

“E-health service delivery – the issues and challenges of a digital age this is not what we did social work for.”

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In early 2012 American Karen Huff, a senior citizen employed as a school bus monitor, was filmed¹ being bullied by school students on her bus. The video went from Facebook to social fundraising site Indiegogo. They raised money for Karen to have a vacation – close to a million dollars!

“Every week the Press talk about how people waste time online, how Kony2012 was a failure and that people will tweet but not respond to a Call to Action. Yet stories like Karen Huff emerge all the time, showing that we DO put our money where our mouth/tweets are: money is how the community shows value and they show value by contributing it to sites like Indiegogo, Pozible, Kickstarter etc.”²

Health related topics are one of the top rated searches online, with support groups being the principle source of information.³ There is growing research on the informative, supportive and therapeutic benefits of using online communications for social support.⁴ Engaging online provides you with access to a diverse audience, the ability to express your views, hear the views of others and gain useful information.⁵

Survivors feedback:

“For each of us, the Internet was our lifeline when we were isolated, afraid, and uncertain whether our experience even had a name.”⁶

“The anonymous nature of on-line is something that is very attractive to many survivors, especially those who aren't willing to let [others] know about there (sic) past experiences.”⁷

“I found that it was easier to seek outside support once I had been given the opportunity to talk about what happened online. It helped me build up the courage to speak about what happened in real life.”⁸

¹ You Tube video “Making the Bus Monitor Cry” http://www.youtube.com/watch?v=XAgti_2uziA

² Laurel Papworth “Social Media Call To Action: Bullied on a Bus” June 2012. Accessed 9/10/12

<http://laurelpapworth.com/social-media-call-to-action-fundraising-karen-huff-bullied-bus-monitor-indiegogo-bullying/>

³ Brann & Anderson, 2002 as cited in Stommel, W., (2009) Chapter 1: *The Online Support Group as a Community in Entering an online support group on eating disorders: A discourse analysis*, Rodopi

⁴ Stommel, W *ibid*; and

Finn, J. & Banach, M (2000) *Victimization Online: The Downside of Seeking Human Services for Women on the Internet*. *CyberPsychology & Behaviour*. 3 (5)

⁵ University of Illinois at Urbana-Champaign (2007, November 8). “Benefits Of Online Interaction For Teens Outweigh Danger, Professor Says.” *ScienceDaily*. Retrieved October 9, 2012, from <http://www.sciencedaily.com/releases/2007/11/071106133103.htm>

⁶ OurPlace, b (2011) *About Us*, Accessed 9/10/12 <http://www.our-place-online.net/aboutus.html>

⁷ Survivor Pandora’s Aquarium 2011 *NB*: Survivor feedback from either posts in online forums or via email or private messages. All usernames have been removed to maintain their anonymity.

⁸ Pandora’s Aquarium, 2009. *For Professionals: Pandora’s Aquarium and the Benefits to Survivors of Sexual Assault*.

These are just a few of the benefits of using the internet. With approximately 1.5 billion people⁹ on social networking sites it is obvious that our clients are using the web. All over the world governments are pushing for internet technology to be integrated into service delivery. The name for it is *Government 2.0*, a parody on web 2.0 and services are known as *Public Sector Web 3.0*. There is talk about the *Social Media Government* and an expectation from our clients that we use the web to deliver service but.... this is not what we did social work for.

Social work agencies are staffed with social workers not programmers or online optimisation specialists or people who understand how to design phone applications or discuss Influencers, digital rights management, Android platforms or mashups. Few papers discuss the multi layered issues faced by agencies thinking of going online. So that is what this paper is about, SECASA's experience of using the web for service delivery.

What is E-Health?

*"E-health is defined by the World Health Organisation as 'the combined use of electronic communication and information technology in the health sector.' It refers to the health care components delivered, enabled or supported through the use of information and communications technology. It may involve clinical communications between healthcare providers such as online referrals, electronic prescribing and sharing of electronic health records. It can also provide access to information databases, knowledge resources and decision support tools to guide service delivery."*¹⁰

*"... an emerging field in the intersection of medical informatics, public health and business, referring to health services and information delivered or enhanced through the Internet and related technologies."*¹¹

What is Health Informatics?

Health Informatics has also been defined by WHO as "an umbrella term used to encompass the rapidly evolving discipline of using computing, networking and communications – methodology and technology – to support the health related fields, such as medicine, nursing, pharmacy and dentistry".¹²

Health Informatics is the appropriate and innovative application of the concepts and technologies of the information age to improve health care and health. The field of health informatics is probably best defined in the context of eHealth, which is generally accepted as being composed of 2 elements.¹³

Accessed 9/10/12 <http://www.pandys.org/professionals.html#benefits>

⁹ "Social media around the world" (PPS) by InSites Consulting <http://www.slideshare.net/InSitesConsulting/social-media-around-the-world-2012-by-insites-consulting#btnNext> Accessed 7/12/12

¹⁰ Deloitte Touche Tohmatsu "National E-Health and Information Principal Committee" Draft National E-Health Strategy August 2008 Accessed 9/10/12

<http://www.health.gov.au/Internet/main/publishing.nsf/Content/National+Ehealth+Strategy>

¹¹ Gunther Eysenbach, writing in the *Journal of Internet Medical Research* cited in Rhonda Jolly "The e health revolution—easier said than done" 17 November 2011 Research Paper no. 3 2011–12 accessed 9/10/12

http://www.apf.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp1112/12rp03

¹² Al-Shorbaji, N "Health and Medical Informatics: Technical Paper" WHO Cairo, 2001 cited in The Standards Australia e-health website "About IT-014 – What is Health Informatics?" Accessed 9/10/12

