

Identifying Gaps in Data Collection Practices of Health, Justice and Social Service Agencies Serving Survivors of Interpersonal Violence in Peel.

A Pilot Study

Peel Institute on Violence Prevention

Preliminary Analysis

May 2015



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Background

Peel Institute on Violence Prevention is conducting a multi-phase study to generate empirical evidence on some of the priority issues pertaining to interpersonal violence services in the Region of Peel. The Institute's goal is to promote evidence-informed practice and to address issues such as service navigation, connectivity and effectiveness.

Objectives

1. Understand the scope of services available for survivors of interpersonal violence in the Region of Peel.
2. Survey data collection practices of a cohort of agencies providing services for survivors of interpersonal violence in the Region of Peel.
3. Establish standardized method of data collection for agencies providing services for survivors of interpersonal violence in the Region of Peel.
4. Conduct research on best-practices to support community-based agencies.
5. Establish standardized mechanisms to evaluate services for survivors of interpersonal violence in the Region of Peel.
6. To promote community engagement and service-level transformation through inter-agency dialogue and collaboration.

Pilot Study Overview

1. What is the state of current data collection practices of Peel agencies serving Survivors of Interpersonal Violence (SOIV)?
2. What are the perceived deficiencies, barriers and required improvements in the current data collection practices according to Peel agencies serving SOIV?

Methodology

- Regional Scan
- Survey Questionnaire
- Interviews

Regional Scan Results

- 69 organizations identified
- 25 organizations provide direct services to SOIV

Full
Questionnaire &
Interview

Partial
Questionnaire

Target: (12 agencies)

(13 agencies)

Results: Current State

Full Questionnaire:

12/12 Agencies Completed

Interview:

11/12 Agencies Completed

Brief Questionnaire:

10/13 Agencies Completed

Results: Survey Reference Data

Data Items Collected By Service Providers

1. Data about Service users: 52 Variables

2010 Census Canada demographic data variables

Data Type	# of Variables
Demographic Data	26
Health Data	4
Violence/Abuse Details & History	4
Services Used	18

