

Submission to Productivity Commission inquiry into 'More effective social services'

Part 1: Your contact details and response summary

Organisation Name:	START
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What geographical location does your response relate to?	Whole of New Zealand issue although specific experience is grounded in Canterbury
What group of people or issues is your response targeted towards?	Vulnerable children and young people specifically children and young people who have experienced Sexual Violence and their parents, as well as adults who have experienced sexual violence who are parents.
Does your response relate to a new service or modification of existing services?	Both

Part 2: Your submission

A: What works best to identify and engage the children and their families most at-risk of poor education, criminal justice and employment outcomes?

I would like to address a specific population group of vulnerable children and young people: victims of sexual violence.

Victims of Sexual Violence are known to potentially suffer a wide range of negative impacts on their well-being including difficulties with learning, physical and mental health, relationships and work. The Ministry of Womens Affairs research paper entitled 'Lightening Does Strike Twice' would indicate that people who experience Sexual Violence are also at double the risk of the general population of further victimisation across their life span.

In START's long experience of working with this client group we have become convinced that freely accessible, specialist support soon after the trauma event for the whole system/whanau can ameliorate the impacts and assist victims to recover their equilibrium and resume normal development. The lack of such specialist services throughout NZ can compound the victim's trauma impacts. Many of these children and youth do not enjoy educational success and consequently do not enjoy employment success.

Parents are often secondary victims when their children are sexually violated and need specialist support to manage their own distress as well as to parent their traumatized children.

Additionally, parents who have had their own experiences of sexual violence can suffer negative impacts on their parenting abilities that benefit from specialist support.

When parents with their own experiences of sexual violence have children who are also sexually violated START often observes a great deal of distress and negative impact on the capacity to parent well. This combination of circumstances is surprisingly common in our everyday work.

START would therefore suggest that all children effected by sexual violence, whether as victims or inappropriate behaviors, need access to specialist supports across their life journey as required. Some will need specialist support just once, others will benefit from episodic developmental 'top ups' as they encounter new concerns as a result of life milestones or circumstances (eg. Puberty, boy/girl friends, bullying, court cases, parental relationship changes, pregnancy, release of offender)

And/Or

B: How could existing services or supports be improved to make the biggest difference to children and their families at most risk of poor education, criminal justice and employment outcomes?

For example...

- how could existing services be better delivered? (this could include services directly provided by government, or by private or not-for-profit providers or other groups)
- what would need to change to improve the effectiveness of services for the most at-risk groups?

Please refer here to my submission to the Sexual Violence Select Committee made in 2013 on behalf of START where a proposed comprehensive response to sexual violence in NZ is mapped.

To the Social Services Select Committee on Funding of Sexual Violence Services

START is delighted to have this opportunity to address the topic of this select committee.

1. START has a long history of providing specialist sexual violence services. It was established in 1986 to provide services for those affected by Sexual Violence in the Canterbury region with a special focus on children and youth alongside their families.
2. START's practice model is specialist, systemic, integrated, collaborative and cognizant of international Best Practice.
3. Contracts with Child Youth and Family Services, ACC fees for service and continual fundraising have enabled START to provide counselling and consultation services free of charge to most users for over 27 years.
4. START's Government contracts have never covered 100% of the costs of the services. START is required to fundraise around 20% of its annual budget (\$90,000)
5. START cannot meet the demand for its services. Presently demand for counselling is around 150 % of capacity.
6. Sexual Violence prevalence is the subject of much debate however everyday START encounters people of all ages, ethnicities and socio economic groups who exhibit clear signs of sexual violence impacts and who need help to recover.
7. The harm caused by Sexual Violence is well researched and generally accepted as variable, potentially extensive, and comprehensive. This is an involuntary client group as they are victims of crime. It is START's belief that specialist recovery services should be widely and freely available as a result.
8. The financial burden to the New Zealand economy of the effects of Sexual Violence have been determined by Treasury to be the most expensive of any crime.
9. Research published in 2012 by the Ministry of Womens Affairs (MOWA) identifies a disproportionately high likelihood that victims of sexual violence will also experience further victimization in their lifetime. Sexually abused women have a 50% re-victimization rate, which is double the rate for those who have not been sexually abused. MOWA are developing some field trials to establish the effectiveness of interventions to interrupt the likelihood of re-victimization. START has participated in their discussions on design.
10. START's experience of best practice includes working with children, young people and adults as part of their family systems, employing highly skilled staff who have specific training and experience in child development and family systems, ensuring workloads are moderate enough to respond to the complexity of many cases, providing substantial staff support and monitoring, providing extensive professional development and maintaining strong collaborative relationships with other social, health and statutory services. START's staff also support clients to attend court cases, family group conferences, clinical assessments and provide family sessions. Some peer group work is offered but largely the work is with individuals and their family/whanau.

