

February 2019 process evaluation of specialist services to respond to sexual harm (summary)

Specialist services to respond to sexual harm are a co-ordinated, safe network of services that support people affected by sexual harm by providing information, crisis response, and long-term support. This process evaluation is of Ministry of Social Development (MSD)-funded Specialist Sexual Harm Services for adults.

Background

In December 2015, a Social Services Select Committee inquiry into the funding of specialist sexual violence social services provided 32 recommendations to government to improve the integration, coverage and practice standards of specialist sexual violence response services and to ensure they meet the needs of Māori and other cultural groups.

Budget 2016 committed \$46 million to develop a more effective integrated national system to deliver the right support and services to reach more of the people who need them. Service changes aim to improve government's response to providing accessible, co-ordinated, connected and sustainable specialist services that will reduce sexual harm and result in improved outcomes for individuals, families, whānau and communities.

The evaluation focus is on: sexual harm crisis support services (SHCSS); a new 24-hour helpline; services for male survivors of sexual abuse (MSSA); and harmful sexual behaviour (HSB) services.

The evaluation

Evaluation purpose

The aims of the three-year evaluation are to:

- Assess the implementation of service development and the outcomes of Specialist Sexual Harm Services (SSHS)
- Evaluate the changes in each service type and the extent the services achieve the desired aims
- Evaluate the extent the service changes as a whole improve access for people who need the services and reduce the impact of sexual harm.

Evaluation approach

The evaluation approach includes a formative evaluation¹, process evaluation, and outcomes (summative) evaluation. This document is a summary of the process evaluation completed between August 2018 and February 2019.

Information sources for this process evaluation include:

- Administrative data collected by 17 service providers and agencies
- Interviews with over 67 key stakeholders (agency stakeholders, service provider managers and frontline staff)
- Client interviews – Interviews with 12 clients who have used specialist services and were willing to share their experiences.

The impacts of government's investment

Providers described positive changes towards a more effective national system. Changes arising from Budget 2016 included extended contracts, new funding, and support for service development, which have allowed providers to expand their services and in some cases add new roles.

A focus on national leadership is contributing to building provider capability through the development of sector guidelines and the provision of training.

Despite funding increases providers still consider they are underfunded, as increased demand has paralleled increased funding.

I feel that I am a lot more approachable now, I'm not so angry. I'm not so protective about my past any more. I can talk about things now. Before I couldn't talk about it. (SHCSS client)

Sexual harm crisis support services (SHCSS)

SHCSS take a trauma-informed approach to service provision and include: callout support, advocacy, crisis social work support, crisis counselling, advice, information, and links or referral to aligned services.

Increased sector stability

Extended contracts are helping to provide stability and allowing providers the opportunity to think more strategically about the future.

Sector capacity has increased but so has demand

Additional funding has enabled some providers to extend their workforce. Providers have been able to increase staff numbers or to employ new roles such as social workers to provide holistic support for clients.

I don't know how we managed without this contract before. We didn't have a social worker until last May. She's full-time and she's flat out. When you make the services available, the need presents. (Tuiwi provider)

Most providers found recruiting staff with the right experience and qualifications was difficult due to competition with agencies who can pay more for staff and an overall shortage of experienced people to recruit.

A newbie is really going to struggle. You have really got to be quite grounded in your work to do this sort of work. (Tuiwi provider)

Increasing demand is contributing to ongoing funding shortfalls. A remaining challenge is how to adequately fund support for victim/survivors and whānau who have complex needs that extend beyond crisis support.

Building sector capability

Consultation and the development of service guidelines, alongside Te Ohaakii a Hine - National Network Ending Sexual Violence Together (TOAH-NNEST)'s good practice guidelines and e-learning portal are building sector capability and are well received by the sector.

Administrative data are an important source of information to build sector capability. Lack of standardisation of case management systems limited the ability to analyse administrative data across providers. Discussions are ongoing about effective case management systems, co-designing outcomes measures and resourcing computerised record keeping.

An integrated service network with improved geographical coverage, availability and accessibility

Additional MSD funding has allowed many providers to cover a larger geographical area through the establishment of "hubs" or increased their ability to travel to clients. Coverage in rural areas remains challenging with long travel times for clients and/or providers.

¹ <https://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/initiatives/family-and-sexual-violence/specialist-services/formative-evaluation-final-2019-01-30.pdf>

Providers collaborate to support each other in a variety of ways including providing professional supervision, training, after-hours cover, and referrals. Networks are emerging between SHCSS and MSSA and HSB providers.

They've helped me seek other advocacy, not just for myself but for my children, that doesn't have to do with actual counselling. (SHCSS client)

The interface with ACC counselling remained difficult for many providers. Waiting times could be a barrier for clients, creating a longer holding time for SHCSS. Lack of information sharing meant some clients did not want ACC counselling because of the need to repeat their stories.

