

# A SPACE TO GROW

## Review of the Management and Operation of Refuges in the Eastern Region

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## Table of Contents

List of Tables and Figures .....	i
Preface .....	ii
<b>Chapter One: Context and Background</b>	
Introduction .....	1
Domestic Violence .....	1
Health and Social Services and Domestic Violence.....	5
History and Role of the Refuge .....	8
Refuges in the Eastern Region .....	11
Minority Groups and Domestic Violence .....	14
The Housing Shortage .....	16
Summary and Conclusions .....	18
<b>Chapter Two: Methodology</b>	
Introduction .....	20
The Review:	
<i>Focus of the Review</i> .....	20
<i>Purpose of the Review</i> .....	20
<i>Objectives of the Review</i> .....	21
The Chosen Approach.....	22
Fieldwork Details .....	23
Analysis of Data .....	27
Summary and Conclusion .....	28
<b>Chapter Three: Procedures</b>	
Introduction .....	29
Information on the Refuge Service .....	29
Admission Procedures:	
<i>Dealing with Lack of Space</i> .....	30
<i>Waiting Lists/ Priority Clients</i> .....	32
<i>Admission Process</i> .....	32
<i>Re-admission to the Refuge</i> .....	34
Links in the Community .....	35
Exit Procedures:	
<i>Leaving the Refuge</i> .....	40
<i>Accommodation Options</i> .....	41
<i>Second-Stage Housing</i> .....	42
<i>Aftercare Services</i> .....	43
Summary and Conclusions .....	44

## **Chapter Four: Operational Policies**

Introduction .....	46
House Rules:	
<i>Decision-Making in the Refuge</i> .....	46
<i>Effectiveness of/Problems with House Rules</i> ...	49
<i>Broken Rules</i> .....	51
<i>Barring Review</i> .....	52
Service Philosophy .....	52
Outcome Assessment.....	53
Security in the Refuges .....	54
Summary and Conclusions .....	56

## **Chapter Five: Areas of the Service to be Developed**

Introduction .....	58
Special Needs Clients .....	58
Perceived Gaps in Service Provision:	
<i>Childcare</i> .....	63
<i>Services Would Like to Enhance/Offer</i> .....	65
<i>Facilities in the Refuge</i> .....	66
Role of the Refuge .....	67
Summary and Conclusions .....	69

## **Chapter Six: Management and Staffing**

Introduction.....	71
Staff Audit:	
<i>Number of Staff</i> .....	71
<i>Staff Contracts</i> .....	71
<i>Trade Union Membership</i> .....	72
<i>Summary of Staffing Policies</i> .....	73
Staffing of the Refuges:	
<i>Overall Staffing</i> .....	74
<i>Residents and Staff</i> .....	74
Staff and the Review.....	75
Staffing Policies.....	75
Staff Support.....	79
Qualifications/Accreditation: <i>Accreditation</i> .....	82
<i>Job Titles</i> .....	84
<i>Perceived Lack of Counselling Staff</i> .....	84
Training and Evaluation.....	85
General Issues:	
<i>Perceived Lack of Staff</i> .....	87
<i>The Role of Volunteers</i> .....	88
<i>Impact of Helpline</i> .....	89
<i>Role of the Manager/Team Leader</i> .....	90
<i>Perceived Value of Refuge Work</i> .....	90
Integrated Relationships .....	91
Summary and Conclusions .....	92

## **Chapter Seven: Funding**

Introduction.....	95
Sources of Funding .....	95
Drawing Down Funding .....	96
Accountability.....	98
Role of the Boards of Management .....	98
Suggested Changes .....	100
Summary and Conclusions .....	101

## **Chapter Eight: Discussion and Recommendations**

Introduction.....	102
Main Findings:	
<i>Procedures</i> .....	102
<i>Operational Policies</i> .....	103
<i>Areas to be Developed</i> .....	104
<i>Management and Staffing</i> .....	105
<i>Funding</i> .....	107
Discussion.....	107
Recommendations:	
<i>Procedures</i> .....	113
<i>Operational Policies</i> .....	115
<i>Areas to be Developed</i> .....	118
<i>Management and Staffing</i> .....	119
<i>Funding</i> .....	121
Suggested Framework for a Refuge Service.....	122
Models of Best Practice for Refuges .....	126
Models of Best Practice in Managing and Staffing a Refuge .....	126
Conclusion .....	129

<b>References</b> .....	130
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## **Appendix One: Written Submission Questionnaire**