2. Data about Services offered: 44 Variables

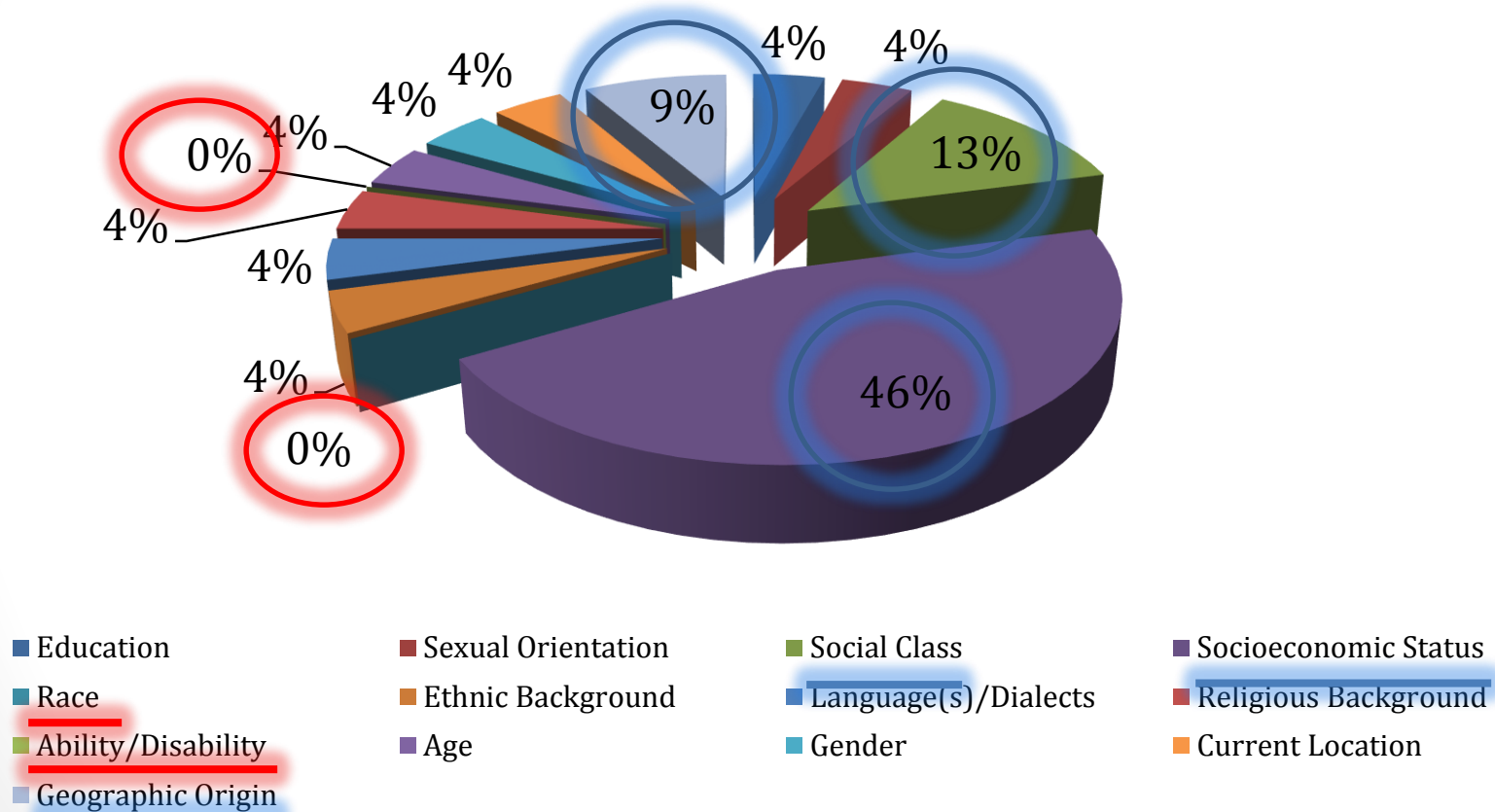
2014 Statistics Canada, Victim services survey, types of services offered directly by victim service agencies

Data Type	# of Variables
Services Provided	44

Results: Reference Data

Data About Service Users: Demographic Data

Distribution of Social Determinants Covered by Census Canada



Survey Findings

Results: Agency Survey

Agency Reported Purposes of Data Collection

Purpose of data collection	# of organizations (n=12)
Internal purposes	11
Funder requirement	9
Individual case charts	5
Other ¹	3

1 Other purposes include: Case management, Assists with identifying outreach needs and assists with informing requests for new funding for programs

Results: Data Items Collected By Service Providers (n=12)

Data About Service Users: Demographic Data

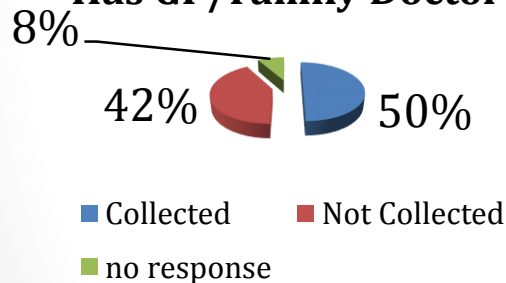
- 23/26 variables covered in data collection
- 2/26 variables consistently collected across all agencies
 - **Date of Birth and Age**
 - **Sex/Gender**
- 19/26 variables collected by less than 50% of agencies (0%-42%)
 - Underrepresented Demographic Variables:
 - **Social Class and Socioeconomic Status** (0% - 58%)
 - **Education** (33%)
 - **Geographic Origin** (25%)
 - **Sexual Orientation** (8%)
 - **Ethnic Background** (58%)
 - **Religious background** (17%)
 - **Immigration Status** (33%)

Results: Data Items Collected By Service Providers ($n=12$)