11. Such a model does not come cheaply but the demands of safety and complexity require such a comprehensive approach in our experience. START served 157 Counselling clients plus 109 Consultation clients plus 136 Education clients during 2012 for around \$450,000.
12. Best practice in the area of sexual violence in general addresses: universal primary prevention, crisis response, early intervention, short and long term recovery over the life course, family support, support through justice processes and comprehensive services for those who have engaged in harmful sexual behaviour.
13. Services need to reflect the diversity of New Zealand's service users (female, male, Maori, Pakeha, Pasifika, migrant, children, youth , adults, disabled, etc)
14. In START's view a continuum of care would commence with universal primary prevention then move to a comprehensive crisis response where all relevant professionals would work collaboratively (Police, CYFS, DSAC Forensic Medical examinations, Specialist NGO crisis services). Emergency housing would need to be considered and well trained and supported investigators are pivotal. The next stage of the continuum would be the provision of comprehensive recovery services. These would be high quality, accessible, specialist, nationwide, addressing secondary prevention, and connected to other social and health services. The final stage of the continuum would address longer term recovery needs for those with high and complex needs including psychiatric, employment, supported living etc.
15. **Appendix 1** gives a visual depiction of a possible Sexual Violence Service continuum.
16. There are many models that could be considered to achieve an integrated, collaborative approach to those affected by sexual violence and each community will need to find its own uniquely appropriate solution. Christchurch has some great examples of finding their own solutions to their unique community needs (eg. Right Service Right Time, Canterbury Family Violence Collaborative, The Alliance of 6 etc)
17. START is an active participant in Right Service Right Time, The Canterbury Family Violence Collaborative, The Alliance of 6 and Social Service Providers Aotearoa. These partnerships enable START to honour the complex needs many clients have.
18. Canterbury's present Response to Sexual Violence is depicted in **Diagram 1** which indicates the status quo alongside some of the identified gaps.

CANTERBURY'S SEXUAL VIOLENCE SERVICES AND GAPS

UNIVERSAL PRIMARY PREVENTION	CRISIS RESPONSE	COMPREHENSIVE RECOVERY SERVICES	HIGH AND COMPLEX NEEDS	HARMFUL SEXUAL BEHAVIOUR SERVICES
All About Me: Early Childhood Education, Keeping Ourselves Safe: Primary, Health Syllabus: Secondary. START: Individually tailored workshops for professionals and public. MSSAT Seminars. Te Puna Oranga seminars	CYFS/Police Joint Child Protection Team, Police Adult Sexual Assault Team, DSAC Cambridge Clinic: forensic medicals. Safecare: NGO Rape Crisis callout. Emergency housing via Womens Refuges.	START: Children, Youth, Adult, male, females, ACC counselling, group, consultations, support, advocacy. MSSAT: male, support groups, consultation, advocacy. Te Puna Oranga: all ages, males, females, counselling, support. Monarch: females, males, support, counselling. ACC accredited private practitioners: counselling	START: Counselling. MSSAT: casual support groups. CDHB: Mental Health services. Stepping Stones: Residential service for MH. ACC Accredited Counsellors.	STOP: early intervention, children, youth, adult males. Kia Marama (adult males) and Te Poutama Rangitahi (youth): limited entry incarcerated programmes.
GAPS	GAPS	GAPS	GAPS	GAPS
Not universal: AAM, KOS, Health syllabus. Police Education resources stretched/limited coverage, school participation voluntary. START coverage limited/ resources stretched.	Limited capacity in all services. No specialist child and youth rape crisis service.	Limited services for children and youth. START's waitlist 2-6 months.	MH services not Sexual Violence specialists. Significant liaison required. Corrections, Justice, Education, Health relationships need development.	STOP and incarcerated programmes all have limited entry.

