Making Ethnic Count:

Cultural safety in action

Asking what we need to know

Final Report February 2022

Shama Ethnic Women's Trust

This is the final report on the **Making Ethnic Count** pilot project run by Shama Ethnic Women's Trust, (commonly known as Shama). Shama is a charitable trust formed in 2002 after the identification of a gap in available services for ethnic women and children that are run by ethnic women. The founding members of Shama recognized the challenges faced by ethnic women are complex and unique, and their needs often sit outside what is catered for by mainstream social services and support programmes.

This final report covers the early engagement, setting up and training of the four organisations involved in the **Making Ethnic Count** pilot, and service user data from pilot organisations in monthly reports for the period of the pilot. This report is supported with a video component featuring pilot organisation staff members describing their participation in **Making Ethnic Count**.

We are grateful to MSD, for their support in funding and helping develop this project.

This report defines "ethnic" in line with the Aotearoa New Zealand policy context as anyone in New Zealand who identifies their ethnicity as Middle Eastern, Latin American, African, Asian, and Continental European.[1]

To reference this report, please use Shama, (2022), Making Ethnic Count: Cultural safety in action, Asking what we need to know, Final Report February 2022.

The **Making Ethnic Count** project team is Juanita Rojas, Jeanie Tseng and Sandra Dickson with support from the wider Shama team.

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[1] https://www.ethniccommunities.govt.nz/about-us/

Contents

Recommendations

We believe significant change in mainstream sexual violence sector practice is required for effective data collection about country of origin, language, ethnicity, visa status and faith/religion. This shift towards cultural safety requires changes in core sector beliefs about what questions are important to ask of clients, development in the practice of asking these questions and changes to organization databases to standardize information gathering.

The **Making Ethnic Count** pilot has provided clarity on what is needed to shift practice to help agencies understand the needs of ethnic clients. It is our recommendation that changes in practice will happen most efficiently following these steps:

1) Change in government funding contracts requiring ethnicity data to be collected as per the recommendations of this pilot
2) Refinement of the pilot training package
3) Support for changing databases and data collection processes
4) Nationwide delivery of training in alignment with workforce development measures
5) Nationwide monitoring and analysis of ethnicity data collection
6) Ongoing evaluation of training
7) Learning shared across marginalized groups to inform workforce development measures

Shama suggests these steps are put in place to enable change for the 2022/23 contractual year, with an initial three-year monitoring period.

Step 1: This pilot project has explored the willingness of the sector to engage in collecting data relevant to cultural safety for ethnic survivors, based on agency desire for good practice. That motivation, within the pressures the sexual violence sector work under, has not been enough to engage more than a handful of mainstream sexual violence agencies. Our pilot organisations have shown what is possible and will be leaders in championing these changes. It is therefore our recommendation that government require changes through agency contracts. Agencies collect what they are funded to collect, because they are too busy to prioritise data collection when they are addressing the needs of clients and whānau. Embedding changes in funding contracts will encourage organisations to use feedback loops with staff teams regularly, so individual staff members can identify how well they are recording demographic data compared to their peers and compared to staff members in other agencies. Any changes in funding contracts should be implemented in ways which are realistic for community agencies and allow community agencies to identify resource needs to work with specific groups. Our analysis is that a six-month lead for database changes is necessary.

Step 2: The post-training survey results demonstrate positive shifts in intended behaviour in intake practice. The shifts in practice were most significant when the Cultural Safety and **Making Ethnic Count** training packages were both delivered to all staff members. Improvements for the training package relate to using trained facilitators, and more support to improve data collection of religion and visa/immigration status. Although these data sets improved for two agencies, the starting rates were very low for every agency. The value of these questions is less well-recognised, and more concerns were expressed over asking these questions than ethnicity and country of origin. In addition, creating a video resource for the role play activity in the training will add value. This role play resource would include several intake scenarios modeling good practice in asking questions and addressing common fears

around asking, including around religion and visa/immigration status. After training, the role play resource would be available online for agencies to refresh these skills and be supplemented by improved training workbook materials.

Step 3: Financial support should be available to help mainstream sexual violence agencies make changes to databases as needed. Given our early engagement discussions, we expect that up to about half of these agencies will need financial support to make these changes. This financial support is likely to be less than $2K per agency as the changes can wholly be provided to database experts to input. It is our recommendation that this financial support be available only to agencies engaged in the Shama Cultural Safety and **Making Ethnic Count** training. This will provide impetus for agencies to participate in training and address some of the core beliefs that underpin poor practice for ethnic clients. This step could be put in place prior to the 2022/23 contract year, as the pilot has shown that agencies need approximately six months to plan and implement changes to their databases. Costing for this step could be most effectively ascertained by contacting agencies contracted to MSD and finding out whether they pay for database changes or whether they manage these in-house.

Step 4: The training packages for Cultural Safety and **Making Ethnic Count** have been developed and should form part of workforce development measures. Without specific ethnic expertise, we believe the needs of ethnic clients will not be met. It is our recommendation these training packages be made widely available to all agencies contracted to MSD to provide responses to sexual and family violence, including both online and in-person options. To meet delivery, Shama would need to employ 2 FTE trainers and would need additional administration capacity. 2FTE trainers would allow for the delivery of up to 80 instances of each course annually, allowing for full engagement across the sector. We recommend this project is scaled up and is evaluated over three years.

Step 5: It is important that ethnicity and other data from the sector is closely monitored during these three years to ensure that gaps are noticed, and training can be refined as needed. We recommend establishing a 'dashboard' that MSD collates regularly and reports back to the sector to show the change in how effectively ethnicity and other relevant data is being collected. This dashboard will provide the sector the chance to see the change it is achieving, demonstrate any differences in agency competencies and provide invaluable support to national efforts to end sexual violence. Importantly, ethnic communities should provide insight into how this data is understood inside community contexts.

Step 6: Ongoing evaluation of the training is necessary. We suggest a 0.5 FTE resource is put in place alongside the 2 FTE training team. This role will be responsible for managing pre-training and post training measurements, and engaging with ethnic service users to discover whether and how the services are improving their experiences.

Step 7: We are aware that ethnicity is not the only place in which data collection could be improved inside the sexual violence sector. We recognize disability and Rainbow community data are almost entirely absent from agency records, leaving many of the same gaps for these marginalized communities. We would like to see this project shared – the Shama training uses aspects of material developed for Rainbow Safe, a related organisation training package of Hohou te Rongo Kahukura. Sharing learnings across disability, ethnic and Rainbow organisations and with MSD would be a useful first step to developing more truly intersectional practice for communities currently likely to be underserved by mainstream sexual violence agencies. It is also imperative that the specific needs of more marginalized populations are not left out of workforce development measures.

Introduction

In Aotearoa New Zealand there are significant research gaps in understanding the context, dynamics, and prevalence of sexual violence within ethnic communities. Population level data for ethnic communities is absent, and administrative data from organisations such as New Zealand Police do not include systematic sexual violence data disaggregated by all ethnic backgrounds. Existing evidence of sexual violence in ethnic communities, in the context of recognized underreporting, is therefore based on small-scale samples and/or community engagement. Calls for more robust data to drive appropriate strategic, policy and services responses highlight the damaging effects of being left out: sexual violence in ethnic communities is not seen as a problem, so culturally safe services are lacking and ethnic people are invisible in sexual violence national policy making.[2]

The lack of comprehensive data is particularly puzzling given growing ethnic diversity in Aotearoa New Zealand. In the 2018 Census, 27% of the population were born overseas. Ethnic peoples, the majority from Asia (specifically India and China) totaled 17%, or just under one in five of those living here.[3] Data collection of ethnicity and religion more broadly has been identified as important for social cohesion in the context of this growing diversity.[4]

> *"Recommendation 32: We recommend that the Government:*
> *Require Public sector agencies to prioritise the collection of data on ethnic and religious demographics to support analysis and advice on the implications of New Zealand's rapidly changing society, inform better policy making and enhance policy evaluation."*
> *Royal Commission of Inquiry, (2020)*

The need for specialist ethnic response services to sexual violence has been identified for at least twenty years.[5] Sexual violence in ethnic communities may take particular cultural forms, and occur in clusters of specific risk factors such as gender inequality, migration processes, language barriers, knowledge and access to legal rights, racism, coming from contexts in which violence has been normalized (eg conflict zones), and poverty.[6]

In 2009, mainstream sexual violence agencies acknowledged that ethnic, migrant and refugee survivors were among groups unlikely to be able to access appropriate support after sexual violence, and gaps in violence prevention activities involving ethnic communities were also reported violence sector in 2013.[7]

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[2] Rahmanipour, S., Kumar, S. and Simon-Kumar, R., (2018), Underreporting sexual violence among 'ethnic' migrant women: perspectives from Aotearoa/New Zealand, Culture, Health & Sexuality, and Simon-Kumar, R., (2019), Ethnic perspectives on family violence in Aotearoa New Zealand. New Zealand Family Violence Clearinghouse, University of Auckland.

[3] This figure is made up of 15.1% Asian and 1.5% MELAA (Middle Eastern, Latin American and African). The MELAA group alone includes 39 ethnic sub-groups. https://www.stats.govt.nz/news/ethnic-group-summaries-reveal-new-zealands-multicultural-make-up#Statistics%20New%20Zealand%20-news%20article

[4] Royal Commission of Inquiry Report into the terrorist attack on Christchurch masjidain on 15 March 2019, (2020).

[5] McPhillips, K., Berman, S., Olo-Whaanga, E. and McCully, K., (2002), Preventing Sexual Violence: A Vision for Auckland/Tamaki Makaurau, Report presented to ACC by Auckland HELP.

[6] Begum, F. and Rahman, A., (2016), Crisis intervention for Muslim women experiencing sexual violence or assault and Hauraki, J. and Feng, V., (2016), Working with Asian survivors of sexual violence, both in Good Practice Responding to Sexual Violence – Guidelines for mainstream crisis support services for survivors, TOAH-NNEST; and Simon-Kumar, R., (2019).

[7] Ministry of Justice, (2009), Te Toiora Mata Tauherenga: Report of the Taskforce for Action on Sexual Violence, Aotearoa New Zealand and Dickson, S., (2013), Preventing Sexual Violence: A Stocktake of Tauiwi & Bicultural Primary Prevention Activities 2013, Tauiwi Prevention Project, Tauiwi Caucus of TOAH-NNEST.

There is a growing consensus – including in the recently released Te Aorerekura: National Strategy to Eliminate Family Violence and Sexual Violence[8] - that 'one size fits all' approaches are inappropriate for ethnic communities.

It was in this context that Shama Ethnic Women's Trust hosted the Connections! Hui in August 2019 with then Minister for Ethnic Communities, the Hon. Jenny Salesa. Just over 100 ethnic community organisers and therapists attended to guide Shama in developing a national sexual violence response for ethnic communities. Attendees represented thirty-one different ethnicities, seven religious backgrounds, four genders and were from thirteen regional locations in Aotearoa New Zealand. A lack of knowledge of existing sexual violence response services, including specific information about different kinds of support, was acknowledged as a serious gap by those who attended.

Connections! Hui identified specific actions for the developing Shama Sexual Violence Response Team to improve existing responses to ethnic people seeking help after sexual violence. Attendees, including those within mainstream sexual violence agencies, reported a lack of culturally safe, aware and competent services, and asked Shama to develop specific cultural safety training. Participants called for culturally safe, aware and competent mainstream services which required practitioners to:[9]

- Show a non-judgmental approach
- Be aware of their own culture and use an approach of cultural humility, to acknowledge the complexity and diversity of ethnic communities in Aotearoa New Zealand
- Act and behave in a way that ensures the victim/survivor feels safe
- Ask the right questions - country of origin, language, ethnicity, visa status and faith/religion
- Recognise the importance of confidentiality and sensitivity eg. with interpreters, or for minorities within ethnic minority eg Indian Hindu survivor, Nigerian Rainbow survivor

In line with these recommendations, the Shama Sexual Violence Response Team developed a Cultural Safety Training package. After seven workshops in four different regions which trained 130 people from mainstream services, the Shama team analysed results from pre- and post-training survey results to understand the effectiveness of the training and identify gaps. This analysis, summarized in the next section, led to the development of **Making Ethnic Count**.

Cultural safety training

In pre-training surveys, participants in the Shama Cultural Training package expressed high levels of desire to work safely and well with ethnic clients after sexual violence. Such intent is extremely positive, and provides a sound, client-centred base to develop culturally sensitive responses.

