



**MINISTRY OF SOCIAL
DEVELOPMENT**
TE MANATŪ WHAKAHIATO ORA

Engagement Report

Sexual Harm Crisis Support Services

November 2019

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Family and Community Services Team

Acknowledgements

All sexual harm crisis support providers

Disclaimer

This report contains key themes only and as such will not necessarily reflect everything discussed as part of the meetings.

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Overview

In May, as part of Budget 2019, the Government announced investment of \$90.3 million over four years to strengthen support for victims/survivors and perpetrators of sexual violence.

Following this announcement, the Ministry of Social Development's (MSD) Sexual Violence Service Development team visited currently contracted Sexual Harm Crisis Support Service (SHCSS) providers throughout the country to:

- Outline the purpose of the Budget 2019 investment, and services covered
- Hear directly from providers about what is working well with crisis support services, current challenges, and potential future opportunities with increased investment.

This document summarises key feedback themes from this engagement.

This feedback, alongside work undertaken by MSD's Sexual Violence Service Development team, will inform our partnership and work programme approaches for the future direction of the sexual violence work programme, and allocation of Budget 2019 funding.

Budget 2019 summary: sexual violence services funding

Budget 2019 has invested \$90.3 million over four years to strengthen support for victims/survivors and perpetrators of sexual violence.

Funding will help to create a more integrated, efficient and responsive system for those affected by sexual violence, by continuing and building on sexual violence services implemented since Budget 2016. It will mean more people get the services they need, when they need them.

The sexual violence services investment over four years intends to support the following:

- cost pressure funding for sexual harm crisis support services
- services for male survivors of sexual abuse
- support services for victims/survivors of sexual violence going through the criminal justice system
- harmful sexual behaviour services
- concerning sexual ideation services
- developing Kaupapa Māori services for victims/survivors, perpetrators, and their whānau.

A full breakdown of funding, by service and funding type can be found in [Appendix one](#).

The Budget 2019 investment in sexual violence services aligns with and supports investment in a cross-government Joint Venture to respond to family violence and sexual violence. The role of the Joint Venture is to lead and coordinate the Government's response with iwi and communities to reduce family and sexual violence in a more integrated and coherent way.

Engagement approach

During July and August 2019 MSD's Sexual Violence Service Development team conducted face-to-face visits with all currently contracted SHCSS providers.

The visits were an opportunity for us to explain the purpose of the Budget 2019 investment and the services it would cover and hear directly from providers about what is working well with crisis support services, what the challenges are, and potential opportunities ahead with increased investment.

We talked about a client's journey through the response system, what good practice looked like, the capabilities a specialist sexual violence workforce requires, and what an effective service model could be.

Focus areas of discussion included:

- Gaining an understanding of each service and clients
- Service delivery
- Local relationships with other sexual violence service providers
- Workforce composition
- Data and reporting
- Funding and contracting
- Opportunities to explore

An engagement schedule can be found in [Appendix two](#).

What we heard – Key feedback themes

There were strongly consistent feedback themes reported by providers regarding current challenges, and potential opportunities to consider for the sector.

These are discussed in more detail in this document under the following theme groupings:

- Budget 2019
- Workforce
- Travel and remote/rural areas
- Training
- Staff
- Clients
- Relationships
- Data, Reporting and General Administration

Note: It is acknowledged that these are key themes only and as such will not necessarily reflect everything discussed as part of the meetings.

Budget 2019

Discussion focussed on the purpose of Budget 2019 investment and the services this would cover. We emphasised the purpose of F2020 crisis support funding on reducing cost pressures and meeting current demand, not about doing significantly more than what providers are already doing.

We advised providers of the increase they would be receiving in addition to what was already contracted - pending due diligence.

Feedback was largely positive with most providers indicating that additional funding would be used for staffing purposes.

Workforce

Challenges

Workforce was raised as a significant issue by all providers, in particular:

- Inability to compete with private practices and Government regarding salaries such as counsellor or social worker salaries.
- Difficulties attracting and retaining quality staff to rural/smaller sites.
- Time limited funding that prevents providers from being able to future plan or provide staff with job security.
- It was raised frequently that there is an unavailable sexual violence workforce in general.
- Several providers have used student placements in the past, however many have found this to be time and resource intensive. This was due to the time needed to train and support a student, which took staff away from supporting clients. Some clients were not comfortable with students sitting in on their sessions.
- The lack of child specialists within the sexual violence workforce was noted as a high need, as were people trained and experienced in working with harmful sexual behaviours.

Opportunities

- The increase in funding through Budget 2019 was viewed as an opportunity to enable providers to increase their number of staff, and/or more appropriately compensate them.
- Providers also felt now is the time for Government to move faster to address the existing workforce issues, which included pay scales to attract and retain staff, and to increase diversity.
- A strong desire for an increase in children and young person specialist sexual violence providers was also noted.

