



Rape Crisis Tyneside and Northumberland: Grace covering Northumberland Service Evaluation Executive Summary: June 2015

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Introduction: Tyneside Rape Crisis Centre was established in Newcastle-Upon-Tyne in 1978 and is now the longest established Rape Crisis service in the United Kingdom. In 2013 the name was changed to Rape Crisis Tyneside and Northumberland (RCTN) to reflect its two service delivery areas in Tyneside and Northumberland. RCTN has a Board of Trustees to oversee its work. This report focusses on the work of Grace, the project in Northumberland, staffed by two part-time Chief Executive Officers, one full-time counsellor, one part-time development worker, one volunteer manager and one part-time administrator. Grace also has its own Steering Group. During the evaluation period Grace provided counselling hubs in five areas across Northumberland: Morpeth, Berwick, Hexam, Alnwick and Blyth. As part of RCTN's business plan (2013-2016), 5 strategic objectives were identified that provide a structure for a discussion of the findings of the evaluation.

The Evaluation: Data used in the evaluation comes from seven sources: the Grace database of callers to the service (n=423) between the financial years 2009-10 and 2013-14; the equality and diversity monitoring forms completed by women who have been counselled (n=112) between 2010-11 and 2013-14; the 'snapshot questionnaire' designed by the independent evaluation team and given out during two weeks in November 2014 to every recipient of counselling (n=7/12, response rate of 58%) followed up with telephone interviews with women from the questionnaires (n=3); the two sets of hard copy feedback forms completed by women during and at the end of counselling in the financial years 2012/13 and 2013/14 (n=6, n=11 respectively [it is not possible to connect these forms with each other to follow any particular woman through successive forms]); the health and wellbeing outcomes data from women who have completed feedback forms at the beginning during and at the end of their counselling (n=13); telephone interviews with TRCC staff (n=3), an advisory group member, a volunteer and partner stakeholders (n=4); and relevant policy documents. The multi-method evaluation has triangulated a range of data which points to the reliability of the findings.

Who Uses Grace: Most women calling or being counselled by Grace identify as White British, however the proportion of women from ethnicities other than White British is commensurate with the proportion of those women in the general population. Most women identify as heterosexual and only 2.7% of those completing the equality and diversity form identify as bisexual, gay or lesbian, a lower proportion than government estimates would suggest (which is at 6%) but perhaps predictable in a rural area such as Northumberland.

The proportion of women identifying as deaf or hearing impaired is lower than might be expected in the general population. The average age of callers to TRCC is 32 years whilst that of women receiving counselling is most typically under aged 19-24 years.

Most women are referred to Grace by other agencies but the proportion of women self-referring is steadily growing indicating a growing awareness of the service either amongst the general population of women or amongst practitioners who might suggest women refer themselves to Grace. Calls come from across Northumberland but the majority come from the Blyth and Morpeth areas, with Berwick reporting the lowest numbers.

Core Findings and Recommendations

- The evaluation was able to triangulate across the range of sources of data all of which point to the reliability of the findings.
- The evaluation indicates that Grace meets its strategic objectives providing a high quality, women only service for survivors of sexual violence; raising awareness about sexual violence and the service; maintaining and sustaining the service; with a reputation of being experts in the field of provision of services for women who have experienced sexual violence.
- The average age of women calling Grace is 33 years. Whilst the age group most typically accessing counselling is 19-24 years most of those receiving counselling are over the age of 45 years. The proportion of Black, Asian and other ethnic minority women using Grace reflects the proportion of this group in the population of Northumberland, however, the actual numbers of women from these groups accessing the service is very low. The proportion of women identifying as lesbian/gay or bisexual is below the average expected by government estimates.
- Grace is held in extremely high esteem amongst partner agencies including two funders. It is considered to have a strong reputation, specialist expertise and knowledge and able to represent the voice of a group of women not often heard Their model of delivery is particularly noted and their commitment and strategic approach to promoting their work is considered excellent and a role model for statutory services according to one partner who is also a funder.
- The counselling service has an overall positive impact on a range of measures of health and wellbeing which increases over time/ the longer counselling continues. This is extremely important. Women recovering from the impacts of sexual violence need time to do so: it does not occur overnight but as a process.
- Women are extremely positive about the counselling provided referring to the warmth and compassion of the staff, the welcoming nature of the project, the skill and expertise about sexual violence the counsellors have, the safety and security they feel that they will be believed; as well as the positive impact on their health and wellbeing.
- The only issues raised about the service came from a minority of women and was about the length of time they had to wait for counselling; and the environment of the counselling hubs: most of which comments refer to the need for an expanded service rather than any negative comment about the quality of the service.

- Areas for improvement focus on expansion of the service by increasing the number of counselling hubs: expanding the available counselling and helpline hours; improving access to lesbian, bisexual and trans women; and continuing to raise the profile of sexual violence and the service at strategic levels and more generally regionally.
- The need for advocacy and group work was identified by most women in the snapshot questionnaire and staff of Grace also identified this as a growing need that is currently only met on an ad hoc basis when counsellors are able to do so.
- Face to face services rather than virtual ones were preferred by women.

Recommendations

- Grace should expand its provision so that more women can access the helpline and counselling services. This might mean providing more counselling hubs, counsellors and/or helpline volunteers to increase capacity but also expanding the hours the service is available, for example having the helpline on more evenings; and providing more counselling sessions in out of work hours.
- Grace should explore the possibilities of providing an advocacy service for women who have experienced sexual violence to support them in other ways, including practical and/or if they enter the criminal justice system.
- Grace should consider further ways of improving access of women to Grace who are not white or heterosexual.
- Grace should explore the possibilities of facilitating group work for survivors to facilitate peer support and tackle the isolation some women feel about their situation and experiences.
- Grace should consider how to better manage expectations about waiting times for counselling to begin in order to address the more mixed response from women about this issue.
- Grace should consider the implications of some of the findings for the development of their work, specifically:
 - The finding that positive impacts of counselling are more significantly more pronounced towards the end of the counselling period provides evidence that the model of a longer term provision of counselling will pay dividends for women; and enables Grace to resist the current, general trend to crisis and short term intervention currently being encouraged in other parts of the sector in response to ‘Austerity’ and cuts in public expenditure;
 - The finding that there is a relationship (though not statistical) between disclosing experiences of sexual violence, especially with family or a GP and the positive

impacts of counselling could be considered for raising awareness and encouraging women who have experienced sexual violence to disclose and seek help.

- Grace should explore ways of raising their profile as the 'go to' experts on sexual violence in the region. This should involve building relationships with local media as well as increasing the awareness raising activities already being done.
- Grace should review its systems for collecting data in order to be able to better evidence the excellent work being done. This might include:
 - Being better able to link the positive health and wellbeing outcomes data with the counselling by considering re-wording these questions and providing for a better range of responses;
 - Improving the numbers of women completing the Health and Wellbeing forms at the beginning, middle and end of counselling.
 - Exploring ways to improve the numbers of women completing feedback forms 1, 2 and 3 so that the impact of counselling can be better documented and understood; and so that relationships between demographic factors and health and wellbeing outcomes can be explored.