Participants also reported they were already working with ethnic clients after sexual violence. More than 99% of participants reported at least 1-5 experiences with clients from different ethnic backgrounds/different faiths in the last two years. In addition, almost 70% had worked with more than five people of different ethnicities and 56% more than five cases of people from different faiths.

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[8] https://violencefree.govt.nz/national-strategy/
[9] The four papers from the Connections! Hui 2019, featuring these recommendations, can be found here https://shama.org.nz/how-we-help/research/

However, according to survey results, this positive intent and existing work with ethnic clients is not well supported by policy and practice in mainstream sexual violence agencies. Participants were asked to list policies or practices that their workplace has specifically designed to work with ethnic survivors.
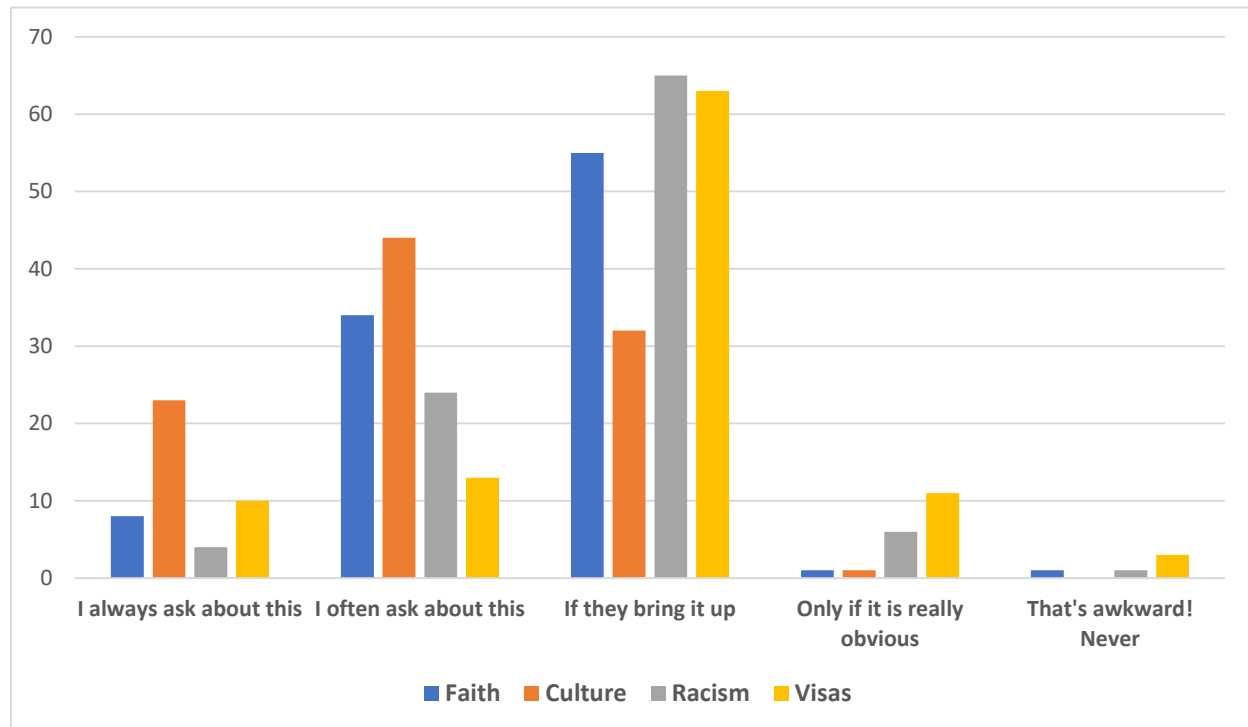
- 43% were unaware or had no specific policy to guide the work with ethnic survivors
- 26% referred to Te Tiriti models, policies and practices
- 11% referred to an interpreter policy
- 11% referred to professional bodies and codes of ethics

Participants were asked to describe what ethnic groups their organization usually worked with, and to provide statistics if possible.

- 11% were able to provide ethnicity statistics. More than half of these participants provided statistics with significant numbers of clients in an "Other" or "Not Recorded" category[10]
- 55% named some ethnic groups with whom they worked without providing any statistical information, including 'Somali', 'Syrian', 'Yemeni', 'Sri Lankan', 'Indian', 'Iraqi', 'Chinese', 'Asian', 'African', 'Cook Island', 'Brazilian', 'Arab', 'Middle eastern', 'Pasifika' and 'South-eastern Asian'
- 10% reported working with all or a wide range of ethnicities without any details
- 15% were unsure of the ethnicities of their clients, had no record of the information or were unable to access records of the information.

Finally, participants were asked about their levels of comfort having conversations with ethnic people accessing their service about faith, culture, racism and visas, shown as percentages in Figure 1.

FIGURE 1: CONVERSATIONS WITH ETHNIC CLIENTS

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[10] This figure was 32% for one organization.

These areas were identified in the Connections! Hui as relevant to wellbeing and support, risk assessment and understanding the context in which sexual violence occurs in ethnic communities. The responses demonstrate a high level of willingness to talk about ethnicity, migration and belonging. However, the most common response for every topic but culture is to talk about it only if the client brings the topic up, leaving the responsibility for raising issues important to ethnic people up to clients, rather than prompted by practitioners during intake processes.

These results raised several questions related to data collection, policy supports for working with ethnic clients and correspondingly, cultural safety in mainstream sexual violence agencies. It is clear agencies are not routinely asking questions and recording answers about ethnicity, faith or visa status. Gaps in data at this point of contact mean that there is no consistency in national data collection, no accurate record of who is entering and exiting sexual violence agencies and therefore little accurate analysis can be made of how well these agencies are meeting the needs of ethnic clients.

In addition, even if we know there is a problem with sexual harm occurring in a specific ethnic population, we have no way of knowing if people from that population group are seeking support from a sexual violence agency, so there is no way to measure the reach or effectiveness of mainstream sexual violence agencies in working with specific ethnic communities. We also cannot expect sufficient resources to be allocated to working with ethnic clients after sexual harm (for example, for interpreting services), if there is no routine collection of demographic data, which undermines the development of responsive local and community-based interventions for sexual violence in ethnic communities.

Providing a culturally safe service for ethnic people means recognizing and validating who they are. It is not possible to undertake an effective risk assessment or understand and enhance existing support networks for an ethnic client without asking questions about country of origin, language, ethnicity, visa status and faith/religion.

Cultural safety therefore requires mainstream services to recognize they will not know everything about the culture of every person who seeks help from them, and to be prepared to ask questions to offer a culturally responsive service.[11]

> *"One of the reasons there has been so much fear and opposition to the whole concept of Cultural Safety is because it requires consideration of issues of power."*
> **Moana Jackson, 2002**

Early engagement with the specialist sexual violence sector
The analysis of survey results discussed above were presented by Shama in open zoom hui in late 2020, advertised via Te Ohaakii a Hine – National Network of Ending Sexual Violence Together (TOAH-NNEST). Attendees across several zoom hui included specialist sexual violence agencies and policy analysts across several government departments.

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[11] Quote from Ramsden, I., (2002), Cultural Safety and Nursing Education in Aotearoa and Te Waipounamu, PhD Thesis, Victoria University of Wellington.

Shama's findings were augmented by initiatives in Australia and other parts of the world to improve data collection to better inform sexual violence support practices for ethnic communities.[12] To address data gaps in sexual violence in ethnic communities, Shama presented these recommendations:

- **Short term -** Synchronise intake forms and data collection of ethnic people seeking help from mainstream sexual violence agencies
- **Medium term -** Improve "official" statistics on sexual violence by ethnicity, in particular:
    - Administrative data from New Zealand Police and other state agencies
    - Population level surveys, for example, the New Zealand Crime and Victimisation Survey
    - Other large scale research projects
- **Long term** – sexual violence data for ethnic communities on prevalence and help-seeking guides practice and is monitored over time to ensure effective national and local strategic and practice level responses

The changes Shama recommended in intake forms and practices to improve culturally safe practice in mainstream sexual violence agencies included collecting systematic information about:

- Country of origin – this allows distinction between for example Chinese New Zealanders, born in New Zealand and those born in China who have migrated to New Zealand
- Language – to identify interpreting needs and improve communication and understanding with ethnic clients if there are language barriers
- Ethnicity – determined, in line with best practice, by the client themselves, which allows people to identify themselves with as many ethnicities as they wish, for example Malaysian and Filipina, New Zealand Indian[13]
- Visa/Immigration status – to assess risk and support needs, for example if sexual violence has been perpetrated by an employer of an ethnic client when they are in New Zealand on a Work Visa sponsored by that employer.
- Faith/Religion – important for many ethnic people in terms of potential support networks and risk assessments, and may determine help-seeking approaches in many ways, for example Muslim women wanting to be supported by female doctors, police officers etc

These engagement opportunities with the specialist sexual violence sector allowed concerns and context to be explored. For some agencies, collecting data about ethnicity and other demographic information such as sexuality was recognised as important in terms of service provision, but not always possible in crisis situations. An early response from one agency suggested Shama work with New Zealand Police to collect data rather than the specialist sector, for this reason.[14]

Another response described such data collection as a "hassle" and told a story about discovering a long-term client's Māori whakapapa by accident, after the client had been accessing their service for quite some time. This response did not seem to recognize ethnicity as important to potential clients at all.

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[12] Mitra-Kahn, T., Newbigin, C., & Hardefeldt, S. (2016). Invisible women, invisible violence: Understanding and improving data on the experiences of domestic and family violence and sexual assault for diverse groups of women: State of knowledge paper, Sydney: ANROWS and https://www.gbvims.com/gbvims-tools/intake-form/

[13] Stats NZ, (2005), Ethnicity New Zealand Standard Classification 2005 V2.0 and Stats NZ, (2020), Ethnicity standard classification: Findings from public consultation November 2019.

[14] Shama responded to this suggestion by pointing out that specialist sexual violence agencies see many survivors that never report to New Zealand Police.

In addition to these online group discussions, Shama met with mainstream sexual violence agencies around the country to discuss rolling out the project based on the supports and training needs suggested by mainstream sexual violence agencies. Ultimately, early engagement led to several agencies expressing interest in piloting these changes. The key issues for mainstream agencies interested in improving cultural safety for ethnic clients included:

- Clear guidance around data collection categories
- Using a trauma-informed approach to make any changes in intake forms and processes
- Identifying practical skills around asking recommended questions
- Recognising intake processes need to be fluid to respond to specific survivors

The pilot project: Making Ethnic Count

Making Ethnic Count is the co-design and trial of effective ethnicity data collection with four pilot organisations, including Shama Ethnic Women's Trust.

Pilot organizations

Making Ethnic Count was established with Terms of Reference between Shama Ethnic Women's Trust and pilot organisations, outlining roles and responsibilities for the project.[15] Original pilot organizations (in order of signing) were Auckland HELP, Tautoko Mai, Counselling Services Centre (CSC), and Shama Ethnic Women's Trust (Shama). Tautoko Mai reluctantly pulled out of the pilot in April 2021, unable to schedule the training required across their multiple sites. Single Parent Services Waikato (SPSW) joined the pilot at this point. All four final pilot organisations offer access to specialist support for people after experiencing sexual harm, including ACC sensitive claims social work and counselling support. HELP focuses solely on sexual harm. CSC offers support after both family and sexual violence. Shama and SPSW both offer group work, community activities and services for a wider client base (ethnic communities and single parent families) as well as specialist support after sexual harm.[16]

Data collection recommendations

Shama developed a tool to support pilot organisations in best practices for data collection for ethnic communities by reviewing international literature and Stats NZ standards. This tool was then tested in a co-design process with participating pilot organisations, and small adjustments made to better reflect their experiences.[17] Adjustments were largely focused on ethnicity categories as follows: Fijian Indian moved to Pacific (after Fijian); South African, Africans and Zimbabwean moved to African; New Caledonian moved to Pacific; Cook Island was added to Pacific; Ni Vanuatu was changed to Vanuatu; a new category of North America was added to include Canadian, American, Hawaiian and Caribbean (all previously under European). Rationale for each question was included to assist intake workers with context, and allowing pilot organisations to capture whether a client was active/non-active in terms of religion was also added. Pilot organisations were asked to introduce these changes to both their intake forms and their databases, as a prompt for intake workers to remember to ask questions about country of origin, language, ethnicity, visa status and faith/religion.