19. The cost to address these identified service gaps in Christchurch have not yet been calculated however anecdotal information gathered would suggest that 2 steps would go a long way towards attending to the current demand: Firstly, Government contracts being increased to cover 100% of the actual service costs would stabilize the existing services and secondly, a 50% increase in capacity across the sector would enable service users to be seen in a timely manner.
20. The costs of NOT attending to these gaps is on-going misery for those affected by Sexual Violence, the continued high risk of their re-victimization, on-going potential criminal activity and general loss of life potential.
21. START is realistic about the fiscal constraints the Government is under but would advocate that a planned approach is taken to improve New Zealand's response to Sexual Violence. There has never been a planned, systemic approach so individual services have attempted to respond to their community's need as best their skills and resources permit. The result is a very patchy collection with inconsistent coverage nationwide. The sector is to be applauded for their achievements in spite of such circumstances but those affected by sexual violence deserve better.
22. A planned approach should lead to the supply of services meeting demand. In particular Crisis, Justice, Recovery and Harmful Sexual Behaviour (HSB) services urgently need to meet demand. Primary Prevention could move towards universal coverage as resources permit, bearing in mind that secondary prevention is undertaken by both Recovery and HSB treatment providers. The specialist Sexual Violence sector needs to be an integral part of any such planning by Government.
23. START has been told that children who are raped in certain districts of NZ receive no specialist recovery services as there are none available. Given that our prison populations are believed to have rates of sexual violence victimhood in the range of 80% for females and 60% for males it appears obvious that the lack of recovery services is costing our country a lot of money and grief. Likewise our mental health institutions are well populated by those affected by sexual violence. Gaps in service responses exist across all aspects of the continuum, with all services I am aware of running waiting lists.

24. Some 90% of child sexual abuse is perpetrated by people known to their victims, of which approximately half are family/whanau. The obvious negative implications for family, whanau, relationships and partnering are glaring. The impact on service provision is that whole family/whanau systems need support from services. ACC cover has not provided for this need historically and does not adequately provide for it at present. I am reminded of one START example that has some 9 members of a family with support needs as a result of the rape of a family member. Many services are not resourced to provide such a systemic approach but recovery for the Sexual Violence victim will be hampered by the distress of their immediate family if they do not receive support.
25. The Sexual Violence sector's response to the needs of their communities has depended upon passion, aroha and voluntary labour in many instances. This has resulted in a fragmented and inconsistent system. The client group is an extremely vulnerable one with low choice options and so the expectations of a normal market economy are not appropriate.
26. It is essential that NZ does not have a 'one size fits all' single service response and that users have choice to reflect their diversity. Services must be client centric, accessible and with low transaction costs. Just as we do not ask citizens to pay for Accident and Emergency Department services START believes Sexual Violence services should also be free of charge to the user.
27. Services must be of a high quality and give the best return on the Government's investment and thereby require appropriate and robust measurement tools. There has been little opportunity to thoroughly research and develop services to date due to the dire funding constraints. Further service development would be welcomed by the sector in the interests of providing excellent services to users.
28. Our own service some years ago instigated the standard use of an internationally recognized psychological tool, the Briere Trauma Symptom Inventory, as a pre and post measure with counselling clients. Early results show improvements in all age groups by way of a diminishing of trauma symptoms post treatment. This useful process was only made possible because a local university professor donated his time to START. Most services do not enjoy such a luxury.
29. Alongside this scientific measure, START gathers narrative feedback from clients which indicates that the interventions are valued and helpful. Some samples are attached in **Appendix 3**
30. The following Chart describes some possible Outcome Measures for the sector's efforts. This could assist some collective measurement of effectiveness of the interventions engaged. It would better enable us all to chart progress towards the elimination of Sexual Violence in NZ.

