Evaluation of the impact of Budget 2019 funding on peer support for male survivors of sexual abuse service

FINAL Evaluation Report

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Te Whare Wānanga o Waitaha

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Disclaimer

The views and interpretations in this report are those of the researchers and are not the official position of the Ministry of Social Development.

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Executive summary

Background and methodology

This evaluation sought to explore how frontline Male Survivors of Sexual Abuse Service (MSSA Service) peer support staff (including managers) and service users are experiencing the impacts of new funding provided through Budget 2019 (Budget-19). The Ministry of Social Development (MSD) funds 11 agencies to provide peer support services for male survivors of sexual abuse across Aotearoa New Zealand, as well as Tautoko Tāne Aotearoa, the national body. The specific services offered by MSSA agencies differ, however, all agencies provide peer support in the form of one-to-one peer support work, with some also facilitating peer support groups.

A qualitative methodology was used for the evaluation, including:

- individual interviews with 29 MSSA service users and their family or whānau members;
- group interviews with six MSSA peer support groups (38 interviewed in total);
- interviews with 22 MSSA peer support provider staff members and six local sector partners of MSSA providers;
- and interviews with three representatives from key national stakeholders, including Tautoko Tāne Aotearoa and Ministry of Social Development (MSD) National Office staff.

These qualitative data were supplemented with quantitative data sourced from administrative reporting provided by Tautoko Tāne Aotearoa.

Budget-19 funding has supported significant expansion of MSSA services, yet gaps remain in rural areas, and demand has led to unsustainable caseloads

The Budget-19 funding has facilitated the establishment of new MSSA providers across multiple regions, as well as the expansion of existing service sites, notably enhancing access to peer support services for male survivors across Aotearoa New Zealand. The additional funding has enabled the opening of new referral pathways, allowing providers to actively promote peer support services through various channels such as social media and community events. Despite these improvements, service provision gaps persist, particularly in rural areas and across entire regions in some areas, including the Manawatū and Southland. Transport is a significant barrier to many male survivors accessing needed supports, as they may have to travel large distances to attend groups or access other peer supports. The sustainability of these expanded services also remains uncertain due to funding insufficiency and instability.

Reflecting the increased accessibility, there has been a notable rise in active clients following Budget-19 funding, from 710 active clients in 2018 to over 2,000 active clients at the end of the September 2023 quarter. Although historically inconsistent data collection practices and a lack of commensurate increase in administrative support for data collection and input prevent the precise measurement of this growth, the substantial increase in service user numbers has had a clear impact on agencies. Concerningly, the rapid increase in service users has led to unsustainable and reportedly unmanageable caseloads for peer support workers. Providing funding for additional peer support and administrative staff is crucial to address these challenges and meet community demand safely and effectively.

Peer support services are improving the wellbeing and resilience of male survivors, although there is room to improve cultural responsivity of services

Service users primarily seek peer support to share experiences with people who will understand what they are going through, emphasising the importance of male-centred services to facilitate safe disclosures. Peer support aids in rebuilding social connections and offers support and advocacy for psychosocial and day-to-day issues, including financial, transport or housing issues. Service users were overwhelmingly positive about the impact of peer support on their wellbeing and family or whānau relationships, with distinct benefits noted from both one-to-one and group peer support sessions, and many service users reported that peer support had unique benefits for their wellbeing beyond those provided by counselling or therapy. Despite greater flexibility in service delivery enabled by the additional funding, resource constraints continue to limit offerings, particularly in offering variety in the nature and timing of peer support groups to accommodate service users' commitments. While Budget-19 funding has also fostered increased cultural responsiveness in MSSA service providers, including the development of a new Mātauranga Māori-aligned peer support framework, the development of kaupapa Māori offerings, and the hiring of more Māori and Pacific staff, most MSSA providers are still on a journey towards cultural responsivity. Balancing investment between staffing and physical space also remains a challenge, underscoring the need for stable, dedicated resourcing to ensure suitable premises for service users.

Budget-19 funding has allowed for a diversification of service offerings, although inconsistences persist across regions due to resourcing constraints

Overall, Budget-19 funding has enhanced the consistency of services offered to male survivors nationwide, with improved access to peer support and a broader range of services. The additional funding from Budget-19 has enabled MSSA service providers to expand their support offerings, providing greater flexibility in timing and types of support. This includes psychosocial aids like food and petrol vouchers, and advocacy services. Drop-in centres, both one-to-one and group peer support for male survivors, and additional groups for family and whānau members are being offered in many regions. However, their availability is constrained by resource limitations. In particular, variations in service offerings persist across regions due to differences in organisational size and maturity. That said, increased funding for Tautoko Tāne Aotearoa has enabled the development of standardised resources and training, influencing peer support practices nationwide and addressing inconsistencies driven by resource disparities.

Budget-19 funding has filled a crucial gap in existing services, but rapid growth has introduced staffing and sustainability issues for providers

The Budget-19 funding has enabled a significant expansion of MSSA services to provide holistic support crucial for male survivors of sexual abuse, filling a critical gap in support services tailored to their needs. However, the surge in demand beyond that forecasted by funding models has stretched the capacity of peer support workers and necessitated the recruitment of new staff sometimes lacking adequate experience or training. Limited time and resources have prevented focussed succession planning for MSSA providers, posing challenges for long-term sustainability. Additional resourcing would help alleviate these pressures, ensuring space to develop scaffolding for sustainable growth, suitable succession planning, and the sustainable provision of safe, quality support for male survivors.

MSSA provider staff find meaning in their work and are well supported, however increased service demand is placing a heavy strain on the workforce

The significant increase in MSSA service user numbers has placed considerable strain on staff, resulting in high workloads and potential burnout, despite the deep passion they hold for the kaupapa. Moreover, low staffing levels in certain areas exacerbate feelings of isolation among staff and impede opportunities for professional development and collaboration. Increased funding is therefore required to address insufficient staffing levels and to safely meet service user demand. Budget-19 funding has played an important role in enabling the provision of standardised peer support training through Tautoko Tāne Aotearoa, which will help to appropriately prepare an enlarged workforce. Furthermore, Tautoko Tāne Aotearoa's leadership in promoting best practice and providing key resources for the MSSA peer support sector has enabled providers to make effective use of the increased funding, and is helping to address some of the consistency issues that have been identified.

Many providers have good links with local communities, but increased staff capacity would allow greater opportunity for targeted relationship building

Due to Budget-19 funding, the MSSA provider network has expanded nationally, enhancing service accessibility and sector integration across Aotearoa New Zealand. While existing providers and Tautoko Tāne Aotearoa have helped to support the establishment of new MSSA providers, heavy workloads and geographical distance pose challenges to active collaboration among providers. Additional funding to alleviate workloads would enable MSSA staff to engage more actively in networking, promoting consistency and innovation. Despite clear efforts to engage with local communities and sector partners, increased capacity is also needed for targeted relationship-building initiatives with local community partners, particularly with Māori and Pacific organisations, to facilitate smoother client referrals and address staff desires for deeper community connections.

Conclusion and Recommendations

In conclusion, this evaluation found that the increase in Budget-19 funding for MSSA services has enabled a large uptake in services by male survivors across Aotearoa New Zealand, who report notable improvements in wellbeing, social connection, and life functioning as a result of the peer support. While the increase in MSSA funding has improved accessibility and expanded services nationwide, challenges such as regional inconsistencies in types of service provision and high demand for services persist. Notably, the funding did not support the establishment of providers in all regions, with Manawatū and Southland still lacking services. The surge in demand for MSSA services has also led to unsustainable workloads for peer support workers, risking burnout for staff and leading to the closure of several referral pathways to prevent service overload.

Despite these high workloads, improvements have been seen in the responsivity of services, including the development and implementation of a new bicultural practice model and the establishment of kaupapa Māori services in several regions. Additionally, the funding has boosted workforce training and skill development, and many peer support workers reported high levels of job satisfaction and meaning in their work despite the large workloads.

Below we provide a summary of the recommendations highlighted throughout this report that stemmed from the evaluation findings:

Recommendation	Who	Purpose
Service Development		
Increase resourcing for additional peer support and administrative staff across agencies (including Tautoko Tāne Aotearoa) commensurate with the growth in client base already experienced by MSSA service providers, and including consideration of forecasted growth as awareness of these services continues to rise.	MSD	To address caseload issues, and support further growth in service accessibility and responsivity
Consider establishing MSSA providers or services covering the Manawatū and Southland regions.	MSD, in collaboration with Tautoko Tāne Aotearoa	To improve service accessibility
Explore options and resourcing required to establish satellite or mobile services covering rural communities within existing MSSA provider regions. Note that this would be dependent on clear staffing and resourcing plans to support expansion of existing service reach, including provisions to ensure that staff at these satellite provider sites are not professionally or socially isolated from their colleagues.	MSD, Tautoko Tāne Aotearoa and service providers	To improve service accessibility and responsivity
Ensure that resourcing and funded staffing levels allow for the provision of both one-to-one and group peer support services across MSSA providers. Ideally this should include resourcing to provide group peer support services across both the day and the evening, to accommodate differences in men's schedules and existing commitments.	MSD, in collaboration with Tautoko Tāne Aotearoa	To improve service responsivity and impact
Continue to develop the cultural responsiveness of services, including for Māori, Pacific Peoples and other culturally diverse populations. This includes providing sufficient resourcing to attract, train and retain Māori and Pacific staff. This should also include the development of additional culture-specific services where gaps exist, including kaupapa Māori services, and continuing to deliver cultural competency trainings to all staff.	MSD, Tautoko Tāne Aotearoa and service providers	To improve service responsivity and impact
Explore options and resourcing required to consistently provide support for whānau of male survivors across MSSA agencies, including running specialist whānau peer support groups.	MSD, Tautoko Tāne Aotearoa and service providers	To improve service responsivity and impact
Policies and Procedures		
Facilitate succession planning and establishment of clear frameworks to support sustainable growth for existing MSSA providers, particularly in new and emerging provider sites.	Tautoko Tāne Aotearoa and service providers	To support safe and sustainable growth in services
Review the funded salary rates for MSSA provider staff, including peer support workers, to ensure that	MSD, in collaboration	To support sustainable service expansion

MSSA agencies are competitive in attracting and retaining suitably qualified and/or experienced peer support staff. This should be partnered with continuing the ongoing efforts by Tautoko Tāne Aotearoa to improve the selection process for new peer support workers to ensure suitability for the role prior to further training and onboarding being provided.	with Tautoko Tāne Aotearoa	
Develop and implement strategies to increase connections with local community groups or organisations across MSSA providers, including culture-specific groups or organisations.	MSD, Tautoko Tāne Aotearoa and service providers	To improve sector integration, and service accessibility and responsivity
Continuous Improvement		
Explore options for future quantitative evaluations of MSSA services, including developing suitable evaluation frameworks and identifying whether appropriate data can be sourced from existing data collection systems.	MSD, Tautoko Tāne Aotearoa and service providers	To support ongoing continuous improvement

1 Background

Budget-19 announced $90.3 million of funding over four years for the Ministry of Social Development (MSD) to invest in sexual violence services. A range of sexual violence services and initiatives received funding from Budget-19, including $11.5 million of new funding for the delivery of peer support for male survivors of sexual abuse services (MSSA Services).

A proportion of the Budget-19 funding was allocated for an associated research and evaluation work programme. The overarching research and evaluation work programme aims to:

- evaluate the impact of the Budget-19 investment in building the capability of specialist sexual violence services and in creating a more integrated, efficient, and responsive system for all those affected by sexual violence
- increase MSD's and other stakeholders' understanding of how best to support people affected by sexual violence, with a focus on the needs of select priority groups.

In February 2023, MSD engaged an evaluation team lead out of the University of Canterbury to conduct an evaluation of the impact of the Budget-19 funding on MSSA Service provision in Aotearoa New Zealand, with a focus on how staff and service users have experienced these impacts. This document reports on the findings of this evaluation.

1.1 Male survivors of sexual abuse (MSSA) peer support services

The Ministry of Social Development funds 11 agencies to provide peer support services for male survivors of sexual abuse across Aotearoa New Zealand, as well as a national body (Tautoko Tāne Aotearoa) that these agencies belong to as member organisations. The first of these agencies was established in Waikato in 2008, with the remainder being established over varying timeframes, most recently in 2021 (Te Hokai, Tautoko Tāne Tairawhiti; Tautoko Tāne Hawke's Bay). Tautoko Tāne Aotearoa is responsible for providing advocacy, strategic leadership and sector development for member organisations, including developing and implementing a national peer support service framework and associated peer support staff trainings.

Although the specific services offered by MSSA providers differ across agencies, all agencies provide peer support for male survivors of sexual abuse in the form of one-to-one peer support work, with some also facilitating peer support groups. The one-to-one peer support work typically involves a peer support worker meeting regularly with individual clients to help them cope with everyday stressors, develop skills needed to lead a healthy and fulfilling life, support them to access needed external services, and provide general advocacy and support. This work continues for as long as this is needed by clients, which can be months or years.

Peer support groups, conversely, involve up to 7-8 members meeting as a group typically once a week, guided by a peer support group facilitator. Peer support groups can also take on multiple forms, but are most often offered as either wellbeing groups (where men discuss and develop skills to cope with wellbeing issues) or social groups (where men engage in social activities or gathering together). Men would typically be engaged in one-to-one peer support prior to entering a group, which tend to accept new members on a rolling basis.

In addition to these core MSSA peer support services, many agencies also offer additional supports such as whānau services, social work sessions, counselling sessions, and general assistance such as food or petrol vouchers. However, these additional services are highly variable nationally and dependant on the maturity and size of individual MSSA agencies.

