



Rape Crisis Tyneside and Northumberland: Tyneside Rape Crisis (covering Gateshead, Newcastle-Upon-Tyne, North Tyneside and South Tyneside):

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 (including Newcastle, Gateshead, North Tyneside and South Tyneside) and Northumberland. This report focusses on the work in Tyneside which will be referred to as Tyneside Rape Crisis Centre (TRCC). 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 TRCC database of callers to the service (n=1,506) between the financial years 2007-08 and 2013-14; the equality and diversity monitoring forms completed by women who have been counselled (n=232) between the financial years 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=27/37, response rate of 73%) followed up with telephone interviews with women from the questionnaires (n=6); the three sets of hard copy feedback forms completed by women who have received counselling in the financial year 2013/14 (n=60, n=35 and n=27 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=60); telephone interviews with TRCC staff (n=3) a volunteer and partner stakeholders (n=3); and relevant policy documents. The multi-method evaluation has triangulated a range of data which points to the reliability of the findings.

Who Uses TRCC: Most women calling or being counselled by TRCC 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 but 9% of those completing the equality and diversity form identify as bisexual, gay or lesbian, a higher proportion than government estimates would suggest (which is at 6%).

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 30 years whilst that of women receiving counselling is most typically under 30 years.

Most women are referred to TRCC 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 TRCC. Calls come from across Tyneside but, in order, from Newcastle (40%), South Tyneside (25%), Gateshead (20%) and North Tyneside (15%).

Core Findings

- 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 strongly indicates that TRCC 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.
- TRCC is held in 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, especially those with experience of historic child sexual abuse.
- 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 the women feel that they will be believed and allowed to go at their own pace; 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 lack of staff on the helpline and/or the availability of the helpline: 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: expanding the available counselling and helpline hours; expanding the number of languages available for women whose first language is not English; improving access to lesbian, bisexual and trans women; improving relationships with local media; raising the profile of sexual violence and the service at strategic levels and more generally regionally.
- The need for advocacy was identified by most women in the snapshot questionnaire and staff of TRCC also identified this as a growing need that is currently only met on an ad hoc basis when counsellors are able to do so.

Recommendations

- TRCC should expand its provision so that more women can access the helpline and counselling services. This might mean providing more 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.
- TRCC 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.
- TRCC should consider the implications of some of the findings for the development of their work, specifically:
 - The finding that positive impacts of counselling are 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 resist the trend to crisis and short term intervention currently being encouraged as a result of ‘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 use in raising awareness and encouraging women who have experienced sexual violence to speak to trusted people about their experiences.
- TRCC 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.
- TRCC 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 to better link; counselling with the outcomes and to provide for a better range of responses;
 - Exploring ways to improve the numbers of women completing feedback forms 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.