<http://www.e-healthstandards.org.au/ABOUTIT014/WhatisHealthInformatics.aspx>

¹³ Wang X, Turner L, Scott RE - *Technology solutions – saving the day?* 6th Annual Can Soc of Telehealth Conference, Halifax. Nova Scotia 5-7 Oct 2003 cited in The Standards Australia e-health website "About IT-014 – What is Health Informatics?" Accessed 9/10/12

<http://www.e-healthstandards.org.au/ABOUTIT014/WhatisHealthInformatics.aspx>

1. health informatics (related to the collection, analysis and movement of health information and data to support health care)
2. telehealth (related to direct e.g. videoconferencing or indirect e.g. website delivery of health information or health care to a recipient.)

eHealth encompasses products, systems and services, including tools for health authorities and professionals as well as personalised health systems for patients and citizens.¹⁴ The scope of eHealth includes bench-top to bedside to population health activities, which present complex information management challenges to support individualised patient care.¹⁵

“In a broader sense, the term characterizes [sic] not only a technical development, but also a state-of-mind, a way of thinking, an attitude, and a commitment for networked, global thinking, to improve health care locally, regionally, and worldwide by using information and communication technology.

“E health is seen by some as possibly the most important revolution in healthcare since the advent of modern medicine. E health makes use of developments in computer technology and telecommunications to deliver health information and services more effectively and efficiently. As such, it requires a different and radical way of thinking about the delivery of health services.”¹⁶

What does a 'different and radical way of thinking' mean?

Here are some examples:

Social CRM

Most businesses have electronic client relationship management systems (CRMs) that list relevant data for each customer, both professional and personal, related to their buying history. Social CRMs would allow you to integrate instant updates from your client's social media feeds into your CRM. So when you decide to give them a call you can see that they are on holiday, that “they are in a bad mood with their boss and that they are leaving the company when they get back home from Vanuatu. Social CRM mixes up business information with personal tweets, LinkedIn and Facebook status updates.”¹⁷ It would not be difficult to link keywords to a client's feed that would send their case manager an alert for instance ‘suicide’, ‘cutting’ and ‘fight’.

Phone apps

These are not just for putting a website onto a phone. They are a completely different way of communicating with far more scope. For example, there is a new app that allows people to take a picture of a location, put a GPS marker on it and leave a comment. Others can then walk about with their phone and read these comments. The police could use this for instance to put in comments about how many assaults there have been in a particular area. You could get an alert as you are approaching that spot. There is a new family violence app called 6 circles put out for college students in the US. They nominate 6 people and if they click on them to say ‘Help me’ then it will send a message with a GPS location to those 6 people and ask them to come and help.

¹⁴ European Commission “eHealth - making healthcare better for European citizens: an action plan for a European eHealth area” 2004 cited in The Standards Australia e-health website “About IT-014 – What is Health Informatics?”

¹⁵ The Standards Australia e-health website “About IT-014 – What is Health Informatics?” Accessed 9/10/12
<http://www.e-healthstandards.org.au/ABOUTIT014/WhatIsHealthInformatics.aspx>

¹⁶ Dr Rhonda Jolly “The e health revolution—easier said than done” November 2011. Accessed 9/10/12
http://www.apf.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp1112/12rp03

¹⁷ Papworth, Laurel “Social CRM with Google contacts and Rainmaker” October 2010. Accessed 9/10/12
<http://laurelpapworth.com/social-crm-with-google-contacts-and-rainmaker/>

This technology is about putting information into the hands of the general public and for them to be able to contribute to that information.

Information delivery

You must think global not local. You might be talking to someone from another country and unless you create special barriers, there is no restriction to who can access your information.

Everything becomes an opportunity to educate the public. With these new integrated devices you can have a larger readership than traditional media types like newspapers and for a fraction of the cost. Big players are no longer able to silence the masses.

Example: The major TV networks have refused to air an anti-pokies ad from GetUp!, which seeks to draw attention to the fact that Coles and Woolworths own poker machines. They have now turned to social media to get their message out.¹⁸

Multimedia sites such as “Twiddla”¹⁹ or places like YouTube or Pinterest allow you to be creative with your data output. We are no longer reliant on straight text. We can put in images, drawings, video or audio.

Online Time

A person might not see what you have put on the web for days or weeks after it has been posted. A conversation may take place over months or even years. The context in which it began may well change during its lifespan. For example ‘In the current atmosphere of this government’ may not make sense in 5 years’ time. It is important to remember this when putting on current events such as groups or activities that are time critical.

Privacy and confidentiality

Unlike the spoken word, once something is on the net, you can never erase it or take it back. Everything is in the public, Therefore information cannot be seen as something that is just within your agency. While the ability to duplicate exact copies makes it easy to disseminate information, particularly for more complex issues, one sometimes forgets that it is all on the record. This includes the public’s feedback about your service.

Ownership of the data

When using online networks, while the software is owned by a third party the question is who owns the content? This is a really interesting debate currently being waged by traditional news media outlets and Google which has been using their news feeds. Once a story is out, who owns it? There is also a dialogue about how Facebook is using peoples’ personal data in advertising. On many sites, when you turn on comments the data is often ‘owned’ by the users, not just by the authoring entity.

Example:

In October 2011 the Department of Justice in Victoria put a new video on YouTube then turned off the comment facility. Many social network commentators were outraged. Here is an example of how they saw this from Laurel Papworth:

“DEPARTMENT OF JUSTICE, VICTORIA: What does it mean when the people you elected to represent you turn off comments in social channels? Go away, shut up, just do as I say, don’t ask, none of your business? But it is OUR business. If the person I am employing (through taxes) to do work for my community is on my communication channel, I expect to be able to speak to them. Not

¹⁸ GetUp! ‘Pokies petition’ 2012. Accessed 9/10/12 <http://www.getup.org.au/campaigns/pokies-reform/pokies/pokies-petition>

¹⁹ <http://www.twiddla.com/>

following me back on Twitter, turning off comments on YouTube, disabling discussion on Facebook is not the way to show me, the voter/your employer that you respect me. It's saying that social spaces are broadcast spaces."²⁰

If this were about one of my accounts I might be a bit flattered that people were so passionate about wanting to have a say in the work I did. Most things go out with very little comment being made.