2 Evaluation objectives

2.1 Evaluation aims

The overarching aim of the evaluation was to explore **how frontline MSSA peer support staff (including managers) and service users are experiencing the impacts of the Budget-19 funding.** In particular, the evaluation aimed to capture:

- how the Budget-19 funding has impacted on the experiences of service users (e.g., access, responsiveness, outcomes)
- how the Budget-19 funding has impacted on the experiences of frontline staff (e.g., wellbeing and job satisfaction, capability, caseloads, access to training)
- other impacts of the funding, including impacts on the integration of the Safe to Talk service[1] with the MSSA service
- successes and remaining challenges for the services and sector.

As highlighted by these aims, the focus of the evaluation was on the impacts of the Budget-19 funding on the **experiences** of these stakeholders. As such, a qualitative methodology was used for the evaluation. Quantitative information was also extracted from administrative reporting provided by both the Ministry of Social Development (MSD) and Tautoko Tāne Male Survivors Aotearoa (hereafter Tautoko Tāne Aotearoa), to contextualise and supplement the insights drawn from the qualitative data.

It is important to note that due to the retrospective nature of the evaluation, the relatively short timeframes since the additional funding was provided to organisations, and uncontrolled confounds such as external events (e.g., COVID-19) and the complexity of the survivor sector as a whole, there were limitations in the opportunity for measureable change to be made in service provision, and the capacity of the evaluation to identify the Budget-19 funding as the cause of any changes observed.

[1] Safe to Talk is a national sexual harm helpline that offers confidential information, support and referrals for both perpetrators and victims/survivors of sexual harm, and their family or whānau.

However, where possible, participants were asked to consider changes in other (non-peer support) services delivered over this time as a baseline against which to evaluate the changes for the peer support service. Comparison was able to be made with findings from a baseline survey of service providers conducted by MSD in 2020[2]. These methods of data triangulation allow for some control of additional confounding factors. That said, the evaluation team was mindful of these limitations when analysing data and making evaluative judgements, and these limitations are clearly articulated in this final evaluation report.

2.2 Key Evaluation Questions

The evaluation was guided by the key evaluation questions provided below. Further details on sub-questions and evaluation criteria are provided in Appendix A.

1. How has the funding impacted accessibility for MSSA service users?
2. How has the funding impacted the responsiveness of the MSSA service to service user needs?
3. How has the funding impacted the support service users receive?
4. What are the additional impacts of the funding for service users and frontline staff?
5. To what extent has the funding impacted the workforce capacity of MSSA service providers?
6. To what extent has the funding impacted sector integration?
7. What improvements could be made to maximise the positive effects of the funding for service users and service staff?

3 Methodology

As mentioned above, the evaluation used a qualitative approach that was supplemented with insights drawn from quantitative administrative reporting. This approach was considered appropriate in light of the main evaluation aim of exploring the experiences of Budget-19 funding for both service users and frontline staff. These qualitative data provide rich and nuanced insight into how these impacts were realised among these key groups, and the percieved flow-on effects on their lives more broadly. This approach therefore arguably provides a more holistic picture of the impacts of the Budget-19 funding that is also better able to identify any unanticipated consequences of the increased funding than a purely quantitative approach.

Further details on the evaluation methodology are provided in the sections below. This methodology was developed and finalised following an evaluation co-design session with representatives from Tautoko Tāne Aotearoa, member MSSA organisations, and MSD, as well as peer review by an independent expert and the MSD Publications Committee. Ethics approval for the evaluation was granted by the University of Canterbury Human Research Ethics Committee (HREC 2023/70).

3.1 Key document review

The evaluation commenced with a review of key background documents that were provided to the evaluation team by MSD. These included Budget-19 documents, the baseline survey completed by MSD in 2020, and the MSSA intervention logic.

[2] Gregory, N., Momsen, K., Platts-Fowler, D., & Watterson, R. (2020). *Impact of Budget-19 on sexual violence services and the sector*. Ministry of Social Development.

3.2 Initial site visits

Qualitative data collected for the evaluation were mostly collected through fieldwork conducted at five MSSA provider agency sites: Better Blokes Auckland (staff only), Male Support Services Waikato ('deep dive' site[3]), Tautoko Tāne Taranaki (staff only), The Road Forward ('deep dive' site), and Male Survivors Otago ('deep dive' site). These sites were selected in collaboration with Tautoko Tāne Aotearoa and MSD to provide a mix of: newer and more mature agencies; agencies that have implemented innovative bi-cultural frameworks; agencies with higher proportions of Māori and Pasifika service users; and geographic diversity, including urban-rural split.

Data collection at 'deep dive' sites was preceded by an initial site visit by at least one member of the interviewing team approximately one to two months prior to data collection. The primary purpose of these initial site visits was to build whakawhanaungatanga between evaluation team members and agency staff, and to discuss and agree the recruitment approach for external agencies and service users. These initial site visits also allowed for the development of targeted recruitment strategies for specific populations of interest, including Māori and Pasifika, that were more highly represented among service users at a given provider site.

3.3 Qualitative data collection

Qualitative data were collected through semi-structured individual and group interviews. The total number of individuals interviewed for the evaluation was distributed as follows:

Stakeholder	Number interviewed
MSSA provider staff, including management and peer support workers/facilitators	22
Service users (individual interviews)[4]	27
Service users (group interviews across 6 peer support groups)	38
Whānau members of service users	2
Local partner agencies, including Police and other local referral agencies	6
National stakeholders, including Tautoko Tāne Aotearoa and MSD	3
Total	**98**

Although specific demographic details were not collected from participants, across the sample participants were diverse in age, ethnic identity, gender identity, and sexuality. This included interviewing service users who identified as Māori, Pacific, transgender, and LGBTQIA+. Interviewing a diverse range of stakeholder groups allowed for identification of broad themes across regions and groups impacted by the increased Budget-19 funding, as well as an assessment of variations in impacts across regions/sites. As the focus of the evaluation was on the impacts of the Budget-19 funding more broadly, and to protect the anonymity of participants, findings from the interviews are reported at an aggregated level rather than disaggregated by site. However, variations in findings are noted where relevant without specifying regions.

[3] At 'deep dive' sites, interviews were held with provider staff, service users and their whānau, and local sector partners, such as agencies who commonly refer men to the peer support service.

[4] This included a mix of current active peer support clients and former peer support clients, although former clients were still often engaged with MSSA providers on an irregular basis.

Interviews were mostly conducted face-to-face over a three day period at the 'deep dive' sites, and were otherwise conducted online via Microsoft Teams/Zoom (video call), or over the phone. With participant permission, and when considered appropriate[5], interviews were audio recorded for later transcription.

3.3.1 Recruitment

As mentioned above, MSSA provider agencies that were included in the data collection were identified in collaboration with Tautoko Tāne and MSD. Once identified, the evaluation team approached the Chief Executive/Director of each organisation to confirm their willingness to be involved in the evaluation, and to identify an appropriate date for the initial site visits (for 'deep dive' sites).

Appropriate staff to be interviewed from each agency were initially identified by MSSA agency management, who were given an Information Sheet to pass on to potential participants. If they were willing to be involved, interviews were then arranged either directly by the evaluation team, or by agency management (as part of a timetable of interviews for the 'deep dive' three day fieldwork visits). Consent was then re-confirmed before interviews began. Interviews with MSSA provider staff generally lasted for an hour.

Similarly, service user, whānau and sector partner participants were initially identified by MSSA agency staff (including peer support workers/facilitators), who were provided with an Information Sheet to provide to potential participants to consider prior to confirming their interest to participate. MSSA agency staff were provided with a list of priority groups that the evaluation team was hoping to engage with from their agency, such as Māori or Pacific service users, but staff ultimately made the decisions about the most appropriate people for the evaluation to engage with. Interviews (including group interviews) with service users and their whānau were mostly conducted on MSSA agency premises, with timings arranged by MSSA agency staff. This allowed for oversight from MSSA agency staff as to the psychological safety of service users participating in the evaluation, both before and following interviews. Interviews with service users and their whānau generally lasted from 30 to 60 minutes, and group interviews generally lasted for an hour. Individual interviews with sector partners were either organised through the MSSA agency, or directly with the evaluation team, and generally lasted for 30 to 45 minutes. Service users and their whānau who participated in an interview (including group interviews) were provided with a koha of a $50 supermarket or petrol voucher.

National stakeholders were identified by conversation between the evaluation team and both Tautoko Tāne Aotearoa and MSD. These individuals were contacted directly by the evaluation team with an Information Sheet to obtain consent to be interviewed, and interviews were held online. These interviews generally lasted for an hour.

Interview schedules used to guide interviews with each stakeholder group have been provided as Appendix B.

3.4 Review of administrative reporting

Qualitative data collected through the interviews outlined above was supplemented by a review of administrative reporting and funding applications provided by Tautoko Tāne Aotearoa. These documents included information on agency and service user numbers, the types and volumes of

[5] Some of the group interviews with peer support groups were not recorded due to the nature of the setting, and instead detailed written notes were taken on the discussions.

support provided, and staffing levels over time. They also included information on sector partnerships/engagement, and strategic initiatives being led by Tautoko Tāne Aotearoa in collaboration with member agencies, including the Kia Mārire – Effectiveness with Māori initiative.[6]

3.5 Analysis

Audio recordings of interviews were transcribed using Otter.ai as an initial step (with consent from participants), and then manually reviewed and amended by a member of the evaluation team. Transcripts were then analysed to identify recurring and divergent themes for each of the evaluation questions. The evaluation team worked collaboratively to draw together, interpret, and analyse the findings through the different evaluator perspectives. This process enabled the development of robust and culturally appropriate evaluation judgements through comparing data collected from the different sources. Themes were largely derived deductively, with the key evaluation questions used to guide the extraction of key themes. NVivo was used to organise transcripts and to identify and extract participant quotes.

Initial findings were then presented to key staff from Tautoko Tāne Aotearoa and member organisations, and MSD, at a 'sense-making hui'. At this session, input was sought from these key stakeholders to interrogate the emerging findings against existing knowledge of the sector, and to provide additional context into the interpretation of what these findings meant for evaluative judgements. This feedback has been incorporated into the findings presented in the current report.

4 Limitations

Although the evaluation incorporated perspectives from multiple sources and utilised a qualitative approach to data collection and analysis that allowed for the development of rich, nuanced insights, there were also a number of limitations that should be considered when interpreting the findings.

Although qualitative data are uniquely suited to capture and communicate the experiences of those impacted by the increase in Budget-19 funding, qualitative data are not intended to be robustly generalisable to entire populations of interest. This is exacerbated by the evaluation resources only allowing data to be collected from five of the now 11 MSSA providers across Aotearoa New Zealand. It is unclear the extent to which findings from these agencies can be applied across the entire sector. It is also difficult to measure the size of impacts realised by the increased Budget-19 funding through qualitative data. For this reason, any future evaluations of funding impacts should consider the use of quantitative approaches to measuring the size and scope of impacts made by peer support services for male survivors and their family or whānau. Quantitative approaches will become more viable as the male survivor agency network matures and effects are anticipated to impact on a larger number of men and their whānau. Systematic collection of outcomes data for service users supported through MSSA peer support services would also support future quantitative evaluations, although consideration would have to be made as to how to best collect these data in a non-obtrusive way.

Due to the need to work with MSSA agency management and staff to recruit service users and their whānau, the evaluation likely misses the voices of service users for whom the experiences of Budget-19 funding increases were less positive, or did not lead to their needs being met. As part of the evaluation, we did speak with individuals who were no longer engaged in regular peer support work with MSSA agencies, but they tended to have ongoing positive relationships with the agency. This means that the perspectives of service users are likely biased towards positive experiences, or

[6] Tautoko Tāne Aotearoa (n.d.). *Kia Mārire*. https://tautokotane.nz/kia-marire/

participant reports may have been influenced by a desire for agencies to retain or receive increased funding. As such, it would be important for future evaluations to identify ways in which the voices of service users who exited the service prior to formal completion could be collected, in order to identify the reasons for these exits and barriers to realising the full potential of benefits afforded by increased funding for MSSA peer support services.

Lastly, as referenced above, the MSSA sector in Aotearoa New Zealand is still in relative infancy, with five of the 11 peer support provider agencies being established from 2020 onwards. This means that for many organisations, the impacts of the Budget-19 funding were largely focussed on the establishment of entirely new services, which at the time of the evaluation were still in a stage of developing and embedding policies and procedures that were suited to the local context. Future evaluations would benefit from assessing impacts once this period of flux has passed, and agencies have had more time to mature and develop. This would allow a more thorough exploration of the cost-benefit of additional funding in terms of the wellbeing outcomes that are realised for male survivors through the provision of additional funding for peer support services, and a deeper analysis of the barriers and enablers of funding being used most effectively to support these wellbeing outcomes. Importantly, future evaluations should consider these outcomes within the context of historical funding and resourcing levels for each agency, to ensure that anticipated or expected outcomes are realistic within this context.

Evaluation Findings

Findings from the evaluation are provided below, in sections structured according to the key evaluation questions and evaluation framework (see Appendix A). Quotes are used throughout to highlight key themes in the voice of MSSA service stakeholders.

5 Accessibility

KEQ 1: How has the Budget-19 funding impacted accessibility for MSSA service users?

Key insights

Budget-19 funding has facilitated the establishment of new MSSA regional providers and expanded existing service sites, enhancing access to peer support services for male survivors across Aotearoa New Zealand. Despite these improvements, service provision gaps persist, especially in rural areas and in whole regions, including Manawatū and Southland. Innovative solutions such as mobile caravans have been implemented by some providers to address these gaps, however the sustainability of these innovations is uncertain due to non-secure funding. Transportation remains a significant barrier for potential service users, particularly in rural areas, affecting access to support services.