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[15] Terms of Reference document is Appendix 1.
[16] More details about every pilot organization are included in Appendix 2.
[17] The final tool, Collecting Data Together, is included in Appendix 3.

Engagement with pilot organisations

During early stages of engagement, pilot organisations regularly met with the project lead to discuss their databases and intake forms. Bi-monthly meetings operated by zoom with all pilot organisations who could send as many staff as they wished. Training was arranged at dates and locations to best suit pilot organisations, though training was delayed at CSC due to staff changes. For best results, Shama offered two training workshops for this pilot: Cultural Safety and **Making Ethnic Count**. Making Ethnic Count enhances the Shama Cultural Safety training and offers the chance to dig deeper into practice.

Training development

The training package to support **Making Ethnic Count** was developed by the Shama Sexual Violence Response Team. Building on the Shama Cultural Safety training package, the **Making Ethnic Count** training extends cultural safety in these ways:

● Acknowledging cultural blindness, or the idea that treating everyone the same will be ok. This value base directly underpins questions about country of origin, language, ethnicity, visa status and faith/religion being resisted or seen as a "hassle" rather than as necessary for cultural safety

● Using adult education, community education, social work and trauma-informed care principles to build on existing skills and concepts through interactive exercises that people working in mainstream sexual violence agencies already have in working with ethnic clients[18]

● Exploring the concept of cultural humility. Shama approaches working with ethnically diverse communities by being aware that we do not "know" about people who are different from us. We need to ask questions and keep learning, particularly in the growing ethnic diversity of Aotearoa New Zealand. The approach asks mainstream sexual violence agencies to ask ethnic clients intake questions to better inform risk and support assessments

● Offering good practice role plays of intake situations where ethnic clients are asked, and respond to, questions about country of origin, language, ethnicity, visa status and faith/religion. Participants then practice some of these techniques and approaches themselves[19]

● Providing a workbook for training participants to encourage further engagement with the Shama Crisis Response team and other resources to best support ethnic clients, including highlighting ethnicity, language, faith and country of origin diversity in their region, based on Stats NZ census data

Training delivery

As noted above, Shama offered two training workshops for this pilot: Cultural Safety and **Making Ethnic Count**. HELP was one of the first organisations to book Cultural Safety training so did not require an additional session for the pilot; however the actual crisis team participants who attended the **Making Ethnic Count** training included many newer members of staff who had missed the previous session.

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[18] For example, the Aotearoa New Zealand Code of Ethics for Social Workers includes the value of Rangatiratanga, or social workers valuing diversity and cultural identity. Te Pou o te Whakaaro Nui, (2018), Trauma-Informed Care: Literature Scan, Auckland highlights the importance of cultural, historical and gender issues in a specific principle asking therapists to move past cultural stereotypes and biases, offer gender responsive services, leverage the healing value of traditional cultural connections, and recognise and address historical trauma.

[19] In one pilot training, participants did not get the chance to practice asking questions themselves after spending more time in an earlier exercise.

Both Shama and SPSW completed a full day training, with Cultural Safety training in the morning and **Making Ethnic Count** training in the afternoon. For Shama, this was because the social work and counselling team were all newer staff members who had not attended the first Cultural Safety training session at Shama. CSC were the last organization to receive Cultural Safety training, and we were unable to deliver **Making Ethnic Count** training due to lockdown measures in Auckland. This means CSC have not yet begun collecting recommended data other than ethnicity. Our experiences in the pilot confirmed the need to do Cultural Safety training first.

The **Making Ethnic Count** training was delivered with the same lead facilitator with different co-facilitators at each of the three trainings. This means four Shama staff members have experience in delivery, and each delivery included at least one registered social worker and/or ACC registered therapist.   All trainings were also supported by the project manager.

Training preparation

To focus training activities, Shama sent a pre-training survey out to each pilot organization before the training. We received responses from 23 sexual violence agency staff members, or about two thirds of the people who eventually completed the training.[20] Pre-training responses helped us understand intake contexts and practices, and comfort levels in asking questions about country of origin, language, ethnicity, visa status and faith/religion. All participants were women, from 12 self-identified ethnic groups.[21]

Staff members who answered the pre-training survey were most likely to undertake intake/initial assessments for new people coming to their service for help over the phone, either in response to someone calling the service (57%) or by calling someone after a referral had been made (57%). Intake assessments were also carried out in person at the agency (39%), or at another venue such as a police station, doctor's office, hospital or other community space (39%). Less common were intake assessments in a potential client's own home (13%). An additional comment was made that post Covid-19, shifting from face-to-face to online and phone intakes had become ordinary practice.

Current intake practice, based on the pre-training survey responses, showed practitioners in mainstream sexual violence agencies describing being more comfortable asking questions about ethnicity than anything else. More than three quarters of staff members indicated asking about language and interpreting needs and country of origin. Staff members were most unlikely to be asking about religion, and about half were asking about immigration status.

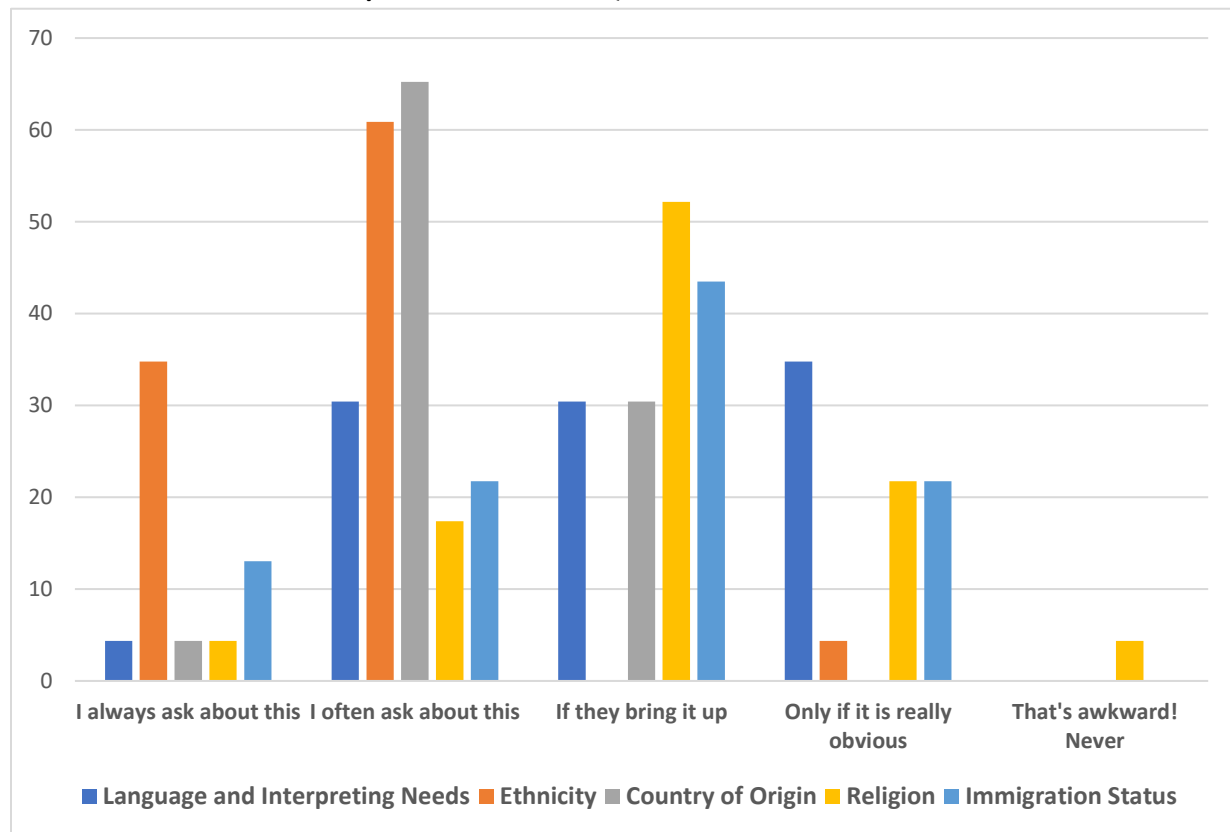TABLE 1: INTAKE/INITIAL ASSESSMENT QUESTIONS – PRE-TRAINING

	Country of Origin	Language / Interpreting	Ethnicity	Immigration Status	Religion
Yes	18	18	23	12	8
No	5	5	0	11	15
% Yes	**78%**	**78%**	**100%**	**52%**	**35%**

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[20] SPSW sent 10 staff members to training; Shama sent 9 staff members; and HELP sent 16 staff members.

[21] NZ European/Pākehā, Latinoamerican, Chinese-Taiwanese, Korean, South African, Kiwi Indian, Māori/NZ European/Pākehā, Māori, American, and Middle Eastern. NZ European/Pākehā was the most common ethnicity.

The pre-training survey also investigated comfort levels with asking these questions in intake/initial assessment. The results in percentages are shown in Figure 2. They show the same broad pattern as responses in Table 1 of higher levels of comfort in asking about ethnicity than anything else and lowest levels of comfort for religion, followed by immigration status. However, they also differ slightly. For example, if 100% of staff members are asking about ethnicity, you would expect 100% of "comfort" responses for ethnicity to be in "I always ask about this." The comfort questions may partially highlight a gap between actual and intended practice around asking questions about country of origin, language, ethnicity, visa status and faith/religion. There are concerning signs for visa status and faith/religion around the significant cluster of participants saying they only ask these questions "if it is really obvious."

FIGURE 2: COMFORT WITH INTAKE/INITIAL ASSESSMENT QUESTIONS – PRE-TRAINING

The pre-training survey also asked what those attending most wanted to gain from the training. Twenty-two responses were given to this question. Participants were most likely to want to gain more knowledge, (11) followed by new skills and confidence (8). Five participants wanted to develop client-centred practice with ethnic clients, and one participant wanted to explore their concerns around asking about religion.

"I want to gain an understanding of the reasons why we need these data in order to centre our service around the client's needs. To serve the client more appropriately."

Pre-training survey response, 2021

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Participants were asked what intake practice they would use to make someone from a different culture, ethnicity or faith feel comfortable with them in the pre-training survey. Participants were most likely to ask questions to better understand a client's needs, including acknowledging cultural differences (16).

Acknowledging their own cultural background (6) as part of acknowledging cultural differences was important, particularly for Māori or ethnic staff members.

> *"Acknowledge that I am of Māori/Pākehā descent and that I notice we are different and ask if there is anything I need to know about them to help support them."*
> ### *Pre-training survey response, 2021*

Explaining social work practices and service options, including specifically including confidentiality (3) and being prepared to change practice (3) were other responses given to this question.

> *"Introduce myself and talk about social work practice as that is not very common in other countries or the concepts of being non judgmental and bias are not spoken of in other countries. At least where I come from. Also explaining confidentiality and consent helps a lot. They can then choose to work with me or not."*
> ### *Pre-training survey response, 2021*

Finally, participants were asked what they believed ethnic communities needed to know about their service. Core services (3) were named but participants were more likely to respond that ethnic communities needed to know that everyone was welcome (9) and that they were here to help (9) than anything else. Being willing to learn from their client so they could provide a culturally appropriate service (5), being safe (3) and being willing to refer to other services (3) and offering confidential services (2) were the other responses given to this question.

Pilot outcomes: Training evaluation

To evaluate the training, we administered an anonymous post-training survey to training participants to before they left the **Making Ethnic Count** training. There were 29 post-survey responses.

The first set of questions asked participants if they anticipated, post-training, asking questions about country of origin, language, ethnicity, visa status and faith/religion. The results are shown in Table 2. Any change from pre-training result percentages is highlighted in the final row.

TABLE 2: INTAKE/INITIAL ASSESSMENT QUESTIONS – POST-TRAINING

	Country of Origin	Language / Interpreting	Ethnicity	Immigration Status	Religion
Yes	29	28	29	20	28
No	0	1	0	7	1
% Yes	**100% (+22%)**	**97% (+19%)**	**100% (same)**	**69% (+17%)**	**97% (+62%)**

The shift in results post-training is positive for every question area except ethnicity, which remained the same, indicating the **Making Ethnic Count** training has increased intention to ask intake questions about country of origin, language, visa status and faith/religion.