I think this is a good example of the expectation of our clients that we be accessible to them via the internet. However services also have to weigh this expectation against the realities of budget and staff skill sets.

I want to give an overview of the development of SECASA's online presence as it highlights a number of real life issues. It will also give you an insight into the day to day workings of an online web team.

The history of SECASA online

In 1997 SECASA decided to get onto the information super highway and created a website. Back then the web was seen as a new kind of technology like the emergent mobile phone technology. It was viewed as a new device, not a place like it is now days, and most websites were equated to an electronic brochure. We saw its potential to allow access to information for students and researchers who would often ring and ask for information packs to be sent out about sexual assault. We decided to put as much information online as we possibly could. An entire four drawer filing cabinet as I recall.

Of course nothing was in digital format back then so for nearly 12 months we had to hand scan then OCR documents one page at a time. The upside was that when we asked for permission from authors and publishers to put articles onto the site, most of them thought it a novel idea and very few said no. By the end of our scanning we had created the largest online collection of information about sexual assault in the Southern Hemisphere.

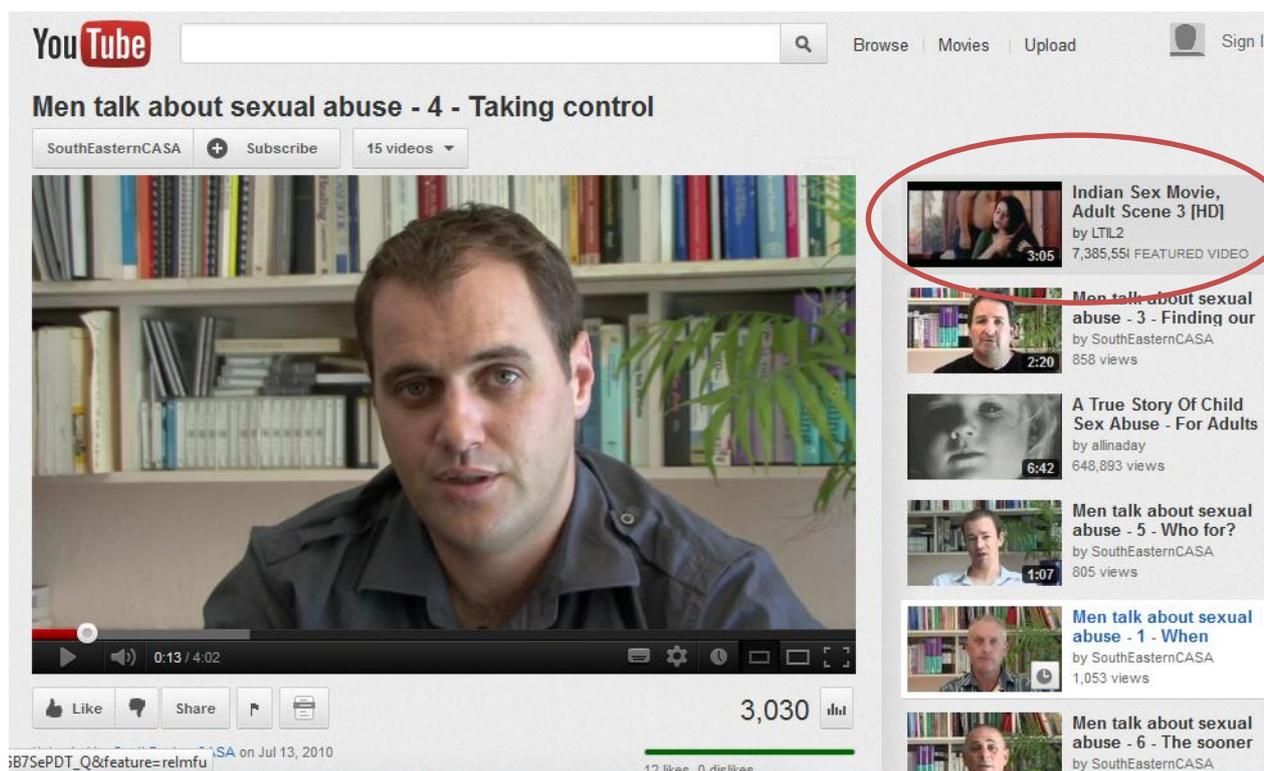
Proprietary software

However, having a site this large created some technical challenges. At the time 100 HTML pages was the limit of the software we were using. The site sat at around 500 HTML pages which was about 1,500 A4 pages. To get around this what appeared to be a single site was actually a nest of 5 different websites all of about 100 pages. Trying to adapt commercially available software to our needs has been a continuing battle. Software is not designed with our purposes in mind. No one back then had a site as large as ours. No commercial entity would want 500 pages of information about their products. No customer would read that much.

Commercial sites are about generating revenue. A case in point is modern social network which usually has screen real estate for advertising as part of the package. Now if you are an agency that does not support corporate sponsorship or endorsements on your information then what? There is also the tricky topic of what if an advertisement appears that you believe is inappropriate to your material? We were recently faced with this. A new XXX rated movie was released and there was an add for it on the side of our YouTube channel. We could do nothing about this. It's quite common for our material to be grouped in with that of the XXX rated persuasion. After all our sites have all the magic words on them. But let's say that an violent or misogynistic game manufacturer purchased advertising space from Facebook and it came up on our schools page? Then what? This is just one example of how an automated categorising algorithm used on these big sites does not

²⁰ Papworth, Laurel Oct 2011 "*Social Media and The Cone of Silence – Victoria Department of Justice*" Accessed 9/10/12 <http://laurelpapworth.com/social-media-and-the-cone-of-silence-victoria-department-of-justice/>

differentiate health related services.