The additional Budget-19 funding has enabled the opening of a substantial number of new referral pathways, allowing providers to actively promote peer support services through various channels such as social media and community events. Despite increased demand, clients are typically supported within days of making contact with providers, facilitated by the hiring of new staff. However, limited connection between MSSA providers and the national Safe to Talk service suggests potential gaps in referral avenues, or limited overlap between men reaching out to Safe to Talk and those seeking peer support services.

Reflecting increased accessibility, there has been a substantial rise in active clients following Budget-19 funding. Although there has been a clear and significant rise in client load, inconsistent data collection practices and a lack of administrative support hinder the ability to precisely measure this growth; initiatives are ongoing to standardise data collection across providers. Additionally, the growing demand has resulted in unsustainable caseloads for peer support workers, risking staff burnout and compromising the safety of staff and service users. Secure funding for additional peer support staff is crucial to address these challenges and meet community demand safely and effectively.

5.1 Provider sites

The funding has allowed for the expansion of services across Aotearoa New Zealand

Perhaps the most notable and significant impact of the Budget-19 funding increase for peer support services has been the establishment of five new regional MSSA providers since 2020 (Male Survivors Te Tai Tokerau, Male Survivors Bay of Plenty, Male Survivors Taranaki, Te Hokai Male Survivors Tairawhiti, and Male Survivors Hawkes Bay), as well as the expansion of service provider sites within regions among the remaining six MSSA provider agencies. The establishment of these entirely new

agencies and expanded sites has had a profound impact on the ability for male survivors to access peer support services, which as discussed later in the *Responsiveness* section, is leading to substantially improved wellbeing for these individuals and their whānau.

Given that these agencies are typically almost entirely funded through this MSD funding source, national representatives and MSSA provider staff that we spoke with said that this expansion is entirely due to the funding increase from Budget-19.

Despite the expansion, gaps in service provision still exist, particularly in rural areas

That said, gaps in service provision still exist despite this expansion. In particular, the Manawatū and Southland regions currently do not have a regional MSSA service provider. In addition, regions with existing MSSA service providers often only have one or two physical provider spaces (with the additional spaces being set up through the additional Budget-19 funding, as outlined above), meaning that men living in more rural areas or satellite towns outside of major centres need to either travel long distances to access services, or are not able to access services at all. Additional funding would be required to establish regular, sustainable service provision in these rural communities. Online provision of peer support services had been trialled by some service providers, however it was felt by providers that online provision was not fit for purpose for peer support services, which heavily rely on interpersonal connection and flexibility to respond to day-to-day crises and demands.

One established MSSA provider has addressed this issue by setting up a mobile caravan (called a 'chat room') that is being used to travel across the region, providing a space for men to see and engage with the peer support service on a semi-regular timetable. However, this initiative was resourced through non-secure funding avenues outside of the Budget-19 funding. The sustainability of this solution is therefore uncertain, as is the potential for less established MSSA providers to adopt this model without additional funding. Providing mobile services also has knock-on effects on staff time and resources, especially once travel time is considered within this model. Further funding would therefore be required to allow for this additional staff time and consequent increase in clients, in addition to providing resourcing for the mobile facilities. Consideration would also need to be given to the relative value of funding these mobile services as opposed to establishing more permanent satellite locations within regions.

Transport remains an issue for potential service users

As indicated above, although the Budget-19 funding has allowed for the expansion of MSSA sites, many men are still having to travel relatively long distances to access peer support services. This is a particular issue with rising petrol costs and the cost of living crisis affecting many New Zealanders. Many MSSA service users are also particularly financially vulnerable given the impacts of their sexual abuse experiences on employment and general daily functioning. Public transport is used by some service users, but is not an option for many men living more rurally or who live in towns distant from major regional centres. Some MSSA providers are able to provide petrol vouchers to service users, however many men also do not have a car due to the running and maintenance costs, or may have suspended licenses. Some of the service users we spoke with said that their peer support worker was able to visit them in their home or help with transport to the main provider site, although this was limited by staff resourcing at individual agencies. Ultimately, the inability to regularly access MSSA provider sites on a regular basis, or at all, is having a significant impact on the reach of MSSA peer support services to male sexual abuse survivors in the community.

5.2 Referrals and access

Budget-19 funding has enabled the opening of new referral pathways

In line with the increase in provider sites, the additional Budget-19 funding has allowed for the opening of additional referral pathways, due to increases in staffing and subsequent capacity to build community relationships. While word of mouth and connections with local service sector organisations appear to remain a primary source of new user referrals, providers have also been able to actively promote peer support services through avenues such as Facebook, community partners, and at local community events such as agricultural and pastoral (A&P) shows. Targeted engagement with potential service users through prisons is also happening, or being set up, at some provider sites.

While differences exist between providers as to the extent of their advertisement efforts (mostly linked to the maturity of the organisation and staffing levels; see further below), all providers are able to maintain multiple referral pathways for new service users. This provides flexibility in how male survivors in the community are informed of, and choose to access, the service.

Clients are typically able to be supported within days of making contact with providers

Despite the increase in service user numbers that have resulted from the increased awareness-raising, service users and provider staff consistently reported that men who make contact with providers are able to be engaged by a peer support worker within days of the referral. This has largely been supported by the hiring of new staff enabled by the increased Budget-19 funding, as well as a strong push by service providers to capitalise on the 'window of opportunity' to engage new referrals. Many provider staff spoke about the huge effort it takes for men to come forward for help, and the high likelihood of 'losing' men if they were not engaged quickly.

> I sent a web form or email to [provider]. That same night, [peer support worker] called me. I was surprised because I really didn't have any hopes that it was going to be (1) open and (2) have spots for me.

Service user

This means that most MSSA providers are not maintaining a waitlist, but are instead picking up new clients on a rolling basis as they reach out to the service. This approach minimises the potential for disengagement from the men seeking support, and enables providers to immediately address the often significant needs that men are presenting with. However, it is also causing issues for peer support caseloads, which is addressed further in the *Demand* section below (section 5.3).

There is limited connection between MSSA providers and the Safe to Talk service

All of the service providers that we spoke with stated that they have limited connection with the national Safe to Talk service, despite initial expectations that they may receive an increase in referrals through this pathway. Additionally, none of the staff we spoke with could identify any men that had been referred to their peer support services through Safe to Talk. This indicates either a potential gap in this referral avenue, or that people who contact Safe to Talk may not be suitable to on-refer to MSSA providers. Representatives from MSD also stated that in their interviews with Safe to Talk it was reported that many of the people who contact them are not seeking a warm handover to agencies, suggesting that this may not be as central a referral pathway as originally thought.

5.3 Demand

Service user numbers have substantially increased following Budget-19 funding

Reflecting the increase in referral pathways and accessibility of MSSA services, providers have reported a substantial increase in the number of active clients[7] following the Budget-19 funding. Reports provided by Tautoko Tāne Aotearoa show an increase in active clients across provider sites from 710 active clients in 2018 to over 2000 active clients at the end of the 30 September 2023 quarter.[8,9] These figures do not include 'parked' clients, i.e. clients who remain engaged with the provider on an irregular basis.

> [Funding has meant] more FTE, so we are more readily available to see the guys and we have the space to see people. Because we've never really had the FTE and space before, and the amount of [service users].

Service provider

It is, however, important to note that as identified in previous evaluative work[10] and through interviews with national stakeholders, data collection was not standardised across provider agencies until the past year. This means that exact client numbers are not able to be accurately derived for previous years. There also does not appear to be a consistent standard applied across providers as to when a service user would be considered non-active or 'exited', and due to the lack of a systematic approach across provider sites, it can also be difficult to tease apart peer support clients from clients of other wraparound supports provided by MSSA agencies (e.g., counselling). That said, the margin of error introduced by these inconsistencies is unlikely to account for the marked increase in active client numbers reported over this time period. However, while precise estimates of client growth across agencies are not possible due to these historical inconsistencies, the growth in client load and the impact that this growth has had on MSSA agencies have undoubtably been substantial. There

[7] Active clients are clients that are engaging in regular peer support services.
[8] Tautoko Tāne Male Survivors Aotearoa (2023). *TMO operational report: Q1 2024*.
[9] Note that this latter figure does not include the Canterbury region.
[10] Malatest International (2019). *Process evaluation report: Specialist Sexual Harm Services*. Wellington.

have also been important efforts to standardise data collection practices across agencies (see further below), which will help to inform future efforts to quantify client load and growth.

Efforts are ongoing to standardise administrative reporting

It was reported by national stakeholders and MSSA provider staff that Tautoko Tāne Aotearoa have been leading an initiative to standardise data collection across MSSA provider sites, which should assist with more systematic and reliable reporting of client loads. However, it is notable that although peer support worker/facilitator FTE has increased as a result of Budget-19 funding, there has not been a commensurate increase in administrative support for most provider sites. Indeed, many MSSA providers are running without any notable administrative support, or are recruiting and training administrators that they do have to support the peer support work. Appropriately funding administrative support for MSSA provider sites is essential to ensure reliable and accurate collection of client numbers and engagement, both for reporting purposes, and to help support future quantitative evaluations.

Increasing demand means that many peer support workers are managing caseloads that are increasingly unsustainable

The large increases in peer support demand coupled with fast response times and lack of waiting lists has meant that many peer support workers are carrying active caseloads that are unsustainable and potentially unmanageable for staff. This was reported by the peer support workers and provider managers that we spoke with, and has also been quantified in Tautoko Tāne Aotearoa reports. One such August 2023 report noted that across provider sites, current caseloads are equivalent to over 46 EFTs (equivalent full-time positions) based on a best practice ratio calculated by Tautoko Tāne Aotearoa of 45 active clients per peer support worker, but services are only funded for 24.5 EFTs.[11]

The pressure to respond quickly to new referrals means that peer support workers are taking on additional clients where they already have full caseloads, leading to long hours and potential staff burnout. This growing client load has also led to the closing of some of the new referral pathways that were mentioned above for some provider sites, as well as hesitance to more widely advertise services for fear of not being able to manage further increases in demand.

> A lot of the comments we get from guys is, "*Oh s**t, there's been nothing for us. And are you kidding me - so you want to help us?".* So guys have wanted to [get help], but they haven't known how to or where to go. Now that knowledge is there. But we're closing doors a little bit because we can't keep up with it.
>
> ***Service provider***

The increase in demand for peer support services has also meant that some provider sites are shifting to only offering group peer support sessions rather than providing one-to-one peer support. Although group peer support sessions contribute to survivor wellbeing (see further discussion below), the loss of one-to-one peer support would mean the loss of a service that also contributes

[11] Tautoko Tāne Aotearoa (2023). *Memorandum: Funding proposal review.*

significantly to men's wellbeing in ways that are meaningfully distinct from peer support groups. Addressing these high client loads by providing secure and increased funding for more peer support staff would enable providers to reengage in active awareness-raising of their services, provide both one-to-one and group peer support services, and support MSSA providers to meet community demand safely and appropriately.

> I remember when I saw "peer therapist", I thought it was gonna be like a group thing, which it is. But it doesn't have to be. So I was a little bit iffy about whether I wanted to just jump into a pool of strangers and dump trauma on everyone. But it didn't end up being that way. We can do one on one, that we do. It's been pretty good.

Service user

6 Responsiveness

KEQ 2: How has the funding impacted the responsiveness of the MSSA service to service user needs?

Key insights

Service users primarily sought peer support to share their experiences with someone who understands what they are going through. Male-centred services are crucial for creating a safe space for these disclosures. Peer support serves as a means of rebuilding social connections for many, as well as providing advocacy and support for psychosocial or other day-to-day issues.

Service users were overwhelmingly positive about the impact of peer support on their wellbeing and family or whānau relationships. Both one-to-one and group peer support sessions offer distinct benefits, with one-to-one support typically addressing psychosocial issues and crises, while group support fosters social connections and related resilience to daily stressors that comes from having a strong social network. Peer support was also found to provide unique benefits for wellbeing over and above those provided through therapy or counselling.

The Budget-19 funding has led to increased cultural responsiveness in MSSA services, including the hiring of more Māori and Pacific staff and the development of kaupapa Māori offerings. Service users largely report that their cultural needs are being met, though some express concerns about the lack of diversity in peer support groups. While improvements have been noted, many services are still on the journey towards increased cultural responsiveness, particularly in engaging with Māori and Pacific organisations and communities.

The additional funding has allowed for greater flexibility in service delivery, such as offering additional groups and providing one-to-one support in service users' homes. However, resourcing constraints still limit the flexibility of service offerings, with many providers unable to offer groups at times that suit service users' commitments. Balancing investment in staffing versus physical space remains a challenge, highlighting the need for more stable, dedicated resourcing to ensure welcoming and suitable premises for service users.

6.1 Expectations and aspirations of service users

Service users primarily seek peer support to be listened to and understood

Nearly all of the service users that we spoke with stated that the primary reason for their reaching out for peer support was to be able to share their experiences with someone who understood what they had been through and that they felt safe sharing with. Many of the men spoke about living within a dark cloud or with a heavy burden, not feeling comfortable or able to share what had happened to them with others. For many, engaging in peer support and attending group sessions was the first time they had shared what had happened to them. This helped them to understand, often for the first time, that they were not alone, and that there were other men out there who also had similar experiences that they could connect with.

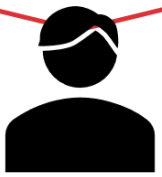
> We are so wrapped up in our own personal trauma. People [who had been abused], it's affected us so much. We don't actually realise that there's other people out there because it's our personal experience. So until we hear someone else tell the story and it resonates with you, you don't actually realise it. And then once you realise it, then it allows you to start opening up.