The biggest shifts were in religion (+62%) and country of origin (+22%). However, for religion, three participants qualified their "yes" responses with additional free text:

- Not in crisis calls
- If I consider is appropriate
- Possibly - could be intrusive initially. Might be better if we explore it in the track

The participant who did not intend asking ethnic clients about religion qualified their "no" response in free text by saying they would only ask "if applicable and if referral to services is required."

For immigration status, all the participants who did not intend asking this question qualified their "no" response in free text:

- Most of our referrals come from the police and they provide this information
- Well, each of the above questions is really dependant on the context of the call with clients. In a crisis wouldn't ask the questions unless appropriate. It is more relevant after we have done a referral.
- Case-by-case basis depending on client needs
- Sometimes yes, sometimes no depending on if it's appropriate. Address immediate needs first.
- In crisis more still doesn't seem relevant
- Only if appropriate/applicable for support needs
- Not relevant to the service I provide

Therefore, while the shift in intended practice is clearly positive, there are still some post-training responses indicating mainstream sexual violence agency staff members feel able to make assumptions about the support needs of ethnic clients without actually asking clients questions themselves.

The next question in the post-training survey asked what intake practices participants would try and implement to make it safer for ethnic survivors to ask for help. Again, this mirrored a question in the pre-training survey. Post-training survey responses were specifically focused on cultural safety and client-centred practice for ethnic people. Asking questions to improve support for ethnic clients was the most common response (22), followed by explaining to all clients why they were asking questions about country of origin, language, ethnicity, visa status and faith/religion (5). Two participants said they now felt it was "ok to ask questions," and they would ask everyone the same questions. One participant linked explaining why they were asking with confidentiality.

> *"Mention why the data is being collected and reassuring that the information will be kept confidential (have this statement at the end of the forms being completed & informing the clients verbally about it also)"*
>
> **Post-training survey response, 2021**

As with the pre-training survey, participants were asked what they thought ethnic communities needed to know about their service in the post-training survey. Participants were most likely to say they thought being able to offer client-centred, culturally appropriate responses (11) was important. They also wanted ethnic communities to understand their core services for the agency (6); and that they were separate from New Zealand Police and/or immigration services (2); and able to or refer to specialist services (2). Many participants also wanted ethnic communities to know they were here to help (10) and that everyone was welcome (6). One participant wanted ethnic communities to know their agency had a culturally diverse staff team and had attended training from Shama.

Participants were asked what could be improved about the training, and 16 responses were offered. Participants were most likely to say they couldn't think of any improvements (6). One participant wanted more time to practice intake questions. Another wanted more information about Shama, and resources to help meet immigration needs of ethnic clients.[22] Four participants commented with suggestions for workshop delivery:

- Better structure and delivery will be helpful. Program was hard to follow and felt a bit disorganized
- Sometimes instructions were a little bit confusing at first
- Keep it more fast paced
- Maybe have another moving around activity. I got tired towards the end

Finally, participants were asked what they found most useful about the **Making Ethnic Count** training. This question received 22 responses. The role play exercises which modelled different respectful ways to ask intake questions and explain information gathering were comprehensively the most popular (14).

Participants also commented that the workshop had been informative (5) and that everything had been helpful because of the openness of delivery (6). Exercises allowing participants to explore their fears of asking intake questions (3) as well as being interactive (3) and allowing them to practice intake questions (2) were also mentioned. One participant commented that recognizing the importance of asking about faith/religion as grounding for ethnic clients was the most helpful aspect for her.

> *"Honestly, everything was helpful. The role plays were great and helping understand how to bring cultural safety into the conversation."*
>
> *Post-training survey response, 2021*

Pilot outcomes: Data collection context and analysis

Shama has been working with all four pilot organisations to collect data from 1 January 2021 to 31 October 2021. The process of collecting the data from four different database systems, "cleaning" and standardizing for analysis, and then finally analysis, has been more labour intensive than we envisaged, particularly as we were trying to make this process as easy as possible for our pilot organisations. All four organisations offered commentary on this data collection section before this report was submitted, and their comments are included here and in the subsequent **Discussion** section.

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[22] Information about Shama and immigration resources are offered as part of the Shama Cultural Training package, highlighting that this should be delivered before **Making Ethnic Count**.

We have analysed client numbers from before and after training with pilot organisations. The data shows differences, for some variables, between the post-training data collection before lockdown and afterwards. Where this is the case, it is highlighted in the commentary, and we are deeply appreciative that in this very challenging time, every pilot organization continued to be engaged in the pilot.

It is important to note that the numbers of clients for different organisations vary considerably, as do the numbers of staff members able to support those clients. HELP and CSC have larger workforces than Shama and SPSW, and significantly larger numbers of clients each month. They also both offer 24-hour on call crisis support, which has different challenges when asking demographic questions. SPSW and Shama also work in crisis situations, but not in a 24-hour on call context. Due to training being delivered at different times to different organisations, and different databases offering different ways of reproducing data, there are differing time frames for data collection from the organisations for the pre- and post- training periods.

Most of the data analysis below uses percentages rather than absolute numbers, so we can usefully compare data between and across organisations. However, it should be noted that for the two organisations with much smaller data sets (SPSW and Shama), this means relatively small numbers of clients can cause significant shifts in percentages. Time periods and total numbers of clients for each period for each organization are given in Table 3.

TABLE 3: DATA COLLECTION TIME PERIODS AND CLIENT NUMBERS FOR PILOT ORGANISATIONS

	CSC	Shama	SPSW	HELP
Training delivery dates	Cultural Safety 20 July 2021	Cultural Safety and MEC 18 May 2021	Cultural Safety and MEC 17 May 2021	Cultural Safety 2020 MEC 24 July 2021
Pre-training period	1 January 2021 – 31 July 2021	1 January 2021 – 31 May 2021	31 January 2021 – 31 May 2021	1 January 2021 – 31 May 2021
Clients before training	1282	54	140	1103
Post-training period	1 August 2021 – 31 October 2021	1 June 2021 – 31 October 2021	1 June 2021 – 31 October 2021	1 June 2021 – 31 October 2021
Clients after training	465	162	119	912
Total clients	**1747**	**216**	**259**	**2015**

Language

Pilot organisations were asked to record if client needed an interpreter, and if they so, for what language. Interpreting services are critical to supporting ethnic people with English as an additional language, particularly around explaining complex systems in New Zealand, and making sure the needs and concerns of the client are understood.

CSC did not report any use of interpreters. SPSW used two interpreters during the pilot. HELP joined the ADHB Interpreter Service during the pilot, and have needed to book Spanish, Korean, Mandarin and Japanese interpreters. One Iraqi client was also supported by a Farsi speaking HELP staff member. HELP also noted that due to Covid border closures, they have not received clients more likely to need interpreters from international student, tourist and backpacker backgrounds.

Shama's experience is this area is quite different, both in numbers of clients needing interpreting support and in numbers of different languages spoken. In-house, Shama staff speak seven languages, and regularly assist with interpreting needs with clients. Pre-training, Shama saw 26 clients with interpreting needs and booked interpreters who spoke 13 different languages including Spanish (5 clients); Arabic, Dari, Hindi, Mandarin, Somali (all 3 clients); and Chinese, Kinyarwanda/Swahili, Pashto, Punjabi, Thai and Urdu. Post-training, Shama saw 28 clients with interpreting needs and booked interpreters who spoke 9 different languages including Dari (8 clients); Mandarin (6 clients); Hindi (5 clients); Spanish (4 clients) and Arabic, Pashto, Portuguese, Tamil and Telugu. Border restrictions have also impacted in a variety of ways on clients coming to Shama, including adding additional pressure for ethnic families who are split by the border restrictions or unable to receive or offer help to family members overseas.

Country of Origin

Collection of Country-of-Origin data involves making a distinction between ethnicity and country of birth. For some people, there will be no distinction. For many ethnic New Zealanders however, this allows people to say, for example, that they were born in New Zealand, and are a New Zealander of Indian ethnicity. There can also be significant ethnic differences inside one country which it is necessary to understand to offer appropriate client responses. Table 4 summarises Country-of-Origin data. The higher the percentage, the more that organisations collected Country-of-Origin data.

There are high numbers of countries in both sets of data. The total number of clients born overseas for each agency highlights the difference being an ethnic organization may make in terms of who seeks service – nearly three quarters of Shama clients reported being born overseas. This does, however, rely on the data that has been captured, so may miss clients for every organisation who were not asked about their Country-of-Origin.

TABLE 4: COUNTRY OF ORIGIN

	Shama	SPSW	HELP
Identified (pre-training)	89%	17%	45%
Countries other than ANZ (pre-training)	14	3	17
Most clients (not ANZ)	India	Australia and Phillipines	UK
Identified (post-training)	86%	43%	35% (19% post lockdown)
Countries other than ANZ (post-training)	20	6	19
Most clients (not ANZ)	India	Fiji	UK
Percentage of all clients born overseas	74%	3%	4%

In terms of impact of training, there was significant positive change for SPSW in both numbers of countries identified and numbers of clients who were asked about their Country-of-Origin. Shama recorded very high asking rates, little change and high numbers of those born overseas. HELP collected a small but significant higher percentage of Country-of-Origin data *before* they received **Making Ethnic Count** training. When lockdown months are split out from other post-training months, this decrease is

entirely from lockdown data, illustrating the additional challenges of providing services in the Covid environment. Just 19% of clients had Country-of-Origin data available in the time after lockdowns were in place in Auckland in the post-training period.

Ethnicity data

The data recommendations encourage asking clients to self-identify ethnicity in as many ways as they wish. This means many clients used multiple identifiers (eg Malaysian Chinese; Colombian and Latin American), so one of the measures used for this data was the numbers of clients who had no record. Ethnicity data was the most complex to analyse for this and other reasons.

Our pilot organisations identified ethnicities not suggested in our data recommendations based on Stats NZ standards and the category of *Other* was still employed sometimes, but within specific ethnic categories (eg European, *Other*) so this is different than simply having no information about a client.

Inside the Asian sub-category, *Asian, Other, Malaysian Indian* and *Pakistani* were added by pilot organisations. Inside the Middle Eastern sub-category, *Afghani* and *Middle Eastern* were added by pilot organisations. Afghani was identified by many Shama clients over these time periods. Inside the Latin American sub-category, *Latin American* was added by pilot organisations. Inside the African sub-category, *South African, Zimbabwean, South African Indian, Congo and African* were added. Inside Pacific Islands, *Other, Pasifika* and *Cook Island Māori* were added. Inside European, *European, English, United Kingdom, Scottish* and *Other* were added.

TABLE 5: ETHNICITY SUMMARY DATA

	CSC	Shama	Single Parent Services Waikato	Auckland HELP
No record (pre-training)	11%	15%	0%	56%
Ethnicities (pre-training)	26	19	18	32
No record (post-training)	14%	6%	3%	56%
Ethnicities (post-training)	26	26	15	40
Total number of ethnicities	31	36	26	49