Paypal

Paypal requires a long list of things from a Government body to set up an account. SECASA has been in negotiations with Paypal since February 2011. We have yet to fulfill all their requirements. This is a great example of how proprietary software designed for commercial use is not always a good fit for a health service. Let us look at two of the items they want from us as an example of how unintendedly difficult it can be.

3. *Please provide a bank statement or voided cheque for the account listed on the PayPal account.*²¹
We are applying for an account for SECASA which is part of Southern Health. Any guess as to how big the Southern Health bank statement is? So big they do not have one. The account we listed is not a cheque account. Now what? We rang the phone number they listed to speak with a sales consultant. They are in America and do not have a good grasp of the Australian system. When you tell them you are from a sexual assault centre which is attached to a public hospital which is part of the health department, they do not understand. We are still trying to resolve this issue.

6. *A Letter of Appointment for the Verifying Officer.*²²

Who is the Verifying officer? It turns out that is the manager of SECASA as SECASA is the one applying for the account. However the bank account we are using is Southern Health. We need a letter of appointment signed by the head of the government body. Who would that be? The CEO of Southern Health? No, it is the Minister for Health. It has gone to corporate counsel to be worked out. However, this is new for them as well so it takes time and meanwhile there is an election looming. If there is a change of government we may well have to go through the whole process again!

²¹ Email "Authorisation requirements" from Paypal 2011.

²² Ibid

In the meantime we are the only ones who can talk to PayPal about Southern Health. We cannot let someone else take over the negotiations as they are not authorised. We cannot close the account because it has not been finalised yet!

Look and feel

In 1997 there were endless discussions about the graphics. We wanted the site to look friendly and welcoming. It had to reflect that it was Australian. As the content was of a serious nature, we wanted this to be counteracted by colour and easy to recognise symbols. As an example let's look at the Survivor Echidna.



While we liked the Echidna, it had to be a 'palatable' Echidna because we did not want to imply that survivors were spiky or hard to touch. It was originally red but we had to change that to earth tones as red could be considered angry or dangerous. We also wanted to have an Emu with an egg as the Family and Friends icon but people thought that it might get confused with an Ostrich. As we all know, Ostriches are believed to stick their heads in the sand when faced with adversity. We did not want to imply that this was our belief about families or friends. In the end we settled for a mother bird in a nest with some eggs. Then it was pointed out this was not inclusive of males and baby birds were called chicks which could be seen as derogatory towards women and on and on it went. While all this may sound trivial, the look and feel of a site is incredibly important.

“I think one of the first things that a survivor looks for (in a site) is a sense of connection. Rape/sexual abuse makes us feel so disconnected from life and other people that this is the thing we need before any real healing can occur. Unfortunately, more often than not, in the real world people do not always react very well to rape survivors. They are judgemental because they do not understand about rape myths or how survivors heal - the time it takes, the complexity of it.”²³

With our static sites we are always careful to go for a classic look as things date so quickly on the web. We do not want them to be confronting or make people think that we are trying to hide information. Even what our PDF templates look like and the colours we use have to be examined closely. Having a web presence is an ongoing commitment. Sites that are not maintained begin to look like unkept gardens and can become a liability. Information is constantly changing, legal information, contact details, research and of course the annual report and then you have the changing landscape of the web itself. New technologies are being developed all the time and things go in and out of fashion. An example is flash which was the must have 5 years ago and is now

²³ Survivor, Pandys. NB: Survivor feedback from either posts in online forums or via email or private messages. All usernames have been removed to maintain their anonymity.

considered a waste of bandwidth.

IT

Speaking of bandwidth. In its first year our site was housed within the Monash Medical Department website and we had about 7,000 visitors. As these increased so too did the amount of bandwidth the site was consuming. It soon outstripped the bandwidth used by the whole Monash Medical Department so we were asked to either downsize or move.

Talking to the IT department was not something we had considered back then. However before embarking on anything new online I highly recommend having a discussion with your IT department. It is their job to ensure the safety and smooth running of your organisation's whole system. They have very real concerns about some software which is more vulnerable to viruses or just thrashes the download like YouTube or technologies like VOIP. They will be the one you ring when things foul up. If you are using it for crucial service delivery, you may need instant technical assistance. They will have to plan for this and make sure they have suitably trained staff. Another issue is that they block social networks and NSFW sites which is a challenge when researching. Our solution to this is to have our site hosted externally. The web staff use laptops with wireless dongles for the R and D. IT has said they refuse to take any responsibility for maintaining this kind of set up so who pays for this?

In 2000 we moved the site and became secasa.com.au. Visits to the front page soared to 30,000 in the first six months. The new server allowed us more freedom and an inhouse programmer afforded flexibility that few else had. We were one of the first sites to use an internal search feature and a new thing called Public Document Formats or PDFs for our info sheets. Other features followed such as an internal site map, our random uplifting quote generator and fields on each page to say when that specific page was last updated. In 2002 the website received a certificate of merit from the Australian Crime and Violence Prevention Awards. In 2003 it was named the Victorian State Winner of the Crime and Violence Prevention Awards for Major Technological Innovation and Design. Also in this year the whole site was made accessible as part of the Department of Human Services intranet system for their Child Protection workers. Site usage spiked again with unique visitors going from about 60,000 per year to 132,000.

Surveys

In 2005 we upgraded from static HTML to a custom built content management system (CMS) and made a specific place for survivors called 'the Café' where they could contribute artwork and writing. We also uploaded our first survey to find out what our users thought of the site and to ask for suggestions on how to improve it. Back then, you could say this was the equivalent of the modern day social networks. We found that our users thought the website was easy to navigate, that 80% found the information they were looking for and 57% said our website was their major source of information about sexual assault. As well as this technical data, we got a lot more information than we had bargained for.

Question: What do you like about the site?

It explains my feelings

Its freedom and openness about its subject

Question: What information were/are you looking for?

