

Evaluation of the impact of Budget 2019 funding on the harmful sexual behaviour service for non-mandated adults (2024)

Dr Jacinta Cording, Dr Edmond Fehoko, Kelsey Morrison, Dr Jarrod Gilbert, Sarsha Sivanantham and Karen Farrell.

Background

Budget 2019 (Budget-19) announced \$90.3 million of funding over four years for the Ministry of Social Development (MSD) to invest in sexual violence services. A range of sexual violence services and initiatives received funding from Budget-19, including \$11.3 million of new funding for the delivery of the Harmful Sexual Behaviour Service for non-mandated adults (NM-HSB Service). MSD funds four providers to deliver the NM-HSB Service, including one kaupapa Māori provider and three 'mainstream' providers. Engagement with NM-HSB services is voluntary and providers offer specialist behaviour change and therapeutic services in a community setting for people who have engaged in harmful sexual behaviour, whether or not these behaviours have come to the attention of formal authorities.

The overarching aim of the evaluation was to explore how NM-HSB Service frontline staff and service users are experiencing the impacts of the Budget-19 funding, and the impact on sector integration. It was commissioned by MSD in February 2023 as part of a broader work programme evaluation the impact of Budget-19 funding on four specialist sexual violence services. The wider evaluation programme focused on how the funding has been used by recipients to build capacity and capability, and to improve inter-agency collaboration and referral pathways. It also focused on the associated impacts for people affected by sexual violence.

This document provides a summary of the findings. The full NM-HSB Service evaluation report can be found on the MSD website.

Methodology

The three mainstream agencies were the focus of the evaluation. These agencies are based in Christchurch, Lower Hutt, and Auckland, and each service large geographical areas from these main hubs. The evaluation used a qualitative approach that was supplemented in a couple of areas with insights drawn from quantitative administrative reporting to explore the experiences of the Budget-19 funding for both service users and frontline staff. The evaluation received ethics approval from the University of Canterbury Human Research Ethics Committee. The methods used included:

- Evaluation co-design hui with representatives from the providers and MSD.
- A document review.
- Individual or groups interviews with 21 provider staff, including service managers, clinical leads and clinicians.
- Individual interviews with 14 service users and three interviews with family or whānau members of service users.
- Sense-making hui with representatives from the providers and MSD to test emerging findings.

The semi-structured individual or group interviews were conducted in person or online. The qualitative data was thematically analysed and the key evaluation questions were used to guide the identification of key themes. A limited number of quantitative insights sourced from a review of administrative quarterly reporting data related to service access and provision for non-mandated service users were also used.

Limitations

The key limitations for this evaluation included:

- The approach used, alongside the complex funding environment for SV services, makes it difficult to determine whether the impacts and outcomes reported by participants are a direct result of the MSD Budget-19 funding.
- The relatively high turnover in clinical staff since 2019 created challenges for understanding the experiences of the impacts of Budget-19 funding.
- Due to the necessity of collaborating with NM-HSB providers to recruit service users and their whānau, the evaluation likely did not fully capture the perspectives of those whose experiences with the NM-HSB service were less positive or did not meet their needs.

The full report provides suggestions for future evaluations, including the incorporation of quantitative methods to measure the precise impact of the funding.

Key Findings

Budget-19 funding has supported significant expansion of NM-HSB services, although there are ongoing issues with levels of demand and waitlists

NM-HSB services have experienced significant expansion across Aotearoa New Zealand since the provision of Budget-19 funding, leading to the establishment of at least five new satellite sites beyond the main hubs in Christchurch, Lower Hutt, and Auckland. Through the Budget-19 funding, since July 2019, providers have also been funded to deliver psychosocial support for service users, including assistance with daily issues such as food, petrol, employment and budgeting. This expansion, along with the removal of co-payment for the service and provision of financial support for transport, has increased accessibility for non-mandated service users in smaller or more remote areas, although consistent face-to-face service access remains limited outside main centres. Challenges also persist in sustaining staffing levels and recruiting qualified staff in these smaller or remote regions.

Although some providers report keeping up with demand, the high level of demand for NM-HSB services, particularly from those with online HSB histories, has added pressure on NM-HSB providers, necessitating continued growth in services. While wait times have improved particularly over 2023-2024, they remain subjectively long for some users, who often experience high levels of psychological distress and ongoing issues managing their HSB while waiting for formal assessment and treatment to begin. Recent innovations, such as psychoeducational support groups for waitlisted service users, are being piloted to manage waitlists and service demand, although their effectiveness is still to be assessed.

“I was asking for help. But it was having to wait for two more months so that a place would come up for me. It was just a hard thing being in limbo.”

Service user

“The increase in funding allowed us to deliver support groups while somebody’s assessment is being undertaken, so that they are still receiving some type of support. Because a lot of those people on that waitlist are people full of anxiety, and who have lost a whole lot of relationships, jobs, homes, those sorts of things. And they’re probably having high levels of suicidal ideation and total despair. And no one to talk to.”