Travel and remote/rural areas

Challenges

- Providers travel as necessary (within reason) to deliver services in rural/remote areas, however noted that the travel time was time that could have been used to see more clients. Providers also felt that current funding did not acknowledge the true cost of travel (being both the cost of running a vehicle, and the staff member's time).
- Clients that live in rural/remote areas have limited access to services. This can be because of the client's limited ability to travel, or because providers are not able to provide a service close enough to a client's location.

Opportunities

- Providers recognised that new funding provided through Budget 2019 may address some of these issues.
- Some providers suggested that further exploration into potential technologies (such as Skype) is needed, and if used in the right and safe way could enable greater reach to those that might be geographically isolated.

Training

Challenges

- Limited training for workers in sexual violence was commonly noted. The training that is available may be difficult to attend for reasons such as:
 - **Location:** training opportunities are usually only available in the main centres, meaning it can be expensive for those in the regions to attend.
 - **Cost:** the cost of training can be expensive, which is further compounded by having multiple staff making up '1 FTE'. Providers are paying multiple registrations for their staff for the equivalent of 1 FTE worth of funding.
- An area of concern was the quality of the current training for social workers and counsellors. Lack of trauma training as part of the qualification curriculum was noted – it is either missing or an elective subject. Providers were concerned this meant people entering the sexual violence sector are missing vital information about how to respond to victims/survivors.

Opportunities

- The work being undertaken by Careerforce in developing more training options was raised by many as a positive and welcome initiative¹, as well as training on trauma developed by Te Ohaakii a Hine – National Network Ending Sexual Violence Together (TOAH-NNEST).
- Providers noted that there is also a need for training/information for the wider public about sexual violence. Opportunities include:
 - Public information/campaigns that destigmatise sexual violence.
 - Training for corporate organisations on good practice in handling disclosures in the workplace.
 - Training of judges and lawyers to help minimise repeat trauma to victims throughout the judicial process (it was noted that this was already in practice in some areas).
 - Working with police, including how best to handle indecent sexual assault incidents.
- Other identified opportunities included having a similar support day to the Child Protection Support Day held annually through Oranga Tamariki, digital safety

¹ https://www.careerforce.org.nz/our_sectors/social-services/

programme development and training, and looking at different ways to deliver therapy.

- Some providers raised the Social Work Study Award for NGOs that was previously offered by MSD. This has since been disestablished however was cited as useful in supporting workers in the sector to attain a formal qualification where they previously did not have one.

Many of these initiatives were identified as having the potential for a positive flow on effect for the sexual violence workforce issues noted above.

Staff

Challenges

- Providers reported that the majority of staff worked part time, this is considered best practice due to the nature of sexual violence services. Working full time contributes significantly to burn out.
- Most staff had some form of qualification – a volunteer workforce was not widely reported. Those that did have a significant volunteer backing usually were based in areas where it can be hard to attract and retain a qualified workforce.
- 24/7 coverage was noted as costly and resource intensive. Some providers have utilised the Safe to Talk helpline² in place of their own helpline and have found it responsive and very willing to engage. This has enabled providers to utilise their staffing resources more effectively, such as responding to a call out when needed.

Opportunities

- As already outlined in the training section of this report there are a number of training opportunities providers see their staff benefitting from. There is also a growing awareness of the need for hauora opportunities for staff.

Clients

- Clients that access SHCSS come from all backgrounds, ages, and genders. Providers noted similar themes for the clients that they are supporting:
 - Increased demand for services in schools.
 - An increase in referrals from universities.
 - An increase in clients presenting with multiple and complex needs.
- Many local mental health services also have a high threshold for referral, resulting in some providers feeling as though they are left to manage all the client's needs when they may not be the appropriate organisation to be dealing with them at the time.
- Providers noted that clients would often be referred on from mental health services to a SHCSS provider should the client have any history of sexual abuse.

² <https://safetotalk.nz/>

- Providers have seen an increase in demand due to both the #metoo movement and the Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions.
- Providers noted that the range of different communities they are working with all have unique challenges to be aware of that require different ways of engaging. Examples of the difference in communities include:
 - **Transient/seasonal worker communities:** These are based in areas with seasonal work, such as fruit picking, and can bring their own challenges. Clients may not be in the area for very long, and therefore providers may only have a limited time to work and support them, with little assurances of continuity of care when they leave the area.
 - **Migrant communities:** Some providers noted that their towns were refugee/migrant settlement towns. Engaging with these communities can be challenging, with migrants not necessarily knowing what social services are available to them, as well as cultural norms that might affect how they respond to issues related to sexual abuse.
- Providers were clear that regardless of background/community clients need to be supported, including support for their family/whānau as well as support to engage with the justice system and other social services.
- Resourcing whānau to be able to support victims/survivors has been an issue. However, the service offered by Victim Support³ allowing victims/survivors to apply for grants was viewed positively. This service is only available those who have reported to the Police. As some victims/survivors do not wish to, or are not ready to submit a police report, some providers have set up a similar, limited fund.
- There are still some groups that are not as well supported as they could be – for example there are few LGBTQI+ organisations providing support and they do not appear to have strong relationships or connections with one another. More proactive and available services for people with disabilities was also expressed as a high need.
- Obtaining client feedback has proved challenging for many. Reasons for this include it not always being appropriate at a point of crisis to seek this information, clients may not present again, or may not be willing or ready to comment. Guidance or options around this to support the sector with this was highlighted as a need.