Of note is that there has been very little shift in percentages of clients without an ethnicity record for most organisations. CSC and SPSW have a very slightly higher no record rate post-training (but both have low no record rates overall). SPSW, in particular, clearly value recognizing ethnicity in the services they provide to clients. There is a small but significant decrease in no record rate for Shama.
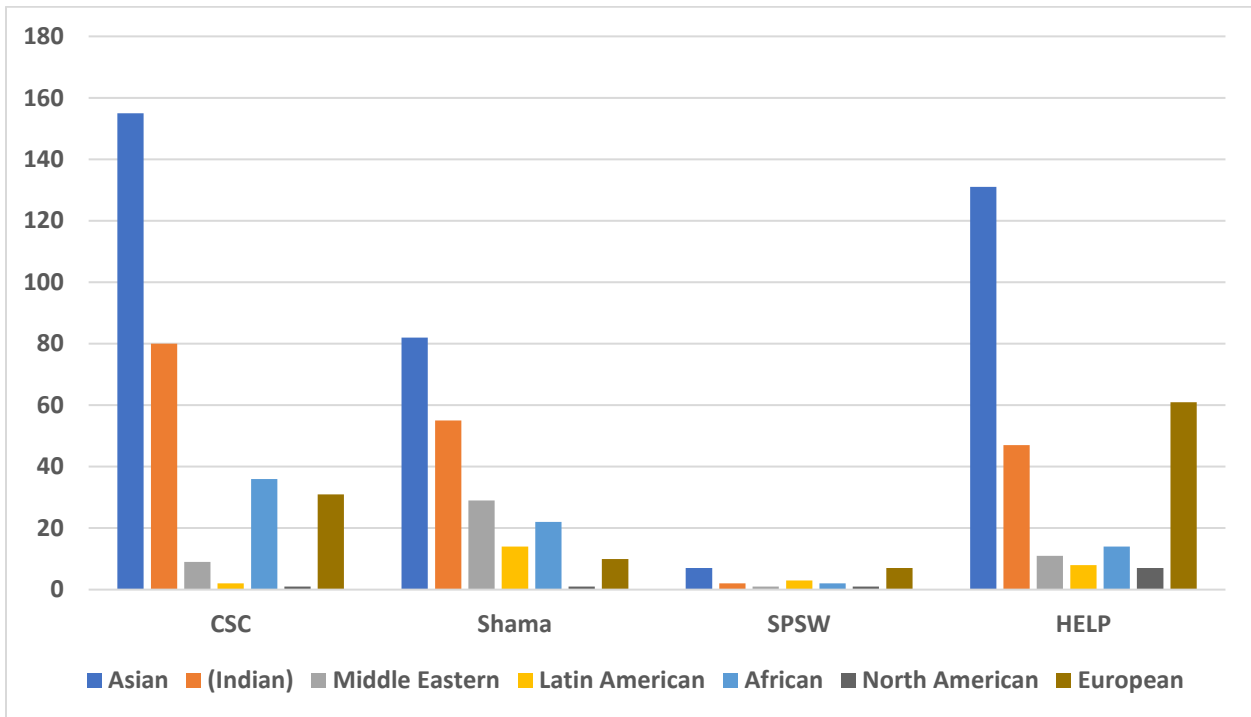
HELP's data is interesting, because there is no change in no record rates for HELP, but more ethnicities are identified. Examining this further, the change seems to be driven by ethnicity being more accurately recorded post-training, with moves to capture specific ethnic group, rather than summary groups as illustrated in Table 6. This means, for example, that a client might be captured as *Asian NFD* before the training, and a specific ethnicity in the Asian sub-category after the training.

TABLE 6: HELP ETHNICITY CATEGORY CHANGES PRE- AND POST- TRAINING

Ethnicity categories	Pre-training client numbers	Post-training client numbers
Asian NFD	6	0
Asian Other	4	0
Latin American	5	0
Middle Eastern	5	1
Pacific Peoples NFD	4	1
Pacific Peoples Other	5	0
European NFD	14	1
European Other	10	4
TOTALS	**53**	**7**

There were many different ethnicities recorded by pilot organisations. To explore this further for ethnic clients, we have captured total numbers of clients inside each of the ethnic sub-categories as listed by the Stats NZ standard. This excludes Māori; NZ/Australian; and Pacific Peoples and covers pre- and post-training time periods.

FIGURE 3: TOTAL RECORDED ETHNICITIES IN NUMBERS BY SUB-CATEGORY

The "Asian" sub-category is highest for every organization. This includes high numbers of Indian clients (in orange above), obscuring lower levels of help-seeking from other ethnic groups inside the Asian sub-category.

Numbers of ethnicities is not the only important measure for services. It is also useful to identify the percentages of clients identifying with specific ethnicities, so we can get some sense of proportion, particularly given the difference in agency size.

Figure 4 shows the percentages of clients from each ethnic sub-category accessing each organization, relying on ethnicity captured, so clients who did not have their ethnicity recorded are not represented. If every organization had recorded ethnicity for every client, we would expect these percentages to total more than 100% as some clients have identified with more than one ethnicity.

Figure 4 includes Māori; NZ/Australian; and Pacific Peoples and covers pre- and post-training time periods. This offers an indicator of ethnic diversity to assist with a useful picture of clients accessing these agencies, particularly as client numbers across the four organisations are so different.

The profiles of each agency look very different in Figure 4. CSC and SPSW are both seeing high numbers of Māori clients, and CSC also sees high numbers of Pacifica clients. Shama sees a much more ethnically diverse range of clients than the other agencies.

FIGURE 4: TOTAL RECORDED ETHNICITIES IN PERCENTAGES BY SUB-CATEGORY

Finally, the most common ethnicities in each sub-category and numbers of different ethnicities inside each sub-category is another useful measure and is captured in Table 7. Note that Māori data is total numbers of clients. For some categories, particularly for pilot organisations other than Shama, the most common ethnicity might represent a small number of clients.

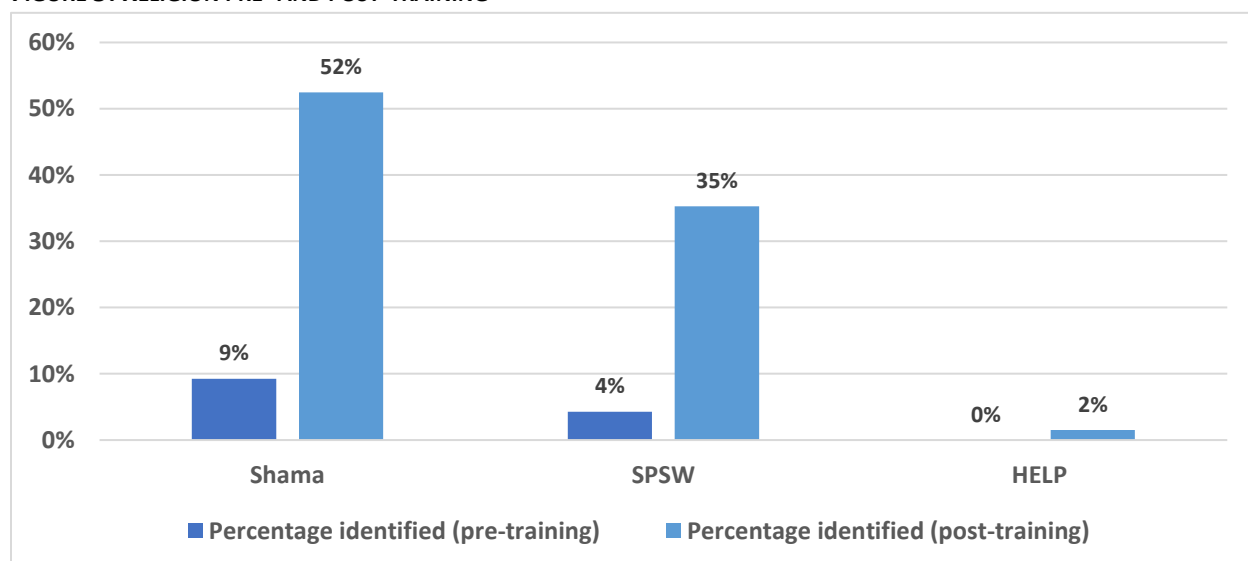**TABLE 7: MOST COMMON ETHNICITIES AND NUMBERS OF DIFFERENT ETHNICITIES INSIDE SUB-CATEGORIES**

	CSC	Shama	SPSW	HELP
Asian	Indian (8)	Indian (9)	Chinese, Indian, Korean (4)	Indian (11)
Middle Eastern	Middle Eastern (1)	Afghani (6)	Iraqi (1)	Middle Eastern (6)
Latin American	Chile and Jamaica (2)	Colombian (4)	Colombian (1)	Latin American (4)
African	South African (2)	Somali (8)	South African (1)	South African European (3)
Māori	503	24	124	163
Pacific Peoples	Samoan (9)	Fijian Indian (3)	Samoan (7)	Samoan (10)
NZ/Australia	NZ European (3)	NZ European (1)	NZ Pakeha (3)	NZ European (3)
North American	American (1)	Native American (1)	Canadian (1)	American (2)
European	Other (4)	European (3)	British, Croatian, Russian, Italian, German, English, UK (7)	British (9)

Religion

Asking questions about religion and immigration status seem to be much less comfortable in a mainstream Aotearoa New Zealand context, reflected in feedback during the scoping of this project, as well as within training. For some practitioners however, the idea that spirituality or wairua is part of working with clients is well-established, so asking about religion seemed to be more comfortable, particularly in the context of Te Whare Tapa Whā. Interestingly, once implemented, just one client across all organisations told an intake worker they did not wish to disclose their religion.

As with ethnicity, pilot organisations added new religious categories to those offered in the Stats NZ standards: *Jehovah's Witness; Bahai; Agnostic; Catholic; Mormon (LDS); Sikhism; Falungong; Spiritual; Not applicable* and *Do not wish to disclose.*

FIGURE 5: RELIGION PRE- AND POST-TRAINING

Asking about religion showed the largest increase post-training of all the variables, but only for Shama and SPSW, who raised their data collection to 52% and 35% respectively. HELP's data collection for religion did not change significantly after training. As with Country-of-Origin data however, there was a significant difference post-training between the months before lockdown for HELP, in which religion data was beginning to be captured at higher rates, and post-lockdown, when no religious data (0%) was captured for any client.

Shama was the only organization in which no clients were recorded *as Agnostic or Non-Religious,* with *Hinduism, Islam* and *Christian* the most common religions named. This may indicate the importance of faith for many ethnic clients in comparison with the general population. Table 8 shows most common religions and numbers of religions recorded over pre- and post-training periods.

TABLE 8: RELIGIOUS BELONGINGS

	Shama	SPSW	HELP
Number of religions (pre-training)	4	6 incl Non-applicable and Agnostic	0
Most common religion (pre-training)	Islam	Christian, Jehovah Witness, Catholic, Mormon (LDS)	N/A
Number of religions (post-training)	7	5	4 incl Non-religious
Most common religion (post-training)	Hindu	Christian	Christian

Visa and Immigration Status

The final area of data collection recommended in Making Ethnic Count was immigration status. As with earlier categories, pilot organisations added new categories to those originally suggested. *Refugee, Resident, Permanent Residency,* and *New migrant resident* were all added by pilot organisations, to better capture client experiences. This means there is some potential double up of these categories which we have not attempted to unpack inside the constraints of this project, so this data is presented at face value.
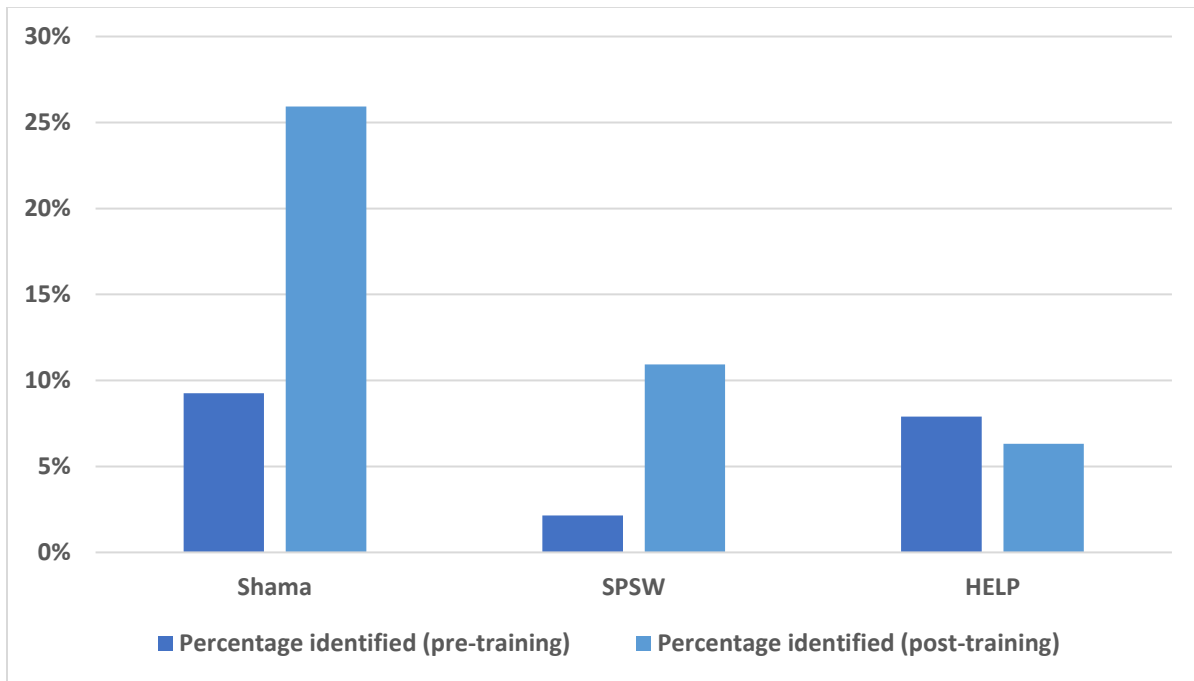
TABLE 9: VISA/IMMIGRATION STATUS

	Shama	SPSW	HELP
Identified (pre-training)	9%	2%	8%
Number of categories (pre-training)	4	2	5
Most clients other than Citizen (pre-training)	Refugee	Join family	Visit, Work, Join family
Identified (post-training)	26%	11%	6%
Number of categories (post-training)	7	2	5
Most clients other than Citizen (post-training)	Permanent residency	Temporary residency	Temporary worker
% of all clients not citizens	17%	2%	Less than 1%

Table 9 identifies recording of visa/immigration status. Relatively low numbers of people from visa categories other than *Citizen* were identified for SPSW and HELP; in contrast nearly one in five Shama clients were in *Work, Student, Join Family, Refugee, Temporary* or *Permanent Resident* visa categories*.*

There was little change post-training for HELP, but significant increases in asking questions about visa/immigration status for both Shama and SPSW during the pilot, as shown in Figure 5.