Service user

Service users are also seeking peer support as a means of building social connection

As a result of the inability to share their experiences, many service users spoke about feeling extremely isolated and disconnected from both friends and family or whānau. Peer support was therefore seen as a means of rebuilding social connections with people who would be understanding and non-judgemental. This could also be a stepping stone to addressing some of the issues that were preventing a closer connection to their own existing friends, family or whānau.

> From my experience, you sort of lose your family when you're a survivor. Not a lot you can talk to your family about because straightaway they judge you. Where here [in peer support group], we've all got nothing to hide. So, you can sort of connect a lot better, you with me? I suppose that's where the word the family [to describe the peer group] comes from in a lot of ways. We can't turn to anyone else for help.



Service user

Male-centred services are important for feelings of safety and comfort disclosing experiences

This inability to share their experiences was often attributed to pejorative societal perceptions about male survivors of sexual violence, including the impacts experienced by male survivors being diminished, and perceived shame associated with being a male survivor of sexual violence. It was therefore vital to many of the men we spoke with that they had access to a service that provided specialist support for men, by men; most service users were not aware of any such service until they heard about the MSSA provider they engaged with. Service users spoke about the importance of having a male-centred space where they could feel comfortable sharing and offloading about issues particularly relevant to men.

In line with the desire to be heard and understood, many of the service users we spoke with expressed a preference for male peer support workers, particularly men who had their own lived

experience of being a male survivor. It was felt that this helps to build rapport more quickly, and provides a safe shared foundation for initial disclosures. That said, some peer support workers that we engaged with did not have lived experience as a male survivor and their clients did not report that this had been an issue in their engagement with them. In regions where peer support groups were facilitated solely by women, there was an expressed preference for at least male co-facilitation. This suggests that only having access to women-facilitated peer support groups may create a barrier to access for some male survivors.

Psychosocial supports and advocacy are also common needs that male survivors present with

Many service users we spoke with also talked about reaching out to MSSA providers for support with general daily struggles such as financial, transport or housing issues, often stemming from the psychological impacts of their abuse experiences. These also often extended to impacts on their interpersonal and intimate relationships, with many men also speaking about the need for support with relationship or communication skills, or engaging with the Family Court or Oranga Tamariki (Ministry for Children) over custody issues. Engaging with MSSA services was able to help both directly and indirectly in these kinds of matters. Peer support workers were able to directly support men with completing forms and engaging with the necessary processes to regain visitation or custody of their children, and advocate for them throughout these processes. In addition, several service users noted that their engagement with peer support services indirectly helped them by improving their general mental health, wellbeing, and living circumstances, which put them in a better position to successfully apply for visitation or custody of their children.

> Peer support is picking up the guy to go get his methadone. Peer support is shifting a guy in his house, or finding him another place. It's towing their car. It's just all that other stuff that builds up and goes wrong for them through the week, and through their lives … We don't see hurdles, we don't see barriers. If there's anything there that they need that we think is going to help them with their wellbeing or improve them or move them on, we will look at it.
>
> ***Service provider***

Many also spoke about seeking support to engage with restitution processes relating to their abuse. These processes were often emotionally overwhelming or complex for those who wanted to make claims, and men reported seeking support to better understand what they were entitled to and how to lodge claims.

6.2 Meeting expectations and aspirations of service users

Service users are overwhelmingly positive about the supports they receive from MSSA peer support services

The service users that we spoke with for the evaluation were overwhelmingly positive about the impacts of peer support on their wellbeing, and the wellbeing of their family or whānau. Men spoke about significant changes in multiple domains of life, including increased confidence and sense of self, improved social connections and connections with their children and wider family or whānau,

improved ability to engage with wider social support services, and progress made with restitution or sensitive claims processes. This was often expressed as becoming “whole” again, or filling a hole that they had felt inside them.

> I haven't had hope ever since I experienced [abuse]. No hope. I had no hope of being understood. I had no hope of being respected, cared for. But after [peer support] that changed.

Service user

These reports were also supported by the whānau members we spoke with, who talked about seeing significant improvements in men’s wellbeing, as well as their own relationship with the men, after accessing peer support. This in turn positively impacted on their own wellbeing as a result of improved connections with their family or whānau member, and a release of stress now that their family or whānau member was getting the help that they needed.

> [Do you feel like your son got what he needed from coming to peer support?] Absolutely. Yeah, absolutely. I'm so proud of him. I think he's become an exceptional man. And yeah, I do think that [peer support] intervention early on was a part of that as well.

Family/whānau member

It was clear from service user reports that they were strongly connected to the MSSA service providers and their peer support workers/facilitators, and that the kaupapa of these organisations strongly resonated with them. As such, service users often spoke of their gratitude to the providers for the impact they had on their life. This was also observed by the evaluation team members during their site visits to some providers, with men who were not actively engaged with peer support still dropping by for social visits, or for emergency support with things such as food vouchers or help with transportation.

> Empathy, compassion, [peer support worker] was considerate, he was thoughtful, and all the rest of those words. He was the guy that you could relate to in so many different areas and nothing was off topic for what you could chat about. And you could express yourself, even if it got to some times where you just have a bit of a teary moment, you know, then you didn't feel embarrassed by it. It was lovely.

Service user

Given this, it can be surmised that the additional Budget-19 funding has made a significant impact on the lives and wellbeing of male survivors, by affording greater access to supports for more men, as detailed in the sections above.

Services users experienced distinct benefits from one-to-one and group peer support sessions

Importantly, men who had engaged with both one-to-one and group peer supports spoke about the complimentary but meaningfully distinct impacts that these supports have on their wellbeing. The one-to-one peer support was often seen as being helpful for dealing with particular psychosocial issues or crises that they were dealing with, particularly when men first reached out for help. The one-to-one supports were also used to work in a more targeted way on confidence or self-perception, and to support men to a place where they felt safe and confident to attend group sessions.

> I've been brought into a space where I'm accepted and I'm able to connect. I could be as f**ked up as I want to be and it would still be okay. [One-to-one peer support] helped give me confidence to say yes to more experiences, say yes to more connection, to say yes to more growth. I think I'm a bit more enthusiastic about my own life. And that it's okay.

Service user

Group peer support, on the other hand, was seen as beneficial for building social connections and affording the resilience to everyday stressors that comes from having a broader social network. For instance, many group members spoke about their ability to call other group members at any time of day if they were struggling psychologically or needed help with things like moving house. This was not always possible with one-to-one peer support given resourcing limits or professional boundaries. In this respect, many men talked about their group members as being a second 'family' or 'whānau'.

I've been going along to a meeting during the week. Sometimes we now text each other. I know I communicate with someone else if there's a time I think it would do me good to catch up for a coffee. So it has developed into a stronghold for my situation, and I can talk to my friends anytime I want to.

Service user

These findings highlight the importance of being able to offer both forms of peer support to service users, albeit potentially at different stages of their healing journey. Currently all MSSA providers are able to offer both one-to-one and group peer supports[11], however pressures on resourcing have meant that some providers are having to consider moving to only offering groups in order to keep up with demand. The loss of one-to-one peer support for these providers would cause a significant impact on the ability for MSSA providers to meet the wellbeing needs of their service users, and exacerbate inequities in the types of supports available to survivors across different regions.

Peer support is also providing unique benefits not offered by therapy or counselling

Many of the men that we spoke with for the evaluation had also received therapy through psychologists, counsellors, or other mental health professionals, and these men almost universally reported that the benefits they received from peer support were unique from those provided by therapy. In particular, men often spoke about therapy being more 'clinical' or 'sterile', focusing more directly on the abuse and its psychological impacts rather than on addressing wellbeing more holistically. For this reason, many men reported having stronger rapport with their peer support worker/facilitator and other men in their peer support groups than with their therapeutic clinicians.

Because I've spoken to counsellors before. But I mean, that's restricted very much to just at one hour once a week, you know. [Peer support worker] is quite hands on and practical … it's very different from what a counsellor would do often. [Peer support] is more of someone who is your friend who's actually challenging you to do something alongside you, rather than just seeing someone in a professional capacity.

Service user

This is not to say that therapy was not beneficial for these men; many men also reported that therapy had been useful for addressing the psychological distress and/or PTSD symptoms they had been experiencing. However, peer support was seen as providing additional benefits that focused more on human connection and day-to-day functioning.

> The service is there for when you're down. If you're down or low and you need to talk to someone, you can just get on the phone or go into the actual office. They've helped me with sorting out getting stuff done with medical stuff and filling out forms that I used to have problems with. So, I've had help with that.

Service user

These findings highlight the importance of funding peer support services in addition to therapy as part of a wraparound approach to supporting male survivors of sexual violence. A more holistic approach to supporting male survivors through the provision of a variety of services that offer different kinds (e.g., wellbeing, mental health, social, family or whānau, financial) or forms (e.g., individual, group) of support acknowledges the myriad ways in which the impacts of sexual abuse can manifest for men and their family or whānau, and therefore the diversity of services that are required to address these impacts over the long term.

6.3 Cultural responsiveness

Budget-19 funding has allowed for growth in cultural responsiveness

The national stakeholders and MSSA provider staff that we spoke with talked about a notable increase in the cultural responsiveness of services since the Budget-19 funding increase, including the hiring of more peer support workers/facilitators who identify as Māori or Pacific. A November 2023 report produced by Tautoko Tāne Aotearoa found that 30% of MSSA service governance and staff across Aotearoa New Zealand identified as Māori and 4% as Pacific Peoples[12]; this reflects a higher proportion of Māori staff than in the general population, but an under-representation of Pacific Peoples staff (8.1% of the usually resident Aotearoa New Zealand population[13]), which could be a future area of recruitment focus for providers.

Funding has also been used to develop more kaupapa Māori offerings for service users, including some MSSA providers that are running under a kaupapa Māori framework. Other services have used the funding to develop separate kaupapa Māori spaces within tauiwi organisations where groups are run according to tikanga Māori and supports such as mirimiri (a traditional Māori healing modality) are offered to service users[14].

The increasing bicultural competence of member organisations is also being supported through Tautoko Tāne Aotearoa, who launched the Kia Mārire ("Effectiveness with Māori") strategy in 2023, which includes policy guidance for MSSA providers on working with Māori and within a Te Tiriti o Waitangi framework.

[12] Tautoko Tāne Aotearoa (2023). *Building community connections|Te Whakapakari i ngā hononga ā hapori: Phase one: Data collection.*
[13] https://www.stats.govt.nz/reports/pacific-housing-people-place-and-wellbeing-in-aotearoa-new-zealand/
[14] While the securing of the physical space for these services was supported by the Budget-19 funding, the delivery of individual mirimiri services may in part have been supported through ACC funding.

Service users mostly reported that their cultural needs were being met, although a lack of diversity in peer support groups can be an issue

The service users that we spoke with largely reported that their cultural needs were being met through the MSSA peer support services they were involved in. Men reported feeling accepted and welcomed regardless of their cultural background or needs. This included service users who were religious, or those who identified as transgender or otherwise part of the Rainbow community. These individuals did not report feeling unwelcome or uncomfortable despite the male-centred nature of the organisations, and instead reported that they had always felt accepted and respected by providers and other service users.

Māori service users that we spoke with also reflected that their needs were largely being met. Men were particularly positive about the kaupapa Māori spaces and supports where these were available to them, noting that this provided an opportunity to reconnect or learn more about tikanga Māori and te ao Māori in a safe environment. That said, for some providers with relatively smaller client bases or lower proportions of Māori service users, some of the Māori service users we spoke with stated that they had disengaged from peer support groups due to being the only Māori person there and not having any other Māori service users to connect with. These individuals had continued with one-to-one peer support instead. These findings highlight the importance of considering cultural diversity and cultural needs when running peer support groups.

It is also important to recognise that trauma can be culturally-related for some service users. For instance, some men had been abused on marae or by church leaders. Part of reconnecting to culture for these men was therefore addressing the trauma related to this, which was processed differently by different men and required different cultural journeys. Service users reported that MSSA peer support workers/facilitators were aware and understanding of this, and that they were provided with the appropriate space and support to navigate these issues on their own terms.

Although improvements have been noted, many services are still on the journey towards cultural responsiveness

That said, many providers are still on the journey towards increasing the cultural responsiveness of their services for Māori and Pacific Peoples, particularly where the services have been relatively recently established or where there is less resourcing to appoint additional Māori or Pacific staff members. It was also noted by MSSA provider staff that there is the potential to further develop responsiveness for additional populations such as Asian, migrant or refugee service users.

Participants suggested that cultural responsivity could be improved through the provision of more staff training in cultural competency with different cultural groups, and through increased engagement with local Māori and Pacific agencies or communities to support engagement with male survivors from these communities. Engagement with cultural community groups was seen as particularly important for addressing historical barriers to disclosure within some of these communities. Examples provided included engaging more with church groups in order to reach Pacific survivors. This need for increased community engagement was noted particularly in areas with relatively new MSSA provider sites, which was also reflected in Tautoko Tāne Aotearoa's phase one findings from their review of community connections among member organisations.[15]

[15] Tautoko Tāne Aotearoa (2023). *Building community connections|Te Whakapakari i ngā hononga ā hapori: Phase one: Data collection.*

6.4 Service modalities

Funding has allowed for greater flexibility of supports offered to better suit needs, although options are still limited in many regions

The additional funding providers received through Budget-19 has enabled them to diversify the ways in which supports are delivered to service users. For example, hiring additional staff has meant that providers can offer additional groups across different days or times of the week. This enables service users to engage in peer support groups without impacting their other employment or family or whānau commitments. Having more staff also affords one-to-one peer support workers time to travel to men's homes for sessions, or accompany and advocate for them at other meetings they are attending. This increased flexibility enables service providers to better accommodate the unique circumstances or needs of the men they are engaged with.