POSSIBLE OUTCOME MEASURES

UNIVERSAL PRIMARY PREVENTION:

- > % of population receiving pre/school education based programmes
- > Number of social marketing prevention campaigns delivered
- > Gains made in public awareness as measured by pre and post testing

INTEGRATED CRISIS RESPONSE:

- > Demand driven services match needs/demand as measured by response times across all of partners involved (Police, CYFS, DSAC, NGO Crisis service)

COMPREHENSIVE RECOVERY SERVICES:

- > Effectiveness measured by timeliness of response plus amelioration of symptoms as measured pre and post treatment.
- > Collaborative relationships with general health and social services well embedded.

HIGH AND COMPLEX NEEDS SERVICES:

- > Measured by levels of rehabilitation in daily functioning.
- > Diminishing of hospitalizations for Mental Health
- > Diminished suicide rates

COMPREHENSIVE SERVICES FOR THOSE WITH HARMFUL SEXUAL BEHAVIOURS:

- > Diminished re-offending rates
- > Approved programme completions

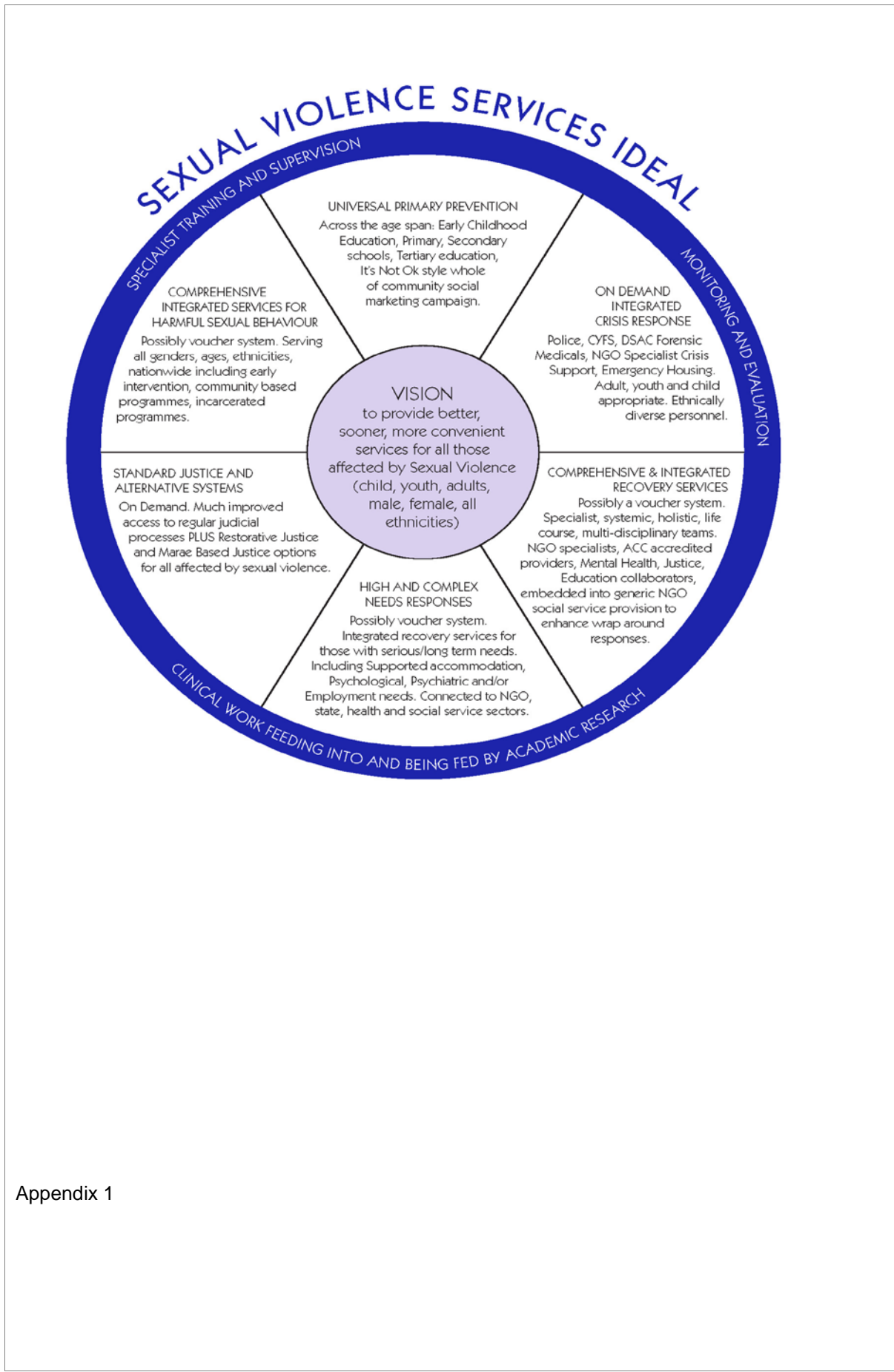
STANDARD AND ALTERNATIVE JUSTICE PROCESSES:

