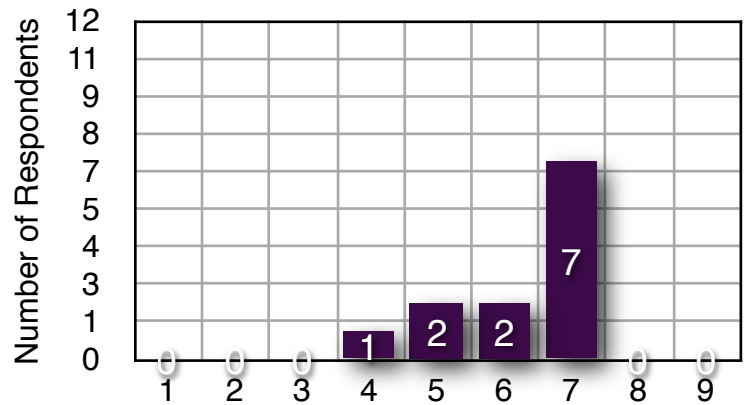
"Unless you know of the 0800 numbers and stuff like that. And then another thing is too is that it's now become aware that if you have Police call outs to domestic violence within the home, then they know if there's children involved it gets referred to CYFS. So the more reports, the... more CYFS involved which risks CYFS coming into the home..." (family violence research respondent).

This respondent highlighted real complications for victims of this community who are on a Domestic Purposes Benefit through WINZ. With the only emergency organisation being The Police, there is a fear of notifications being made to WINZ and CYFS about violent partners being involved in the home. Therefore **not** seeking support when it is needed is a very real option.

Possible Next Steps for Community Efforts

In comparison to the other dimensions, the community effort dimension scored the highest for Family Violence. A large number of respondents agreed that there were efforts in the community that have been running for quite a long time. However it would be of benefit to investigate if these efforts are mandatory government agencies or grassroots community developed efforts. It would also be of benefit to learn if these efforts are of high quality and are effective. One step in learning more on types of efforts available would be to create a listing of these different efforts and the types of services they provide. Are there gaps in service provision, for example one respondent highlights barriers to accessing confidential emergency support.

Community Knowledge of the Efforts

The average scoring for community knowledge of the efforts is 3.3 out of a possible of 9. This scoring means the respondents stated that only a few community members have heard about efforts and the extent of their knowledge is limited (Plested et al., 2006, pg. 20).

Grouping of Scoring for Knowledge of Efforts

	number of Respondents								

Diversity of Responses

A large number of respondents (9 out of 12) reported that only a few members of the community have heard about community efforts.

> *"It's only really made more aware within... the community events. If I was to sit down and talk to someone - a family in a home. They'd know about it, they'd be aware that there is help there... but they wouldn't be able to say off hand, 'oh yes there's such and such down the road'..." (family violence research respondent).*

Scoring of Responses

		x						
1	2	3	4	5	6	7	8	9

Average Score for Community Efforts

This was a general consensus throughout the respondents in this dimension with only two respondents believing that members of the community had a basic knowledge. All other respondents felt that the community was not aware of many efforts.

> *"I would say not very much. Because... the people who are involved in family violence don't like to talk about it. So they may feel it's drawing attention to them - looking for help... What do you do? Who do you talk to? My knowledge is zero!" (family violence research respondent).*
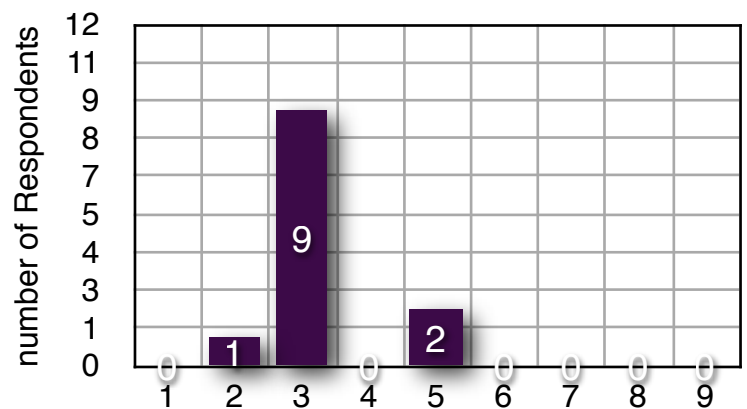
It is interesting to note here how highly respondents scored the amount of efforts in the community in the previous dimension, and yet how low they scored community members actual knowledge on those efforts.

> *"I think NGO's and stuff, they know what each other are up to. But I think in terms of the people that are living there, I think really small actually. I think it's actually really small and I think if they were to talk about anything, it would be more of the national campaigns that have happened - so, you know, everyone talks about the "It's Not OK" and all the jokes and stuff that you use - the one liners - you use that sort of stuff. In terms of them, they only know on a campaign level. On a local level, yea, it's really small" (family violence research respondent).*

Possible Next Steps for Community Knowledge of the Efforts

This dimension scored as one of the lowest dimensions in Family Violence. No respondents felt that there was more than a basic knowledge of family violence efforts and there were obvious gaps in the communities knowledge around what was currently happening in their own community. It appears that the connections between service providers is strong, however the

gap in communication is between service providers and others who conduct efforts to address family violence and the residents of the community.

The difference between the high score of community efforts in place and the low sore of community knowledge on those efforts could also be attributed to the efforts being delivered in the community by professionals and organisations as opposed to residents living in the community.

Leadership

The average scoring for leadership is 5.3 out of a possible of 9. This scoring means the respondents stated that leaders are connecting as a part of a group that addresses family violence (Plested et al., 2006, pg. 21).

Diversity of Responses

There is a large range of responses in this dimension - respondents reported differently according to the leadership that they were referring to. This range in responses reflects the large number of leaders within the community that people connect to as opposed to varying views on the same leaders.

Grouping of Scoring for Leadership

> *"So many different leaderships, like there's groundroot leaderships, and there's police leaderships and theres... it's really hard to give a generalised answer to that question"* (family violence research respondent).

Often, the leaders that the respondents were discussing did not overlap. Thus the range of responses were large - from leadership not believing family violence is an issue at all, to leaders being supportive of continuing basic efforts to prevent family violence.

> *"Do they see it as a problem? Oh yes... Definitely. But it could be worked on. It's a constant task"* (family violence research respondent).

> *"Personally? No. I don't see them as seeing it as a big thing. You know, they've got others things to worry about!"* (family violence research respondent).

> *"I think pockets do. And I think pockets see their own agenda as more important - depending on what it is. I think leadership is really reactive here. And so, when something bad happens, we do something even though we know we have stuff in place"* (family violence research respondent).

Possible Next Steps for Leadership

Due to the range of leadership in the community that these respondents discussed, it would be of value to raise awareness of family violence as an issue in a variety of settings to reach as many different leaders at different levels as possible. Holding meetings during the day at the

local library for example will only reach a certain number of leaders, and similarly, holding a collection of meetings in churches at night will also only reach a certain number of leaders.

Attempting to be proactive within this community without a stimulus for leaders to react to may prove to be difficult. Inviting leaders to a hui to meet and discuss the efforts that are currently addressing family violence may not be seen as an important agenda for leaders who feel that they are addressing the issue within their own work. As one respondent mentioned, some form of stimulus is needed to create a reaction for leaders to act on preventing family violence and commit to working together.