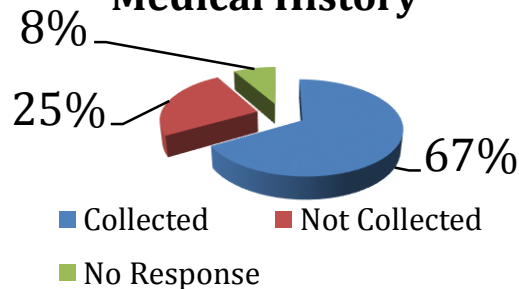
Data About Service Users: Health Data

- **100%** of variables covered in data collection
- **0%** of variables consistently collected across all agencies
- **75%** of variables collected by 50% or more agencies (50%-75%)

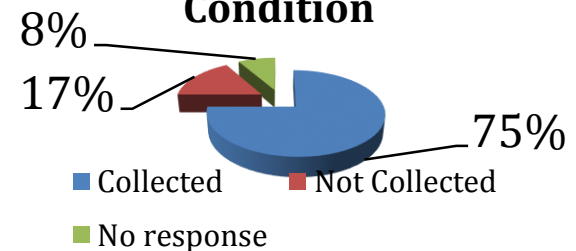
Has GP/Family Doctor



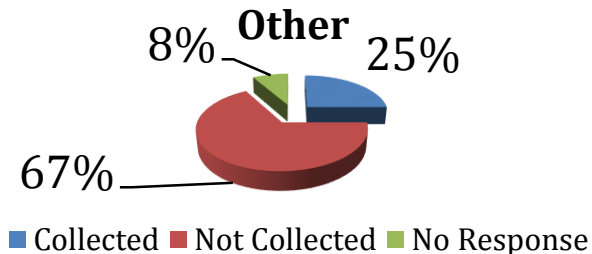
Medical History



Present Health Condition



Other



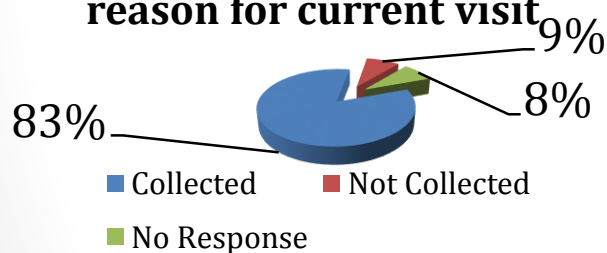
- Mental Health
- Substance Use

Results: Data Items Collected By Service Providers ($n=12$)

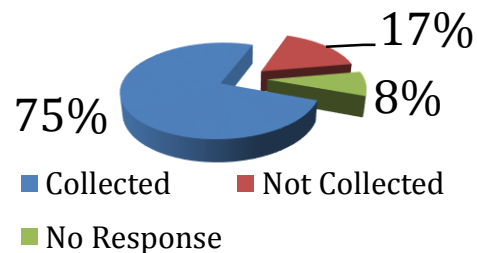
Data About Service Users: Violence/Abuse Details and History

- 100% of variables covered in data collection
- 0% of variables consistently collected across all agencies
- 100% of variables collected by more than 50% of agencies (67%-83%)

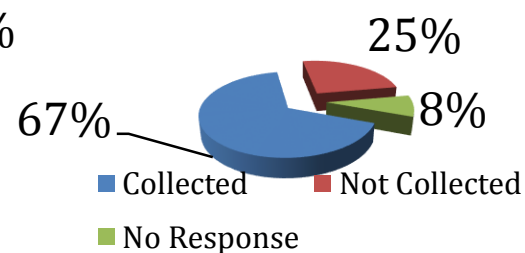
Type of V/A which is the reason for current visit



Past History of V/A



Type of Previous V/A



Treatment and Action(s) Taken

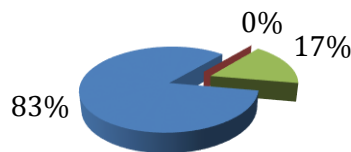


Results: Data Items Collected By Service Providers ($n=12$)