- > Timeliness for all processes (standard, Restorative Justice, Marae based Justice)
- > Increased reporting of sexual violence

31. The impacts of sexual violence are multi-dimensional and have an effect over the life course. Services need to be flexible and nimble and able to respond in a variety of ways. Children who might attend our service as 2 or 3 year olds will need extensive support from their parents at that age. Those parents often need to be assisted to recover from their own secondary traumatization about their child's abuse to enable them to support their child to heal. That same child might have different recovery needs as a 9 year old with perhaps the change to a new school or the re-entry of their offender into their community or family. They might again need some further support at puberty when sexual development is normal. Partnering and/or Childbirth can lead to further reminders and distress. Another child may seek help just once and never have a re-occurrence of concern. Individually tailored responses are necessary.
32. It is START's experience that victims have the best opportunity to recover if their disclosures are taken seriously, they are supported, kept safe, allowed the space to work through their unique response, able to integrate their learning into their everyday life, offered the opportunity to return to services if/when they feel the need, and are able to be rehabilitated to their pre trauma functioning. Given the implications of the serious loss of trust in others that victims experience, many will be slow to engage with support services. It is important they are given the time they need.
33. Children and others waiting 4-6 months to receive services following a traumatic incident have too much time to stew on their trauma and embed any unhelpful responses. Prompter responses would lessen the integration of negative effects and assist recovery.
34. The long waits and trauma involved in completing the judicial process can also be very detrimental to recovery as the victims are unable to 'park' the incident until the court tasks are completed.
35. Greater capacity in existing services is possible with greater resources. There is also scope for some new service developments which could increase choice for users and provide variety.
36. The provision of services via ACC is extremely complex and time consuming but an important option for users. It is hard to determine if the process is cost effective as the administrative tasks are very cumbersome. START is only able to provide its services free of charge to users via the income from ACC fees and CYFS contracts combined with consistent fundraising. Neither Government funder covers all of the costs of the work. CYFS contracts are specifically contributory funding which is a stance START is philosophically opposed to. Many of our service users are in no position to pay the costs of the services and have already paid a high price with their bodies and minds. Time spent on fundraising could be much better spent on service provision.
37. It is START's strong hope that the Select Committee will recommend a comprehensive plan is developed that would see all ages, all genders and all ethnicities of people affected by Sexual Violence receiving appropriate high quality services near to their home districts and free of charge.
38. Services in the crisis space need to be demand driven but recovery services could operate on a voucher system whereby a professional assessment of individual need would result in the provision of vouchers to 'purchase' services of choice. Service providers could be accredited by a Government department for quality assurance in much the same way that the present MSD accreditation and auditing processes operate.