Opportunities

Several suggestions were made for consideration in this area:

- Providers would like to see MSD develop or adapt client feedback surveys to be applicable for long-term clients, rather than seeking feedback from those clients who have experienced an immediate crisis.
- Build a 'one stop shop' where providers could expand their services to respond to their clients' needs within the same organisation rather than needing to refer. This would particularly help build trust with the clients.

³ <https://www.victimsupport.org.nz/get-help/support-after-sexual-violence-or-family-violence/>

- Groups for teenagers, post-care services and more services for men or men only days.
- Some providers have found that following up the crisis work with social work was helping to minimise depression with their clients and recommended this approach.
- Establish a fund like what is offered through Victim Support, to help resource clients and their whānau – particularly for those who do not wish to have police involvement.

Relationships

Overall, providers noted local level agreements were generally working well, with good awareness within communities of other services available in the regions. Providers told us of how they collaborate with other agencies to provide the necessary support to a client when it is not appropriate for the client to change providers, as well as to share limited resources.

Challenges

- Intensive and overly bureaucratic processes hindered the ability to get a client the right support and/or intervention. Some examples provided included criteria and wait times for other services such as the Integrated Service for Sensitive Claims (ISSC), and judicial processes.
- Unclear territorial boundaries are creating some challenges for providers especially in rural areas. Police and other agencies may not refer/contact the SHCSS service in their area which can lead to a disjointed experience for the client. For example, a local SHCSS provider is requested to attend a forensic medical, but the client is in another area/region so ongoing support needs to be referred out to another SHCSS provider.
- A better understanding/integration of services is needed. One example of this housing, particularly if it is no longer safe for a client to remain in a property and requires alternative housing with urgency.

Opportunities

Providers see deepening relationships and more collaboration as a big area of opportunity for the sector to meet emerging needs and as a reflection of the growing activity and learnings that can be shared.

- Although some work is being undertaken in schools, it was felt that more engagement with a preventative focus would be beneficial.
- Similar proactive approaches were suggested for other communities, such as disability services, refugee populations and Samoan communities. Alongside that, it was noted there needs to be better linkages with cultural agencies/services, particularly being able to call on translators when needed.
- Providers suggested that a way to keep up to date with all that is happening in the sexual violence sector would be beneficial. With several research projects and initiatives underway across the sector, providers didn't always feel particularly well informed and noted more coordinated communication around this would be welcomed. Examples provided included: promoting the awareness of Safe to Talk, updates on the performance of Safe to talk and a regular sexual violence symposium with both regional and national level meetings.

- Providers noted that expanding on who they partner with could lead to better community engagement and outcomes. An example provided was of a drop-in service for families and friends of clients who may need support, but either do not want to or don't feel they should attend a SHCSS centre. Local medical centres were suggested as an ideal location for discretion and convenience.
- Peer support groups of clients had been established by some providers and were seen to be a positive initiative particularly for clients not wishing or ready to seek counselling.
- With the geographical breadth of the South Island and many hard to reach places, the development of an overarching South Island strategy was suggested to help minimise the challenges faced. This would provide an overall picture identifying the different service pathways and how they connect, and where services are located.

Data, Reporting, and General Administration

The opportunities and challenges in this area were very broad and interconnected with a common issue highlighted as the need for better data on sexual violence in New Zealand, and in turn, better reporting to support this.

- Most providers have some form of client management system in place, with the Excess system the most common. Other systems used are: Consult One, Paua, Penelope, Excel, MS Access, while some are also paper based.
- Providers noted a lack of long-term contracts prevents planning certainty and creates a significant administrative burden determining annual funding allocations.
- Providers requested more feedback from MSD on their performance to ensure continuous improvement. In particular, providers were interested in how the information they supply as part of the terms of their contract is used to measure overall performance and what trends are emerging from the data the sector could benefit from knowing about.
- Providers welcomed any initiatives to reduce or further streamline reporting/regulatory requirements.

Next steps

For SHCSS services, our long-term objective is to fund and contract services in a way that is integrated and sustainable to ensure services are available for people when and where they need them.