FIGURE 6: VISA/IMMIGRATION STATUS PRE- AND POST-TRAINING

Pilot outcomes: Organisation perspective videos

All four pilot organisations made videos to describe their agency, their reasons for joining **Making Ethnic Count**, the challenges in the pilot, and the difference they felt it was making to their agency practices around data collection and work with ethnic clients. The videos were completed by Toia Chase, Youth Counsellor at Single Parent Services Waikato; Sylvia Yandall, Crisis Services Manager at Auckland HELP, Kalolaine Lolo, Referrals Co-ordinator at Counselling Services Centre and Fariya Begum, Practice Manager at Shama.

All organisations describe joining **Making Ethnic Count** to provide better responses to ethnic clients. The positive intent is clear in their descriptions of their work, and their desires to provide the best, most culturally appropriate response to ethnic people and families, inside increasingly diverse communities in Aotearoa. SPSW, HELP and CSC discuss the invitation to ask specific questions to better understand context for ethnic people as potentially challenging, especially in crisis situations. However, all reflect that by building better connections with ethnic clients, their ability to support their clients is enhanced.

Improving database systems is also mentioned by SPSW, HELP and Shama, and the training provided acknowledged as helping organisations address concerns and practice asking questions in respectful ways. Ms Begum sums up the pilot for Shama by saying that it has reinforced Shama's commitment to a

client-centered approach and the need to explore identity and dimensions in ways that ethnic clients need. The videos can all be watched on Shama's website. We are very grateful for their willingness to offer their expertise in this way.

Discussion

The data gathered paints a diverse picture in terms of people seeking help from our pilot organisations. Every organization is seeing significant ethnic diversity. Shama is working with ethnic clients who are more likely to be born overseas, more likely to require interpreters, and more likely to be dealing with visa/immigration issues.

For this discussion, it is useful to consider and discuss the objectives of **Making Ethnic Count**:

1) Understanding of barriers and incentives to change: technological, data capability, needs for training (this is divided below into 1a. Barriers and 1b. Incentives)
2) Understanding of resources needed to support sector: templates, mentoring, training
3) Test of application of StatsNZ Standards in NGO space
4) Understanding of scale of resources and time to achieve change

Objective 1a: Barriers to change: technological, data capability, needs for training
Identified barriers to shifts in cultural safety practices included:

- Structural constraints related to underfunding and lack of capacity
- Database challenges
- Structural constraints of racism and cultural blindness
- Challenges in scheduling training
- Staff turnover

The sexual violence sector has been chronically underfunded for decades. This has multiple impacts, including but not limited to unacceptable levels of stress and pressure on overstretched services, difficulties recruiting and keeping staff at appropriate salary levels for their skillsets and inability to make long-term strategic or planning decisions for service development.[23]

Underfunding of specialist sexual violence agencies also partially explains the length of time it has taken for an ethnic specific sexual violence response to be developed. Without adequate funding it is difficult for mainstream sexual violence agencies to serve marginalized survivor groups at all, let alone improve responses in comprehensive, systematic and culturally safe ways.

> *"Government underfunding of sexual violence prevention and support services is hurting all of our communities, especially Māori, LGBTIQ folk, and our migrant and refugee whānau."*
>
> ***ActionStation, 2019***

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[23] Action Station, (2019), For the Wellbeing of New Zealanders: An Urgent Call for Full Funding for Sexual Violence Prevention & Support Services, Wellington.

Other consequences of underfunding include the ad-hoc development of many organization processes, including in relation to data collection and reporting. This is not a criticism, but the reality of what happens when community organizations are not well-enough resourced to do their work.

Every agency involved in piloting **Making Ethnic Count** used a different database system. One complication for Tautoko Mai as a potential pilot organization was a larger data project which was taking longer to complete than planned. Other agencies who chose not to participate in the pilot project despite interest in cultural safety described having to pay for database changes as a barrier and told Shama they would implement suggested changes in data collection after piloting, so they only had to pay to make database changes once. Some agencies manage their database "in-house," while others pay database experts off-site to assist them. Any attempt to shift national practice around data collection for sexual violence agencies must be responsive to differing database contexts – which may include limits on what is possible inside an existing system (for example, numbers of fields for a specific criteria) and costs to upgrade or improve an existing system.

For example, Shama has completed a formal review of their database system and intake forms because of issues identified in the pilot, to increase the ease of reporting on information they are routinely collecting but not always recording.

In addition to database differences, there are differences in what sexual violence agencies are currently capturing and for whom. Mostly, agencies collect data to prove to funders they are (over)delivering on contracts. Demographic data which is not in funding contracts is unlikely to be captured, especially if sexual violence agencies cannot see how this will aid their work with ethnic clients. Structural constraints related to funding have been recognized as an issue by ethnic researchers for quite some time.[24]

> *"We do have to report on how many people use specialist sexual services, but we don't have to report on the ethnicity, as Ministry AAA doesn't ask us that. Ministry BBB wants to know what ethnicity our clients are, but they're not paying for the sexual violence service and so that data isn't stratified."*
>
> ***NGO staff member, 2018***

It is important too, to acknowledge the structural constraints of racism and cultural blindness as additional barriers. There is ample evidence that Aotearoa New Zealand struggles with racism, and that our mainstream social, health and education services are often set, by default, to respond to Pākehā/New Zealand European needs and concerns.[25]

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[24] Quote from a community worker in Rahmanipour, S., Kumar, S. and Simon-Kumar, R., (2018), Underreporting sexual violence among 'ethnic' migrant women: perspectives from Aotearoa/New Zealand, Culture, Health & Sexuality.

[25] See for example Harris, R., Stanley J., Cormack D, (2018), Racism and health in New Zealand: Prevalence over time and associations between recent experience of racism and health and wellbeing measures using national survey data. 2018; 13(5); Talamaivao, N., Harris, R., Cormack, D., Paine, S., and King, P., (2020), Racism and health in Aotearoa New Zealand: a systematic review of quantitative studies, NZMJ 4 September 2020, Vol 133; Human Rights Commission, (2021), Ngā take o nga wheako o te kaikiri ki ngā manene o Aotearoa: Drivers of migrant New Zealanders' experiences of racism; Human Rights Commission, (2021), Te Kaikiri me te Whakatoihara i Aotearoa i te Urutā COVID-19: He Aro Ki Ngā Hapori Haina, Āhia Hoki/ Racism and Xenophobia Experiences in Aotearoa New Zealand during COVID-19: A Focus on Chinese and Asian Communities.

There is also evidence of Islamophobia impacting in extremely negative ways on Muslim people in Aotearoa New Zealand, including but not restricted to the horrific attack in 2019 in Christchurch.[26]

The struggle for funding to establish culturally safe practices and services for ethnic people meant the Shama Sexual Violence Response Team was not developed until 2019 despite earlier calls for such a service. In addition, institutional and interpersonal racism inside the delivery of social services was first named in Aotearoa New Zealand in the landmark 1988 report focusing on Māori, Puao-Te-Ata-Tu.[27] These issues are also relevant for ethnic peoples in Aotearoa.

> *"The most insidious and destructive form of racism, though, is institutional racism. It is the outcome of monocultural institutions which simply ignore and freeze out the cultures of those who do not belong to the majority. National structures are evolved which are rooted in the values, systems and viewpoints of one culture only."*
>
> ***Puao-Te-Ata-Tu, 1988***

The lack of data about sexual violence experiences inside ethnic communities is one example of monocultural practice which does not recognize ethnic differences. Early engagement with the sexual violence sector demonstrated that many mainstream agencies simply did not recognize that understanding ethnic and cultural contexts is crucial to providing culturally safe responses for ethnic survivors. Relating to failing to recognize ethnic differences is the resistance to asking questions seen as critical by ethnic communities into risk and support assessments. Other monocultural examples include the lack of information about core services in the various languages spoken in Aotearoa New Zealand, and lack of experience and knowledge of using interpreting services, which both mean ethnic survivors cannot access services after sexual violence at all unless they speak adequate English.

In terms of interpersonal practice from staff working in sexual violence agencies, while most staff members seem to value training and support from Shama, there are a small minority of staff members who behave less positively. One example is the way different Shama trainers are treated when they are speaking, depending on whether they have an ethnic or New Zealand accent. Sexual violence agency staff members have been observed closing their eyes when a Shama trainer with an ethnic accent speaks, opening them again when a Shama trainer with a New Zealand accent is talking. This raises questions about what kind of service ethnic clients with accents may be receiving. The post-training survey responses from a small minority of staff members indicating they will only ask intake questions about religion and immigration status when *they* think it is necessary is another example of cultural blindness in practice.

The Shama Sexual Violence Response Team experiences increases in calls for supervision and support from mainstream sexual violence agencies after running Cultural Safety training. This illustrates increasing awareness and openness from sexual violence agencies to shift towards more culturally responsive practice. It does, however, highlight another barrier that was significant for the pilot project.

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[26] Royal Commission Report of Inquiry into the terrorist attack on Christchurch masjidain on 15 March 2019, (2020) and Sibley, C. et al., (2020), Prejudice toward Muslims in New Zealand: Insights from the New Zealand Attitudes and Values Study.
[27] Puao-Te-Ata-Tu, (1988), Wellington, available https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/archive/1988-puaoteatatu.pdf

Sexual violence agencies, particularly those involved in crisis response, often struggle to provide training to entire staff groups, because they are simply too busy – even when, as in this case, such training is free. They are offering 24-hour support, so scheduling is a challenge, and also often employ contractors, and/or front-line staff members in part-time roles. Ensuring training is available for all staff members is therefore logistically difficult, and for contractors may involve an agency needing to pay for their time. There are additional challenges for sexual violence agencies operating across multiple sites, or outside of city areas. Tautoko Mai reluctantly pulled out of **Making Ethnic Count** because they were unable to schedule training for all their staff members across their three sites, despite the Shama team offering multiple training options at different sites. The only times their staff team come together are for monthly staff meetings and sending staff members across sites to cover while others were training was not deemed feasible for them.

For HELP and Shama, staff turnover meant many staff members had not received the Cultural Safety training foundational for **Making Ethnic Count.** The reality of the gradual upskilling of the mainstream sexual violence response workforce in terms of cultural safety is that training must be regularly available, flexible, relevant and well-delivered to meet their needs. Sexual violence agencies require professional development budgets that cover not only the cost of training, but the cost of sending contractors and of covering their service so staff members can attend.

Given these barriers, it is our recommendation that funding contracts for mainstream sexual violence agencies require demographic client data about country of origin, language, ethnicity, visa status and faith/religion. Accompanying any such change in funding contracts with ample time for regular training, mentoring and engagement would centre these questions being asked in ways which enhance cultural safety for ethnic clients. Collecting this data systematically via funding mechanisms would allow a national picture of ethnic people seeking help after sexual violence to inform strategic decision-making and service provision.

