Identifying Gaps in Data Collection Practices of Social Services Agencies that Serve Survivors of Violence in Peel: A Pilot Study

Peel Institute on Violence Prevention

Family Services of Peel
Peel Institute on Violence Prevention

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Outline

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Peel Institute On Violence Prevention

- Collaborative initiative among agencies in Region of Peel
- **Goal:** Prevention and eventual eradication of all forms of violence in Peel
- **Populations:**
  - Survivors of Interpersonal Violence (SOIV): Sexual assault, domestic violence, elder abuse, youth violence
  - Youth, seniors, women, aboriginal populations, people with disabilities, male victims of sexual assault/abuse
- **Objectives:**
  - Engage in policy analysis
  - Conduct research on best-practices
  - Support community-based agencies
  - Improve access to seamless, interdisciplinary services and support for survivors of violence

SOIV Health and SES Outcomes

- Prevalence of intimate partner violence as high as 17.7%[1]
- Poor access to services in acute setting[3]
- Vulnerable population, ethnic minorities, low SES
- Physical and mental linger long after assault
- More likely to[2]
  - suffer from multi-system medical complaints
  - chronic illness[4,5]
  - indulge in high-risk behaviours
  - acquire higher healthcare costs

SOIV Health and SES Outcomes

- Increased uptake of health and social support services long-term[2,4]
- Unmet Needs of SOIV
  - Better access
  - More comprehensive and timely service provision
  - Better integration and coordination of services
  - Continuity of care
  - Barriers to adequate referrals of victims

Data Collection and Monitoring

- Important for effective service provision
- Client Centred- Programming
  - Sociodemographics[6]
    - Monitoring inequity → reducing health inequity[6,7]
      - NOT ROUTINELY COLLECTED[8]
      - Poor quality of service and client outcomes[7,8]
  - Client Satisfaction and Outcomes
- Collaborative and Integrated Service Delivery[9,10]
  - "Silos" and patchwork
- Recommendations: reliable data monitoring and collection practices[11,12]

Rationale

- Failure to meet the needs of survivors of interpersonal violence
- Many Barriers to Access for SOIV in Peel[13]
- Need for client-centered programming
- Need for collaboration and integration
- Data collection & monitoring is important
- Currently no standardized Data collection and Monitoring in Peel
- Need a better understanding of current data collection practices in Peel Agencies

Research Question

- **What is the state of current data collection practices of Peel agencies serving SOIV in Peel?**
- **What are perceived deficiencies, barriers, and required improvements in the current practices, by service providers?**

- SDOH: access, quality of services, comprehensiveness of services

Methods

Design & Procedures

Mixed Methods:

- 2 Agencies in Peel serving SOIV
- Semi-structured Interview 1-2hrs in length
  - Audio recorded, and transcribed
- Questionnaire/survey

- Main areas of interest
  - General data collection practices (What? When? Why? Who?)
  - Data sharing, Referrals, and services collaboration
  - Client satisfaction and outcomes

Participants

- Two Agencies Managers from Peel Agencies serving SOIV in Peel
  - SOIV Inclusion criteria:
    - Age 18-80, male or female, survivor of intimate partner abuse or rape, survivors of child abuse, survivors of elder abuse, (perpetrated by family, partner, child or caregiver), immigrant, aboriginals, elders, disabled, living in Peel
  - SOIV Exclusion criteria
    - Violence related to workplace, military, street crime, trafficking
- Agency Exclusion: operate outside of Peel Region

Ethical Considerations

- No direct benefits or compensation for participation
- Participating agencies are at minimal risk
- Possible indirect benefit
  - For agencies: Better data collection procedures, feedback on regional data collection practices, recommendations
  - For population: Improve services
- Possible concerns
  - Agency reputation: Revealing internal agency self-evaluation data and practices
  - Individual manager job security and reputation
- Assurance of confidentiality in reporting of data
  - Data storage
    - Password protected and encrypted, and limited access

Ethics Review

- Delegated REB
- Focused the scope of our research question
- Removed chart review component
  - Required individual client consent per file
  - Not feasible to complete within time constraints
- Revised agency survey to make more user friendly and relevant to scope of study
  - Focused more on data collection practices vs client data itself
- Contingency plan for withdrawn participation

Methods - Analysis

Manager Interviews: **Qualitative thematic approach**

- **Each interview transcript was analyzed individually**
- **Key messages and themes were generated**

Focus on 3 main domains:

(1) General data collection practices
(2) Referrals, collaboration & data sharing
(3) Client satisfaction & outcomes data

Manager questionnaires: *to be* analyzed quantitatively

Agency 1

- **General data collection practices**
  - Funder-driven
  - Resource limitations hinder improvement
  - Data collection practices are deficient

Funder-Driven

1) Funder Requirement Largely Influence Data Collection

"I think it becomes much more important for the VAW clients because the ministry needs that information so we tend to track it…"

"I know for instance the ministry is now asking more demographic information which we don't have because we've never been collecting it to date."