Data About Service Users: **Services Used**

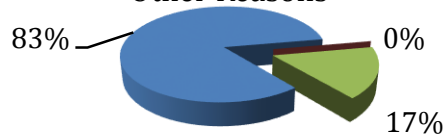
- **100%** of variables covered in data collection
- **0%** of variables consistently collected across all agencies
- **61%** of variables collected by 50% or more agencies (50%-83%)

Accessing Other **Healthcare** providers for Current Reason or for Other Reasons



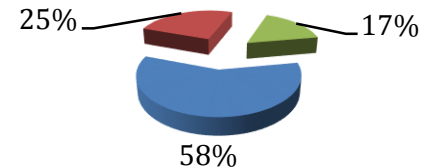
■ Collected ■ Not Collected ■ No Response

Accessing Other **Social Services** providers for Current Reason or for Other Reasons



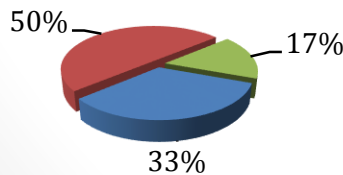
■ Collected ■ Not Collected ■ No Response

Accessing **Legal or Justice Services** for Current Reason or for Other Reasons



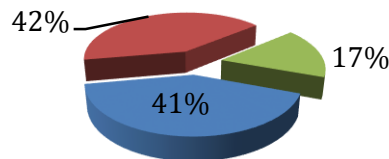
■ Collected ■ Not Collected ■ No Response

Are there any **Health Services** Desired but not Accessing?



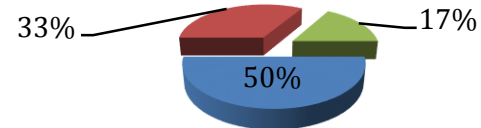
■ Collected ■ Not Collected ■ No Response

Are there any **Social Services** Desired but not Accessing?



■ Collected ■ Not Collected ■ No Response

Are there any **legal or justice** services Desired but not Accessing?



■ Collected ■ Not Collected ■ No Response

Results: Data Items Collected By Service Providers ($n=22$)

Data About Services Offered: **Services Provided**

- 9% of agencies provide 98% of services explored
- 50% of agencies provide less than 50% of services explored
- 34% of services are commonly provided by more than 50% of agencies (55%-95%)