Anything that will help me understand why I am a freak.

Information for teenage survivors of incest by a step-brother. How to deal with family reactions and not being believed, and how to cope with my feelings.

*How to tell other people about my abuse so they could understand me better
Comfort...anything which would help me feel less alone and isolated.
Really needing the courage to do something, I think it has helped.
young males that were kidnapped, drug and rape*

We were expecting people to respond with technical answers like 'books on abuse' or 'how to help my client'. This was our first experience of the website providing us with an insight into our user group. We also found that over 80% had not directly engaged with the service. Most had never disclosed their abuse to anyone and had not received any counselling. These revelations completely changed the way we thought about the web in terms of a service delivery tool. We realised we had a core base of users that had never engaged with any service. These were the ones commonly referred to as the 'unofficial statistics'. The ones that had been assaulted but had never disclosed. You will see them on reports. *"The number of victims is placed at 1 in 100,000 however the unofficial statistic are thought to be much higher."* So here they were and we had access to them. Our next survey was called the 'unofficial statistics'. This was a small, five question survey for people to disclose their abuse anonymously. It is still our most popular survey. It has had hundreds of responses and to date 89% are female, 80% have not engaged with any service, 65% have not told anyone and 55% were under the age of 12 at the time of the first assault.

These results are from our 2009 Male user survey:

33% of respondents were under 25, 62% were over 25.

87% had been sexually assaulted.

60% had disclosed.

Of the 40% that had not disclosed, 8% reported doing nothing, 8% ignored it and 8% did their own research with books or on the net.

94% knew their attacker

23% chose to report to the police however there were no charges laid or court cases as a result of these reports

By 2007 we were hosting surveys for other organisations on a variety of topics from Victim Impact Statements and Community Attitudes About Sexual Assault to Why Sexual Assault Is Not Reported. At the last count there are 11 surveys on our site on issues such as Clergy abuse, Sexting, Restorative justice and sexual assault in a mixed psychiatric ward.

The survey responses got us wondering how do you deliver service to those who will not engage in traditional ways? What are the challenges if they live in a different state or country? What are the triggering risks? What kind of self-care can we offer? At times the challenges seem too great and then I read responses like these and I know we just have to find a way:

"I have no other source (but SECASA website) I haven't found a place to have counselling there is no one around... I feel helpless. was hoping you could help me out."

"I'm an adult survivor...grandfather & father. Looking for help."

"I was introduced by my mother. He groomed me for sexual use, then introduced me to other men and boys, then groomed and used me for child porn. I lost count after 100 men. I have PTSD and Borderline Personality Disorder.... 45 years of silence... 2 divorces, numerous jobs, and seriously contemplated suicide twice. I have had thoughts of suicide since puberty. I am unable to read social clues, facial clues, and verbal clues when communicating with people. I often have no feeling when watching another's pain as in a movie. When stressed I have out-of-body experiences."

Our Engaging with Youth project is a good example of how client feedback was used to create a whole new online service.

In 2006 we got a survey answer from a 12 year old rape victim. He said he had been raped in a chatroom. Like most of our respondents he stated he had not told anyone and believed if he did no one would believe him. Whilst we had come to expect disclosures on our maintenance surveys, this one was different. It was from a demographic that we rarely had face to face contact with unless they were brought in by a parent or guardian. Secondly, 12 year old males never contacted us voluntarily to report an assault. Thirdly it got us thinking about the new cyber sexual assault challenges being faced by young people. It highlighted a gap in our information. Finally it was a practical demonstration of the power of the internet to potentially deliver service to hitherto difficult to access groups of survivors.

We did further research into how young people found information on difficult health topics which showed that although most young people rely on the internet for information, they do not use search engines.²⁴ They rely on ‘word of mouth’ via social networking sites.²⁵ They also use a few ‘trusted sources’ such as Wikipedia and Yahoo! Answers.

In light of this research we decided to expand our online service. We researched existing communities to find out where young people were then selected several with which to engage. I equated it as having a soup kitchen that went out onto the streets delivering service instead of expecting people to come to us.

Myspace was our first social network and Yahoo! Answers our first knowledge market. YA allows people to ask questions that are answered by the general public. It has 26 million unique visitors per month and is ranked as the second most popular question and answer site on the web. We found that it was being used as a first point of disclosure by Australian survivors who did not always get a serious or helpful answer. Last year we responded to a total of 591 questions with 448 of these being about rape, incest and sexual assault. Many of these were from teenagers.

As a direct result of our involvement with the Q and A sites we realised that our existing website was not answering many young people’s questions. For instance ‘Will visiting the doctor cost anything? How do I tell my mum? Will you tell my parents I’d been drinking when he raped me?’ Or a 15 year old asking ‘Is there anything good about child abuse?’ Now before you think this is a paedophile question I can assure you it is not and it is one I occasionally see. The young person is usually looking for a way of thinking about what happened to them that is not completely negative. They want to know what good can come out of it so they do not think their life is over because of abuse.

It was a practical demonstration of how as an agency it is often easy to become focused on what we think is core information and end up out of touch with some user groups. In 2010 we created a website aimed at 12- 17 year olds with information on 100 of their most commonly asked questions. We also updated the big website to include things such as information on public transport access.

At around 7,000 visitors per annum the SECASA youth website gets only a fraction of the users of

²⁴ Brozekowski, Dina (2006) “*Adolescents use of the internet: A controversial, coming-of-age resource.*” Accessed 9/10/12 http://www.redorbit.com/news/technology/433633/adolescents_use_of_the_internet_a_controversial_comingofage_resource/

²⁵ Skinner, Harvey (2003) “*How adolescents use technology for health information: Implications for health professionals from focus group studies.*” Accessed 9/10/12 <http://www.jmir.org/2003/4/e32/>

the big site. However their browsing patterns are quite different. They stay longer, return more often and download an average of 20 pages each visit compared with just two pages for the adult site. Over 50% bookmark the site, compared with 30 per cent on the adult site. The page that gets the most hits is one about what happens when you report to the police.