The focus of funding for the next financial year (F2020) will be to ensure service continuity for victims/survivors and perpetrators of sexual violence while we carry out development work on individual services. Funding made available through Budget 2019 has been used to stabilise and continue contracts with current providers.

Work is now well underway to set the future strategic approach to guide the optimal way to effectively fund, procure and contract sexual violence services, to deliver on our goal of an integrated and sustainable sexual violence services system from 2021 onwards.

In addition to this, feedback from providers, summarised in this report, and ongoing work with the wider sector is already being used to positively shape our work programmes.

Individual workstreams are engaging with the sector on several areas to ensure ongoing feedback is taken into the development phase, and we look forward to continuing these relationships into the future.

Acknowledgements

The Ministry of Social Development's Sexual Violence Service Development team would like to thank all providers who took the time to meet with us and share your feedback on the challenges and opportunities in the crisis support sector.

What came through very clearly to the team during the engagement process was that the sector is run by dedicated individuals and organisations all committed to supporting victims/survivors of sexual violence to get the help they need, when they need it.

Your insights and experiences will play a valuable ongoing role in shaping the development of our long-term response to sexual violence.

Appendices

Appendix one: Full breakdown of funding, by service and funding type

Service type	Funding type	19/20 (\$m)	20/21 (\$m)	21/22 (\$m)	22/23 (\$m)	4 year total (\$m)
Increased access to sexual violence crisis support services for victims in crisis	Service delivery	5.38	14.915	14.915	14.915	50.125
	Design, implementation and evaluation	0.115	0.115	0.115	0.083	0.428
Services for male survivors of sexual abuse	Service delivery	1.438	3.374	3.374	3.374	11.56
	Design, implementation and evaluation	0.115	0.115	0.115	0.093	0.438
Court Support	Service delivery	0.104	0.943	1.885	2.828	5.76
	Design, implementation and evaluation	0.179	0.179	0.115	0.115	0.588
Services for people with harmful sexual behaviour	Service delivery	2.309	3.002	3.002	3.002	11.315
	Design, implementation and evaluation	0.115	0.115	0.115	0.093	0.438
Services for people with concerning sexual ideation	Service delivery	0.309	0.494	0.618	0.741	2.162
	Design, implementation and evaluation	0.179	0.179	0.115	0.115	0.588
Developing Kaupapa Māori services for victims/survivors, perpetrators, and their whānau	Service delivery	1.059	1.295	1.363	1.532	5.249
	Design, implementation and evaluation	0.475	0.475	0.410	0.345	1.705
Total		11.777	25.201	26.142	27.236	90.356

Appendix two: Engagement Schedule

Contracted SHCSS Providers		Date
Te Tai Tokerau	Te Whare Ruruhau O Meri Trust	13 August 2019
	Whangarei Rape Crisis	15 August 2019
	S.O.S Kaipara	16 August 2019
	Miriam Centre	15 August 2019
	Korowai Tumanako	6 August 2019
	Family Support	14 August 2019
Auckland	Counselling Services Centre	6 August 2019
	Auckland HELP	23 August 2019
	Family Action	23 August 2019
Central	Midlands Sexual Assault Support Services ⁴	5 August 2019
	Bay of Plenty Sexual Assault Support Services	6 August 2019
	Taupo Family Centre	7 August 2019
	Family Focus Rotorua	7 August 2019
	CAPS Hauraki	22 August 2019
Midlands	Wellington Rape Crisis	18 July 2019
	Wellington HELP	18 July 2019
	Wairarapa Rape and Sexual Abuse Collective	26 July 2019
	Hutt Valley Sexual Abuse Support & Healing	26 July 2019
	ARCS Manawatu	31 July 2019
	Whanganui Safe and Free	31 July 2019
	Te Ara Pae	15 August 2019
	WellStop	31 July 2019
	Rape Crisis Gisborne	31 July 2019
	Awhina Whānau Services	2 August 2019
Southern	Sexual Abuse Support and Healing (Nelson)	18 July 2019
	Sexual Assault Resource Centre Marlborough	18 July 2019
	Rape and Sexual Assault Healing Centre Westport	19 July 2019
	Te Puna Oranga Incorporated (Christchurch)	23 July 2019

⁴ Previously known as *Rape and Sexual Abuse Healing Centre*

	Aviva (Christchurch)	24 July 2019
	START (Christchurch)	24 July 2019
	Mid-South Island Women's Refuge and Family Safety Services (Timaru)	7 August 2019
	Rape Crisis Dunedin	12 August 2019
	Central Lakes Family Services ⁵	13 August 2019
	Southland HELP	13 August 2019
	Gore Counselling	14 August 2019

⁵ Previously known as *Wakatipu Abuse Prevention Network*