Commonly Offered Services

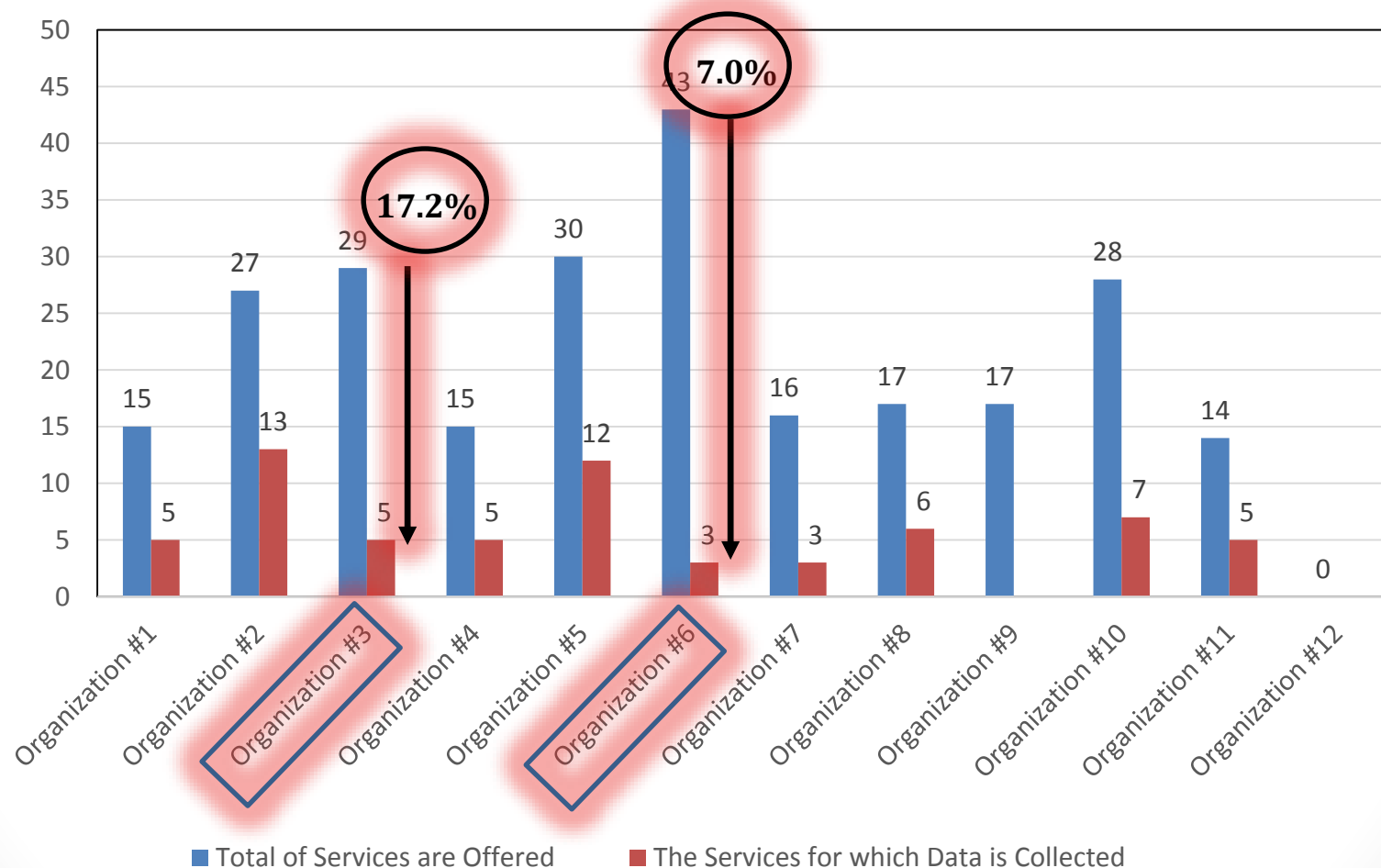
- Safety Planning – immediate (95%)
- Safety Planning – long term (82%)
- Public Education (82%)
- Crisis Intervention (82%)
- Crisis Counselling (82%)
- Emotional Support (91%)
- General Information (91%)

Less Commonly Offered Services

- Conflict Resolution (23%)
- Counselling , Couples &/or Family (23%)
- Court Orientation and/or Information (23%)
- Self Help or Peer Support Group (27%)
- Shelter or Housing – Emergency (27%)
- Shelter or Housing – Long Term (27%)

Results: Data Items Collected By Service Providers ($n=12$)

Services Offered vs Data Collection Differential



Agency Interview Findings

What the Interviews tell us...

Funders determine main data needs and the data base to be used-Funders receive reports ranging from monthly to annually

- Funders:
 - MOHLTC (Violence against Women Initiative, Francophone services availability and usage in Mississauga), COMSOC, LHIN, Ontario Network, Ministry of Attorney General, Region of Peel, Status of Women, United Way, Canada Immigration Centre, charities, own fundraising
- Examples of data bases used:
 - Women in Safe Housing Database System (WISH), CATALYST, Excel spreadsheets, OCAN (mental health clients), Catalyst, CRMS, OCMS, OCASE

What is collected...

- Who
- Numbers
- Referral source
- Why
- Demographic data (age, birthdate, gender, employment, housing)
- Descriptive (ex. police involvement or not, sexual assault kit)
- Collect enough to be able to do case management

What Agencies are saying...

“We are not collecting enough of ‘right’ data needed to plan care ex. sexual orientation, where clients come from in the community, info related to cycle of violence”

What Agencies are saying...

“Funders want to know for instance how many clients, how many hours were spent in individual counseling sessions, how many hours were spent in group counseling sessions, how many participants were in the group, there’s a huge spreadsheet.”