Objective 1b: Incentives to change: technological, data capability, needs for training
Identified supports or incentives to shifts in cultural safety practices included:

- Strong commitment to cultural safety from agencies and staff leaders
- Staff stability
- Budget available to support database changes
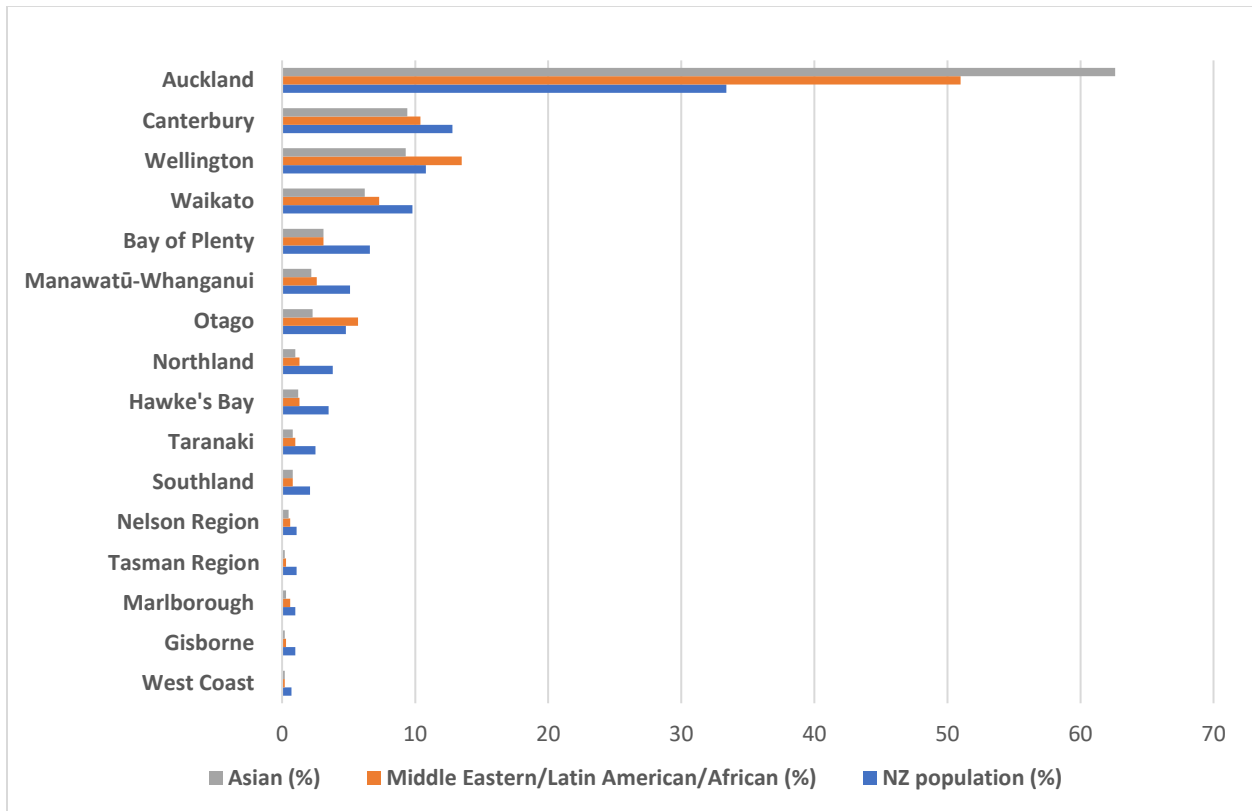- Ethnically diverse community context

After early engagement with the specialist sexual violence sector, three of our final pilot organisations volunteered to be part of this project. The exception, SPSW, have a strong history of collaboration and support with Shama. This meant we were confident we were working with organisations committed to cultural safety, who recognized Shama's cultural expertise as necessary to work well with ethnic clients. Shama Cultural Safety training had been previously delivered to both HELP and Shama.

As with any aspect of organizational change, participating in the pilot project appeared to run more smoothly when the contact person for the pilot organization remained the same during the pilot, and when that person was senior enough in the organization to "sign off" decisions. For Tautoko Mai and CSC, the contact person changed during the pilot. This led to significant delays in understanding the project, implementing recommendations, and organizing training. For HELP and SPSW, contact people remained the same throughout the pilot, significantly easing the pilot's progress.

Despite having budget set aside and offered to support pilot organisations in making database changes, this was not taken up by any pilot organisations. At least one organisation self-selected out of the pilot due to costs of changing their database however, so it is likely supporting sexual violence agencies with specific budget for database and administration changes would be helpful, particularly in the context of differing databases throughout the sector. Capability funding is one option for these improvements.

According to Stats NZ Census 2018, the largest ethnic populations by percentage are based in Auckland, Wellington, Canterbury, the Waikato and the Bay of Plenty as shown in Figure 7.[28]

FIGURE 7: ETHNICITY BY REGION, STATS NZ CENSUS 2018

While we did not get the opportunity to pilot with Wellington or Canterbury sexual violence agencies, it's unsurprising that all those involved in the pilot come from one of the top five regions for ethnic diversity. It's also interesting that five of the seven key contact people, and all four of those making videos for their organisations, are Māori, Pacifica or ethnic.[29] Cultural safety for ethnic clients is more likely to be top of mind when living in an ethnically diverse context.

Objective 2: Understanding of resources needed to support sector: templates, mentoring, training
Identified resources to support the sector to shifts in cultural safety practices included:

- Collecting Data Together template
- Staff mentor at Shama
- Involvement from wider Shama Sexual Violence Team in training development and delivery

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[28] Stats NZ ethnic group summaries, available at https://www.stats.govt.nz/tools/2018-census-ethnic-group-summaries
[29] Two pilot organisations have had two staff contacts due to staff changes or capacity building.

- Support from project manager with extensive sexual violence sector experience
- Training package based on adult education, social work and trauma-informed care principles
- Evaluation tools to monitor training package
- Regular monitoring of data collection inside agencies

Suggested improvements to the resources we have tested to date include:

- Creating a "role play" short film resource
- Training in facilitation for Shama facilitators

To participate in this pilot, each organization began by signing an MOU, considering our recommendations for data collection and reviewing their database and intake forms using the co-designed Collecting Data Together template.[30] It is therefore likely that simply participating in the project – including changing databases and intake forms – began changing data collection and intake practices to some degree before the training was delivered.

The pilot lead role meant there could be mentoring to build relationships with organisations, liaision with the specialist sexual violence sector, support for making database changes, development of training and incorporation of feedback.

In addition, the development of the training was led by the project manager, an independent contractor with extensive experience of both training and working with mainstream family and sexual violence organisations. Training development included input from the Shama Sexual Violence Response Team members in weekly meetings over a two-month period.[31] This collaborative development allowed the **Making Ethnic Count** training to reflect the make-up of ethnic communities, the range of contexts in which ethnic people seek help after sexual violence, and showcase how to ask intake questions in culturally safe and respectful ways. Training informed by in-depth knowledge of mainstream sexual violence agencies via the project manager was important to the content "landing" well.

The piloting of the training was successful in terms of evaluation results, with significant increases in participants intention around intake/initial assessment processes; shifts in how people were recognizing and describing cultural safety; and recognition around cultural safety processes more broadly. By delivering with three different facilitator combinations, Shama built capacity inside the Shama Sexual Violence Response Team without, it appears, significantly impacting on delivery. Comments from a minority of participants asking for improved structure, delivery and instruction giving are all likely to be addressed as Shama team members become more familiar with the content and settle into facilitation relationships.

However, Shama recognizes that delivering training in your second (or more) language is challenging, and that preparation for trainers is critical, including in facilitation skills. The role plays were particularly challenging for Shama team members, as they were reading from a prompt script in English and needed to move in and out of facilitator and role play character.

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[30] Collecting Data Together template is in Appendix 3.
[31] The Sexual Violence Response team includes three qualified social workers and one ACC registered counsellor as well as the person responsible for phone intake for Shama, and the project lead and independent contractor.

Therefore, Shama believes training in facilitation skills for team members involved in training mainstream sexual violence agencies will enhance both **Making Ethnic Count** and the Cultural Safety Training package.   Despite the delivery challenges, the role plays were the stand-out activity in the training for most participants, as they offered the opportunity to see and listen to good practice in asking intake questions. Shama believes the **Making Ethnic Count** training piloted could be improved by developing a suite of role play videos which can be played, highlighting different elements of good practice but removing the need for facilitators to move in and out of role play characters in the session. Creating role play videos also allows Shama the opportunity to have different intake workers showcasing good practice, rather than just one facilitator. We do not believe these role play videos should be available to agencies without an accompanying training workshop, but we could make them available to agencies post-training to refresh their learning.

Developing **Making Ethnic Count** workbooks to accompany the training is a resource Shama believes enhances the training, and offers the chance for participants to refresh workshop content after delivery. These workbooks could also be improved with tips in asking intake questions that support the role play videos.

We recognize the impact of Covid 19 and shifting lockdown restrictions on our pilot organisations. Delivering support services in communities over the last two years has been very challenging and building rapport with clients is one of the areas impacted when social distancing and mask wearing are required. In keeping with other recognised impacts of Covid 19, HELP also noted they have noticed an increase in mental health and suicide ideation in clients over the last 12-18 month period, and in supporting these complex needs, their focus is always on containing and managing crisis and creating plans for safety. CSC and HELP were in Level 4 lockdown from 17 August – 21 September 2021, and then Level 3 until past the end of our data collection. Shama and SPSW were in Level 4 lockdown from 17 August – 31 August 2021; then Level 2 from 31 August – 7 September 2021; then Level 3 again from 3 October 2021 until past the end of our data collection. This means every pilot organization was offering services under lockdown for significant parts of the post-training period measured in the pilot.

While the training was well-received in terms of evaluation results and agency commentary in the agency videos, it has not by itself been enough to create significant change for all agencies for every area. The training shifted practice most for SPSW and Shama, the two agencies for whom every staff member received both Cultural Safety and **Making Ethnic Count** training. CSC have yet to receive the **Making Ethnic Count** training and maintained a high rate of recording ethnicity of clients across both pre- and post-training periods. HELP are encountering ethnic clients, but their recording rates are lower than other organisations and did not lift during the pilot, though more accurate recording of specific ethnicities occurred post-training and there was a small improvement in asking about religion and faith immediately after the training, before the lockdown period.

The feedback loop of recording and monitoring has been managed inside pilot organisations, with this analysis provided at the end of the year by Shama. Our pilot organisations noted that to weave **Making Ethnic Count** into practice, it needs to be part of staff meetings and feedback loops on a regular basis. SPSW staff meetings reviewed their monthly data reports each month during the pilot, offering their staff members the chance to reflect on their practice, support one another, and discuss further training needs as appropriate. HELP believe ongoing training is important, and Shama also recognized social workers beginning their practice require experience and training in this area for it to become standard

practice. Shama, like SPSW, used weekly case management meetings to improve staff confidence and practice. SPSW staff working with children could not always collect demographic information. We did not ask for age breakdowns, so it's unclear how much this may have influenced overall reporting rates.

Objective 3: Test of application of StatsNZ Standards in NGO space
The Collecting Data Together template is the result of the co-design process with pilot organisations in making database and intake form changes.[32] The template is based on StatsNZ Standards, adjusted slightly in the co-design process as described earlier, and fundamentally, they were successful. Pilot organisations added categories during the pilot in *Ethnicity, Religion* and *Visa/Immigration Status.* Some of these additions were useful and important (e.g. *Afghani*, a common ethnicity for Shama clients). Some reflect people identifying with umbrella ethnicities as well as specific nationalities (e.g. *Latin American* and *Colombian*). Inside *Religion,* more specific religious identities were named by clients and added as appropriate. The *Visa/Immigration Status* area potentially added categories that were double-ups on existing categories, perhaps reflecting a lack of clarity for pilot organisations. This could be improved by giving definitions for different categories, and feedback loops identifying this as an area to refine.

Objective 4: Understanding of scale of resources and time to achieve change
In order to upscale this pilot project to shift mainstream sexual violence agency practice, it's clear that a significant training programme would need to be available to train agencies in both Cultural Safety and **Making Ethnic Count,** as that combination provided the biggest shift in practice. Ideally, this would involve Shama employing trainers with national reach. Training would be available both regularly, and in different places, to ensure all sexual violence agency staff members can attend over time. Consideration of both urban and rural delivery contexts would be necessary to reach all sexual violence agencies.

Ongoing evaluation of training should be built in, to ensure both content and delivery is appropriate.

Mentoring, templates, and access to ongoing advice and cultural support from the Shama Sexual Violence Response Team will support these changes. In addition, requiring better demographic reporting as part of centralized funding contracts will ensure such practices shift over time, particularly if aligned with professional development and data collection funding for sexual violence agencies. Better data collection has the potential to offer improvements in strategic planning and policy development, monitoring of service reach and effectiveness, and ongoing development of cultural safety in action for the many ethnic communities in Aotearoa New Zealand.