Community Climate

The average scoring for community climate is 3.1 out of a possible of 9. This scoring means the respondents stated that the community is neutral, disinterested, or believes that the issue does not affect the community as a whole (Plested et al., 2006, pg. 22).

Diversity of Responses

The opinions from the respondents were broad for this dimension. There was an obvious split - half of the respondents believed that the community were either not aware of family violence being an issue or did not think it could or should change. The other half of respondents believed that the community did want change and some even felt that modest efforts were starting.

Grouping of Scoring for Community Climate

Scoring of Reponses

		x						
1	2	3	4	5	6	7	8	9
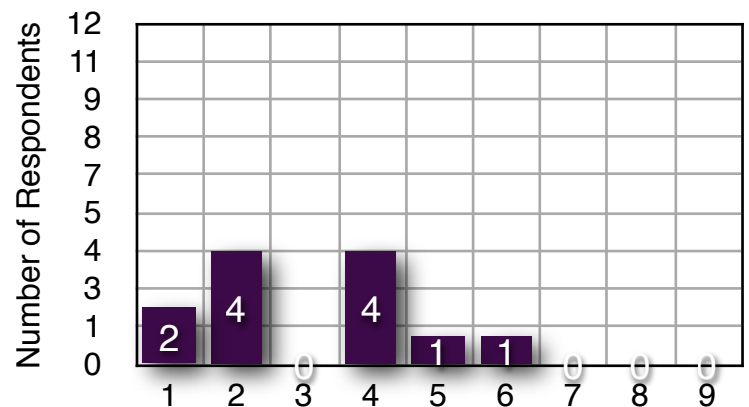
Average Score for Community Efforts

"That more and more, we are not to tolerate family violence. It's not to be tolerated" (family violence research respondent).

"I don't think that the community does anything to support efforts... because first of all they don't know that it's [the efforts] there" (family violence research respondent).

Answers to tolerance of family violence provided an interesting insight into how much respondents believed members of the community would be willing to tolerate family violence. The respondents were split almost evenly between it being tolerated or not. The main reason given for answering 'no, it would not be tolerated' were because it should never be tolerated. Where as answering 'yes, it would be tolerated' were for differing reasons - due to the ethnicity and culture of the person meaning it is an accepted way of being, it being an accepted community culture within Glen Innes and Point England, that other priorities (i.e. finances, housing or health) are more important, and that there is an inevitability and almost hopelessness about 'how it is'. Even for the respondents that stated that no, it would not be tolerated, there was an underlying view that it also couldn't be prevented.

"I don't think anyone thinks it should be. I just think they think it's inevitable. There are some streets where... all your neighbours are having the same experience. There's not even any way you can say to a neighbour 'if you hear me screaming, can you call the police' because they wouldn't" (family violence research respondent).

Possible Next Steps for Community Climate
With this dimension being the lowest scoring of all dimensions within Family Violence and Healthy Relationships, steps to raise community awareness and understanding of family violence is crucial for the success of any efforts. Empowerment of the community is key to raising the belief in themselves to take on responsibility.

Community Knowledge of Issue

The average scoring for community knowledge of the issue is 3.4 out of a possible of 9. This scoring means the respondents stated that only a few community members have some knowledge about family violence (Plested et al., pg. 23).

Diversity of Responses
There was a general opinion through out the interviews that members of the community did not perceive family violence in the entirety of the definition described to them at the beginning of the interview.

Grouping of Scoring for Knowledge of Issue

		x						
1	2	3	4	5	6	7	8	9
Average Score for Community Efforts								

"...it used to be called domestic violence, and now it's family violence... But we put two and two together - family and violence - so it's more the physical aspect, it's... people think it's man beats wife. And that's it" (family violence research respondent).

The community are aware of physical violence between intimate partners, however that appeared to be all that correlated between respondents views. Some felt that community members knew signs and symptoms where as others felt that community members held no knowledge about the issue.

"They know that it's not okay. Well, they should know. Question is, are they gonna listen? Are they gonna not be violent?" (family violence research respondent).

Respondents did not appear to believe that emotional, psychological, sexual, financial or neglect was incorporated into the views of the community about family violence. Some respondents also believed that knowledge around family violence was focused more on national campaigns rather than local data.

"Just the it's not OK information. Unless you are a family that has... seeked out help for domestic violence, you won't get any other information. I mean there's Women's Refuge Posters. Women know about Women's Refuge but half the time don't know how to contact them." (family violence research respondent).

"They know it's not okay. I think everybody knows that now. But whether that applies to them or not... men will always talk in the 3rd person... It's not just those people over there that use violence, it's really really common in all of our society. and it's not just people with brown skin because I think that's a huge perception." (family violence research respondent).
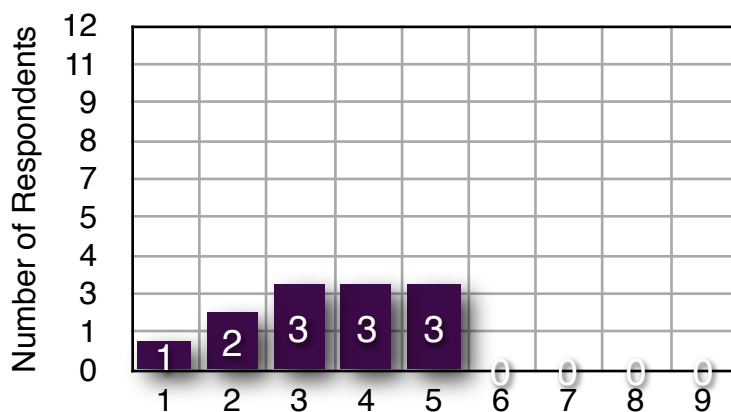
Possible Next Steps for Community Knowledge of Issue
The scores were very evenly spread - all at the lower end of the scale. Expanding the community's understanding around what family violence is will create a larger understanding on how embedded this issue is within the community.

Access to local data also appeared to be sporadic at best. Respondents suggested different organisations that could be holding information - however when interviewing people from those organisations, they suggested other organisations. Creating a true collection of local data that residents are able to refer to would be highly beneficial. People appear to be aware that family violence is in the community - even a part of the culture, but have no local data or other information to draw from.

Resources Related to the Issue

The average scoring for resources related to the issue is 5.3 out of a possible of 9. This scoring means the respondents stated that some community members are looking into resources that are available (Plested et al., pg. 24).

Diversity of Responses
Again, the responses from respondents were very diverse in this dimension. All respondents listed at least one resource that a person could turn to for support. Some listed friends and family as the only source of support where as others listed more than five organisations (government and non-government) that a person could and would connect with readily when needing support.

Grouping of Scoring for Resources Related

Number of Respondents (y-axis: 0, 1, 3, 4, 5, 7, 8, 9, 11, 12)

Scoring of Responses (x-axis: 1-9)
Values: 1→0, 2→1, 3→1, 4→2, 5→3, 6→1, 7→3, 8→1, 9→0

				x				
1	2	3	4	5	6	7	8	9

Average Score for Community Efforts

"A friend... for some reason I think that people that go through violence, for some reason just won't go talk to people out there - to counsellors and stuff. Probably because they don't know the person" (family violence research respondent).