Emergent issues

Mobile devices

In 2011 there were over 270,000 unique visitors to the adult website and 4.8% of our users accessed the site via mobile technology. Knowing this to be the way of the future we have been working hard to optimise and redesign the site for use by mobile devices. This upgrade went live in June this year. In late 2012, our statistical analysis of site users puts the number accessing the new site with mobile technology at 26%.

Maintenance

We also reluctantly abandoned our custom build CMS. This was for two reasons. The first was succession planning. Having a commercially available product means that if we need to get another programmer we can specify knowledge of this system as part of their skill set. However the most pressing reason was because of the number and frequency of changes to plugins and APIs which had become a maintenance issue. These have nothing to do with changes to our own information. It is when somewhere like Microsoft releases a new service pack with a mass of security upgrades and suddenly your PDF icons have been quarantined or your videos will not open.

Tracking down and patching these errors had become a tedious, weekly chore for our technical staff. By using a commercial product we now have someone else's technicians doing that for us. On the one hand we have lost the flexibility that our own software gives us to be innovative, but on the other hand our technical staff can now focus on our content and networks. We have also incorporated a number of features to allow our users to give us instant feedback on every aspect of the site. This information is collected and fed back into the web team. It assists us with deciding which sections to expand and which to review.

Google rankings

These are a great an example of the specialisation of the web. The Google search algorithm uses the logic that if a lot of other websites link to your website, then you must be an authority in your field. The more links to your site the higher you are in their rankings. Most people link to a site for one of two reasons. A site is the 'official' one, for instance the CASA forum website which has links to all the other CASA's. This is the most appropriate site for official linking purposes such as government sites or sexual assault services in other states. However an overseas site would probably link to the 1800 RESPECT site as that is Australia wide. The other reason people link to you is because your site is filled with information which they wish to share.

There are a number of flaws in this theory. For instance if yours is the only site about a particular subject or a commercial service (like a motel who would not want to promote a competitor), who is going to crosslink to your site?

Trying to improve your ranking is known as Search Engine Optimization²⁶ and there are a lot of firms which specialise in it. In 2009²⁷, Google changed their algorithm to make each websearch

²⁶ Wikipedia "*Search engine optimization*" Accessed 9/10/12 http://en.wikipedia.org/wiki/Search_engine_optimization

²⁷ Google blog "Personalized Search for everyone" <http://googleblog.blogspot.com.au/2009/12/personalized-search-for-everyone.html> accessed 7/12/12

take into account the searchers' browsing history. This is called 'personalisation' and has had mixed reviews.²⁸ For instance when I search for 'sexual assault' CASA house (@the womens) comes in #2 CASA.org #8 and SECASA #10 but if you try it on your machine it might come up differently. This is because Google is analysing my browsing history and giving me the sites it thinks will most closely match what I have looked at before. To make things more complex, we now have SMOs or Social Media Optimization strategies to contend with.

*When you do a search now on Google, Google checks your history and your friends' histories and gives your results based on what you've looked at before and what your friends have shared on Twitter, Facebook, LinkedIn, Tumblr, WordPress, and so on. Which is great if your friends have awesome taste, and less great if they don't. SEO is a waste of money, or will be very soon. SMO is in, SEO is out.*²⁹

Another way to boost your rankings is to set up user accounts on all the traditional media sites and whenever something like sexual assault is discussed, make a comment to say 'Anyone needing help in Victoria should go to sacl.com.au or ring SACL on...'. You must put in the web address so it gets logged by the engines. Media outlet sites are heavily linked to and increase your SMO.

There are also firms that specialise in SMO management and even online community managers to do your social media engagement.

Being vocal on these sites is a good way to help with digital visibility and reach an audience which you know is interested in the subject as they are reading that story. There will also be places on other media outlets like TV shows and radio programs where you can have your say. Your organisation will also need to work out its stand on public comment on social media by individuals. Are they happy for workers to make public comment on work related issues?

Getting started

When thinking of moving from a static site to web 2 for service delivery, most people start with the technology which we did too. Tempted by all the wonders online, we spent our time testing and evaluating different products before settling on a few. However in hindsight we should have started a few steps back. First is with the legal framework in which our service delivery is to take place. In short, an outline of what we can and cannot do online.

Legal issues

Let's take our interactions with young people on Yahoo! Answers. It was not long before we realised that we were giving written advice to minors about health related issues without parental consent. After speaking with senior counsel we re-evaluated our online parameters. For the time being we have confined our online activities to three main areas, re-framing information into a therapeutic framework, reassuring askers and referring them to appropriate real world services and online resources. Two challenges we quickly encountered were that as social workers, we have confidentiality and privacy overlays.

So where does this sit when we are using a public broadcast medium for service delivery? If that was not hard enough, when utilising proprietary software like Skype or Google Plus, even if using

²⁸ Josh Catone June 3, 2011 "Why Web Personalization May Be Damaging Our World View" accessed 9/10/12 <http://mashable.com/2011/06/03/filters-eli-pariser/>

And Hallam blog, Nottingham February 2012 "What is wrong with Google's personalised results" Accessed 9/10/12 <http://www.hallaminternet.com/2012/google-personalised-results-wrong/>

²⁹ Papworth, Laurel "SEO vs SMO and how to TURN OFF Google Social Media Optimization" April 2012 accessed 9/10/12

<http://laurelpapworth.com/seo-vs-smo-and-how-to-turn-off-google-social-media-optimization/>

encryption like PGP, there is always an unrelated third party able to monitor your communications. In effect, there is no privacy or confidentiality online. What is our duty of care when dealing with anonymous clients remotely? Another issue is how do we ensure the safety of our clients and the safety of others?