## **Appendix Two: Staff Audit Questionnaire**

## ***List of Tables and Figures***

	<b>Page</b>
Table 1.1 Main Services Offered by the Three Refuges in the Eastern Region .....	13
Table 1.2 Additional Undertakings by the Three Refuges in the Eastern Region.....	13
Figure 2.1 List of Statutory Bodies and Voluntary Groups to be included in the Review.....	22
Table 2.1 Written Submissions Sent Out and Returned .....	26
Table 2.2 Frameworks Developed for Seminar .....	27
Figure 3.1 Links in the Community .....	35
Table 6.1 Number of Staff .....	71
Table 6.2 Type of Contract Held .....	72
Table 6.3 Length of Contract Held .....	72
Table 6.4 Trade Union Membership.....	72
Table 6.5 Summary of Staffing Policies .....	73
Figure 6.1 Integrated Relationships .....	92
Figure 8.1 Suggested Framework for a Refuge Service .....	125

## Preface

The former Eastern Health Board (now three area Health Boards in the eastern region) in its Operational Plan 2000 for the Children and Families Programme committed itself to carry out research“ *[i]n consultation with statutory and voluntary service providers, to review and make recommendations in relation to the management and operation of Refuges, including operational policies and procedures and staffing structures*”. In light of this, representatives from the Northern Area Health Board approached the Policy Research Centre, National College of Ireland to conduct a review of the refuge services in the Eastern Region, which would be fully funded by the NAHB, in line with the terms of reference above.

The specific objective of the review was to address the following key areas of service provision:

- *Procedures*
- *Operational Policies*
- *Management and Staffing Structures of Refuges*
- *Funding*

The review was managed by a steering committee, comprising representatives from the NAHB, SWAHB, National Network of Women’s Refuges and Support Services, Women’s Aid, the three Women’s Refuges and the trade union IMPACT.

At the time of writing, there were three refuges for victims of domestic violence in the eastern region. The Rathmines Women’s Refuge, presently the only refuge that is fully funded and run by the Northern Area Health Board, Aoibhneas Women’s Refuge and Bray Women’s Refuge (both of which are 95% funded by the NAHB). There were also plans in place to open three further refuges, one each in Kildare, Tallaght and Blanchardstown. A comprehensive review of the range and quality of services offered had never been completed. It was decided to carry out a comprehensive review of procedures, operational policies and management and staffing structures within the three refuges in order to provide recommendations for the future development of the refuge service.

## **Chapter One: Context and Background**

### **Introduction**

This chapter is designed to provide the context within which the findings of the study may be best understood and evaluated. The chapter begins with a short review of the problem of domestic violence. It then moves on to discuss the issue of health and social services as they are related to domestic violence. The definition of the domestic violence refuge and its role in society today is also discussed here. As mentioned in the preface, this study was focussed solely on the domestic violence refuges in the Eastern Region, an outline of the three refuges included in the study is also contained here. The services offered by the refuges as well as usage of the services will be outlined. The issue of minority groups and their experiences in refuges will then be examined. The accommodation shortage, which has had much media attention in recent times, will be referred to in this chapter as the shortage has a direct impact on the refuges, and the services they offer. Finally, this chapter lays out the structure of the full report.

### **Domestic Violence**

It is important at the onset of this report to outline the definition of domestic violence as understood for purpose of this study. This study accepts the definition put forward in the *Report of the Task Force on Violence Against Women* (1997), which defines domestic violence as:

*“ ...the use of physical or emotional force or threat of physical force, including sexual violence, in close adult relationships. This includes violence perpetuated by a spouse, partner, son, daughter or any other person who has a close or blood relationship with the victim.” (p.27)<sup>1</sup>*

This by itself would not be an adequate or full definition so the Task Force report acknowledges that the term ‘domestic violence’ goes beyond actual physical violence,

*“It can also involve emotional abuse; the destruction of property; isolation from friends, family and other potential sources of support; threats to others including children; stalking; and control over access to money, personal items, food; transportation and the telephone” (p.27)*

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<sup>1</sup> Although this definition refers to violence in ‘close adult relationships’ it must be noted that an overwhelming majority of the victims of domestic violence are women.



Throughout this study, wherever the term domestic violence is mentioned, the definition mentioned above should be applied.

Violence perpetrated against women by men is not a recent phenomenon, in fact it is as old as the institution of marriage (Lyons et al., 1992). The women who are victims of domestic violence are not members of one homogenous group, violence against women crosses geographical, class, race and sexual orientation boundaries. It can be said that the type of violence experienced by all categories of women is similar in its nature and intensity (*Kelleher Associates*, 2000).