That said, due to the continued resourcing constraints noted above, many service providers are still limited in the flexibility of their service offerings. In particular, many providers are only able to offer a small number of peer support groups per week, meaning that groups are not able to be offered on certain days, and are often only offered at night. In many more rural areas, groups are only offered one night a week. This is a barrier to men being able to access supports at times that fit within their existing commitments. It also reduces the number of men able to engage with groups at any one time.

Resourcing constraints mean that staffing is balanced against physical space

Because of the resourcing constraints that persist despite the increased Budget-19 funding, MSSA providers are having to walk a difficult balance between investing in physical space versus staffing levels and supporting other activities for service users. Many providers continue to lease shared physical premises for groups or other peer support work on particular days of the week, particularly for satellite or rural sites, which means they are not able to develop the physical space to reflect the kaupapa of the organisation. Existing staff that are busy with casework also have less capacity to focus on developing the physical environment of some provider offices, which can lead to some premises feeling less welcoming or offices being difficult for new service users to find. More stable resourcing to provide for dedicated physical space for providers would help to ensure that premises are welcoming and suited to service user needs, without having to sacrifice staffing to keep up with existing or future demand.

7 Supports

KEQ 3: How has the funding impacted the support MSSA service users receive?

Key insights

The additional Budget-19 funding has enabled MSSA service providers to offer a more diverse range of supports to meet the needs of service users and their families or whānau. This includes greater flexibility in timing and number of existing supports, additional psychosocial supports such as food and petrol vouchers, and advocacy support. Drop-in centres for men, different types of male survivor peer support groups, and additional peer support groups for family and whānau members are also being offered, although the availability of these supports are substantially affected by resourcing and staffing levels. More established services are leveraging funding to provide wraparound services in-house, enhancing the holistic support available.

Budget-19 funding has improved the consistency of services offered to male survivors across regions, with increased access to peer support offerings and a growing diversity of services. However, substantial variations persist across regions due to differences in the maturity and size of organisations. While adaptation to local context is important, ensuring equitable access to needed supports requires funding for appropriately trained staff across regions. Increased funding for Tautoko Tāne Aotearoa has facilitated the development of resources and training to support consistency in peer support provision across member organisations, influencing practice nationwide and mitigating inconsistencies driven by resourcing and staffing levels.

7.1 Types of support offered

There has been an increase in the diversity of supports offered to meet needs of service users and their family or whānau

The additional Budget-19 funding has allowed MSSA service providers to diversify the supports they are able to provide to service users. This includes offering greater flexibility in the timing and number of existing supports offered, as discussed above, as well as providing additional psychosocial supports such as food vouchers, petrol vouchers, and advocacy support.

> I think with extra funding, it creates more opportunities and more ability to step outside the square and think a little differently. And just try and connect with guys in a different way. You know, attending the gym with them, or going for a walk around [local] lake. One of my men might be trying to lose weight or something like that, to try and kill two birds with one stone.

Service provider

All MSSA providers we engaged with were also able to offer on-referrals to additional services, such as counsellors or social workers, to meet other needs not able to be addressed through peer

support. Peer support workers were generally able to "hold" men and continue to work with them while they were on waitlists for these external services, although this was increasingly stretching peer support worker capacity to deliver core supports or take on new clients.

Many of the MSSA providers we spoke with are offering drop-in centres for men to access services without pre-existing appointments or when they are not active clients, although this is becoming increasingly difficult for providers to continue offering as case numbers increase. Some providers report having to remove direct advertising of drop-in hours so that they could prioritise care of existing service users or men who were being referred from agency partners.

> I used the space as a drop-in. When I was in crisis, I could come in here and that was quite useful … I've had times when I've come [to nearby shops] just to get something and something has triggered me, and I'm literally spiralling out of control. And so I can just come up here and [get help].

Service user

A variety of peer support groups are also being offered, although this is limited by staffing

Across the different providers a variety of peer support groups are being offered for male survivors, including groups focused on wellbeing, groups focused on education, and groups that are more social/activity-based. Where staffing allows, multiple types of groups are being offered by the same providers. However, several of the smaller providers are only able to offer one type of peer support group due to resourcing. This limits access to the specific types of groups that may be more beneficial for different service users. A recent November 2023 report produced by Tautoko Tāne Aotearoa provides a breakdown of the different groups offered by member organisations.[16] Many of these groups were not offered prior to the funding provided by Budget-19, either because of lower levels of staffing within the organisation, or because the MSSA provider had not yet been established.

In addition to the peer support services for male survivors, many MSSA providers are also facilitating additional peer support groups for family and whānau members, allowing a space for people to connect and discuss struggles and experiences with others who are supporting survivors of sexual violence. Often these family or whānau members may also have their own experiences of sexual abuse, and so some MSSA providers are also offering women's peer support groups where this fits within the kaupapa of the local MSSA organisation. The ability to support key social supports through these additional services helps to enable a holistic, multi-systemic approach to supporting male survivors of sexual abuse.

[16] Tautoko Tāne Aotearoa (2023). *Building community connections|Te Whakapakari i ngā hononga ā hapori: Phase one: Data collection.*

More established services are able to leverage funding to provide more wraparound supports in-house

Some of the more established providers that we spoke with or heard about have been able to leverage the additional Budget-19 funding into providing wraparound services for their clients. For example, funding has enabled leasing of larger premises which can then be sub-let to professionals such as ACC sensitive claims counsellors, occupational therapists, or social workers. The funding obtained through the sub-letting then allows for the funding of initiatives mentioned above that are not directly resourced through existing contracts, such as women's support groups or whānau support groups. In this way, the provision of additional MSSA funding through Budget-19 has allowed for the provision of services over and above those contracted, providing value for money and a more holistic service that is able to be offered to men and their family or whānau.

7.2 Consistency of service provision

Budget-19 funding has improved consistency of services offered, although substantial variation remains across regions

The establishment and expansion of MSSA service offerings both within and across regions afforded by the Budget-19 funding has led to a more consistent service for male survivors. Male survivors are now able to access peer support offerings in more regions across Aotearoa New Zealand, and the diversity of services being offered is also increasing within regions. However, due to the large differences in maturity and size of organisations across regions, substantial variations remain in the nature of supports that are able to be offered depending on where male survivors live. As mentioned above, while all MSSA providers offer one-to-one peer support, this may change with continuing increases in service user demand, and the nature and number of peer support groups are variable across providers.[10] In particular, newer organisations that tend to have lower overall staffing levels are less able to provide a variety of supports for their service users.

While some adaptation of service offerings to the local context is desirable and enables services to reflect the needs of local populations, it would also be desirable to ensure that MSSA peer support services are funded at a level that would ensure equitable access to needed supports across Aotearoa New Zealand. To achieve this, funding is required to allow for the recruitment and training of appropriately qualified or experienced staff to deliver services at safe caseloads across regions (see further discussion on staffing below).

Increased funding for Tautoko Tāne Aotearoa has allowed for the development of resources and training to support consistency of services

Tautoko Tāne Aotearoa has used part of their Budget-19 funding allocation to develop national resources, materials and trainings to help support the consistency of peer support provision across their member organisations. These include policies and framework to guide practice with different population groups, including bicultural practice. The MSSA provider management and staff that we spoke with talked about the importance of these materials in helping to shape their practice and the way that they were offering services, while still allowing flexibility to adapt practice to the local context. This guidance was particularly valued given the relative lack of materials or training for peer support work that is otherwise available to providers. As such, the materials and guidance produced by Tautoko Tāne Aotearoa is having a strong influence on MSSA peer support practice across Aotearoa New Zealand, helping to support consistency in the experiences of service users regardless of where they are accessing services. Without this guidance, it is likely that the inconsistencies that

were noted above in existing service provision would be exacerbated beyond differences largely driven by resourcing and staffing levels.

8 Other outcomes

KEQ 4: What are the additional impacts of the funding for MSSA service users and frontline staff?

Key insights

The Budget-19 funding has allowed for significant expansion of MSSA services, addressing the unmet needs of male survivors of sexual abuse across Aotearoa New Zealand. MSSA providers offer holistic supports crucial for men's overall wellbeing, filling a critical gap in support services. Without MSSA providers, many men would have nowhere else to turn for help tailored to their needs, highlighting the vital role these services play in supporting male survivors of sexual violence.

The surge in demand for MSSA services has strained existing resources, leading to potentially unsustainable growth in service user numbers. This strain has stretched the capacity of peer support workers and necessitated the recruitment of new staff, sometimes without adequate experience or training. Limited time and resources have hindered strategic planning and succession planning, posing challenges for the long-term sustainability of MSSA organisations. Additional funding for staffing and resources could alleviate these pressures, allowing for more sustainable growth and strategic planning to ensure provision of safe, quality support for male survivors and recruitment of appropriately trained or experienced staff.

8.1 Intended outcomes

Budget-19 funding is enabling services to meet the needs of male survivors of sexual abuse that are not being met elsewhere

As outlined in the sections above, the increase in funding provided by Budget-19 has enabled MSSA services to be delivered to a greater number of male survivors of sexual abuse, and improved the consistency of these services offered across Aotearoa New Zealand. Ultimately, service users and their family or whānau members, as well as MSSA provider staff and local sector partners, told us that this is having a substantial positive impact on the lives of these men and those close to them. MSSA providers are better able to deliver holistic supports that are needed by men to support their overall wellbeing. Notably, both service users and local sector partners told us that without the MSSA provider, there would often be nowhere for these men to seek help or be referred to for targeted supports. Men had either never heard of anywhere else that they could seek help, or did not feel comfortable seeking help from other organisations that were perceived to have less of a focus on the needs of male survivors in particular. As such, the increased availability of MSSA services across Aotearoa New Zealand is filling a large gap in the support needs of male survivors of sexual violence.

[Peer support group] kept me alive. I was very in a dark place. I was in prisons, in darkness for a long time. I struggled to find the light until I came here. And just learning, you know, venting, and coping skills which have helped me carry on. It's great. We have a laugh here too, not a lot of places you can laugh, you know.

Service user

8.2 Unintended outcomes

Large increases in demand has led to potentially unsustainable growth in service user numbers and demand for new staff

As discussed above, the large growth in MSSA service user numbers has outstripped the additional staffing and resourcing that was provided for MSSA services through Budget-19. This has led to a likely unsustainable growth in service user numbers that has stretched the capacity of existing peer support workers/facilitators beyond safe levels.

As a result of this large demand, there has also been a growth in staffing numbers to meet this demand. Existing MSSA provider staff that we spoke with said that in order to meet this constant demand for new staff with relatively small amounts of funding, new peer facilitators are sometimes being engaged that do not have appropriate experience or psychological foundation to complete this work. While a focus on lived experience among recruited staff is something that reflects the aspirations of service users (as discussed above), this comes with additional need to appropriately screen and train new peer support workers/facilitators. To address this need, Tautoko Tāne Aotearoa are currently in the process of establishing a new onboarding programme for potential new staff, to provide an opportunity to ensure an appropriate fit before new staff begin work and further training. However, additional funding to allow for staff renumeration that reflects the complexity of the work and the qualification/experience level of appropriate staff would further support the ongoing safety and competence of new peer support workers/facilitators.

Time pressures mean that there is limited capacity for MSSA provider management to focus on strategy and sustainability

This large demand on staff time has also meant that managers of more newly established services have not had the space or capacity to take a step back from day-to-day service provision to think more sustainably about how to best structure and deliver services to support this growth. Importantly, there also appears to have been limited focus on succession planning. As is the case across the NGO sector, the success of MSSA providers appears to substantially rest on the passion and overtime work from one or two individuals who have been leading advocacy and support for male survivors within each region for a number of years. It is therefore unclear what the future of these organisations would be if these 'local champions' had to retire or step down from the work. Addressing these issues of sustainability and succession requires the development and implementation of targeted strategies for each provider that are individualised to the local context. However, many service providers spoke about having little time to focus on this given that much of

their time is taken up with supporting day-to-day client demand. Allowing for funding that supports an appropriate growth in staffing to match growth in demand would also therefore help with creating the space for MSSA provider leadership to engage in planning and discussions around strategy and succession, supported by Tautoko Tāne Aotearoa and potentially MSD.

9 Workforce capacity

KEQ 5: To what extent has the funding impacted the workforce capacity of MSSA service providers?

Key insights

The large increase in MSSA service user numbers has resulted in extreme demands on staff time, stretching peer support workers beyond safe caseloads. Despite the heavy workload and stress, staff find the work meaningful and fulfilling due to their passion for the kaupapa. However, the sustainability of this model is uncertain, highlighting the need for additional staff recruitment and resourcing to ensure reasonable caseloads and prevent burnout. Moreover, low staffing levels in some areas contribute to staff isolation and hinder opportunities for learning and collaboration between colleagues.

Budget-19 funding has facilitated the delivery of standardised peer support training options nationwide by Tautoko Tāne Aotearoa. These training programmes include foundational peer support skills, leadership development, and a new onboarding programme for new staff. While existing staff have access to appropriate supervision, formalising supervision processes could further support safe practice. The standardisation of training and supervision enhances consistency of service provision across regions and ensures staff have the necessary skills to effectively support survivors.

Tautoko Tāne Aotearoa plays a crucial role in leading and supporting best practice for MSSA peer support work across Aotearoa New Zealand, enabled by Budget-19 funding. Their guidance and support help ensure effective use of funding and promote safer, more consistent practices across organisations. Additionally, Tautoko Tāne Aotearoa's efforts in standardising data collection and reporting contribute to more reliable accountability processes and support their advocacy for male survivors and member organisations.