Funder-Driven

2) Mainly interested in statistics around service delivery, utilization, budgeting and referrals

"We have to obviously report back in terms of what we budgeted… Then they obviously want to know, 'what did you do with the money we gave you?'"

"they 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"

"How many children we served as part of our services, how many women had safety plans, how many people were referred…referral sources…who did we refer them to…"

Funder-Driven

3) Change is influenced and limited by funders.

"[How have you data collection practices changed over time?] I can tell you that things have changed as the ministry has requested more information

"Unless the ministry is willing to fund to make those changes you're kind of going in circles. 'You want more information, we're not collecting it, we need more money from you to collect it;' so that's the tricky part"

Resource Limitations Hinder Improvement

1) Time, personnel, and financial resources are limitations to change despite internal motivation

"I think it's not for lack of motivation, it's always lack of resources. We would really have to overhaul our database in order to be able to capture some of that information in different detail and those are costly endeavors"

"Again the barrier to that is always funding and time constraints. Professional development unfortunately tends to be the one of the first things to go when there's budget constraints."

Inadequate Data Collection

1) Data Monitoring is not client-centered

"They 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 …"

1) Demographic data collection limited to unique client identifiers only

"Those pieces I know she [intake worker] does but it's very basic information. You ask for date of birth because there might be more than one John Smith and you end up with demographic data just by nature of the fact you asked that question."

Inadequate Data Collection

3) Inadequate, inconsistent and non-standardized data collection

"I think we're probably the opposite right now. I think we're not collecting enough right now."

"You are at the mercy of how each clinician does their notes. Unfortunately not everyone's notes/records are that detailed. So even contained within the file you might not see that outlined unfortunately."

Agency 1

- **Referrals, Collaboration & Data sharing**
  - **Operating independently**
  - **Barriers to information flow exist**

Non-existent collaborations and Poor Information sharing

1) Most client are self-referrals; no formal referral stream esp. with health care sector

   "We do get a lot of referrals from family physicians although we don't accept referrals directly. So it's not that we get referrals directly from physicians, they're just directed to contact us. So our services are driven by clients"

1) Client/Case specific information sharing among providers deficient; no referral loop

   "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."

Non-existent collaborations and Poor Information Flow

3) Translates to redundancy, inefficiency, and poor quality of service

"the client has told their story to all of these people they've made contact with but there's no clarity about what each service provider does and it creates confusion even for clients because sometimes they're accessing multiple services at once"

Limitations to Information flow

1) Consent Requirements

"In terms of health information or additional details, I'm at the mercy of what she's willing to tell me or disclose. That's a barrier to getting a holistic picture of what's happening."

2) No formal Referral streams

Agency 1

- **Client satisfaction & outcomes data**
  - **Suboptimal & informal evaluation**

Client Satisfaction and Outcome Evaluation is Suboptimal

1) No objective of standardized measures of client outcomes are collected.

"[Are there any objective measures of improved outcomes that are collected?] Not that I can think of in terms of what's on there in terms of their actual functioning. Those kinds of measures we're asking for? [For example, how many were re-employed or found housing or something along those lines?] No not those kinds of outcome measures. It is clients' subjective opinion of the quality of the service or their subjective opinion of whether they're feeling safer, whether they feel they're more informed compared to when they first accessed questions."

Client Satisfaction and Outcome Evaluation is Suboptimal

2) Client satisfaction data collection not geared towards effective program evaluation

"[Is there any data collected about the outcomes and client satisfaction?] We don't collect that data. That goes straight to the ministry. The ministry of community and social services for VAW clients, we give them a little card with our agency identifier and they go online and complete the survey online. That addresses client satisfaction."

"[Is there any way that the feedback gets back to the agency?] Yeah, eventually it does come back. Sometimes it comes back as we're not getting enough of these from our clients. From my understanding the information does get back to senior management."

Agency 2

- **General data collection practices**
  - **Internally-motivated changes**
  - **Noticeable improvement in data practices**
  - **Resource limitations hinder continued improvement**

Internally-motivated Changes

1) Internal movement towards collecting better data through the use of standardized and logic-based tools

"[how have your data collection practices changes over time?] I say we've become more structured in the way we do data collection and analysis. We started out with using logic models and developed the evaluation forms. Up until that point, we had kind of done questionnaires but they were not grounded in any model."

"[What was the motivation or incentive for that?] Quality of service and also growing funder expectation. Those two go hand in hand. I say compared to most social services we are way ahead in terms of what we are doing here, because we have an internal interest in the quality of service and kind of evidence-based practice."

Noticeable Improvement in Data Practices

1) Consistent approach to data collection across all programs at the agency

"We collect demographic data to understand who we are serving to make sure that we are serving the wider community that we are targeting with our services."

"We try to collect most of the information at intake. So when clients approach the organization, there is either an intake done over the phone or in person at our walk-in services and we have a consistent format."