Much of the literature on domestic violence refers to the 'cycle' of violence that was first described in 1979 by a psychologist called Lenore Walker (Dutton and Golant, 1995; Cook and Bessant, 1997; Jasinski and Williams, 1998). There are three main phases identified in this cycle, a tension-building phase, an acute-battering phase and a contrition phase. Throughout the relationship, the pattern continues and the attacks become more frequent and more severe over time (Cook and Bessant, 1997; Ruddle and O'Connor, 1992). During the first phase there is a gradual build up of tension, which involves escalating verbal and physical attacks (Dutton and Golant, 1995). If there have been violent incidences previously in the relationship, the women knows very well how this built-up tension is going to be relieved. Sometimes it is at this stage that a woman will get in touch with a domestic violence refuge, either for advice or refuge for herself and her children.

The second phase, the acute-battering phase, ends when the abuser ceases the physical assault. It is said that for the abuser, the "physical action is even pleasurable" (Dutton and Golant, 1995:47). The contrition phase can be characterised with the abuser either flatly denying what has just occurred or else seeking atonement and making promises to reform (Dutton and Golant, 1995; Ruddle and O'Connor, 1992). During the contrition phase, the abuser can shower his wife with gifts to 'show his love' and often uses other people such as children or other family members to plead his case (Dutton and Golant, 1995). During this phase the woman can be physically hurt as well as mentally and emotionally shaken and the abuser's actions are trying to reinforce her commitment to the relationship by instilling optimism and the hope of change for the future (Dutton and Golant, 1995; Ruddle and O'Connor, 1992). It must be remembered that while this description of the cycle of violence goes some way towards helping us to understand the dynamics of domestic

violence, this cyclical pattern does not apply to all circumstances of physical violence. Also, there are many forms of domestic violence, which are not physical in nature, such as verbal abuse, emotional abuse, controlling actions and finances, and the cyclical pattern may or may not apply in these cases.

Due to the nature of domestic violence it is difficult to estimate its prevalence in Ireland today. Earlier indications on the extent of the domestic violence problem relied solely on police records of assault charges taken by wives against their husbands and the number of barring orders granted and enforced on the grounds of physical violence (Casey, 1987). *Making the Links* (1995), a publication resulting from a national survey commissioned by Women's Aid, reported that over half (59%) of women in Ireland knew a woman who had been subjected to domestic violence and in fact, eighteen per cent of women admit that they themselves had been subjected to "either mental cruelty, threatened with physical violence, experienced actual physical violence, experienced sexual violence or had their pets and property damaged" (Kelleher Associates and O'Connor, 1995: viii). Other international studies report that 25 per cent of women in Canada have experienced violence at the hands of a current or past partner, while studies in the United Kingdom indicate that the problem of domestic violence against women affects somewhere between 10 per cent and 30 per cent of the female population (Office of an Tánaiste: 1997). These figures are all estimates and the problem of domestic violence is said to be far more prevalent than we care to admit.

The above paragraphs have focused on the issue of domestic violence where the woman is the victim and a male partner or other male family member is the perpetrator. To date very little research has looked at the issue of violence amongst same-sex couples. Trying to investigate the prevalence of this kind of violence is made even more difficult due to the nature of the relationship and the other issues surrounding the revelation of sexual orientation in today's society. Studies on lesbian couples, which have been carried out in the United States of America, suggest that violence amongst gay and lesbian partners is as prevalent as that amongst heterosexuals (Jasinski and Williams, 1998). This is an area that will require much more investigation in the future, as more people in these relationships begin to avail of the services.

Studies carried out in the past make reference to the lack of awareness about the services which are available for victims of domestic violence; "...the women were not aware that any help might have been available" (Ruddle and O'Connor, 1992: 53). Where women were aware of a refuge service, either they did not know how to make contact with these services or they were confused about the level and type of service available at the refuges (McWilliams and McKiernan, 1993). As recently as 1999, the *First Report of the National Steering Committee on Violence Against Women* identified the accessibility of information relating to the issue of domestic violence and the relevant services available to the women as a problem that needs to be tackled. Following on from the recommendations put forward in the *Report of the Task Force on Violence Against Women* (1997), the National Steering Committee embarked on a number of initiatives to help raise awareness around the subject of domestic violence and dissemination of relevant information. The Task Force felt that information regarding the National Helpline should be widely advertised throughout the country, in both the national and local press, as well as other places where victims of abuse might frequent e.g. GP Surgeries, Garda Stations, Health Centres, Supermarkets and so on. An awareness campaign was launched in December 1998 in order to generate public awareness and debate on the issue of domestic violence. The National Steering Committee is also examining the development of a single telephone number that would give women easier access to information and services (Department of Justice Equality and Law Reform, 1999b). Other non-governmental organisations such as the Irish Country Women's Association, Women's Aid and the National Network of Women's Refuges and Support Services are involved in initiatives that hope to raise the level of awareness amongst victims of domestic violence.