9.1 Staff wellbeing and workload

Increased service user numbers have created large demands on staff time, however staff find the work meaningful and fulfilling

As outlined above, MSSA organisations are being stretched beyond safe caseloads due to demand outstretching available funding, even after the Budget-19 funding boost. This is creating extreme demands on peer support worker/facilitator time and resources, causing them to juggle many more cases than they have capacity to support under best practice models and risking staff burnout. As such, staff members, including MSSA provider management, are often working hours over and above what they are contracted for, often under high levels of stress due to the crisis-driven nature of a lot of the one-to-one peer support work. This is leading to unmanageable caseloads as reported by staff and Tautoko Tāne Aotearoa reports, and may be reflecting an unrealistic expectation about

the level of funding required to safely and effectively provide peer support services to the caseloads being managed.

That said, many of the peer support workers/facilitators we spoke to talked about the meaningfulness and strong sense of purpose they had in their role. Staff are incredibly passionate about the kaupapa and nature of MSSA peer support work, and this is helping to offset some of the other factors that would otherwise contribute to burnout or leaving the role despite the heavy workload. This sense of meaning led to staff generally reporting good levels of wellbeing despite unreasonable workloads. However, this is likely also an unsustainable model of practice, and will ultimately negatively impact the wellbeing of staff and quality of services that are able to be offered. It is therefore important that these incredibly high workloads are addressed through the recruitment of additional staff, and resourcing that allows for reasonable caseloads across MSSA providers. Tautoko Tāne Aotearoa have also been engaging in efforts to address this issue with the development of a national wellbeing framework for peer support staff, which includes a requirement that all staff have individualised wellbeing plans.

Low staffing levels at some provider sites can lead to isolation

Due to the small size or dispersed nature of some MSSA providers, it can be the case that provider sites are staffed by a single peer support worker/facilitator. This is a strategy used by some MSSA providers to expand the reach of the peer support work into satellite or rural areas of their region with limited funding to support this. In areas where this is happening, relevant staff noted that they could feel relatively isolated or disconnected from other colleagues, or from the workforce more generally. This also made it difficult to receive close supervision or peer debriefing on their practice, and to cross-pollinate ideas or knowledge between colleagues. Allowing for sites to maintain higher staffing numbers would therefore not only address issues with levels of service user demand, but also create a more vibrant, connected and supportive working environment for staff. Where this is not possible, for example in smaller communities with limited workforces, it is important to explore processes or strategies for supporting connection and collaboration within dispersed workforces, including remote networking or regular collaborative trainings or peer supervision groups.

Some staff report a desire for more time to build meaningful relationships with local organisations and communities

Peer support workers/facilitators we spoke with at some MSSA provider sites also reflected on a desire for more space and opportunity to connect and build meaningful relationships with local organisations and community groups, including Māori and Pacific organisations and communities. It was felt that this would in turn help them better support their clients who come from these communities, and to have a better understanding of who they could link their clients in with for more holistic support.

Although many MSSA provider sites have good connections with local community organisations and groups[17], often this was led by provider management rather than peer support workers/facilitators, and some of the newer providers are still building in that capacity. Reducing caseloads and empowering peer support workers/facilitators to make these community connections would therefore provide further opportunity to both increase the quality of support that is able to be provided, and further enhance the meaning or enjoyment that staff get from their roles.

[17] Tautoko Tāne Aotearoa (2023). *Building community connections|Te Whakapakari i ngā hononga ā hapori: Phase one: Data collection.*

9.2 Staff training

Increased Budget-19 funding has allowed for the delivery of standardised peer support training nationwide

As a result of Budget-19 funding, standardised peer support training has been developed and is being offered nationwide by Tautoko Tāne Aotearoa under the peer support framework they also developed, called *Purposeful Peer Support Aotearoa* (see further below in section 9.3). A variety of different training programmes are being delivered within this framework, including foundational peer support training, a new leadership training course for more experienced staff, and the new onboarding training for potential new peer support workers/facilitators that was discussed above. These trainings are generally held in person over multiple days, so the Budget-19 funding has also enabled resources to financially support staff to attend these trainings. As such, all MSSA provider staff that we spoke with said that they had access to the training that they needed to be effective in their roles.

This standardised offering of training across Aotearoa New Zealand is contributing to the consistency of services being offered across regions, and helps to support safe practice for new staff members who are new to the role of peer support work or facilitation (albeit with the need for greater scrutiny of the training or capacity of new facilitators mentioned above). Many MSSA provider staff mentioned that they were unaware of any other providers who delivered specialist training for sexual abuse survivor peer support, aside from Tautoko Tāne Aotearoa.

Staff are accessing regular supervision, although staff are not always aware of formal supervision processes

MSSA provider staff that we spoke with also stated that they have access to appropriate supervision of their work, and are able to source external supervision where needed. Peer support worker supervision is supported by formal systems that have been introduced nationally by Tautoko Tāne Aotearoa, including an online education programme and minimum supervision standards (minimum monthly supervision, with regular six-monthly reporting to management). However, these formal systems do not appear to be universally socialised amongst all peer support workers; although the required level of supervision was being undertaken by all peer support workers we spoke with, some were not clear about the formal national-level supervision policy or systems. Further efforts could therefore be targeted at ensuring that the entire peer support workforce are aware of these formalised systems and policies.

> I haven't missed a [monthly supervision meeting] since I started. And that's partly because I know I need it. As a worker, you need supervision. But it's always available in this organisation.
>
> ***Service provider***

At some MSSA providers, all new peer support staff receive fortnightly supervision to support their initial introduction to the work, which then reduces to the required monthly supervision after they have become more established in the role. This more frequent supervision was seen as beneficial by

some peer support workers we spoke with, who felt that this was preferable to monthly supervision. That said, it was noted across provider sites that additional supervision was able to be accessed when requested by peer support workers. This again speaks to the potential need to raise awareness of national and local supervision policies and systems, so that individual peer support workers are aware of their ability to request supervision in addition to their monthly sessions, where this is desired or needed. Awareness of the formal systems would also help individual peer support workers to understand regular processes such as the shift from fortnightly to monthly supervision, which was misinterpreted by some as being the result of budgetary constraints.

9.3 National body

Budget-19 funding has enabled Tautoko Tāne Aotearoa to meaningfully lead and support best practice across Aotearoa New Zealand

As highlighted in numerous sections above, the Budget-19 funding has enabled Tautoko Tāne Aotearoa to be meaningfully involved in leading and supporting best practice for MSSA peer support work across Aotearoa New Zealand. This has included developing a new, bicultural peer support framework called *Purposeful Peer Support Aotearoa,* with supporting materials offered in both English and te reo Māori. Tautoko Tāne Aotearoa also provide policies, practice guidance and resources for MSSA member organisations, developing and delivering standardised training, and being heavily involved in the establishment of new provider organisations and sites; members of Tautoko Tāne Aotearoa leadership often sit on the Boards of local MSSA organisations while they are establishing.

This level of support was reflected by MSSA provider staff that we spoke with, who acknowledged the high level of support that they received from Tautoko Tāne Aotearoa and the large value-add this has for their organisation.

> [Tautoko Tāne Aotearoa] have changed the whole peer model. They were going off the American model, which encompassed our values and ideas, but they didn't fit our organisation in the way that we worked in New Zealand. So they've gone through and they've tied it to us not only through the processes, but also culturally - through all cultures, whether you're LGBT or you identify any sort of certain way.
>
> ***Service provider***

The guidance provided by Tautoko Tāne Aotearoa helps to ensure that funding is used effectively and supported by more reliable reporting

The support provided by Tautoko Tāne Aotearoa has meant that MSSA service providers are better coordinated and engage in safer, more consistent practice across regions, substantially benefiting sector capacity and ensuring that funding is being used effectively across organisations. Providing support to provider sites that are newly established means that these organisations can shortcut the typical 'trial and error' approach to establishing new agencies, with Tautoko Tāne Aotearoa facilitating access to a wide network of individuals and organisations who can provide guidance on

policies and processes. This significantly reduces the financial and time costs of establishing new provider sites.

As mentioned above, Tautoko Tāne Aotearoa have also been helping member organisations with standardising data collection and reporting across the country. This will in turn ensure more reliable and consistent reporting for funding accountability processes, and to feed into future quantitative evaluations. Tautoko Tāne Aotearoa have also been spearheading these efforts by producing high quality, well-evidence reports from existing administrative data, to support their advocacy work for member organisations and male survivors more generally.

10 Sector integration

KEQ 6: To what extent has the funding impacted sector integration?

Key insights

Due to Budget-19 funding, the MSSA provider network has expanded nationally, enhancing service accessibility and sector integration across Aotearoa New Zealand. While existing providers and Tautoko Tāne Aotearoa have helped to support the establishment of new MSSA providers, heavy workloads and geographical distance pose challenges to active collaboration among providers. Additional funding to alleviate workloads would enable MSSA staff to engage more actively in networking, promoting consistency and innovation. Despite clear efforts to engage with local communities and sector partners, increased capacity is also needed for targeted relationship-building initiatives with local community partners, particularly with Māori and Pacific organisations, to facilitate smoother client referrals and address staff desires for deeper community connections.

Due to Budget-19 funding there is a growing national network of MSSA providers, although distance and workload hinders collaboration

As a result of the Budget-19 funding and related establishment or expansion of MSSA services, there is a growing network of MSSA providers across Aotearoa New Zealand. Due to the involvement of existing sites in the establishment of providers in new regions, and the nation-wide support provided by Tautoko Tāne Aotearoa, MSSA providers are generally well-connected across regions and are able to share experiences and learnings. However, workload and distance between providers can hinder active collaboration and connection, with MSSA provider staff often having limited time for networking beyond time spent with other member organisations at shared events like training programmes. Additional funding that allows for more reasonable caseloads would free up MSSA provider staff time to engage in more active networking efforts, further enhancing consistency and innovation across the MSSA provider network.

Although good connections with local communities have been developed, additional capacity is required for more targeted approaches to relationship building

As highlighted above, member organisations have generally made good efforts to link in with sector partners and communities. This is reflected in the growing number of organisations that MSSA providers are recruiting service users from, and the number of services that they are able to refer

clients to[18]. Sector partners that we spoke with also talked about the growing connections between their organisations and MSSA providers, and the increasing visibility of MSSA providers as an option for referrals.

> There's a really healthy sector, communal feel now [between MSSA agency and local partners]. They actually respect us a lot now, like through [shared] trainings, I can talk to their CEOs about the same stuff … We've really levelled up a lot to be able to actually collaborate and be respected.

Service provider

However, additional staffing capacity is required to provide space and opportunity for MSSA peer support staff in some provider sites to network and build relationships with a greater number of sector partners, including Māori and Pacific organisations or partners. This would help to ensure a 'warm' handover of potential clients from these community groups, and meet the desire expressed by some MSSA provider staff to spend more time directly building these relationships with community partners.

11 Conclusion and recommendations

This evaluation of the Budget-19 funding for MSSA peer support services has revealed a number of key insights into the experiences of MSSA service users and frontline staff following the increase in funding. Perhaps most prominently, the funding notably improved accessibility to MSSA services nationwide, establishing new regional providers and expanding services across regions with existing providers. Despite this expansion, enduring challenges, such as transportation and accessibility in more rural regional areas, still stand as barriers to service access for many survivors. Notably, even with the additional funding, MSSA providers have yet to be established in two regions (Manawatū and Southland).

Moreover, the substantial increase in service demand following the funding increase has led to unsustainable workloads for peer support workers/facilitators. However, despite heavy workloads, Budget-19 funding also supported improvements in responsivity of MSSA services, including with the development of a new bicultural practice model that aims to better support delivery of services to Māori clients. The evaluation found that the diverse range of supports able to be offered with the increased Budget-19 funding has led to increased wellbeing for male survivors and their family or whānau, including enhanced social connection, greater resilience to daily crises, and enhanced self-confidence and self-worth.

Budget-19 funding has also improved workforce capacity in terms of training and skill development. Although MSSA peer support staff find their work meaningful and fulfilling, the high caseloads are likely to lead to burnout and high levels of staff stress. Lower caseloads would also provide more

[18] Tautoko Tāne Aotearoa (2023). *Building community connections|Te Whakapakari i ngā hononga ā hapori: Phase one: Data collection.*

time for sector integration, both between MSSA providers nationally, and with MSSA providers and their local communities.

For the future sustainability and effectiveness of MSSA services, it is recommended that dedicated, stable, and appropriate levels of funding are provided to help meet the growing demand for peer support services, and to facilitate the recruitment, training and management of suitably qualified or experienced staff. Any increase in funding should also be partnered with the provision of support and resources to allow for strategic planning to support the sustainable and safe growth of these services. Investment in appropriate administrative support also stands out as a priority, as does the implementation of a standardised approach to data collection and reporting to bolster the sector's accountability and advocacy efforts.

It is important at this point to reiterate the limitations of this evaluation. The evaluation relied on comprehensive and rich qualitative data to inform evaluative judgements, however we only collected data from five of the 11 MSSA providers. As qualitative data are not designed to be generalisable, we are not able to assess the extent to which the current findings extend across other MSSA provider organisations. The reliance on qualitative insights also prevents measurement of the exact size and scope of the funding's impact, and means that we cannot robustly attribute the experiences and outcomes found in the evaluation solely to the Budget-19 funding. Future evaluations should therefore consider using quantitative methods to address these limitations, once MSSA providers are suitably established and providing that these data can be collected without undue burden on service users or providers. Mixed methods evaluation approaches that incorporate quantitative data would allow for more specific and robust assessment of the impacts of MSSA services for service users and their family or whānau.

The Budget-19 funding has enabled MSSA services to expand and adapt across Aotearoa New Zealand, significantly influencing the wellbeing and service access of male survivors nationwide. As the MSSA sector continues to grow and evolve, it becomes increasingly important to provide a stable source of funding that will allow providers to offer safe and consistent peer support services to service users.