A lot of respondents did not know answers to questions around business and industry support, proposals or grants being submitted, and evaluation activity. There was a split view on levels of expertise in the community - some respondents choose to give different answers for different types of community groups or members. Respondents view professionals in organisations to be highly trained in family violence, and yet residents and community members to have a much lower level of training or expertise.

"It would be difficult to say because... if it's a genuine community group - I'd say it would be low, probably about a 3 or a 4. And if it's a community group that exists to serve the community... I'd still say it wasn't very high unless it's the police... if I'm just thinking about us, we have some training... it's not a big priority to try and consciously upskill people in an ongoing way. So probably I'd say about a 5-6. They [Police] get an immense amount of training in how to recognise, so I mean really, they'd be up there around a 9" (family violence research respondent).
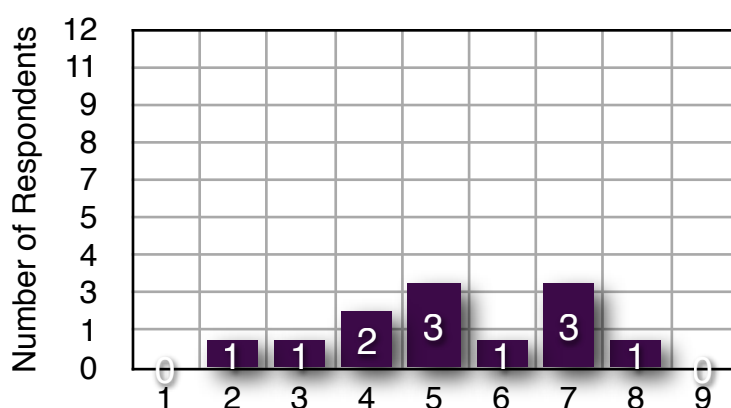
"I think, there's a huge need for more providers. And to be really healthy ones [organisations and workers]... Ones that can really help them to move on" (family violence research respondent).

<u>Possible Next Steps for Resources Related to the Issue</u>
The answer to almost every question in this dimension was divided. Seven respondents felt there were a broad range of volunteers, five did not. Three respondents felt there was great support from businesses, nine did not. Six believed there was evaluation taking place in the community, seven did not. Further discussion will need to take place to understand the actual level of resources available to the community due to such diverse opinions. However it can be stated that according to these respondents, access to specific resources dedicated to preventing family violence is unclear as almost all answers in this dimension were possibilities of where to seek support as opposed to referring to definite resources allocated.

One disconcerting finding is that only one respondent stated that they knew of a funding application - all others either stated they didn't know any or only of HEART. This could mean that the main efforts currently in place do not require additional funding - for example government agencies such as The Police. After discussions take place around access to resources dedicated to family violence, seeking additional resources that would support members of the community to take ownership and action on family violence would be of benefit.

Discussion of Family Violence Community Readiness Assessment

Family violence is an issue that the respondents clearly identified as a concern in their community. They felt that there were efforts in place, and yet there was a lack of knowledge from members of the community about those efforts. Some respondents also believed that there were not enough locally based efforts addressing family violence and the main activities that they were aware of were national campaigns - for example the It's Not OK campaign or White Ribbon Day. The high scoring of efforts in the community could also be due to respondents referring to the mandatory government agencies in place that are driven by national efforts as opposed to locally grown efforts.

There appears to be a large discrepancy between the efforts in the community and community members knowledge on what these efforts are. This depended on if the respondents were discussing practitioner knowledge or residents knowledge, however the gap between 'knowledge of' and actual efforts remains a concern.

Some respondents viewed family violence as a well established plague within the community that needed to be eradicated. However there were also several respondents that viewed the issue as being a part of the culture of the community of Glen Innes and Point England. For these respondents, family violence was a naturally accepted way of being, and normal to be joked about, commented on and witnessed. This may be why there is such a variance in responses about the leadership in the community. There are many leaders in different segments and levels through out Glen Innes and Point England, but their skills, knowledge and capability to act against family violence vary - especially if attitudes are embedded in the culture of the community. The respondents all believe that family violence is **not** okay, this appears to be well ingrained into the community - particularly through the It's Not Ok campaign, however the respondents also state immediately after saying that the community know family violence is not okay, that they still do it and it still exists in their community. There also appears to be a misconception in the community that family violence is predominately physical violence. Even after discussing with the respondents the full definition and holistic view of family violence immediately before every interview, some reverted back to discussing purely physical violence in their answers to questions.

Support to prevent family violence and acts to stop it appears to be low. Indeed the scoring for the Community Climate dimension was the lowest of all. People in the community appear to be aware that the community has a problem with family violence, and yet action to step in and intervene at a residential level is simply not present. This is further complicated by the governmental systems in place between organisations. The Police, WINZ, HNZ and CYFS are perceived by some respondents to all interlink thus seeking support around family violence could jeopardise the family income, home, or placement of children. It appears therefore that the power is firmly in the hands of government practitioners working with residents of the community. For example, if family violence information from community members is relayed to these practitioners; income, children and homes could be lost from a family.

Government agencies and community members working together to create systems that will safe guard victims of family violence without the fear of losing what little they have would be the best solution to this problem. However it is acknowledged that there is sometimes difficulty in maintaining safety for victims - in particular children - while assenting to the desires of the parents or older family members. Helping community members, in particular residents to develop more knowledge on family violence and empower the community as a whole to take action on family violence could help to create alternative efforts that are grassroots based. These grassroot efforts in turn, would be of benefit to government agencies in providing alternatives for action.

Finally, resources appear to be limited in the community for family violence. Almost no grant proposals were identified aside from HEART and evaluation efforts were not known about with the main one identified being HEART. There seems to be volunteers available and some businesses support efforts, and yet the respondents had a varied response on the levels available for either. What is difficult to understand however is how high the efforts to address family violence are reported to be, and yet how varied a response the respondents relayed around access to resources. This could however be due to efforts already being sustained and thus resources required for them obtained or as mentioned earlier, that the main efforts are situated within government agencies located in the community and therefore resourced nationally.

Healthy Relationship Findings

Community Efforts

The average scoring for community efforts is 6.5 out of a possible of 9. This scoring means the respondents stated that efforts have been implemented in the community (Plested et al., 2006, pg. 19).

Diversity of Responses

Aside from one respondent, all other interviews reported a high level of efforts to support healthy relationships in the community. Ten of the respondents identified that efforts - activities or programmes - have been planned, implemented and running for several years if not longer. The one respondent that scored very low simply stated that they did not know about efforts being conducted.

> *"oh.. community groups, family centre, Ka Mau Te Wero, the marae, Langafonua... Mainly NGO's" (healthy relationships research respondent).*

Grouping of Scoring for Community Efforts

					x			
1	2	3	4	5	6	7	8	9
Average Score for Community Efforts								

This is a high score for Healthy Relationships and shows that the majority of respondents are aware of the efforts that are in place in the community. One reason for this, is because the majority of respondents perceived healthy relationships efforts through a holistic framework of support.