What Agencies are saying...

“We don’t get to spend a lot of time on evaluation, so that would be great if there was resources allocated to that.”

What Agencies are saying...

“...what I would love is a more targeted approach such that agencies are on the same page around what data is useful...such that each agency, regardless of funder, is collecting the core data that would be useful regardless of the stipulations of the funder.”

What Agencies are saying...

“... when people start going down the path of collecting data the answer is to keep collecting more and more data. But if you don’t have a plan of how you’re going to use it, not just at the agency level, but I think really as a system, then you really have to ask yourself, ‘what’s the purpose of collecting it?’”

Referrals and Data Sharing...

- All say they make referrals, set up contact then done, information sharing limited
- 'No follow-up' after referral ranging to '6 month follow-up'
- 'Privacy' seen as an impediment to sharing information

“Is there any information about the client that’s coming back to you in any way? Not usually. Unless again there’s a specific reason for that information to come back or if the client is still accessing services with us, it may be relevant to remain in that contact loop but for the most part, no.”

“Privacy” not well understood

“We make a referral, this woman goes to you, and then you have to go over all this data again...this poor woman has to disclose the entire thing to me, and then she goes through the entire thing again. To a greater extent, I think that becomes a nightmare because if you are referring her to a lawyer, she has to repeat her story. Now she goes to the welfare office to apply for financial aid, she has to repeat the story. She goes to housing to fill out an application for social housing, she has to repeat her story. Then she goes and sees a psychiatrist or a medical doctor, she repeats the story.”

Evaluating Services...

- Many reported doing surveys with clients in order to evaluate the service
- “Client Satisfaction” is the most common information collected
- Evaluations are done after educational sessions
- The need for outcome measures was identified

“We don’t get to spend a lot of time on evaluation, so that would be great if there was resources allocated to that.”

Staff Training...

- Several comments indicated the amount of education/training bring to the job is increasing
- Training also takes place after joining the agency
- Topics vary:
 - Updates on data collection
 - “every month they go through training” (cultural competence)
 - Self defense
 - “Vicarious Trauma”
 - “Working with Mental Health and Addictions”

Awareness of Social Determinants of Health...

- People are aware of
 - Gender
 - Culture
 - Poverty
 - Housing
 - Language (a factor in communicating, how proficient in English? Is someone available to speak their language if other than English?)
- NOT aware of
 - Income and income distribution, education, unemployment and job security, employment and working conditions, early childhood development, food insecurity, social exclusion, social safety network, social environment, physical environment, health services, aboriginal status, race, disability, personal health practices and coping skills

Informants also told us...

- Data and how it is collected changes, often driven by

“Virtually every two years, it has changed from 1 form to 2 forms. Now I think we have 8 pages form.”

- Each change requires training on a new system.
- Some data are not ‘kept’. This varies by agency.

“There is very minimal information kept about a women after a woman has left.”(shelter)

Unmet needs and questions...

- Need for services for abusive men
- Need for long term counselling services
- Evidence to base interventions on is needed
- Need for evaluation
- Politics can impede (ex. federal change to census data collection, federal changes impacting not for profit groups and charities)
- Sometimes the data required by funders does not make sense to service providers
- Data on how many people unable to access needed service
- Are we reaching the people we should be reaching?

Bringing it together...

- Getting the right data is important
- There is a desire to make services better
- People are aware of services needed but not in existence ex. Counselling for abusers
- Funding and data reporting practices support silos rather than a seamless system that is client focused
- The interviews are congruent with the survey

Discussion

- Predominant focus of data collection is predominantly to satisfy funder requirements
- Inconsistencies in data collection practices amongst agencies
- Absence of key demographic variables in the data collection practices of agencies
- Service provision in the absence of meaningful data collection
- Predominantly episodic incident-based service provision
- Absence of critical person-focused assessments
- Collective desire to improve data collection practices and move towards standardization
- Siloed approach to service provision

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Academy of Medicine
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Thank You

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