11.1 Recommendations

Below we provide a summary of the recommendations highlighted throughout this report that stemmed from the evaluation findings:

Recommendation	Who	Purpose
Service Development		
1. Increase resourcing for additional peer support and administrative staff across agencies (including Tautoko Tāne Aotearoa) commensurate with the growth in client base already experienced by MSSA service providers, and including consideration of forecasted growth as awareness of these services continues to rise.	MSD	To address caseload issues, and support further growth in service accessibility and responsivity
Consider establishing MSSA providers or services covering the Manawatū and Southland regions.	MSD, in collaboration with Tautoko Tāne Aotearoa	To improve service accessibility

Explore options and resourcing required to establish satellite or mobile services covering rural communities within existing MSSA provider regions. Note that this would be dependent on clear staffing and resourcing plans to support expansion of existing service reach, including provisions to ensure that staff at these satellite provider sites are not professionally or socially isolated from their colleagues.	MSD, Tautoko Tāne Aotearoa and service providers	To improve service accessibility and responsivity
Ensure that resourcing and funded staffing levels allow for the provision of both one-to-one and group peer support services across MSSA providers. Ideally this should include resourcing to provide group peer support services across both the day and the evening, to accommodate differences in men's schedules and existing commitments.	MSD, in collaboration with Tautoko Tāne Aotearoa	To improve service responsivity and impact
Continue to develop the cultural responsiveness of services, including for Māori, Pacific Peoples and other culturally diverse populations. This includes providing sufficient resourcing to attract, train and retain Māori and Pacific staff. This should also include the development of additional culture-specific services where gaps exist, including kaupapa Māori services, and continuing to deliver cultural competency trainings to all staff.	MSD, Tautoko Tāne Aotearoa and service providers	To improve service responsivity and impact
Explore options and resourcing required to consistently provide support for whānau of male survivors across MSSA agencies, including running specialist whānau peer support groups.	MSD, Tautoko Tāne Aotearoa and service providers	To improve service responsivity and impact
Policies and Procedures		
Facilitate succession planning and establishment of clear frameworks to support sustainable growth for existing MSSA providers, particularly in new and emerging provider sites.	Tautoko Tāne Aotearoa and service providers	To support safe and sustainable growth in services
Review the funded salary rates for MSSA provider staff, including peer support workers, to ensure that MSSA agencies are competitive in attracting and retaining suitably qualified and/or experienced peer support staff. This should be partnered with continuing the ongoing efforts by Tautoko Tāne Aotearoa to improve the selection process for new peer support workers to ensure suitability for the role prior to further training and onboarding being provided.	MSD, in collaboration with Tautoko Tāne Aotearoa	To support sustainable service expansion
Develop and implement strategies to increase connections with local community groups or organisations across MSSA providers, including culture-specific groups or organisations.	MSD, Tautoko Tāne Aotearoa and service providers	To improve sector integration, and service accessibility and responsivity
Continuous Improvement		

Explore options for future quantitative evaluations of MSSA services, including developing suitable evaluation frameworks and identifying whether appropriate data can be sourced from existing data collection systems.	MSD, Tautoko Tāne Aotearoa and service providers	To support ongoing continuous improvement

Appendix A: Key evaluation questions and criteria

Table 1 below provides the key evaluation questions and sub-questions that guided the evaluation, as well as the performance indicators that were used to inform evaluative judgements about the impacts of the Budget-19 funding. Where these performance indicators reference "improvements" or "increases/decreases" in aspects of service delivery, these changes refer to a comparison of service delivery in 2017-2018 compared with the years from 2020 onwards.[19]

The performance indicators also reference a number of sources of information that were used to inform the evaluative judgements made. Further details on the methods used to capture this information are provided in the *Methodology* section starting from page 9. Briefly, proposed sources include:

- Interviews with peer support **service users** (current and previous), and their **family or whānau** members
- Interviews with peer support service **staff**, including peer support workers and service managers
- Interviews with relevant **local external agencies** also working within the sector, including **referral agencies**
- Interviews with national stakeholders, including **Tautoko Tāne Aotearoa**, **MSD**, and **Safe to Talk**[20]
- Review of **administrative reporting** by agencies to MSD, and **administrative data** held by Tautoko Tāne Aotearoa (e.g., routine client feedback surveys).

[19] It is important to note that the Budget-19 funding was used for a variety of purposes across the MSSA support network, including starting up entirely new services in some areas, and restructuring organisations in other areas. This means that in some areas, "improvements" involved identifying the impacts of having access to any services at all in the region, rather than a comparison of how the funding impacted what was already available. Likewise, in the cases of significant restructures, the focus was on identifying how these restructures have, or have the potential to, impact the experiences of frontline staff and service users.

[20] We did not end up interviewing Safe to Talk representatives for the current evaluation. They were instead interviewed by MSD staff, and findings from these interviews will be included in a synthesis report to be authored by MSD.

Table 1. Key Evaluation Questions, Sub-questions and Performance Indicators

KEQs	Sub-questions	Performance Indicators[21,22]
1. How has the funding impacted accessibility for MSSA service users? **Criterion: Accessibility**	i. To what extent has the funding facilitated effective and responsive referral and access pathways (including self-referral pathways) to the services for service users, including from Safe to Talk?	• Service users report satisfaction with the ease and timeliness of the referral/access process • Staff report an improvement in the efficiency of the referral/access process • Referrers report an improvement in the ease and timeliness of referral pathways • External agencies report an improvement in awareness of referral pathways • Administrative reporting shows an increase in referrals/enquiries and enrolments across provider sites
	ii. To what extent has the funding facilitated access to service provider sites or supports used by service users?	• Service users report satisfaction with their ability to access provider sites and peer supports • Staff report an improvement in the ability of service users to access of provider sites and peer supports • Tautoko Tāne Aotearoa and external agencies (including MSD) report an improvement in accessibility of provider sites and peer supports for service users • Administrative reporting shows an increase in the number of provider sites and/or peer support services available to service users

[21] As previously mentioned, the Budget-19 funding was used to establish entirely new services in some areas, and to significantly restructure existing services in other areas. Evaluative judgements made against the performance indicators were therefore heavily informed by the maturity or situation of the organisations involved in the evaluation.

[22] "Service users" also includes the family and whānau of service users.

	iii. To what extent has the funding affected the ability of services to reasonably meet service user demand?	• Service users report satisfaction with the timeliness of peer support service access • Staff report an improvement in capacity to accept referrals for peer support services • Referrers report an improvement in peer support service provider capacity to accept referrals • Tautoko Tāne Aotearoa and external agencies (including MSD) report an improvement in the ability to meet male survivor demand for peer support services • Administrative reporting shows an increase in the number of support sessions delivered for service users
2. How has the funding impacted the responsiveness of the MSSA service to service user needs? **Criterion: Responsiveness**	i. What are the expectations or aspirations of service users when entering the service?	• *No performance indicators required*
	ii. To what extent has the funding affected the ability of services to meet the expectations, aspirations or needs of service users?	• Service users report that the service meets their reasonable expectations, aspirations and needs for a peer support service • Staff report an improvement in the ability to meet or reframe service user expectations, aspirations and needs, where appropriate • Tautoko Tāne Aotearoa and other external agencies (including MSD) report an increase in the ability of services to meet the expectations, aspirations and needs of the male survivor population • Administrative reporting from routine client feedback surveys indicate that service users'

		expectations, aspirations and needs are met through the peer support service

	iii. To what extent has the funding affected the delivery of culturally responsive services to service users?	• Service users report that the peer support service meets their cultural needs
		• Staff report an increase in the ability to meet cultural needs through the peer support service
		• Referrers report an increased confidence in the ability to refer clients with specific cultural needs to the peer support service
		• Tautoko Tāne Aotearoa and other external agencies (including MSD) report an increase in the ability of the peer support service to meet the cultural needs of service users
		• Administrative reporting shows an increase in:
		  ○ Proportion of Māori and Pasifika survivors referred, or self-referred, to peer support services
		  ○ Length of time Māori and Pasifika service users remain engaged in the service

	iv. To what extent has the funding affected the responsivity of modes of service delivery for service users?	• Service users report that the peer support services are delivered in a way that meets their needs • Service users report high quality relationships with their peer support worker • Staff report an improvement in the ways in which service delivery meets the responsivity needs of service users • Tautoko Tāne Aotearoa and external agencies (including MSD) report an improvement in the

		different modes of service delivery available to service users • Administrative reporting from client feedback surveys show that service users report satisfaction with the ways in which the peer support service is delivered
3. How has the funding impacted the support MSSA service users receive? **Criterion: Support**	i. To what extent has the funding affected the delivery of a consistent service for service users across agencies?	• Staff report an improvement in the ability to provide a consistent service for service users • Tautoko Tāne Aotearoa and MSD report an improvement in the ability to provide a consistent service for service users nationally
	ii. To what extent has the funding affected the types of supports available for service users?	• Service users report satisfaction with the types of supports available to them through the peer support service • Staff report an increase in the types of supports (e.g., nature, modality) that are able to be offered to service users within the peer support service • Referrers report an increase in the diversity of supports that their clients are able to be referred to within the peer support service • Tautoko Tāne Aotearoa and other external agencies (including MSD) report an increase in the diversity of supports able to be offered to service users within the peer support service • Administrative reporting shows an increase in engagements across different types of supports offered within the peer support service

	iii. What, if any, are the remaining gaps in supports provided to meet the needs of service users?	• *Based on gaps identified in response to KEQ 3ii*
	iv. To what extent has the funding affected the delivery of core supports for service users, including group activities and drop-in centres, or other new core supports?	• Service users report satisfaction with their ability to access core supports such as group activities and drop-in centres • Staff report an improvement in the ability to deliver core services such as group activities and drop-in centres • Referrers report an improvement in their ability to refer clients for core services such as group activities and drop-in centres • Tautoko Tāne Aotearoa and other external agencies (including MSD) report an improvement in the ability of service provides to deliver core supports such as group activities and drop-in centres • Administrative reporting shows an increase in the number of service users engaging with core supports such as group activities and drop-in centres
4. What are the additional impacts of the funding for MSSA service users and frontline staff? **Criterion: Outcomes**	i. To what extent has the funding affected the ability of services to effect other intended outcomes of the service for service users?	• *Informed by data collected for KEQs 1-3*
	ii. What, if any, are the unintended outcomes of the funding for service users and/or frontline staff?	• *Informed by data collected for KEQs 1-3*
5. To what extent has the funding impacted the workforce capacity of MSSA service providers?	i. To what extent has the funding affected whether the services are appropriately resourced to successfully implement intended processes?	• Staff report an improvement in the ability to deliver services and implement processes as intended • Tautoko Tāne Aotearoa and MSD report an improvement the ability for service providers and

Criterion: Workforce capacity		Tautoko Tāne Aotearoa to deliver services and implement processes as intended
	ii. To what extent has the funding affected overall staff wellbeing and job satisfaction?	• Staff report an increase in wellbeing and job satisfaction • Tautoko Tāne Aotearoa report an increase in wellbeing and job satisfaction for their own staff, and service provider staff
	iii. To what extent has the funding facilitated required training for frontline staff?	• Staff report an improvement in the accessibility of required and desired training • Tautoko Tāne Aotearoa and MSD report an improvement in staff access to required training
	iv. To what extent has the funding affected staff workload?	• Staff report an improvement in workload, including reductions in caseload and number of support hours delivered • Tautoko Tāne Aotearoa report an improvement in workload for their own staff, and service provider staff • Administrative reporting shows an improvement in staff to active client ratios • Administrative reporting shows an increase in FTE allocated to the peer support service, per service provider
	v. To what extent has the establishment of the national body affected the ability of local providers to deliver effective and responsive services?	• Provider staff report an increase in the amount of support able to be offered by Tautoko Tāne Aotearoa to support service delivery • Tautoko Tāne Aotearoa report an increase in their capacity to meet the support needs of member

		agencies, within the context of their broader mandate across regional development, education, training and support • MSD report an increase in the capacity of Tautoko Tāne Aotearoa to meet the support needs of member agencies
6. To what extent has the funding impacted sector integration? **Criterion: Sector integration**	i. To what extent has the funding facilitated collaboration between the services and sector partners, including Safe to Talk?	• Staff report an improvement in organisational-level connections with local and national sector partners, including Safe to Talk • Referrers and other external agencies (including Safe to Talk) report an improvement in connections with service providers and Tautoko Tāne Aotearoa • Tautoko Tāne Aotearoa and MSD report an improvement in connections between local/national sector partners and both Tautoko Tāne Aotearoa and Tautoko Tāne Aotearoa member agencies
	ii. To what extent has the funding facilitated successful referrals from the services to other appropriate agencies, or other services within the same agency?	• Service users report satisfaction with availability and ease of referral on to any additional external supports required • Staff report an improvement in their ability to refer service users, and their family or whānau members (potentially including perpetrators) to appropriate external supports • External agencies report an improvement in the availability and functioning of referral pathways from services • Tautoko Tāne Aotearoa and MSD report an improvement in the availability and functioning of referral pathways from services to external supports

7. What opportunities remain to maximise the positive effects of the funding for MSSA service users and service staff? **Criterion: Remaining opportunities**	i. What are the primary barriers and enablers to funding effecting positive outcomes across the criteria of accessibility, responsiveness, outcomes, support, workforce capacity, and sector integration?	• *Informed by data collected for KEQS 1-6*
	ii. What opportunities exist to remove these barriers and enhance these enablers across services?	• *Informed by data collected for KEQS 1-6*

Appendix B: Interview schedules

1. Service users

Background

1. **Can you tell me a little bit about you and how long you have been coming to peer support sessions at XX service?**
   Prompt: Have you been attending group peer support sessions, or have these been individual sessions? Where do you attend the sessions? Have you always worked with the same peer support facilitator?

