

Snapshot

Integrated Safety Response (ISR) evaluation: emerging findings

CONTEXT

The family violence Integrated Safety Response (ISR) pilot was officially launched in Christchurch on 4 July 2016. A second pilot site (Waikato) came into operation on 25 October 2016. The ISR pilot is part of the Government's broader programme of work on family violence and sexual violence.

ISR takes a whole-of-family and whānau approach to consider the safety of adults and children experiencing violence, and to work with people that use violence to prevent further harm. By combining dedicated staff, funded specialist services, and an intensive case management approach, ISR seeks to create better outcomes for high risk families.

The majority of funding under ISR is invested in non-government organisation (NGO) services.

The first evaluation of ISR was undertaken in 2017. It found evidence of families and whānau feeling safer and experiencing improved wellbeing. Areas for further development in ISR included: responsiveness to Māori, family and whānau-centred practice, and resourcing for services.

ISR has continued to evolve as it has been piloted. All agencies and partners involved in ISR are committed to continuous development and learning to find the most effective ways of supporting those families and whānau affected by family violence.



EVALUATION

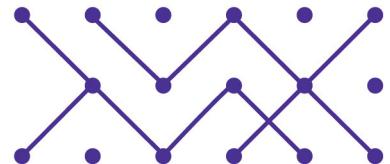
The evaluation of ISR is being carried out by a kaupapa Māori team and a research team led by Dr Elaine Mossman. A reference group comprising research experts provide critical review of methodologies and results.

The evaluation is made up of six components, which capture the voices of families, whānau, people that experience violence, people that use violence, and providers:

1. Process evaluation including qualitative interviews and a survey of community providers and government involved in ISR
2. ISR policy review
3. Cost-benefit analysis
4. Kaupapa Māori evaluation
5. In-depth 12-week case review
6. Re-offending and re-victimisation analysis.

The emerging findings show that the ISR is making a positive difference for many families and whānau. The evaluation also identifies opportunities that build on current results.

The final evaluation is due in the coming months of 2019. This snapshot provides key emerging findings to date.



FINDINGS

ISR is making a tangible difference for families and whānau

- Māori who experienced violence in ISR sites had an 18% reduction in family violence offence related re-victimisation compared to matched controls from non-ISR sites.
- 90% of survey respondents (community and government ISR participants) indicated the pilot was “effective” or “very effective”, and 80% saw ISR as having a good return on investment.

- One-third of high risk cases included in the 12-week case review were de-escalated to medium risk, and two-thirds of cases had no further family violence episodes reported to Police.



Families and whānau involved in ISR feel safer and are accessing support services

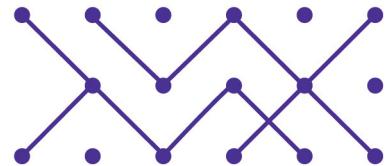
- People experiencing abuse feel safer after involvement in ISR, based on qualitative interviews and self-assessments of involvement in ISR.
- 93% of survey respondents indicated that there is sufficient focus on women’s safety under ISR (“definitely yes” or “probably yes”), and 75% agreed or strongly agreed that women feel safer.
- Reports of less serious family violence incidences have increased, most likely due to families and whānau activating their safety plans and being more willing to seek help, as indicated by quasi-experimental research data.

- Of those people who use violence who were initially referred to ISR, at least 50% received support, including mental health services, stopping violence programmes, alcohol and drug counselling, and support with sentence compliance (based on the 12-week case review).
- At least 73% of people that had experienced violence received support, including safety alarms, safe housing, counselling, legal support, parenting programmes, safety programmes, alcohol and drug programmes, and mental and physical health support (based on the 12-week case review).

There have been significant improvements in responsiveness to Māori and support of whānau-centred practice

- Kaupapa Māori evaluators reported significant improvements in responsiveness to Māori compared to the first evaluation.
- Kaupapa Māori evaluators reported that service providers felt their expertise was valued and they were supported in their use of whānau-centred practice.

- 78% of survey respondents agreed or strongly agreed that once engaged, family and whānau members are able to have significant input into the development of their plans.



The overall results from the evaluation show continuing improvement in processes, capability and collective responsibility, aiding safe and effective integrated responses

- Collective effort and responsibility has improved, resulting in an improved and more coordinated response from organisations to support people affected by family violence.
- Opportunities for capability building have improved, including through the development of a new E-learning platform.
- ISR core processes have improved, including information sharing, triage, case management, coordination and collaboration.

Other notable findings:

- 90% of respondents felt information sharing was now "much better" or "better".
- 88% of survey respondents believed ISR information sharing kept families and whānau safer.
- 88% of survey respondents reported collaborative working and trusting relationships were "better" or "much better" with ISR.
- 82% of survey respondents said risk assessments under ISR were more accurate.
- 72% of survey respondents felt the efficiency of case management has improved.

Areas for further development of the ISR model

- Providing more opportunities to work with tāne and those who use violence
- Integrating ISR (crisis response) into the wider family violence system (prevention / early intervention / long-term recovery)
- Funding for prevention, longer term services, service gaps, and to service larger volumes within the wider system
- Expanding referral pathways and providing more resourcing to community responses
- Improving data collection and outcome measurement
- Continuing to build community partnerships
- Improving the effectiveness of the integrated response in rural areas
- Providing more focus on integrated responses for children and youth.

NEXT STEPS

The draft final evaluation report is due for completion in mid 2019.