Part of the mission of An Garda Síochána is to provide services, within a legal framework, to protect life and property and to detect offenders if a crime is committed (Department of Justice Equality and Law Reform, 1999b). The role of An Garda Síochána is seen as pivotal in dealing with domestic violence as most usually initial contact is made with them (Ruddle and O'Connor, 1992). Prior to 1976, if a woman was seeking protection from a violent husband she could avail of one of the following three remedies; a common law charge of breach of the peace, a criminal charge of assault or an injunction (Casey, 1987). At the moment the law supports victims of domestic violence under the following Acts:

- The Family Law (Protection of Spouses and Children) Act, 1981
- The Criminal Evidence Act, 1992 – this compels spouses, and in special circumstances, former spouses, to give evidence for the prosecution in cases of violence to the spouse.
- The Domestic Violence Act, 1996 – extends the classes of persons who can apply for Barring Orders, Protection Orders and Safety Orders. It also provides wider powers of arrest for Gardaí in domestic violence cases. (Department of Justice, Equality and Law Reform, 1999a)

The Family Law Act remains the most widely used remedy in cases of domestic violence. Since the introduction of The Domestic Violence Act (March 1996) the number of domestic violence cases coming before the district courts in Dublin has hugely increased. In 1999, in the Dublin Metropolitan Region, 618 persons were charged in relation to a domestic violence incident (Garda Síochána, 2000). Another legal option, which is open to victims of domestic violence, is Section 6 of the Bail Act 1997, which provides for restrictions to be imposed on a person who applies for bail. The Minister of Justice, Equality and Law Reform has the power to make the order to implement Section 6 (Department of Justice, Equality and Law Reform, 1999b).

Other arrangements which are in place for victims of domestic violence include the Special Garda Unit (providing Garda support), the Pro-arrest Policy (setting out how investigations of domestic violence should be conducted and reported) and a specially designated Garda in each Garda Division who is responsible for ensuring a consistent approach to domestic violence cases (Department of Justice, Equality and Law Reform, 1999a; National Women's Council of Ireland, 1996). Yet with all these policies and initiatives in place there is still a recognised lack of information about the issues surrounding domestic violence and the options that are available to victims. While the Gardaí may have a pivotal role to play in dealing with violence in the home, their role can be limited by the application and enforcement of the legislation available to them.

### **Health and Social Services and Domestic Violence**

Women who are victims of domestic violence may have contact with the health and social services through General Practitioners, Hospital Emergency Rooms, Social Workers and

Mental Health Services (Ruddle and O'Connor, 1992; Office of An Tánaiste, 1997). As mentioned previously the true prevalence of domestic violence in Ireland is not known and there are large discrepancies between the numbers of women seeking help from these services and the number of women who come forward and seek out help in escaping from a violent relationship. The Department of Health and Children (then the Department of Health), following recommendations from the Second Commission of the Status of Women in 1993, set a consultation process in motion to discuss the health needs of women, as it was indicated that these were not being met by the existing health services. In the strategy document which was subsequently published, "*A Plan for Women's Health 1997-1999*", the Department of Health and Children committed to "ensure that the health services play a full role in protecting women and children from violence and in providing services for victims of violence" (Department of Health, 1997, 41). As part of this strategy, the Health Boards, as part of their women's health plans, committed themselves to developing support services for women and children who are victims of domestic violence.

Since the policy document was put forward in 1997, certain developments have taken place. Some hospitals are operating modules of best practice in the treatment of victims of violence, the Regional Committees on Violence Against Women are assessing the counselling services available to women and the Department of Health and Children are addressing the issue of providing resources for developing training programmes for health professionals (Department of Justice, Equality and Law Reform, 1999b). Despite these developments, The *National Health Promotion Strategy 2000-2005*, published by the Department of Health and Children last year, makes no direct reference to 'domestic violence' but talks about violence in families that is associated with alcohol abuse. Two of the strategic aims for this health promotion strategy, which could be beneficial for victims of domestic abuse, are the review of the implementation of the *Plan for Women's Health* and the promotion of positive mental health, especially at vulnerable times in women's lives (Department of Health and Children, 2000a). The document goes on to say that implementation of the objectives will depend on resource allocation and policy priorities, so domestic violence needs to be viewed as a priority, at policy level, by those in the health services.