Access and referral to peer support service

2. **Can you tell me about the process you went through to start coming to the peer support sessions?**
   Prompt: How did you find out about XX service and the peer support sessions? How did you first get in contact with XX service? What encouraged you to make the first contact? How easy was the sign-up process?

3. **How long did it take from first contact about the peer support service to hearing from a peer support facilitator and going along to sessions?**
   Prompt: Were you happy with the length of time this took?

4. **Can you tell me about how easy or hard it is to travel here for the peer support sessions?**
   Prompt: Do you have access to transportation? How long is your travel time? Is transport ever a barrier to accessing the service? If transport is difficult/unavailable, does the service ever help with this, or offer home visits? Is your clinician aware of these transportation issues?

Service use and supports offered

5. **What kinds of help or support were you hoping to get when you first starting going to the peer support sessions?**
   Prompt: Did you ever access, or want to access, group sessions or drop-in support? Was this available to you?

6. **When you actually got here, what was that experience like? Do you feel that you got the help and support you wanted?**
   Prompt: What did you find most helpful about the service? Are there things about the service that didn't work for you? Was there anything that you wanted help or support for that you didn't get help with?

7. **Can you tell me about whether the peer support sessions were tailored to meet any specific needs you had?**
   Prompt: For example, how staff contacted you (email, text, phone), making the rooms more comfortable, how the session was run or content was delivered?

8. **Can you tell me about any specific cultural needs you have in relation to the peer support service?**

Prompt: If any, what did these look like and were these needs met?

9. **Can you tell me about the relationship you have with your peer support worker?**
   Prompt: Did you feel respected by the peer support worker and other service staff you engaged with?

10. **Can you tell me about any other professional supports or services that XX service helped you to connect with?**
    Prompt: Were you aware that this referral had been made? Was it helpful? How did you find the handover or information shared? Did you feel in control of your information? Did you have to repeat your story to the new agency? Did you feel respected throughout the process?

11. **Did your family or whānau members access any supports through XX service?**
    Prompt: If yes, what was their experience like? If no, were there any supports that might have helped them? What stopped them from accessing these?

12. **Overall, can you tell me about any differences you have noticed in your life or wellbeing, or wellbeing of your family or whānau, after you started going to the peer support sessions?**

13. **Have there been any unintended impacts of accessing the peer support sessions on your life or wellbeing, or the wellbeing of your family or whānau?**

Wrap-up

14. **If you were the one making decisions about how the peer support services were run in future, what is the one thing you would add or change that you think would make the biggest difference for men who access these?**

15. **Is there anything else you would like to tell us about XX service that we haven't asked about yet?**

2. Service providers

Background

1. **Can you tell me a little bit about you and your role at XX service? What is your involvement with the peer support service at XX?**
   Prompt: How long have you been working in this role?

Access and referral to peer support service

2. **Can you tell me about any changes you have noticed in how well the referral/access process works for men engaging with the peer support service in recent years?**
   Prompt: How can men find out about the service? How are referrals/self-referrals made? Have you been receiving referrals from Safe to Talk? How easy is the sign-up process to navigate, for both men and staff? How long does the process take from contact to peer support attendance?

3. **Can you tell me about any changes you have noticed in how well the peer support service at XXX has been able to keep up with demand in recent years?**

Prompt: Have there been any changes in waitlist volumes and times? Have you noticed any changes in demand for the peer support service?

4. **Can you tell me about any changes you have noticed in how easy or hard it is for men to travel to their peer support sessions and other appointments at XX service over recent years?**
   Prompt: Is transport ever a barrier to accessing the service? If transport is difficult/unavailable, does the service ever help with this? Have there been changes in these supports offered over time?

Service use and supports offered

5. **Can you tell me about the common things that men are wanting support for when they engage with the peer support service?**

6. **Can you tell me about any changes you have noticed in the ability of XXX service to meet these client needs or aspirations in recent years?**
   - *Prompt: What do men seem to find most useful to support them? Are there things that work less well for the men? Are there any common needs that you are not able to help support? Are there common unrealistic expectations that need to be managed for the men coming into the service?*

7. **Can you tell me about any changes you have noticed in recent years in the ability for XX service to deliver core peer support services such as group sessions and drop-in centres?**

8. **Can you tell me about any changes you have noticed in other different types of supports that are able to be offered to men engaged in your peer support services in recent years?**

9. **Can you tell me about any changes you have noticed in the ability for the peer support service to be delivered in tailored ways for men in recent years?**
   Prompt: For example, timing of groups, meeting the needs of disabled or neurodiverse clients.

10. **Can you tell me about any changes you have noticed in the ability of XXX service to meet the cultural needs of men in the peer support service in recent years?**
    Prompt: What are the common cultural needs of men in the peer support service? Are there any cultural needs that are not able to be met?

11. **Can you tell me about any changes you have noticed in the consistency of the peer support service offered across groups and locations in your service in recent years?**
    Prompt: Any changes in the consistency of quality and frequency? Any changes in the types of supports offered across locations?

12. **Can you tell me about any changes you have noticed in the ability to refer peer support service clients to other needed supports, either within XX service or to external agencies, in recent years?**
    Prompt: What are the common additional needs that men are referred on for? Have there been any changes in the ease of the handover process or information shared? Are you able to provide supports or referrals for family or whānau members?

13. **Overall, can you tell me about any differences you notice in the wellbeing of clients and their family or whānau after they have engaged in the peer support services you have spoken about?**

Workforce capacity

14. **Can you tell me about any changes you have noticed in your workload relating to the peer support service in recent years, including caseload and proportion of contact hours?**
    Prompt: Is your current workload manageable? Has the funding and any changes in service offering increased the demands on, or changed the nature of, your role?

15. **Can you tell me about any changes you have noticed in access to and participation in training and supervision as part of your role related to the peer support service in recent years?**
    Prompt: Are you able to access the types of training you need or want for your role? Do you receive regular clinical supervision?

16. **Can you tell me about any changes you have experienced in your wellbeing and satisfaction in your role at XX service in recent years?**

Sector integration

17. **Can you tell me about any changes you have noticed in the ability of Tautoko Tāne Male Survivors Aotearoa to support XX service and the delivery of the peer support service?**
    Prompt: Have there been changes in their ability to support with funding advocacy, administrative load, delivering trainings, or providing guidance and policy for service providers?

18. **Can you tell me about any changes you have noticed in the connections between XX service and other local or national sector partners in recent years?**
    Prompt: Improved connections with referral sources? How well is XX service connected with Safe to Talk? What has been the outcome of any changes in sector connectivity?

Wrap-up

19. **If you were making future decisions about the peer support service, what would be the one thing that could be added or changed that would make the most difference for men accessing the peer support service?**

20. **Is there anything else you would like to tell us that we haven't asked about yet?**

3. Local partner agencies

Background

1. **Can you tell me a little bit about your role and your involvement with the peer support service at XX service?**
   Prompt: How long have you been working with the peer support service at XX?

2. **Can you tell me about how you came to be aware of the peer support service at XX?**
   Prompt: How long ago was this? Do you have any thoughts on whether general awareness of the peer support service has changed over recent years?

Access and referral to peer support service

3. **Can you tell me about any changes you have noticed in how well the referral/access process works for men who want to engage with the peer support service in recent years?**
   Prompt: How do you help to support referrals? How easy is the sign-up process to navigate for you and for the men you refer? How long does the process take from contact to peer support attendance? Do you receive the desired level of reporting back about the outcome of the referral?

4. **Can you tell me about any changes you have noticed in the capacity of XX service to accept any referrals made for peer support in recent years?**
   Prompt: Have there been any changes in whether men are waitlisted? Have you noticed any changes in demand for the peer support service from the men that you work with?

5. **Can you tell me about any changes you have noticed in how easy or hard it is for men to travel to their peer support sessions and other appointments at XX service over recent years?**
   Prompt: Is transport ever a barrier to accessing the service, that you are aware of? If transport is difficult/unavailable, are you aware of any supports offered to the men?

Service use and supports offered

6. **Are you aware of the common things that men are wanting support for when they engage with the peer support service?**

7. **Can you tell me about any changes you have noticed in the ability of XX service to meet these client needs or aspirations in recent years?**
   - *Prompt: What do men seem to find most useful to support them? Are there things that work less well for the men? Are there any common needs that XX service is not able to support men with?*

8. **Can you tell me about any changes you have noticed in recent years in the ability for XX service to deliver core peer support services such as group sessions and drop-in centres?**

9. **Can you tell me about any changes you have noticed in other different types of supports that are able to be offered to men who engage in the peer support services at XX service in recent years?**
   Prompt: Are there any common peer support-related needs that men present with that you are not able to refer to XX service for?

10. **Can you tell me about any changes you have noticed in the ability for the peer support service to be delivered in tailored ways for men in recent years?**
    Prompt: For example, timing of groups, meeting the needs of disabled or neurodiverse clients.

11. **Can you tell me about any changes you have noticed in the ability of XX service to meet the cultural needs of men in the peer support service in recent years?**
    Prompt: Would you send clients with specific cultural needs to the service? What are the common cultural needs of men seeking peer support? Are there any cultural needs that are not able to be met?

12. **Overall, can you tell me about any differences you notice in the wellbeing of men and their family or whānau after they have engaged in the peer support services at XX service?**

Sector integration

13. **Can you tell me about any changes you have noticed in the connections between your agency/organisation and XX service in recent years? What about for Tautoko Tāne Male Survivors Aotearoa?**
    Prompt: What has been the outcome of any changes in connectivity? How are these connections supported e.g., frequent meetings, formalised MOUs or working arrangements?

14. **Can you tell me about any changes you have noticed in the ease and timeliness of referrals from XX service to any supports that your agency offers in recent years, if relevant?**

Wrap-up

15. **If you were making future decisions about the peer support service, what would be the one thing that could be added or changed that would make the most difference for men accessing the peer support service?**

16. **Is there anything else you would like to tell us that we haven't asked about yet?**

4. National stakeholders

Background

1. **Can you tell me a little bit about you and your role at Tautoko Tane/MSD? What is your involvement with the peer support service delivery?**
   Prompt: How long have you been working in this role?

Access and referral to peer support service

2. **Can you tell me about any changes you have noticed in how well the referral/access process works for men engaging with the peer support services across providers in recent years?**
   Prompt: Have there been changes in how referrals/self-referrals are made? Do you have any awareness of connections with Safe to Talk?

3. **Can you tell me about any changes you have noticed in how well the peer support service providers have been able to keep up with demand in recent years?**
   Prompt: Have there been any changes in waitlist volumes and times? Have you noticed any changes in demand for the peer support service across providers?

4. **Can you tell me about any changes you have noticed in how easy or hard it is for men to access provider sites offering peer support services in recent years?**
   Prompt: Is transport/location ever a barrier to accessing the service? If transport is difficult/unavailable, are you aware of whether services ever help with this? Have there been changes in these supports offered over time?

Service use and supports offered

5. **Can you tell me about any changes you have noticed in the ability of peer support service providers to meet client needs or aspirations in recent years?**
    - *Prompt: What do men seem to find most useful to support them? Are there things that work less well for the men? Are there any common needs that providers are not able to help support? Are there common unrealistic expectations that need to be managed for the men coming into the services?*

6. **Can you tell me about any changes you have noticed in recent years in the ability for service providers to deliver core peer support services such as group sessions and drop-in centres?**

7. **Can you tell me about any changes you have noticed in the ability for the peer support services to be delivered in tailored ways for men in recent years?**
   Prompt: For example, timing of groups, meeting the needs of disabled or neurodiverse clients.

8. **Can you tell me about any changes you have noticed in the ability of peer support services to meet the cultural needs of men in recent years?**
   Prompt: What are the common cultural needs of men in the peer support service? Are there any cultural needs that are not able to be met?

9. **Can you tell me about any changes you have noticed in the consistency of the peer support service offered across locations in recent years?**
   Prompt: Any changes in the consistency of quality and frequency? Any changes in the types of supports offered across locations?

10. **Can you tell me about any changes you have noticed in the ability to refer peer support service clients to other needed supports, either within their own service or to external agencies, in recent years?**
    Prompt: What are the common additional needs that men are referred on for? Are providers able to provide supports or referrals for family or whānau members?

11. **Overall, can you tell me about any differences you notice in the wellbeing of clients and their family or whānau after they have engaged in the peer support services you have spoken about?**

Workforce capacity

12. **Can you tell me about any changes you have noticed in provider workload, and Tautoko Tane workload, relating to the peer support service in recent years, including caseload and proportion of contact hours?**
    Prompt: Are current workloads manageable? Has the funding and any changes in service offering increased the demands on, or changed the nature of, the provider role?

13. **Can you tell me about any changes you have noticed in the ability for providers to access and participate in training and supervision as part of their role related to the peer support service in recent years?**

14. **Can you tell me about any changes you have experienced in your wellbeing and satisfaction in your role at Tautoko Tane in recent years?**

Sector integration

15. **Can you tell me about any changes you have noticed in the ability of Tautoko Tāne Male Survivors Aotearoa to support XX service and the delivery of the peer support service?** *Prompt: Have there been changes in their ability to support with funding advocacy, administrative load, delivering trainings, or providing guidance and policy for service providers?*

16. **Can you tell me about any changes you have noticed in the connections between providers/Tautoko Tane and other local or national sector partners in recent years?** *Prompt: Improved connections with referral sources? How well is XX service connected with Safe to Talk? What has been the outcome of any changes in sector connectivity?*

Wrap-up

17. **If you were making future decisions about the peer support service, what would be the one thing that could be added or changed that would make the most difference for men accessing the peer support service?**

18. **Is there anything else you would like to tell us that we haven't asked about yet?**