39. START believes there is much in the Sexual Violence sector that can be built upon and that NZ can turn the tide on this serious and costly issue if Government contracts provide funding that covers 100% of the actual service costs. Present resourcing hampers staff development and retention which in turn compromises service quality and continuity. The costs of NOT attending to Sexual Violence are high for our society.

We thank you for the opportunity to speak about these issues and commend the Government for establishing this inquiry.



Appendix 1

Appendix 2.

1. START has continued to provide specialist sexual violence services throughout its 27 year history serving thousands of people during that time. During that time START has developed a strong and positive reputation for understanding the needs of victims of sexual violence, especially children and youth with such experiences.
2. START contracts with Child Youth and Family Services to provide specialist recovery counselling, public consultations and community education regarding Sexual Violence and its prevention. START also employs ACC Accredited Counsellors so that fees for services can be garnered to subsidize the cost of services. START offers its Counselling and Consultation services free of charge to users and provides free or low cost education to the wider public and professional community.
3. START approaches its work from a systemic model which includes family, whanau and other professionals. START is strongly embedded in the local and national NGO social service sector via Social Service Providers Aotearoa (SSPA) and the national Sexual Violence sector via TOAH-NNEST. START views such an integrated approach as pivotal to best practice and dedicates considerable staff time and effort to developing and maintaining such relationships in the interests of the service users.
4. Demand for START's services has required waiting lists for counselling clients in all of the 19 years I have been its Manager. This is a direct result of resource limitations. Whilst START is not a crisis service, waits of 2 -6 months for counselling interventions is far from best practice yet unavoidable under present resourcing. START cannot meet the present demand for its services.
5. The impacts of The Canterbury Earthquakes have exacerbated existing waiting times due to our accommodation limitations.
6. START has been able to maintain it's free to client service via its High Trust Contract with CYFS, ACC fees for service and continual fundraising from Philanthropic Trusts, Local Government, Lotteries and the like.
7. The debates about prevalence of Sexual Violence rage throughout the world as well as here in NZ but **no** current statistics indicate it is less than 10% and many find it is closer to 25% for females and 12.5% for males. David Fergusson's internationally reputable longitudinal study based in Christchurch found 10.2% disclosed a sexually abusive experience by age 18 with further disclosures unfolding as the cohort aged. T
8. The numbers of people who have experienced Sexual Violence that are known about already cannot be served by existing provision let alone the greater demand that is likely to result from greater education and awareness. I would suggest that increased service provision resourcing is inevitable.

Yours faithfully
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Whilst some matters have changed (eg. ACC SCU's new approach, a local Crisis Service closed down) since this submission was written much remains the same.

And/Or

C: What issues or problems are not currently being addressed that increase the risks to some children of not achieving in education or employment?

For example...

- what are the particular issues in your community?
- are there any services needed which aren't currently available? What are they?
- are the underlying causes of poor outcomes being addressed?

START runs a considerable waitlist due to resource constraints: both financial and human. The result is that children and youth who have experienced sexual violence trauma may wait many months to receive support services. This delay leads to the entrenchment of cognitive distortions about the abuse, their role in it, and behavioural signs of stress. It can also leave secondary victims (parents/caregivers) struggling to parent effectively.

There are few specialist parent services to help them manage their reactions to the abuse and the sometimes difficult behaviours of their children.

There is also a dearth of specialist kaupapa Maori services nationwide for this particular issue.

And/Or

D: What new interventions, services or arrangements could make the biggest difference for at-risk children and their families?

For example...

- what existing models used in New Zealand or internationally could be used in your area?
- how can services respond to the complexity and diversity of family circumstances?
- how can the government better target and measure results for at-risk children and their families? (eg, through outcomes-based contracts)

I understand that access to specialist sexual violence services is a problem nationwide with particular gaps in services specialising in serving children and youth. The ACC SCU changes of late will address some of these gaps but there is still a lack of specialist trained children/youth workforce which needs to be addressed.

If we think about this issue from a service user's point of view I would suggest that free access to a range of high quality services that demonstrate effectiveness and flexibility in their response models would be important. I would also suggest that service users deserve an easily accessible information hub so that they can make informed decisions about the services they can choose.