It has been well documented that children are also the victims of domestic violence whether they are actually being physically abused or witnessing the abuse of their mother.

Studies carried out in the United States of America suggest that between 11 and 20 per cent of adults remember seeing violent partner incidents when they were children (Jasinski and Williams, 1998).

Psychologists have identified three main ways in which children are 'psychologically abused' by witnessing the violence; (a) terrorizing, (b) living in dangerous environments and (c) exposure to limiting and negative role models (Peled and Davis: 1995). The abuse of these children manifests itself, in the children, in various ways such as aggressive behaviour, depression, low self-esteem, and inability to concentrate, all of which can have a detrimental effect on the child's life (Kelleher Associates, 2000; Peled and Davis, 1995). Studies that have been carried out on children residing in refuges, with their mothers, indicate that the symptoms mentioned previously are often exacerbated in these children. A number of factors, such as the recent witnessing of a violent act, disruption of normal coping patterns, difficult living conditions and the physical/emotional unavailability of the mother, have been identified as contributing to the child's behavioural problems at this time (Peled and Davis, 1995). Other research has indicated that these problems may cease over the time spent residing in the refuge or living with their mother in a non-violent environment after leaving the refuge (Jasinski and Williams, 1998). One factor, which was stressed by all the researchers, is that refuges need to be sensitive to the needs of children once they enter the refuge and should have appropriate programmes in place to assist the children while they are staying there.

In Ireland, the *National Health Promotion Strategy 2000-2005*, has put forward its strategic aim in relation to children. It plans to "support the development of partnerships with families and relevant bodies to promote an holistic approach to the physical and mental well-being of children" (2000:40). One of its objectives in achieving this aim is to develop programmes for children at risk, one would hope that children witnessing violence in the home will benefit from this strategic plan. In November 2000, the *National Children's Strategy* was launched (Department of Health and Children, 2000b). This strategy identifies three 'National Goals' for children, attainment of which could have some outcomes for children living in violent circumstances. The first goal – 'children will have a voice' - if the voice of children living in homes where domestic violence is the norm is heard, much could be learned which could change policy relating to this issue. The second goal – 'children's lives will be better understood' – research into the lives of

children effected by domestic violence, particularly longitudinal studies, could enhance the work of those agencies dealing with domestic violence. The third goal – ‘children will receive quality supports and service’ - could ensure that support structures are set in place for children residing in refuges which continue after they leave the refuge. There is some skepticism over the proposed goals and as to what the whole child perspective approach means for policy-makers (Burns, 2000).

### **History and Role of the Refuge**

When we talk about the term ‘Refuge’ we are referring to a house or building in the community, which is specifically set-up to provide a safe place for victims of domestic violence. If we trace back the origin of this concept we will see that it was not until the rise of the women’s movement in the 1970’s that the provision of a refuge for women who were victims of domestic violence began to be more organised. The first refuge, set up by Chiswick Women’s Aid, opened in Britain in 1972 (Casey, 1987; Dobash and Dobash, 1992; Ruddle and O’Connor, 1992). From this time onwards, the concept of the refuge spread throughout the United States of America and Europe. In the USA, the first refuge ‘identified with the battered-women’s movement’ was in Minnesota in 1973 (Dobash and Dobash, 1992: 64) In Glasgow and Edinburgh the Housing Authorities provided houses that were set up as refuges by Woman’s Aid in each district (Dobash and Dobash, 1992). These houses were originally given under the provision that the refuge got off the ground within six months, Women’s Aid were also asked to prove that there was indeed a need for a refuge.

The first Irish refuge was opened in Dublin in 1974 and was run by Women’s Aid. Soon after, in September 1976, a second refuge was opened in Limerick (Casey, 1987; Lyons et al., 1992). In Northern Ireland, the first refuge was opened by Belfast Woman’s Aid in 1978 (McWilliams and McKiernan, 1993). At present the refuge is still operating in Limerick while there are now two refuges operating in Dublin. There are also refuges in many other counties such as Cork, Donegal, Galway, Kerry, Louth, Mayo, Meath, Tipperary, Westmeath, Waterford and Wicklow. There are also plans to open a further three refuges, two in the Dublin area situated in Blanchardstown and Tallaght and one in Co. Kildare.