> *"I think there are definitely a lot happening in the community... it's just that everyone is making a vested interest in promoting healthy relationships. Everyones... doing their own little thing - all in the same cause" (healthy relationships research respondent).*

> *"There are a lot of other groups - church groups - probably more than we would think is out there. They just haven't been captured well" (healthy relationships research respondent).*

The majority of comments made from respondents were that the topic of healthy relationships were included in other work that was being completed - be that in parenting programmes, youth at-risk programmes, or social work intervention. There was a general view that the community holistically incorporated healthy relationship into their general work streams.

> *"I think for us, what is a healthy relationship?...We don't go out there promoting that we are support groups - I think for us, we're wanting to deal with the average male in the community - it's like mateship - get to know you - not to say I want to solve all your problems" (healthy relationships research respondent).*

Possible Next Steps for Community Efforts

This holistic approach definitely has its advantages for community members participating within programmes; however it also tends to water down the focus of healthy relationships as an important area to address and build on. It would be beneficial for the community to consolidate the efforts that focus on healthy relationships - be that within programmes or in case work and to identify it as important for the development of the community members' wellbeing.
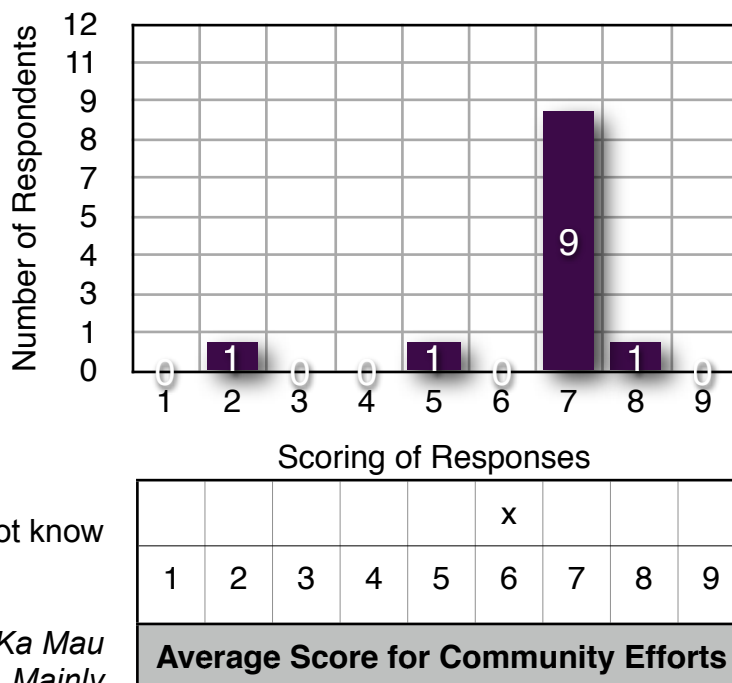
Community Knowledge of the Efforts

The average scoring for community knowledge of the efforts is 3.7 out of a possible of 9. This scoring means the respondents stated that only a few community members have heard about efforts and the extent of their knowledge is limited (Plested et al., 2006, pg. 20).

Diversity of Responses

Despite the high scores allocated for efforts within the community - the knowledge of community members around these efforts is very low. Four respondents believed that community members at least had a basic knowledge about local efforts however the remaining eight respondents believed that only some or few members in the community have heard or knew about the efforts.

Grouping of Scoring for Knowledge of Efforts

		x						
1	2	3	4	5	6	7	8	9

Average Score for Community Efforts

"I would say probably not a lot... I also think that when first working with agencies, they think 'are you going to take away our kids' so there is always that - closed, they are always closed at first" (healthy relationships research respondent).

Programmes and activities have been running for several years and yet not many in the community are aware of the programmes.

"The community as in people?... They know very little... Some of them might know about community groups. But a lot of them live in their own little world with their own few friends around them. That's all they know" (healthy relationships research respondent).

This may mean that people aren't utilising the services, or they are unaware that the services they are utilising encompass a focus on healthy relationships. Healthy relationship as a topic is being included as a component in many existing programmes, but not many organisations are making it a core focus of their programmes. For example, one of the programmes discussed focused on the prevention of a family's young person from re-offending - including a healthy relationship element, however the programme did not focus solely on the issue of healthy relationships.

Possible Next Steps for Community Knowledge of the Efforts

The variation between the perception of high amount of efforts taking place in the community on healthy relationships and yet low community member knowledge on those efforts portrays a disproportionate image and could highlight a communication issue on what is being delivered within programmes.

Steps that could be taken to further develop community members knowledge of efforts in their community are:
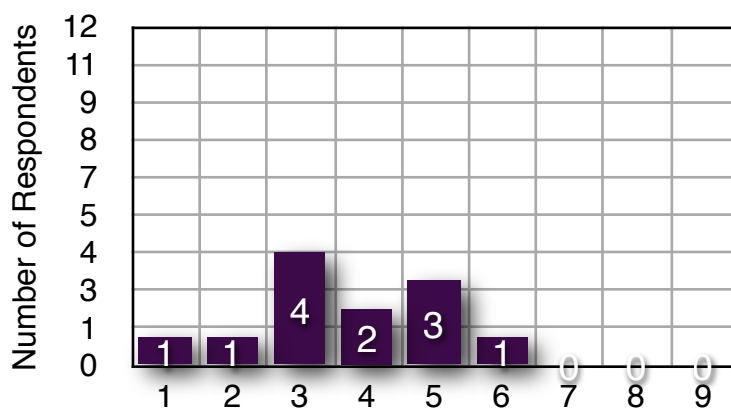
1. Raising the need for the community to work on relationships - i.e. raising community knowledge on healthy relationships and the importance of it.
2. Following this up with encouraging the healthy relationship focus in activities - encouraging the holistic approach that the community is already strong in implementing, and suggesting more definite components within those programmes that raise healthy relationships as key to a healthy wellbeing.

Leadership

The average scoring for leadership is 5.9 out of a possible of 9. This scoring means the respondents stated that leaders are part of a group that addresses healthy relationships (Plested et al., 2006, pg. 21).

Diversity of Responses
The overall scores for this dimension were high. Nine respondents out of twelve believed that the community leaders (no matter which ones they were reflecting on) are at least active and supportive of implementing efforts.

Grouping of Scoring for Leadership

				x				
1	2	3	4	5	6	7	8	9
Average Score for Community Efforts								

"Over all leadership in the community? I pray so! It also depends on what you mean by leadership. From where we stand, everyone is a leader... Church leaders, education... I'd be very sad if they didn't. I believe so [that they see healthy relationship as an issue]" (healthy relationships research respondent).

Again, as with family violence, the variety in responses to this question could be attributed to the high number of leaders identified within the community as opposed to the actual position leaders have on healthy relationships. Some respondents identified leaders within their own organisations and only reflected upon those leaders' positions on healthy relationships, where as others chose to answer this dimension by identifying core leaderships over the whole community.

"The majority... like principals, also the NGO's - they are all interested in healthy relationships. Because they see that as the core of moving people from negative to positive" (healthy relationships research respondent).

"Every leader are involved in some way - I'm not talking about leaders in the community - but also leaders in our own families - old men, and women initially. Everyone promotes it, but I don't know if they practice it" (healthy relationships research respondent).