I took a good couple of months to think about it, whether I wanted to go to ACC. I chose not to. The one thing I dreaded was having to repeat myself again. (SHCSS client)

Others preferred the anonymity of crisis services as they did not need to provide personal information.

Services for male survivors of sexual abuse (MSSA)

MSSA services include peer support for male survivors of sexual abuse and their support networks.

Expanding current services

All MSSA services had increased the services they provided to victims/survivors.

The number of men presenting in our community has gone up, we are definitely seeing more guys. (MSSA provider)

Identifying good practice and service development to consistent standards

MSD has funded research to identify good practice for MSSA.

A national organisation Male Survivors Aotearoa (MSA) has received ongoing financial support. MSA has led the development of training to provide consistent practices amongst MSSA.

It's really about providing that structure and high-level support, and policy frameworks. (MSA member)

Establishing data collection to understand client outcomes

All MSSA services use the same case management system (Paua) to collect and manage their data. Some data are now being consistently collected with the potential for analysis and review to inform continuous improvements.

While information is collected in Paua, the information collected is descriptive and does not include client outcomes.

Services to address harmful sexual behaviour (HSB)

HSB services include the delivery of information, assessment and treatment for non-mandated adults who have engaged in concerning or harmful sexual behaviour.

The response to the increased funding is to increase the capacity of HSB services

MSD funds three HSB providers who work closely together and provide a consistent treatment programme to non-mandated clients. Budget 2016 increased the assessment and treatment places for non-mandated adult harmful sexual behaviour clients.

MSD has "got behind the sector" with the extra funding. It's a step in the right direction. (HSB provider)

The three providers were positive about the increased support from MSD for the development of HSB services.

The three MSD-funded providers have invested in a case management system to provide robust information across the sector to inform continuous improvement and research.

Facilitators and barriers to increasing the capacity of HSB services and maintenance of the quality of service provision

Partnerships with academic researchers are building an evidence-base for New Zealand HSB services. Development of accreditation standards and a national strategy were suggested by one provider as facilitating high and consistent quality service provision.

Difficulty in recruiting a HSB workforce that meets the cultural and clinical needs of clients was a major challenge in building the capacity of the sector.

Outside of the three agencies there is not a lot of specialist expertise. (HSB provider)

Increases to the capacity of HSB services require decisions about funding models. The evaluation of the kaupapa Māori HSB service pilot will help inform this decision.

A new national sexual harm helpline - Safe to talk - Kōrero mai ka ora

Safe to talk - Kōrero mai ka ora provides 24-hour helpline support.

Implementation

Safe to talk - Kōrero mai ka ora has been implemented through Budget 2016 and is operating as a business as usual national sexual helpline service:

- Systems to manage, coordinate and promote Safe to talk - Kōrero mai ka ora are in place.

- Promotion and marketing resources are being redesigned to be fit for purpose and increase reach to priority population groups.
- Workforce capacity and capability has increased through diverse backgrounds of professionals including Māori for the Safe to talk - Kōrero mai ka ora team.
- Staff training, supervision and quality controls have been established. Some further focus on supporting staff to work with population groups such as those with harmful sexual behaviours and supporting remotely located staff will continue to build the capability of the team.
- There are additional challenges for staff working across multiple health lines. However, the reality of Safe to talk - Kōrero mai ka ora client volumes means this is a necessary component of service delivery.
- The 24/7 availability of Safe to talk - Kōrero mai ka ora is taking the pressure off some SSHS providers and allowing them to discontinue some of the helpline support they previously offered to clients.

Effectiveness in increasing access to specialist services

- Callers are accessing Safe to talk - Kōrero mai ka ora for support and services for a range of reasons.

We have seen the STT service being used as a way to gain general information about how to support a friend, colleague or whānau member that has experienced sexual harm or has harmful sexual behaviours. (STT report to MSD)

- Callers can engage with the service and access support in an anonymous and non-confrontational way through phone, webchat, text and emails.
- Reach to Māori clients increased over the last quarter and is expected to further increase with the renaming of Safe to talk - Kōrero mai ka ora and redesign of the website.

Safe to talk - Kōrero mai ka ora makes a difference to clients

- Many callers want support 'in the moment' and do not wish to be referred to or connected with a SSHS provider.

[Callers] are less receptive to us actually doing a transfer through to another service or doing a formal referral, often they want to have a couple of options to think about it and then take that step themselves. (Homecare Medical manager)

- Safe to talk - Kōrero mai ka ora staff reported that callers felt less distressed by the end of a call and received all the support they required at that time. Callers could call back for additional support.