The main role of the domestic violence refuge is to provide emergency accommodation for women (and their children) who are escaping from violence in their homes. Realistically refuges comprise much more than just accommodation or a place to stay. They offer the woman a protected environment where she can feel safe and where she has access to the support she needs to help her to make decisions about her future. In her keynote address at a seminar on Women's Refuges in 1994, Monica McWilliams stated that a refuge "...provides protection for individuals attempting to escape male abuse and secondly, it is a location for action directed at building a different environment for all women" (p.6). According to Dobash and Dobash (1992), this type of refuge, where the concept of social change is incorporated into the philosophy of refuge service being provided, could be described as an 'activist' refuge. The activist model of refuge is directed at "grassroots action, self-help, involvement of abused women, and egalitarian relations within and outside the refuge" (Dobash and Dobash, 1992:77). Within such a refuge decisions are made by all those involved, the Board, staff members and the residents themselves. Women are treated with respect and encouraged to gain support from one another, while staff are said to work with, rather than work for, women who have experienced domestic violence. The activist refuge is recognised by the fact that there are few formal rules in place and the women tend to organise their own daily activities. Of course there are problems associated with these refuges, usually related to differing ideas on parenting, household concerns and the issue of privacy (Dobash and Dobash, 1992).

There are three other models of refuge identified by Dobash and Dobash (1992), the philanthropic model, the organisational/bureaucratic model and the therapeutic model. The philanthropic refuge is seen to be based on the notion of reformers responding to the poor and needy, and the relationship between the two is believed to be hierarchical and benevolent in nature. Within this model of refuge provision, the decision-making process involves several distinct elements; policy-making decisions are made by the Board, while day-to-day decisions are made by the director/manager in charge, with some input from staff and residents. The daily regime in the refuge can include supervised daily meetings, with residents made to feel a certain responsibility to the refuge and their fellow residents. The organisational/bureaucratic model of dealing with domestic abuse is based on providing a multi-agency approach to couples who are engaged in violent relationships by diverting them from the criminal justice system. According to Dobash and Dobash (1992), this model operates by providing services in mental health centres and hospitals during



working hours while using general homeless shelters on those occasions when emergency accommodation is deemed to be required. A refuge that operates under the philosophy of the therapeutic model is said to be a mixture of both the philanthropic and the bureaucratic. Women and children are seen as clients with personal problems that require 'therapy'. The perpetrators of the violent acts are allowed on the premises for counselling and visiting. It has been said that these types of refuges create a dependency on staff and do not encourage the women to decide on what their future might hold (Dobash and Dobash, 1992). The only refuges which are seen to be advocating the concept of social change are those operating under the activist philosophy of "self-help, advocacy and individual empowerment" (Dobash and Dobash, 1992:90).

In recent years, many groups and individuals involved in service provision have started to question the role of the refuge in society and consider the part it has to play in the solution to the problem of male violence. Some of those concerned with the issue of domestic violence, whether they are providers of a refuge service, policy makers or have carried out research in the area, have recognised the need to look at educating children and adults on power relations within intimate relationships. In this way they are looking to lessen and eventually prevent the incidences of abuse (Department of Justice, Equality and Law Reform, 1999b; Jasinski and Williams, 1998; Ruddle and O'Connor, 1992). Educational programmes, which operate both within and outside of the set curriculum, can have the dual effect of reducing society's tolerance of violence, by making society aware of the issues surrounding domestic violence, while at the same time passing on information to victims on where and how to get the help they need (Jasinski and Williams, 1998). Such programmes challenge society's attitudes towards domestic violence and encourage people to examine their relationships. A recent example of this kind of innovative initiative is the educational video recently launched by the Bray Women's Refuge (Wicklow Times, 8<sup>th</sup> November 2000). This video is aimed at 15 to 18 year olds and plans are in place to take the film into schools and youth centres where a trained facilitator from the refuge will be on hand to encourage debate and answer questions. Refuges for victims of domestic violence have a significant role to play in outreach and educational programmes and their contribution should be encouraged, their role in addressing the problem of domestic violence incorporates more than just providing crisis accommodation.

## **Refuges in the Eastern Region**

At the time of writing there was three refuges operating in the eastern region with the Northern Area Health Board being responsible for managing the overall domestic violence refuge service in the eastern region. The three refuges were:

- Rathmines Women's Refuge                      South Western Area Health Board
- Bray Women's Refuge                              East Coast Area Health Board
- Aoibhneas Women's Refuge                      Northern Area Health Board

The following briefly outlines the history of the three refuges. Also included here is a summary of the services offered by the refuges and current usage trends.