"If we were to look at leadership in terms of our philosophies and tikanga, we look towards kura kaupapa's and our marae - that's really the hub of our community. So I think that, yea, the marae, is upholding that... a lot of the korero comes from the marae, so, they really do uphold it - it's important" (healthy relationships research respondent).
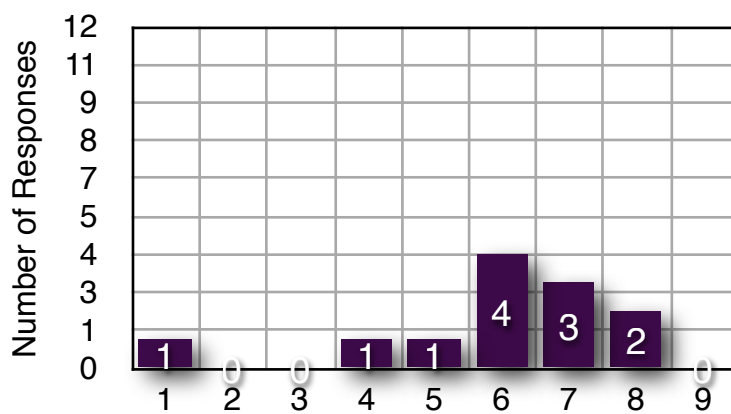
Possible Next Steps for Leadership

It can be seen as a strength that so many of the respondents reported that leadership in the community is active and supportive of efforts. How they were supportive varied between the types of leadership the respondents discussed. For example one respondent communicated the work that was accomplished within a particular church, the leaders that were involved in that church and the great work they were doing. These leaders never appeared to connect with leaders outside of their church. If they did, they might be able to show others how to support healthy relationships or even learn from other leaders on activities happening elsewhere in the community. Encouraging the joining of leaders within the community to connect, share and learn from each other would only strengthen the work that they are currently in support of.

Community Climate

The average scoring for community climate is 4.3 out of a possible of 9. This scoring means the respondents stated that the community attitude towards healthy relationship is of interest and they want to do something, but are not sure what to do (Plested et al., 2006, pg. 22).

Grouping of Scoring for Community Climate

Diversity of Responses

The scoring range in this dimension is quite spread. Five respondents felt that the community did not believe that the issue of healthy relationships affected the whole community.

		x						
1	2	3	4	5	6	7	8	9
Average Score for Community Efforts								

> *"they [community members] take it or leave it. It's a case of - yea, okay that's good. But they [community members] don't do anything about it. Not on the whole. It's the agencies and the community leaders that push for healthy relationships, to help people understand that they are in unhealthy relationships - 'this is like what it could be like' - and they walk around with their heads in the sand... They know that there's a different way, but they don't have the energy, they don't have the get up and go. It's much easier to go with the flow and then sit back and complain" (healthy relationship research respondent).*

On the other side of the scale, five other respondents felt that the community is, at the least, concerned about healthy relationships and have at least modest support for efforts even if not taking on more responsibility to act in supporting healthy relationships.

> *"I think [the community is] very positive, very open... sense of optimism, sense of hope. Wanting to get involved. They say they do, whether they say they do and don't follow through... but there seems to be follow through from a core group of people" (healthy relationship research respondent).*

The range in responses may portray different levels of acceptance on this issue in the community. The respondents that scored lower on the scale appeared to be discussing residents that live within the community where as the respondents that scored higher appeared to be discussing the organisations and community workers in the community. The variation in
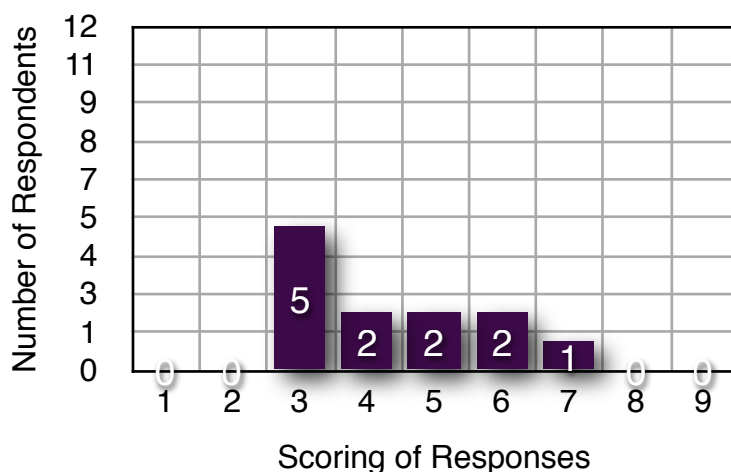
the type of community member considered directly affected the way respondents reflected on a question and provided their answer.

> *"I guess people would feel that - yea, it is important. However, because of the demographics in GI - they would not see it as a priority - because having a stable home, a healthy home, is a priority. Yea. It's - financials... so all of that stuff would be seen as a priority. Healthy relationships would be seen second or third or fourth on the list"* (healthy relationship research respondent).

> *"Overall, it's good... there are people listening, they accept it. There are people that hear, but they don't want to hear. They don't want to practice it. So that's very difficult"* (healthy relationship research respondent).

Possible Next Steps for Community Climate

Before supporting further action by community members around healthy relationships, it would be of benefit to encourage the empowerment of resident community members to become involved and take ownership of the issue. There was a substantial number of respondents that reported low resident interest on healthy relationships. Raising resident community members' passion to act on creating healthier relationships in their community would create stronger action in developing local efforts.

Community Knowledge of Issue

The average scoring for community knowledge of healthy relationships is 4.3 out of a possible of 9. This scoring means the respondents stated that some community members recognise the signs of a healthy relationship, but information is lacking (Plested et al., 2006, pg. 23).

Diversity of Responses

Again, a range of responses in this dimension. Half of the respondents believed that the community understood what healthy relationships were and that general information was available.

Grouping of Scoring for Knowledge of Issue

			x					
1	2	3	4	5	6	7	8	9
Average Score for Community Efforts								

> *"I think they think it just makes better living. In terms of future direction. It's just that whole promotion of better living, healthy living, healthy lifestyles, better communities"* (healthy relationship research respondent).

> *"Members of the community?... those that access the groups here - is that healthy relationships is fundamental for the peoples process of recovery [within a mental health setting]. Often that's the motivator for change. So, yea, it's paramount for a lot of people here. It's about their whanau, their mokopuna, the next generation"* (healthy relationship research respondent).
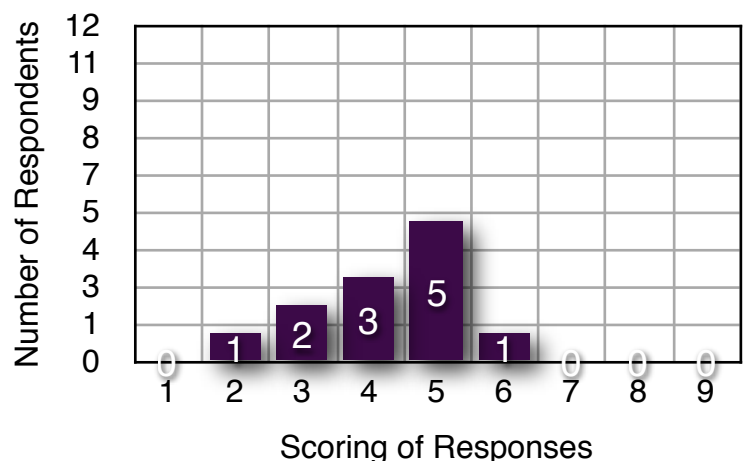
However the other half of respondents believed that only some members of the community or a few members held knowledge on healthy relationships and that generally information was lacking.