Resource Limitations Hinder Continued Improvement

1) Further changes to data monitoring procedures are restricted by funding

"[is there any data that you feel that you would like to collect or need to collect that you aren't collecting at the moment?] I think it would be great to be able to collect more standardized data measures but there is such limitations to that and such a burden on the client and the resources of the system."

Agency 2

- **Referrals, Collaboration and Data sharing**
  - **Operating within limited networks**
  - **Barriers to information flow exist**

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Operating Within Limited Networks

1) There are some referral systems and partnerships in place

"We are the lead agency for the Heal Network, that's an 18 member collaboration. We partner in the safer families program with Family services of Peel and the CAS. Smaller partnerships within the core program would be with CCS where for a while they placed a settlement counselor within our offices and we placed a counselor in theirs. We run a concurrent disorders group once or twice a year at William Osler Hospital."

2) However information sharing, communication and referral data are still often lacking

"[what sort of information is shared between agencies in the referral process?] It's very hard because most agencies are not integrated. Here we are a separate shop, in terms of what is shared, there are different referral processes with different programs."

Barriers to Information Flow Exist

1) Inadequate resources and rigid agency mindsets

" Resources is a big impediment…there would have to be some kind of external motivation to create that wave. Social service agencies are so strapped for resources that I don't think they would see that as a priority. Data is really kind of back there in ranking for most social service agencies."

"I wonder also about the cultural mindset of individual agencies that could be a plus or it could be a barrier. I think some agencies are more or less inclined to share… they collect data in their own way for their own purposes and making changes is a huge investment, which they often don't have. "

Barriers to Information Flow Exist

2) Ultimately clients are suffering the consequences of lack of integration of services and data sharing

"I think clients would appreciate not having to tell their information over and over again. And certainly referrals would be falling through the cracks less often, I think there would be more thoroughness and more consistency. I think agencies each of us do the same work over and over again in our silos and we are spending resources on collecting and documenting and re-collecting and documenting and we are not sharing."

Agency 2

- **Client satisfaction & outcomes data**
  - **Comprehensive and formal evaluation increases data utility**

Comprehensive and Formal Evaluation Increases Data Utility

1) Evaluate client outcomes and program success using validated or logic-based tools (e.g. State-hope scale, outcome rating scale, pre/post program questionnaires) in a systematic and consistent manner

"we've tried to move toward more program outcome evaluations, with pre and post test in all our programs."

"They are done at the 1st session, 3rd sessions, and the 6th and final session. We work in a six session model. If the client goes beyond the 6th session then we do others."

Comprehensive and Formal Evaluation Increases Data Utility

2) Client outcome data informs both short and long-term service provision

"Counselors use them (client outcome data) in the session to help to frame the conversation about how the client is doing today vs. how they did last time. So you can see it's a visual demonstration of change in different areas of the client's life. So that can be used clinically but also in terms of our programs we are able to look at the outcome data to see if we are on track…so that's very useful to us. "

Summary of Preliminary Findings

Domain	Agency 1	Agency 2
General Data Collection practices	Funder driven, resource-limited Deficient data collection practices	Funder influenced, resource-limited Internally-motivated changes, considerable improvements
Referrals, Collaboration & Data Sharing	Operating independently Information & data sharing deficient due to limited referral systems in place and resource limitations	Operating within limited networks Information flow & data sharing are lacking due to resource restrictions and rigid agency mindsets
Client Satisfaction & Outcome Data	Indirect, subjective client feedback yields limited utility in client and service evaluation	Direct, objective & evidence-based measures inform service delivery and development

Conclusions

- Current data collection practices in Peel Agencies serving SOIV are quite varied, strongly funder-influenced and suboptimal
- Agency partnerships, data sharing and communication are lacking despite being critical for service quality
- Validated, evidence-based measures provide more meaningful evaluation of client outcomes
- Insufficient/misdirected funding poses a significant barrier to improvement of data practices and information sharing

Agency Recommendations

- Raise agency and funder awareness on the importance of data monitoring practices to generate more incentive for change
- Aim to improve agency data collection practices (both consistency and content) through the development of standardized, evidence-based forms/tools to better inform client services and evaluate client outcomes
- Promote increased collaboration, ongoing communication and information sharing between agencies to improve the comprehensiveness and continuity of care for SOIV

Next Steps

- Conduct more agency manager interviews across Peel agencies
- Continue qualitative analysis to derive new themes and support current themes
- Perform quantitative analysis on manager questionnaires

Limitations of Study

- Small sample size
- 2 reviewers for qualitative analysis

Lessons Learned

- Experience at agency
  - Different perspective of care & different disciplines involved in providing care in the community
- Research experiences
  - REB challenges (need to be comprehensive and precise)
  - Study design, planning & execution from start to finish
- Key Lesson:
  - Importance of social services agencies in providing SDOH-oriented care in tandem with the health sector

Acknowledgements

- Monica Riutort
- Doaa El-Islambouly
- Nikola Apostolov
- Johanna Lake
- Terry Borsook
- Imran Shabbeer
- Henry Thai

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Questions?

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This project made possible by funding from the Ontario Trillium Foundation

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