The Rathmines Women's refuge, which was the first purpose-built refuge in Europe, was opened in January 1986. It was built with funding from the Department of Health and leased to Women's Aid. In 1989, the Eastern Health Board assumed full responsibility for running and staffing the refuge. In fact, this refuge is one of two, in the Republic of Ireland, to be fully funded by a statutory body, the other refuge being in Donegal. The Rathmines refuge has ten bedrooms but can accommodate a maximum of 13 families. Each family must share a bathroom with another family. There is a communal dining room and kitchen for all the families to use.

Bray refuge began in 1978 in a house that was donated to a group of individuals who worked, on a voluntary basis, with victims of domestic violence. After almost ten years, the group received funding for a counsellor/refuge worker to work at the refuge for six hours per day. At this stage the Bray Women's Refuge Trust began looking for some state funding to help expand the refuge. A plot of land was purchased from Bray UDC for a reasonable price and funding from Wicklow County Council was made available to pay for the construction of the refuge, while funding for salaries and operating the refuge was made available from the Eastern Health Board. This new purpose-built refuge was opened in 1996. The refuge contains four bedrooms, with bathroom facilities being shared. Again, as in Rathmines, in Bray there is a shared kitchen and dining area.

Aoibhneas has its origins in a flat on Sillogue Road, (Ballymun, Dublin) where it began as an overnight crisis centre and referral agency for women who were victims of domestic violence. The centre was run by the Ballymun Women's Refuge Group and was opened in July 1988. On 21<sup>st</sup> August 1988 the first woman stayed overnight. In 1989 the Eastern Health Board gave some funding and has done so on a yearly basis since this time. In 1991 the Ballymun Women's Refuge Group were allocated the flat next door to the refuge to be used as a second stage housing for women and children who had stayed long-term in the refuge and were waiting to be re-housed. Then in January 1994, Dublin Corporation granted planning permission to Aoibhneas and in April 1997 the new purpose-built Refuge was opened by President Mary Robinson. This refuge has ten bedrooms, which are en-suite and each bedroom also has self-contained cooking facilities. As in the other refuges, there is also a shared kitchen and dining area which can also be used by residents.

Each of the three refuges offers a helpline and refuge service, which is open 24 hours a day, 365 days per year. As well as abused women ringing up and seeking refuge, the refuges receive referrals from a number of different sources such as family and friends, other refuges, Women's Aid, Gardaí, hospital staff, social workers and the Northern Area Health Board (NAHB) Regional Homeless Person's Unit.

The National Steering Committee on Violence Against Women launched the *National Directory of Services for Women who have Experienced Violence or the Threat of Violence* (2000). Table 1.1 below gives an outline of the main services offered by each refuge in the eastern region as outlined in the directory. Table 1.2 shows the additional undertakings of each refuge.

**Table 1.1: Main Services Offered by the Three Refuges in the Eastern Region**

	<i>Rathmines</i>	<i>Aoibhneas</i>	<i>Bray</i>
<i>Main Services</i>			
Accommodation	4	4	4
Aftercare	4	4	4
Counselling	4	4	4
Court Accompaniment	4	4	4
General Advice/ Information	4	4	4
General Advocacy/Support	4	4	4
Legal Advocacy/ Support	4	4	4
Medical*	4	4	4
Outreach	4	4	4
Telephone Helpline	4	4	4

\*Professional Medical Attention, First Aid, Accompaniment to Hospitals/ S.A.T.U, Referral

**Table 1.2: Additional Undertakings by the Three Refuges in the Eastern Region**

	<i>Rathmines</i>	<i>Aoibhneas</i>	<i>Bray</i>
<i>Additional Undertakings</i>			
Education	4	4	4
Training	4	4	4
Lobbying and Campaigning		4	4
Awareness Raising	4	4	4
Public Relations	4	4	4
Community Development		4	4
Inter-Agency Initiatives	4	4	4
Regional Planning Committees	4	4	4
Working with Perpetrators			
Second Stage Housing		4	

The numbers accommodated by the three refuges can vary from week to week but in 1999, 609 women and 1,451 children were accommodated (*kelleherassociates*, 2000). All three refuges are constantly busy and often do not have enough beds to offer to the women who come to them for help. In 1999 there was a total of 1,104 occasions of refusal (some women were refused a number of times) in the Eastern Health Board region, a total that includes combined figures from the three refuges. The main reason for refusal was lack of accommodation, however, small numbers of women were refused because they had been barred<sup>2</sup> or had had other problems such as active drug/alcohol abuse, being on a methadone programme or suffering from severe mental health problems (*kelleherassociates*, 2000).

