FAMILY SERVICES *of* PEEL
Since 1971

Peel Institute On Violence Prevention

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Identifying Gaps in Data Collection Practices of Peel Agencies that Serve Survivors of Interpersonal Violence

Executive Summary

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In 2013 the Peel Institute on Violence Prevention (PIVP) embarked on this Pilot Survey, with a grant from the Ontario Trillium Foundation, to study the state of current data collection practices of agencies in Peel that are serving the Survivors of Interpersonal Violence (SOIV) and to discover the perceived deficiencies, barriers and required improvements in the current data collection practices. Interpersonal violence refers to violence between family and intimate partner violence and sexual assault. This survey is one of the first steps to develop research initiatives that will assist in understanding how services are organized and provided in the Region of Peel and to identify the gaps in existing services.

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 to Survivors of Interpersonal Violence in the Region of Peel
3. To promote community engagement and service-level transformation through inter-agency dialogue and collaboration
4. To document the concept of person-focused service provision and the importance of social determinants of health in providing services.

Methodology:

This study employed a mixed methods approach using the following tools:
(i) Literature Review (ii) Regional Scan (iii) facilitated questionnaires and
(iv) key informant Interviews.

Peel has a vast network of community services. Approximately 79 community service organizations identified offer some kind of service for survivors of violence, while 25 of them provide direct services to survivors of interpersonal violence. Of these 25 direct service providers, 12 organizations completed the intensive interviews and questionnaires, whereas another 10 of them completed short questionnaires only. The

12 organizations interviewed were selected based on their membership in the Peel network: namely Peel Committee on Sexual Assault (PCSA) and Peel Committee against Women Abuse (PCAWA).

The survey analysis showed that the 12 agencies collect five (5) types of data from the clients that they serve. The Five Data types are:

I. Demographic data
II. Health data
III. Violence/Abuse details and history
IV. Services provided
V. Services accessed

Key Findings

- A total of 44 types of services were inquired, (based on Statistics Canada's Victim Services Survey) that are provided by social service agencies to SOIV in the region of Peel. Results show that data is collected for merely 5-7 types of services out of the maximum of 44 services and a minimum of 15 services provided by these 12 organizations. For example, one organization that provides 43 types of services, collects data for only 3 types of services which constitutes just 7% percent of all services provided. The analysis demonstrates that there is no set criteria or guidelines and purpose for data collection among these social service agencies in Peel. As a result, organizations tend to collect data mostly for reporting purposes to their funding partners. This demonstrates the need for a standard data collection practice among Peel social services agencies with the purpose of evaluating and improving client-centered services.

- Demographic data: Out of 26 variables, only 2 variables (DOB/age, Sex/Gender) are collected consistently across all organizations while 19 variables are collected by less than 50(%) percent of the organizations. The results indicate that the data collection practices among Peel service providers have a large gap in collecting some of the vital socioeconomic and demographic information from their clients when providing services to SOIV. This indicates that organizations only collect data that is essential to provide a particular service or program, and not for purposes of evaluating and planning their services and programs.

- Health data collected by the 12 agencies shows that while 50 – 75(%) percent of the variables are collected for Family doctor, medical history, and present health conditions, only 25(%) percent of the variables are collected for mental health and substance abuse information. It appears that mental health and substance abuse information is not considered important and essential to plan services for their clients. Social Service Agencies do not give priority to the overall health of a client. There seems to be no connection to the Family Doctor to refer to other systems. Overall health of a person will show how the survivor might react in the crisis situation and how violence impacts a person in the long term. Prevailing data collection practices prove that health data collection is essential for coordination of social services and for service planning, in order for it to be survivor centered.

- Data related to Violence and Abuse: It is remarkable to note that 83 (%) percent of the agencies surveyed collect 100 (%) percent of the variables related to violence/abuse details and history, while more than 67% percent of them collect information related to treatments undertaken and future actions by the clients. Nevertheless, whether or not this data is helping the organization in planning and/or improving services is not known.

- It is surprising to note that the 12 agencies that participated in this survey provide only four types of crisis response services, while a majority, 98(%) percent of the services, are provided by only 9(%) percent of the agencies, within the Region of Peel. This indicates the need for more collaborated and coordinated services, given the limited resources available for SOIV in a large area like the Region of Peel. As a result, most of the services provided for SOIV are immediate crisis response and short-term oriented. Very limited long-term services are available for SOIV, and they are offered by few service providers.

Conclusion

From the survey and interview results, it is evident that agencies have bigger challenges in terms of human and financial resources and time to provide all the essential services required by SOIV. As a result of funding regulations, agencies tend to address the immediate crisis in short-term approaches. Socio-demographic data is not systematically collected impacting the understanding of the social location of SOIV. Formal systems of referral and contra referral seem to be weak. This situation reiterate the need for the inclusion of socio demographic data and determinants of health and wellbeing in the planning of services, and a referral system among social service, health and justice agencies in serving the SOIV and a standard data collection practice to plan and improve services to clients which goes beyond the immediate crisis. In addition, the data collection practices among these service providers are quite disparate; demonstrating the gaps in the collection of key socio demographic information and other basic data from clients.

Despite the identified need for increased service coordination about service provided to clients, agency collaboration is suffering, due to lack of funding and financial support. There seem to be a great need to overcome professional prejudices and differing philosophies among agencies; unique histories of development across the various sectors can result in agency egocentrism; and above all, a lack of experience, knowledge, and training amongst service-providers needs to be dealt with, if collaborative interagency relationships and service coordination are to improve.