Agency policy

The next thing we should have done was to rewrite our agency policy and procedures documents to include using the internet for service delivery. At first we thought harm may come from exposure to things like child pornography, online harassment or threats. However it soon became obvious that there were far more subtle issues. First, workers were reluctant to commit themselves in writing online without a very clear understanding of their own liability. They wanted to know what the parameters were for things like advice and opinion before they would sign their names to it. Most are still uncomfortable being publicly named online. They have not chosen a career that is supposed to be in the public eye. Second, when using social networks to deliver service, clients may be able to find workers' personal accounts. Particularly in the family violence area, not only the worker but their family and friends may be put at risk. Even if the agency is not using social networks, it is another area for ongoing discussion.

Publicity

Putting a URL on your publicity material can be great except that you have to remember that paper versions of agency material often outlast a social network. An example of this was when we set up our Myspace page we put it on everything, including our standard brochure. 5 years on that brochure needs reprinting but that Myspace page is long gone. We now only put the URLs of our static websites on brochures.

Social networks

Many organisations are grappling with the dilemma of should they become involved in a social network. My advice on this is always the same – How will it earn its keep and who is going to keep it up to date? The good news is that you will be able to reach a whole new audience and the interaction can be in real time. On the down side if you think having a website 2 years out of date looks bad, that is nothing compared to a social network page that has not been updated for a month.

The choices available are mind boggling. I went to a social network training day recently and was given a list of 50 sites, only a few of which I had heard of. It can be overwhelming just trying to keep up let alone to assess them all for service delivery. Yet each of them comes with their own user base and the variety allows you to deliver information in ways limited only by your imagination.

“...if all we're doing is pumping out information about health, how many people are really going to tune in, or stay tuned in? If you're just going to share the awards and accolades your hospital is getting or the new programs you're launching, then Facebook is not for you.”³⁰



³⁰ Nancy Cawley Jean May 9th, 2012 “*Tips to keep patients engaged with Facebook pages*” accessed 9/10/12

http://www.hospitalimpact.org/index.php/2012/05/09/3_facebook_posts_that_keep_patients_enga

SECASA is involved in 7 social networks and each of them is used for a specific purpose. All our aims and objectives for the use of each social network, including which one is used for what, is laid out in our *online policy manual*. This document is updated regularly and will always be a work in progress. Each network has its own consumer demographic. We did an evaluation of both the type of social network and the different products on offer before we settled on which ones to use. Our foray into social networks began in 2008 when we developed a MySpace page. It had over 5,000 visits in the first 12 months and our core demographic was girls aged 12 - 16. We used blogs and bulletins to deliver sexual assault information and responded to over 200 messages from our users, many seeking assistance from counsellors. By 2010 visitor numbers were under 50 per month, a big difference from the 550 per month just a year before so we enacted our exit strategy and SECASA launched its first Facebook page.

SECASA's YouTube channel was started in July 2010 to promote SECASA's video catalogue. There are currently 14 videos on this channel which have been viewed over 14,000 times. Our viewers are 61% male aged 35 – 54, about half the viewers are from America followed by the UK and Australia.

In January 2012 SECASA began a blog. This is used to make political comment and give topical insights into current issues relevant to the sexual assault field. The page has an average hit rate of 200 views monthly. User stats 62% US, 23% from Australia. SECASA also has a Twitter channel but we use it purely as an aggregator. What this means is that if you subscribe to our Twitter channel it will tell you all the updates on every one of our online enterprises.

Have the social networks expanded our reach? Absolutely! In the last year users have downloaded over a million parcels of information from our combined online service.

Is there a future for a static website in these days of mobile devices and social media? Why not just have a blog and a Facebook page? Personally, I think the main thing the dot com does is provide a base for all our online activities. It is SECASA's heart and the place people come back to that does not alter over time. Although the reach of social networks is amazing, they are not good at doing the heavy lifting. My best guess is the adult site stands at around 50,000 A4 pages of information. However the web has become so diverse that it is no longer about having just one site.

Expanding beyond a website to becoming an online community

Although some would say that is a whole lot of SECASA out there, we do not just do this to be trendy. In this day and age one has to have a commitment to uptake in order to meet the changing expectations of users. This expectation is being driven by relentlessly changing technology. For instance the new mobile devices that are able to constantly access the web. Users of these devices want frequently changing information which social media provides. Or the fact that users expect to be able to engage with online entities and are not content with just being able to passively consume information. They want to interact and form a relationship with you. They want to contribute and be a part of your online community.

There is an expectation of mainstream features on every site. An example of an emergent technology is Google plus, the new rival to Facebook. This has a feature called 'the hangout' which enables users to have multi person video chat. Marry that with camera phones and it does not take a genius to predict what the new trend in chat is going to become. These features create a desire in consumers. It is not long before this desire becomes an expectation and pressure is brought to bear to meet these expectations. Fine if you are Coke or Nike with million dollar budgets, but not so good if you are a resource strapped health service provider and your webteam is non-existent or outsourced at an hourly rate. The only consolation is that it is not just health services that are

struggling to keep up, everyone is. No sooner do you get comfortable with using one interface than another one pops up. Needless to say we are now trialling Google plus and working out how to use it. Let's look at our presence on Facebook. We have two Facebook pages, one for SECASA and one for Respect, Protect, Connect, our high schools program.

Purpose

The SECASA page was created as a repository for sexual assault ephemera. Things like publicising new books or workshops, upcoming conferences or changes in legislation. We also use it to promote other organisations, videos, surveys, training opportunities or upcoming groups needing participants. In short we use it to channel information that does not belong in our own 'What's on' or anywhere else on our website. We also get feedback from our growing number of friends about our services or current issues.

Stats

In the last 12 months our posts were viewed over 30,000 times and we had 250 post feedbacks from our readers. The user demographic for our Facebook page is 81% female. 18% are under 25 with most aged between 25 – 34. 84% are from Australia and 62% of these are from Melbourne. The schools program page was launched in February this year and is being used to promote respectful relationship information. It is hoped that young people will use it to contact us after they've been to a workshop if they have further questions or want specific information. 74% female, 25% are under 25. 90% from Australia of these 77% are from Melbourne.