> *"In general? The general community do not identify what a healthy relationship is. If I said to them 'are you in a healthy relationship? Do you feel that in the community you have healthy relationships or what is healthy relationships?' They'd go 'what? What are you talking about?"* (healthy relationship research respondent).

Respondents were asked what type of information is available. Almost all information came from programmes and organisations. And yet respondents also stated that the first point of call for most people seeking support around healthy relationships were family and friends.

> *"A lot of them [resident community members] are... not well educated. They are probably not aware of a lot of things cause of lack of education or language. They just know if they've got it, they're happy. If they don't, they're not"* (healthy relationship research respondent).

There was also ambivalence around access to local data; some respondents stated that local data was available, however not many knew how to access that data and assumed you could access it. No one answered this question in confidence.

Possible Next Steps for Community Knowledge of Healthy Relationships
Validating family and friends as a valuable source for healthy relationship information and improving their knowledge about what healthy relationships are could prove to be beneficial for the community. According to respondents, community members already turn to their family and friends for support and so encouraging the development of those community members knowledge around what a healthy relationship is will provide information to those in need.

Another key area that could be developed is improving access to accurate statistics on how healthy or unhealthy relationships are in the community. Identifying what the community understands to be a healthy relationship, what options are available to develop healthier relationships and how the community is progressing in the development of their healthy relationships will provide a profile of what is happening in this specific community.
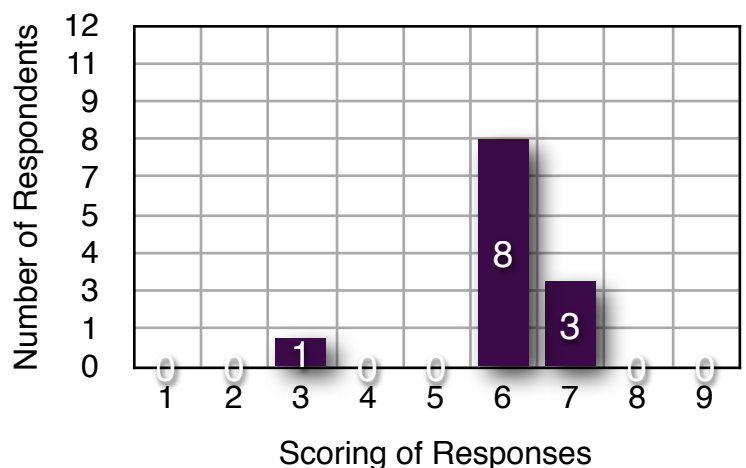
Resources Related to the Issue

The average scoring for resources related to healthy relationships is 6 out of a possible of 9. This scoring means the respondents stated that resources have been obtained and allocated for this issue (Plested et al., 2006, pg. 24).

Diversity of Responses
Almost all respondents regard resources as being highly available in the community for healthy relationships, however they discussed these resources as being situated within alternative activities - incorporating the concept of healthy relationships within other programmes or activities.

Grouping of Scoring for Resources Related

Number of Respondents (y-axis): 0, 1, 3, 4, 5, 7, 8, 9, 11, 12

Scoring of Responses (x-axis): 1 (0), 2 (0), 3 (1), 4 (0), 5 (0), 6 (8), 7 (3), 8 (0), 9 (0)

"Recently, yes, we did the Matariki... and we did the awhi with the pamper day - the women's pamper day, and we incorporated that into the matariki... Creative communities - we'll be applying for that soon for kapa haka... and even bring on some more weaving and we're also looking at the licensing again..." (healthy relationship research respondent).

					x			
1	2	3	4	5	6	7	8	9
Average Score for Community Efforts								

The respondents views on the number of volunteers varied. The majority stated that there were at least one main group of volunteers - the same people that support any positive activity in the community. However when asked if there were a broad base of volunteers in the community as a whole, most couldn't state definitely that there were a large number of volunteers through out the community willing to support healthy relationships. They did however state that there were enough people to motivate change and initiate action.

"I'm not too sure to be honest... effectively, we're doing a part of the work you know? We're [practitioners in the community] fulling that gap! So we hear about things... we push that.. so, yea, we see the missing links, the missing gaps and carry it" (healthy relationship research respondent).

Majority of respondents did not believe that businesses or local industry supported healthy relationships in any way. One respondent challenged if there was a place for them to.

"Well, having liquor stores doesn't help support relationships! No. Right across from the library.. you know, it's the social environments, having stuff that doesn't support what a healthy family could achieve to be" (healthy relationship research respondent).

Possible Next Steps for Resources Related to Healthy Relationships
Almost all respondents rated the expertise and training of people working to promote healthy relationship as high, however this was mainly in discussion around professionals and community workers. Again, if community members are turning for help predominately towards family and friends, it could be beneficial to encourage the raising of skills and expertise with resident community members as well.

Also, even though a large number of respondents regard there to be a high number of resources available around healthy relationships, aside from HEART, only three respondents were aware of evaluation efforts or research results being utilised to inform programmes. It would be beneficial to encourage the use of evaluation tools to ensure that what resources the community does have access to are effective.

Discussion of Healthy Relationship Community Readiness Assessment

When completing the Healthy Relationship interviews, it was common for respondents to almost stumble over the concept of discussing healthy relationships. As much as the family violence definition was specific and detailed, the healthy relationship definition was broad. Some respondents discussed healthy relationships purely as intimate and family based, where as others incorporated friend relationships, neighbours and even organisational relationships. Another key point of difference for healthy relationships is the positive holistic manner that respondents relayed their answers. Most respondents viewed healthy relationships as an innovative approach that has been incorporated as a component in their work and the efforts in place in the community.

Respondents identified a high number of community efforts; these were holistic approaches to healthy relationships that were built in as components within other programmes and activities, there are no specific healthy relationship programmes. Types of efforts discussed were broad - from specific relationship programmes, to community events promoting healthy living, even to the way people work within their practice. This would therefore prove to be difficult to create a database of support from, especially categorising the type of support someone could receive. Respondents appear to view healthy relationship as a way of being, as opposed to an issue to address.

However when discussing the community knowledge around these efforts, respondents appeared to revert back to what they believe community members know about efforts for family violence. They did not discuss how community members viewed or understood healthy relationships, however they did discuss how community members simply did not know about efforts that could help them develop healthy relationships. This could be due to incorporating healthy relationships within other activities and programmes instead of focusing purely on creating efforts that highlight the development of healthier relationships.