Service provider

NM-HSB services are contributing to reduced HSB and increased wellbeing, although there are opportunities to further develop cultural responsiveness

Service users often entered NM-HSB services with limited expectations, primarily seeking help to stop their engagement in HSB. They also frequently struggled with severe mental health issues, including suicidal ideation, often exacerbated by feelings of shame and guilt about their behaviours and resulting social isolation. The respectful, non-judgmental approach of NM-HSB staff helped ease initial anxieties and facilitated deeper engagement with the programme. Despite initial hesitancy, group sessions were reported to be particularly beneficial, providing a sense of community and shared experience for group members.

As a result of service engagement, service users reported that they had stopped engaging in HSB. They also reported substantial improvements in mental health, coping skills, and overall wellbeing, along with improved connections with friends and whānau. The development of practical strategies to desist from harmful behaviours was highlighted as a key benefit of the service.

The Budget-19 funding has supported the establishment of bicultural advisor roles within all three providers, contributing to growth in the bicultural responsiveness of the NM-HSB service. However, further training and development is needed to respond to clients with diverse cultural backgrounds and neurodiversity.

There has been an expansion in the diversity of supports provided, however key gaps remain in providing targeted maintenance and whānau supports

Since the Budget-19 funding, NM-HSB providers have expanded treatment options, including developing a new group treatment framework, providing “top-up” sessions for ongoing support post-exit from the service, and providing psychosocial supports for service users. Despite these improvements, gaps in service provision remain, particularly in addressing ongoing trauma and mental health needs and providing comprehensive support for family and whānau members.

Efforts are ongoing to improve consistency in service provision through enhanced supervision, training, and collaboration between NM-HSB providers. However, variations in demand and resourcing mean that needed supports, including maintenance groups and whānau-specific supports, are not uniformly offered. Staff and service users identified key areas for further research and development, including specialised support for online HSB and neurodiverse service users, alongside increased online resources for non-mandated service users.

“And the other thing is that [provider] has also said to us, “Look, if anything happens, the wheels fall off, we’re still here. Just give us a ring”. So just the very thing of knowing there’s a safety net is helpful for all of us. That if the worst comes to worst, that we come back, we regroup, we do whatever’s needed to be done. And we move on.”

Whānau member

Staff report high job satisfaction, however large caseloads risk staff burnout, and there is a desire for more external training and structured onboarding

NM-HSB service staff report high job satisfaction and sense of purpose, driven by their meaningful roles and positive impact on community safety. Despite heavy caseloads and complex demands, staff are committed to delivering high-quality services, often working beyond their contracted hours.

Recent funding increases have improved staff connectivity and workplace culture, although high caseloads and burnout remain key concerns for staff. Recruiting and retaining qualified staff is challenging, particularly due to competitive remuneration from other organisations and sectors.

Supervision and training are areas of both progress and ongoing need, with calls for more external training opportunities, such as comprehensive training on HSB-specific skills and client interaction. Improved training and mentoring processes are needed to support new staff, particularly those without experience working with people who engage in HSB.

There is a high level of collaboration between NM-HSB providers and government agencies, but a need for further local awareness and connection

There is a high level of alignment and collaboration between NM-HSB providers, facilitated by increased staff capacity and new clinical leadership roles that have been partially enabled by the increase in NM-HSB service funding. This collaboration supports innovation and efficient funding use.

Providers are well-connected with government stakeholders and local universities but need to strengthen local connections and partnerships, particularly with primary health organisations, to increase awareness and referrals.

Service users generally have access to external referrals for additional support needs but often compartmentalise their HSB-related needs from broader life issues, indicating a need for better communication about available supports. Accessing mental health services remains challenging due to high waitlists and thresholds.

“I think we’re really well integrated, particularly throughout all the services, but I think the adult services are particularly well integrated with our colleagues at [other NM-HSB providers].”

Service provider

Key Recommendations

Service development

- Explore additional resourcing and staffing requirements to further expand NM-HSB services into smaller and more remote regions, on a more consistent basis.
- Consider increasing staff funding levels for the NM-HSB service, to support current and anticipated levels of demand, and to support ongoing improvements in service delivery and responsiveness.
- Explore additional resourcing and staffing requirements to more consistently provide individualised support for whānau and other support people.
- Explore additional resourcing and staffing requirements to more consistently provide maintenance groups and other supports for service users who have completed the core programme.
- Explore the feasibility of providing further specialist trauma and mental health supports for service users, in addition to the core HSB programme.
- Continue to grow connections and awareness of the NM-HSB service within local communities.

Policies and procedures

- Review current strategies and procedures related to staff recruitment and retention, including a review of remuneration levels, to ensure they best support the recruitment of suitably qualified staff.
- Review client exit processes and other internal systems or procedures to ensure that active caseloads are efficiently managed.
- Develop policies and procedures to support service users while they are on the waitlist, such as regular phone check-ins.
- Develop policies and procedures to clearly communicate the availability of, and support access to, psychosocial supports for service users.

Staff training

- Develop policies and processes to support additional regular cultural and neurodiversity training and supervision for staff, as well as to support other areas of desired professional development for staff, including conducting internal research projects.
- Review existing onboarding frameworks and procedures to ensure they are fit-for-purpose.