The importance of Chit Chat

As the use of social media is still an emergent field, we are constantly researching. Lately I have been reading that community building is the key to effective social network engagement. In light of this I began an experiment. I deliberately began posting 'chit chat'. This is my first post:

5 September 2012

"How was that wind? For those of you not in Melbourne it has been really windy here. Think standing behind a jumbo jet engine windy. SECASA thought the roof would blow right off the house @ SECASA HQ. We hope you are all well and safe and that your washing hasn't ended up at the top of Mt Dandenong or out in the bay."

Some others:

5 October 2012

"Good morning everyone and welcome to all our new friends. All this talk about public safety as you're walking down the streets has got us thinking reporting/ emergency phone apps. Does anyone know of any good ones out there?"

10 October 2012

"Had a wonderful visit to our admin meeting today from our local Lions club representatives. They do such great work there and their donations are really appreciated. Thumbs up."

Since we started posting chit chat we have had two people email us asking for counselling and two others email us about other matters. In the year prior to this we did not have any private messages. Our 'like rate' has risen, as has the number of people who are talking about our posts and the number of people who respond to our posts. Interesting huh?

Is an online service different?

Yes.

There are many ways in which this service differs from traditional ways of delivery.

Type of information

With the mainstream service a person would only ring if they knew something was a problem, but online they also make contact to ask if something *might* be a problem so we can do more preventative and harm minimisation work. It is also a medium with which young people are comfortable so we get more underage users asking about things we may never have thought about. For instance ‘Is it still incest if it’s a blended family, not your blood sibling and your parents aren’t married?’ Also the issues already mentioned about anonymous clients and information which stays out there forever. We are no longer gate keepers of this information. The general public is able to collaborate and interact more than at any other time and they want and expect to be able to do this.

Privacy

For most it is important that there is anonymous browsing. They do not want to contact a service directly. For some groups, such as young people, it is important that their parents do not know. This could be for many reasons. The most obvious is that family members are often the abusers. For others they do not want to tell anyone they are accessing this information.

Change

Technology is leading the way which means that, unlike many other forms of social work, no one is doing the same thing they did 5 years ago.

“...change isn’t about convincing individuals to blog or Tweet, but to create that culture of innovation where we can share ideas, discuss concepts aloud and ideate together, prototype (and fail!), and experiment. It means acting on research as part of doing research and building partnerships rather than writing about them. It’s also about creating the systems that support change, not just inspiring a few individuals to do something different. Writing about innovation is not the same as doing it. Thinking models — design thinking, systems thinking, knowledge-to-action thinking — are supposed to inspire action, not just thought.”³¹

Convenience

Client's choose which topic to consume, the time to access it and can revisit the information as many times as they want. This gives clients more control over the information and access to the service. It is this fundamental shift in the way we think about our online service delivery that has moved us from having a website which supplements our traditional service to using the internet to deliver a new service.

*“Seeking help is not just about doing 1 thing, it's about a lot of things. I think the internet has opened a *lot* of doors in this area - maybe when we are questioning ourselves and wondering whether to seek help, the internet is a place to turn to help sort out our thoughts. Then, when we're ready, we can move onto a different kind of help.”³²*

What does the future hold?

According to the Government’s new ehealth strategy it’s all about Personally Controlled Electronic Health Records (PCEHRs)

Telehealth

National E-Health Transition Authority (NEHTA)

Infomatics

³¹ Cameron Norma “Design Thinking: Thinkers, Science and Practice” September 2012 Accessed 9/10/12

From: <http://censemaking.com/tag/systems-thinking/>

³² Forum member Pandora’s project. NB: Survivor feedback from either posts in online forums or via email or private messages. All usernames have been removed to maintain their anonymity.

eHealth or mHealth - mhealth = mobile device health³³

The rationale?

“There simply aren’t enough funds, people or other resources to sustain a model that relies exclusively on physical, one-to-one care and prevention efforts. eHealth provides an avenue to consider ways of doing things at a distance and, for some conditions, this translates into interest in doing things that can reach more people for less money, hence the interest in eHealth.”³⁴

And it is cost effective. The online service costs SECASA less than 2 cents per client for 24/7 coverage.

The National Broadband Network will enable most people to move to HTML5 which has web sockets. The current Java applets make you download something to your machine and do something to it then send it back. With web sockets you can connect directly to the server and can interact more quickly. It will have video and audio capabilities built into it.

Conclusion

So what have we learnt? That our clients expect us to offer an interactive online service. That these expectations are driven by technology and the message of accessibility to the technology (*so easy a child could use it*) for both us and the consumer. We are using proprietary software that has not been created to meet our needs or those of the therapeutic setting, but for social or commercial needs. That there is constant change.

The upside is that it is easy to access whole new demographics. We can get direct feedback from clients about our service and tailor information to their needs. We have a worldwide publishing network for advocacy and education that is cost effective. We can deliver information and make our services accessible to a vast audience with equity.

At the beginning our website content and growth was informed by our organisation and our users were seen as passive consumers. We were using our website to put information out that we thought was important and to cut down on requests for information packs. As time has gone on that has shifted to a partnership with our online consumers and more and more our online service is incorporating information tailored to their needs. With the push for greater eHealth service delivery it will not be long before we are providing core services like one-to-one counselling online.

³³ The National E-Health Strategy

<http://www.health.gov.au/internet/main/publishing.nsf/content/national+Ehealth+strategy> Accessed 7/12/12

³⁴ Cameron Norman “Systems Thinking, eHealth and Changing Public Health” December 2010. Accessed 9/10/12
<http://censemaking.com/2010/12/02/systems-thinking-ehealth-and-changing-public-health/>