Despite the variation in responses from respondents about leadership support, there was a general consensus that leadership does and will continue to support healthy relationships and the continuation of efforts to support further development. To what extent was difficult to pinpoint as it was acknowledged that all leaders in the community were busy and had their own priorities to focus on. In the same sense, the desire by the community to make changes by creating healthier relationships was positive and yet also there was an underlying feeling through out all interviews about how important this issue was compared to others. Permanent housing, family income, childrens needs and managing addictions were all issues that appeared to be more important than healthy relationships. Respondents own knowledge on what healthy relationships actually meant was variable and unclear. When discussing how knowledgable community members are on healthy relationships, respondents viewed that community members didn't understand the concept of healthy relationship - or how to develop a healthy relationship.

Finally, it was interesting to see a relatively high score for resources related to healthy relationships. This could be because of the holistic perception of healthy relationships and thus a holistic approach to the types of resources that could attribute to its growth. Aside from business, all other ratings of resources that were asked about were at least moderate.

Comparison of Family Violence & Healthy Relationship

When comparing the two different research issues, there are definite similarities with the levels the respondents scored at for each of the dimensions of readiness. They were remarkably similar in each dimension, with scores for Healthy Relationships being slightly higher in each dimension.

How the respondents viewed each of the issues was where differences were really evident. Respondents that completed interviews for Family Violence maintained a 'this is a negative problem hurting our community' approach throughout most of their interviews. The answers to their questions were more direct and succinct and they did not have tolerance for family violence - or the lack of services if they perceived there to be a lack. In comparison, respondents that completed interviews for Healthy Relationship on the whole portrayed a more positive and holistic perspective of how to address relationships in the community. There was more room for possibilities, including the incorporation of other efforts that have elements of healthy relationships within them.

A commonality between the two different issues - or indeed approaches to the same issue - is the inconsistency between the high number of efforts that are already in the community and the lack of community knowledge on those efforts. For both Family Violence and Healthy Relationship, this was an obvious variation between the two dimensions. One reason for this could be what appears to be a difference between practitioners and residents in the community. Practitioners are very aware of what efforts they are putting in place, and what other service providers have in place. However it appears that residents don't know much about these efforts. Residents don't appear to be doing any efforts in the community currently, however this may not be accurate due to the limited number of respondents in this research that were residents with no links to service providers.

For both Healthy Relationships and Family Violence, levels of leadership readiness seemed highly variable. Overall, they rated as being supportive of taking action and yet, there was also a belief that a lot of community leaders had other priorities that the respondents felt would take precedence. There was also a variety of different leadership mentioned in the interviews and thus it is difficult to confirm how accurate the scoring would be, if respondents were discussing different leaders.

The largest difference between the two issues was for the Community Climate dimension. For Healthy Relationships, more respondents felt that the community was interested in and supportive of change towards creating healthy relationships. For Family Violence, there was more of a lean towards the community believing that there is nothing that can be done, and family violence is a part of the culture of the community. The difference between these two positive and negative views is of importance when moving forward as it may be more difficult to make changes in the community around family violence as opposed to healthy relationships. Approaching the community focusing on healthy relationships could open more avenues of change which in turn would support development in taking action on family violence. There is a strong culture within the community that family violence is inevitable and ingrained. Changing this needs to be seen as possible for the community to move forward to stop family violence.

Knowledge around family violence is obviously lacking in the community. There is a large belief that family violence equates to physical violence which in turn equates to "Man the perpetrator" and "Women the victim". This misconception and omission of the other forms of violence contributes to the difficulty in preventing and intervening in family violence. Respondents also noted that members of the community lacked knowledge around healthy relationships. This was a complete lack of understanding of what creates and makes relationships healthy as opposed to a misconception of what a healthy relationship is or is not. It is important to develop community members understanding on what a healthy relationship is to ensure that the community understands how healthy relationships can be achieved.

What was not addressed in this research, was what the community perceives to be a 'normal relationship'. From the interviews however, 'normal' for this community includes elements of family violence and healthy relationships. Understanding what members of the community believe to be a 'normal relationship' in more detail would help explain the community culture around family violence and possibly encourage the community to include healthier elements within their relationships.

In both sets of interviews, the questions in the dimension 'Resources Related To The Issue' were not well answered. A common answer was *"I don't know"*. Possible answers were given, for example *"Maybe... do?"* or *"Maybe... knows?"* This may have resulted in a lower score than actual, as the amount of efforts that are in place in the community could portray more grants and support than what was being relayed. There was not a strong sense of evaluation efforts or policies for either family violence or healthy relationships and nor was there much activity taking place around evaluation results being used.

Key Considerations from Groupings of Respondents

There are some considerations from specific groupings of respondents that I would like to highlight here very briefly to reflect upon when developing any next steps. Some of these groupings were as large as half the respondents; for example the practitioner community as opposed to the resident community. Other groupings are very small; for example the refugee community. I have also identified two ethnic groupings in their views – Pacific Island community and Māori community.

These key considerations cannot be taken as applicable for the whole community due to the small number of respondents interviewed within each grouping. However they could be considered when working alongside these groupings as points that key community members and/ or leaders have raised.

Practitioner and Resident Community Members

83% of the respondents (20 people) interviewed were practitioners working within the community. 33% of the respondents (8 people) interviewed identified as being residents within the community. Four respondents within this number are both practitioners living as residents within the community. These practitioner-residents referred their answers mainly to being a resident as opposed to being a practitioner.

Roles within The Community

The difference between the view of the practitioner compared to the resident was sometimes strikingly different. For example, for question 19 - *"Please describe the community for me?"* - the resident respondent views were almost always positive. This contrasted with views of practitioner respondents which highlighted negatives about the community. Quotes below illustrate this:

> *"Strong, very opinionated, outspoken. Believe in what they stand for. Unified, very community minded. Like, they will jump up and down if someone started an initiative without community feedback and if you don't get that right, then they're not going to show!" (resident respondent).*

> *"If we're looking at Glen Innes and Point England. It is a decile 1 or 2 area. High, 62% plus Housing New Zealand. A lot of them are dependant on the benefit. Maori and Pacific Island, A very young community. Crime rate is unacceptable - dropping but unacceptable still. I think they are the negatives. Positives, there is a strong community heart, which I think is growing - it's strong... That's the positive side. Sometimes we get bent up on the negatives and we don't celebrate the positives" (practitioner respondent).*

Another difference in views also seen was the respondents perception of access to services. Resident respondents reported a low level of services available - or this could be seen as a lack of knowledge on services. The contrasted with practitioner respondents, whom relayed a high number of services available. This could be perceived as practitioners discussing their own knowledge of services and organisations activity in the community whereas residents discussing mainly on resident activity. Future steps responding to this disparity between
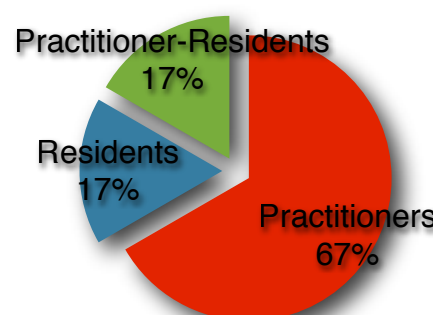
practitioners and residents could be around connecting the different groupings together in less formal settings to communicate to each other their own perceptions. This would need to be a neutral discussion and environment to prevent residents feeling disempowered to share their own view point.