We would like to wholeheartedly thank all pilot organisations for being involved in **Making Ethnic Count.** It has not been easy to take part in this pilot during the lockdown times, and we commend the commitment from the agency leads in particular to providing a more culturally appropriate service for their ethnic clients.

We hope this analysis assists everyone in their ongoing work to provide safe places for help-seeking for all clients, and in particular ethnic clients, by making ethnic client needs more visible for everyone.

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[32] Collecting Data Together template is in Appendix 3.

Appendix 1:   **Terms of Reference**

Making Ethnic Count

Data Collection project

Sexual Violence Crisis Service for Ethnic Communities

1.Purpose

Shama has been providing training for mainstream organizations to work safely with ethnic clients. As part of this, we have been exploring the way that mainstream organizations collect ethnicity data. We believe a consistent way of collecting this would benefit our communities and the sector.

This pilot project aims to work with 3 organisations to systematically collect anonymous information about ethnicity, visa status, religious affiliation and use of interpreters. Ultimately, we aim to improve the national data and response to sexual violence affecting ethnic communities in Aotearoa New Zealand. The pilot project is to scope the needs of organizations, documenting effective practices, barriers and costs to collecting this data.

2.Term

This Terms of Reference is effective from signing and continues until the end of January 2021. It will be ongoing until terminated by agreement between the parties.

3.Membership

Organizations that we know are interested in this pilot are:

- Auckland HELP

- Tautoko Mai

- Counselling Services Centre

- Shama Ethnic Women's Trust

- Single Parents Services Waikato

Once confirmed, membership in the pilot project will be recorded here.

4.Roles and Responsibilities

All organizations who agree to be a part of this pilot project will:

    a)   Explore and describe the costs involved with changing online data collection processes
    b)   Explore and describe barriers to setting up intake forms to include this information
    c)   If possible, change intake forms and online databases
    d)   Commit to upskilling staff so that data is collected accurately and efficiently
    e)   Commit to sharing this information with Shama as a central body.

To support this happening, Shama will

a) Record costs and barriers that pilot organisations describe
b) Conduct follow up sessions to discuss progress with the organizations engaged in the pilot project
c) Provide free on location training sessions and support for how to ask these questions sensitively
d) Maintain and share the collected information at the end of the pilot project so it is freely available to all and the pilot group can discuss it.

5.Meetings

All meetings will be chaired by Juanita Rojas and Sandra Dickson, Shama Family and Sexual Violence Programme for Ethnic Communities. Quorum will be 2 members of the pilot group – if at least two members are not available, meetings will be rescheduled. Decisions will be made by consensus, if not possible the chair will make the decision.

Meeting agendas, minutes and information will be provided by Shama.

Meetings will be held every month via Zoom for 1 hour.

6.Amendment, Modification or Variation

This Terms of Reference may be amended, varied or modified in writing after consultation and agreement by members.

Signed……………………………………………………………

Name: Juanita Rojas

Organisation: Shama Sexual Violence Response

Date:

Signed……………………………………………………………

Name:

Organisation

Date:

Appendix 2: Pilot Organisations

Auckland HELP has been a specialist provider of sexual abuse support services since 1982. HELP is committed to contributing to ending of sexual abuse and along with this, physical abuse and neglect. They employ over 30 staff, trained in trauma therapy and other psychotherapeutic and educational approaches and offer 24 hour crisis support, longer term therapy, court support and a range of community education. All the counsellors working at HELP are women who are trained in dealing with issues arising from sexual abuse or rape, skilled in dealing with people of various ethnic, sexual and religious orientations and can provide referrals to complementary services for more ongoing support.

Counselling Services Centre (CSC) has been providing counselling and practical support to the Counties Manukau community since 1986. Their mission is to support and empower people who experience trauma by providing a professional and culturally appropriate crisis response service, social work support, ACC accredited and other counselling services within a safe, supportive and respectful environment. CSC is committed to The Treaty of Waitangi and it's Principles of Partnership, Protection and Participation. Their support of clients is informed by Te Whare Tapa Wha, a holistic health & wellness model of practice.

Single Parent Services Waikato (SPSW) offers a range of services for families led by one parent, including social work, group activities and counselling for young people and adults. This includes specialist counselling services for historical or recent sexual abuse or sexual violence. SPSW uses as empowerment approach to community development, seeking to ensure single parents are valued for the work they do, and families led by one parent can thrive as powerfully as any other.

Shama Ethnic Women's Trust (commonly known as Shama) formed in 2002. Shama aims to support the development of a truly multi-cultural New Zealand where all women from ethnic minorities would be fully integrated into New Zealand society, to live lives of dignity, free from fear of violence and discrimination, and to be recognized as valuable contributors to their local communities.

Shama operates a national support service for sexual violence (prevention, crisis, long term therapy), and local programmes in the Waikato: social work, life skill classes, parenting, youth program and community programs. The sexual violence service is linked to the community programmes and social work support for ethnic communities. Shama also supports mainstream services across the country and receives referrals from them or from people in the community. Shama see Making Ethnic Count as a great opportunity to check they are collecting the right information to provide the best service they can offer, and also learn who is actually asking for help, and maybe even more importantly, who is not asking for help. Only in this way can Shama develop responses that serve people not finding the right support in mainstream services.

Appendix 3: Making ethnic people count. Collecting data together

Recommendations to address accurate data collection of ethnic clients entering into sexual violence services in Aotearoa/ New Zealand

The following sheet contains a set of recommendations that Shama has developed for consistent data collection across sexual violence response organizations.

Purpose: We aim to systematically collect anonymous information about ethnicity, visa status, religious affiliation and use of interpreters, to improve the national response to sexual violence affecting ethnic communities in Aotearoa New Zealand.

We have reviewed international literature and experience regarding best practices for data collection for ethnic communities. In the following chart we present a summary of what we have concluded constitutes the minimum information about ethnic clients necessary to build an accurate assessment of the person. We want this to be included in intake forms.

Why is this important? Shama has been providing training for mainstream organizations to work safely with ethnic clients. As part of this, we have been exploring the way that mainstream organizations collect ethnicity data.   We believe a consistent way of collecting this would benefit our sector and the service provided for ethnic clients.

Method: All organizations who agree to collect data in this way will

a)   Ensure that intake forms are set up to include this information
b)   Commit to upskilling staff so that data is collected accurately and efficiently
c)   Commit to sharing this information annually with Shama as a central body.

To support this happening, Shama will

a)   Provide free training and support for how to ask these questions sensitively
b)   Maintain and share the collected information annually so it is freely available to all

Basic data to address ethnic clients' needs accessing Sexual Violence Response Services			
	Category	**Description of the information needed**	**Space to collect the information**
Minimum information for ethnic clients	Country of origin	*Write the country where the person was born* *Rationale: Country of origin can be different from ethnicity. In India for example, different ethnic groups with totally different values coexist. Relationships and gender norms can be very different from one group to the other. In New Zealand, Chinese New Zealanders who are born in New Zealand are distinct from Chinese new migrants who may have different language, support needs, and cultural contexts.*	*Eg. India*
	Ethnic background[33]	*Mark with an X the ethnic group that the client identifies with. It can be one ethnicity or more than one.* *Rationale: Asking about ethnicity allows clients to tell us who they are and encourages client-centered practice. People have very different cultural values in ethnicities that are often grouped together*	**Asian. Which?** __Chinese __Indian __Filipino __Korean __Japanese

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[33] Ethnic background and religion were elaborated based in NZ Stats.

		(e.g., Japanese people and Chinese people), so asking about ethnicity will help your service provide better, more appropriate client-centered responses. This will help keep clients engaged with your service, and show you understand that ethnicity and culture are important both to how sexual violence occurs and what is needed to recover. *Shama offers support for SV workers who want to learn more about a specific ethnicity/culture.*	__Sri Lankan __Cambodian __Thai __Vietnamese __Taiwanese __Malaysian __Indonesian **Middle Eastern** __Arab __Egyptian __Iranian/Persian __Iraqi __Jordanian __Kurd __Lebanese __Moroccan __Palestinian __Syrian __Turkish

			Latin American
			__Argentinian
			__Brazilian
			__Chilean
			__Colombian
			__Mexican
			__Peruvian
			__Uruguayan
			__Jamaican
			African
			__Kenyan
			__Nigerian
			__Somali
			__Eritrean
			__Ethiopian
			__Ghanaian
			__South African European
			__Afrikaner

			__Zimbabwean European
			Maori__
			Pacific Peoples
			__Samoan
			__Cook Islands
			__Tongan
			__Niuean
			__Tokelauan
			__Fijian
			__Fijian Indian
			__Kiribati
			__Nauruan
			__Papua New Guinean
			__Pitcairn Islander
			__Rotuman
			__Tahitian
			__Salomon Islander
			__Tuvaluan

			__Vanuatu
			__New Caledonian
			NZ/ AU
			__Australian
			__Indigenous Australian
			__New Zealander Pakeha
			__NZ European
			N. American
			__Canadian
			__American
			__Hawaiian
			__Caribbean
			European
			__British
			__ Irish
			__Dutch
			__Greek

			__Polish
			__ Croatian
			__Dalmatian
			__Macedonian
			__ Serbian
			__Slovenian
			__Bosnian
			__Italian
			__German
			__Albanian
			__Belgian
			__Byelorussian
			__Czech
			__Danish
			__Estonian
			__Finnish
			__French
			__Hungarian
			__Icelandic
			__Latvian

			__Lithuanian
			__Maltese
			__Norwegian
			__Portuguese
			__Romanian
			__Gypsy
			__Russian
			__Slavic
			__Slovak
			__Spanish
			__Swedish
			__Swiss
			__Ukrainian
			-Other/ which: _____
			-Not collected: _____
	Religion	*Mark with an X the religion of the person as well as if it's active or not.* *Rationale: asking about religion is important for ethnically diverse clients as faith can be*	**Religion:** __Non-religious __Christian

		both a protective factor and a risk factor for sexual violence and healing after sexual violence. This will assist you to provide a better service.	__Hinduism __Buddhism __Islam __Judaism __Other. Which_____ **Active:** __Yes __No
	Interpretation	***Confirm if the client needs an interpreter (Yes/No) and if yes from which language?*** *Rationale: asking about language supports helps ensure your service can work with a client, particularly around explaining complex systems in New Zealand, and making sure you understand the needs and concerns of the client. Interpreting services are critical to supporting ethnic people with English as an additional language.*	**___No** **___Yes. Which language?**

	Visa Type	**_Clarify immigration status_**	**Visa group:**
			__Visit
		Rationale: asking about immigration status helps your service determine whether this client has support needs in this area. For example, if the client is under the visa of an abusive partner, there are support options for the person regarding the visa that we might want to address with the client.	__Work
			__Temporary Residency
			__Temporary worker
			__Join family (Partner, extended family)
			__ Student
			__Citizen
			Specify if you have exact details: _____
			Eg. X Join Family. Specifically Partner of a Student Visa

Confidentiality: Due to the nature of the questions we need to emphasize that the information that we will gather is absolutely anonymous and is to help the improvement of our service and not any other purpose.   At the bottom of each intake form we will put:

"At the end of each year, we count the number of people from different ethnicities and religions that use our service, and we share this information with other organizations doing the same work. We might say, for example, that 37 Taiwanese people used our service in 2020. We

will never share your name, age, address or any other identifying information. Are you happy for us to include you in the numbers that we count and share? Yes/No"

Sensitivity: The questions recommended in this document are about sensitive topics and may be new for your service to ask. Shama has planned trainings with mainstream organizations to discuss and strengthen the skills that we need to ask these questions in a way that is not threatening but instead supports our practice with our clients.

Analysis of the information: Shama is committed to the first national effort to collect information regarding ethnic clients entering into sexual violence support services. We are hoping that the information will help the sector understand the profile of the ethnic people entering into our services and particularly aspects that can be helpful for the improvement of services. This data will also contribute to our processes of advocacy: language needs, type of visa cases, ethnic and religious needs and specific support for ethnic clients.

Contact information:

Please do not hesitate to contact us if you and/or your organization need more information or support regarding this.

Juanita Rojas
Evaluation Lead

Ethnic Communities National Sexual Violence Program Shama

crisis2@shama.org.nz

Sandra Dickson
Data Collection Project Manager