Refugee Community

Only two interviews (8% of respondents) were conducted with people from the refugee community. Both were practitioners working alongside refugees, however one was a past refugee. The view point of these two respondents were focused primarily on the position refugees find themselves in the community and did not encompass the community overall. This gave us an important insight on what family violence and healthy relationships may be like for refugee communities. There was a strong view that came through from both interviews that generic services do not cater to the culture of the refugee community within Glen Innes and Point England. Refugee families appear to be isolated from services that support healthy relationships and prevent family violence - even though generic services do not exclude them in any way. At present, refugees would need to travel outside of the community of Glen Innes and Point England to receive specialist services that cater to them.

Pacific Island Community

33% of respondents (8 people) identified as Pacific Island. Some of these respondents discussed the notion of being a Pacific Islander affecting the way they interact with family violence and healthy relationships more so than others. Whereas some Pacific Island respondents related their answers more to being a practitioner rather than being a Pacific Islander in the community. Of the ones that discussed what it was like for people with Pacific Island descent to interact with family violence and healthy relationships, some key considerations that was highlighted were;

Ethnicity of Respondents

- The high number of people in the community that are
  religious and involved in Pacific Island churches and the difficulty in asking for help when relationships are not healthy (seen as a failure of a marriage, told by pastors and leaders in church that the relationship is normal, lack of knowledge with leaders around family violence beyond the physical aspect).

- The inability to step out of their own cultural group to seek support and lack of access to support within their cultural group (language, lack of access to practitioners within their culture) as well as the difficulty in having the courage to seek support within their own cultural group for fear of being judged and gossiped about.

- The overall high prevalence of family violence within Pacific Island groups.

Māori Community

42% of respondents (10 people) identified as Maori. With this being a large number of respondents - almost half - I had foreseen the possibility of more key considerations being highlighted that focused on supporting healthy relationships for Māori Whānau. However there wasn't much additional key considerations highlighting Māori Whānau at all. This may be because of several factors;

- The community is strong within their understanding of the needs for Māori and thus the needs of Māori is incorporated within the general viewpoint.
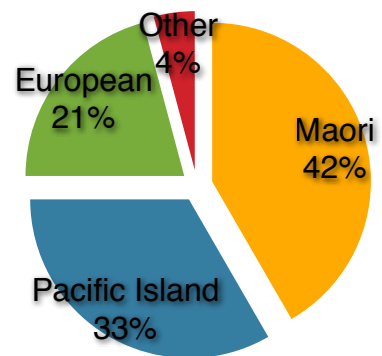
- The respondents who were interviewed discussed the questions from a practitioner stand point only and did not consider variations for Māori.

- There are adequate services available for Māori within the community.

Only one interview was conducted with a Māori respondent who is not a practitioner. The views of this person did focus strongly on the needs of Māori and in supporting the Ruapotaka Marae to develop their services to cater to those needs. This would need to be investigated further, possibly with a focus group with Māori leaders and members in the community to clarify any key considerations that need to be taken into account for Māori.

Conclusion

This Community Readiness Research on Family Violence and Healthy Relationships is just one small step for The HEART Movement in a very large journey. It primarily aims to investigate how ready the community of Glen Innes and Point England is to take action against family violence. Secondary to this primary aim was a research comparison between two different ways of looking at an issue in the community. Family Violence was perceived to be a negative view on a problem and Healthy Relationships was perceived to be a positive view in development. The views of respondents of the research were very similar in that comparison. The research has also captured some meaningful information that can be utilised in HEART's steps going forth.

Overall Scoring of the Community Readiness Assessment

The Family Violence Overall Scoring of **Preplanning** confirms that the community is aware of the issue of family violence within their community and are wanting it to change. They are unaware of how this can be done and there may be some reluctance to change what appears to be such a normalised aspect within the community's culture. However with appropriate support from key leadership in the community and if 'buy in' can be sought from both practitioners and residents alike, the community appears to be ready to begin planning to take action against family violence.

The Healthy Relationship Overall Scoring shows a higher scoring of **Preparation**, this could portray that the community is more prepared to focus on a positive approach to the issue than a negative. The holistic framework that the respondents perceived healthy relationships encompassed is a great tool to utilise in a community where it appears that there are a large number of practitioners and services already in place. Practitioners in particular appear to be willing and wanting to make changes in the community to support the development of healthy relationships. Because of the holistic nature incorporating the topic of healthy relationships into existing programmes and activities, resources may be easy to allocate as well.

It is also positive that the scores are very similar between Family Violence and Healthy Relationships. This means the community is not at dramatically different levels between the two view points of the issue.

Reassessment using the Community Readiness Model

HEART will to continue to use The Community Readiness Model to reassess the progress of the community in the future. I would recommend that this could be achieved with fewer respondents as there was a level of saturation of information after about 6 interviews for each issue. However choosing the right respondents who are well connected to both practitioners and residents is vital to be able to portray a true reflection of what level the community is at in the future.

Future findings may not portray a raise in scoring in the community however. As community members knowledge on the issues grow, they may realise how much they and fellow community members do not know and thus stagnation on preplanning and preparation may happen while the community develops. The qualitative information that could be sourced in the interviews however will show telling details on the progress of the community.

Researchers Suggestions for Future Research

Some difficulties were experienced by myself when completing this research and I would like to recommend some rectifications if The Community Readiness Model was to be re-used in the future. These being;

- Some of the respondents were not aware of what the research was, what the topic of the research meant or what HEART was aiming to do. This meant at the interviews, they were unprepared and a discussion had to be held before moving into the interview. Those respondents then had less reflection time before answering questions. Originally, all possible participants for the research were meant to have been approached by a HEART member that they knew reasonably well and discuss the HEART Movement and the research before hand. This was not accomplished well for some of the respondents.
- There was a large delay in the allocation of the second scorer and thus a lapse in time (2 months) between the interviews being conducted and the combined scoring completed. It would have been a greater advantage for the second scoring to take place as the interviews were being conducted and combined scoring to be completed immediately after the interviews were completed. The lapse in time meant the overall time that the research took was six months instead of the proposed 3 months as well as being much more difficult for the researcher to remember all details of each interview.
- Using purely the Community Readiness Model in the interviews restricted the amount and type of information that the respondents were willing to share. In a lot of interviews, the possibility of sharing ideas for future development and difficulties that they believe may be experienced when creating efforts focusing on family violence was possible and yet because the questions within The Community Readiness Model were specific, the option of expanding in this area was not possible. Especially because each interview already took about 1 hour of the respondents time.

Expanding on Current Research

This report has focused on the results of the Community Readiness Research, and yet there was a lot of other qualitative information that could be collected from the recordings of the interviews.

Some suggestions for further collection of data that may be of help for the progress of HEART are:

- Creating a list or a database of resources and organisations available in the community that are currently focusing on the issues of Family Violence and Healthy Relationships.
- Creating a database of the different leaders in the community.
- Identifying all of the different ideas, concepts and plans that respondents did suggest for future steps.

In addition to this data collection, HEART could expand on this research with:

- Further focus groups to clarify the key considerations, for example with a grouping of Māori community members, refugees and residents of the community.
- Creation of strong relationships with practitioners and residents of the community, acknowledging that they may be at different levels of readiness, assessing this and responding appropriately.
- Development of a community friendly version of this report on the findings of the research to be disseminated to all respondents and any community members interested.

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