It is difficult to estimate the length of time a woman stays in a refuge, as each individual case is different and life in the refuge can affect people in different ways. Some women will only stay one night while others will remain there for months until alternative accommodation can be secured. In a recent study by *kelleherassociates*, it was estimated that the average length of stay in Aoibhneas and Bray Women's Refuges was 12 days each while in Rathmines Women's Refuge the average stay was 48 days (*kelleherassociates*, 2000).

### **Minority Groups and Domestic Violence**

In Ireland the most significant minority group is the Travelling community, at present they make up less than one per cent of the national population (*kelleherassociates*, 2000). The nature of male violence against women in the Travelling community is similar to that of settled women, however, the main difference between the situation of settled women and Traveller women experiencing violence is racism (Pavee Point, 2000). Traveller women have to deal with being a member of a community whose cultural differences are not recognised by the settled community at large and at the same time deal with being a woman living in a violent relationship. She has to choose between making her gender or her ethnicity a priority (Pavee Point, 2000).

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<sup>2</sup> According to *kelleherassociates*, women could be barred for bullying, being violent and not taking care of or supervising their children. They could also be barred for consistently failing to pay rent (2000).

Group discussions held with Traveller women indicated that Traveller women were subjected to multiple forms of violence and it was felt to be ‘extremely bad’ by the women themselves (*kelleherassociates* and O’Connor, 1995:39). The Traveller women identified certain factors, which they felt contributed to male violence in the Travelling community.

Firstly, the high level of discrimination against the Travelling community as a whole was believed to cause high levels of stress in the community. Secondly, there was a belief in the Travelling community that men had a right to tell women what to do and often the men, who are not seen to do this, are jeered by their peers. Thirdly, it was believed that the pattern of alcohol abuse, which was associated with Traveller men, lead to more violence (*kelleherassociates* and O’Connor, 1995). Other cultural factors considered by the women included the early age of marriage, the fact that some women would never have met their husbands prior to marrying them, and the lack of support from family and friends in the community (*kelleherassociates* and O’Connor, 1995).

In domestic violence refuges across the country it is estimated that between 30 and 40 per cent of users are Traveller women. This disproportionate representation is primarily due to the fact that there are very few alternative options available to these women. Practical support from friends and family can be difficult to obtain both in terms of kinship networks and limited space in caravans (Fay, 1999). Traveller women also have difficulty in assessing protection options. The majority of Travellers do not have access to a telephone and those that do are not in a position to make a confidential telephone call. Travellers also have difficulties calling in the Gardaí, as there is a general community mistrust of police (Fay, 1999).

The Traveller woman’s experience of support services can be very negative. In relation to refuges there are a number of policies, which can inhibit a Traveller woman who might need the service. Firstly, refuges cannot accommodate women who have a large number of children so usually the woman has to leave the older children behind. Secondly, many refuges do not accommodate boys aged over 12 so these boys must stay on the caravan site if some alternative arrangements cannot be made. Finally, some refuges operate a two-Traveller family policy (Pavee Point, 2000). The first and second point mentioned above would also inhibit some settled women. Since Traveller women use the refuge “as respite, as opposed to a stepping-stone to leaving their partners”, they often find their stay in the

refuge difficult as some staff do not understand this phenomenon (Pavee Point, 2000: iii). Their experiences with other statutory and voluntary services can also be difficult, as these services are set up by settled people for settled people and it is believed that they cannot deal appropriately with the Traveller woman's needs.

Other ethnic minorities make up less than one per cent of women using the refuge services. The three refuges have access to interpreter services to facilitate communication and sometimes are in a position to offer English classes (Breslin, 2000). As more refugees begin to come and remain in Ireland, this is an area that will require further consideration.

Women with a physical disability and women who suffer from a mental health illness/disorder could also be included in this section on minority groups, these women are often marginalised in society so they are extremely vulnerable and this increases their risk of experiencing violence (Cook and Bessant, 1997). The recent report by *kelleherassociates* (2000) indicates that approximately one per cent of women using the refuge services have some kind of physical disability. At present, in the eastern region, Aoibhneas appears to be the refuge most suitable for a woman with a physical disability as it is wheelchair accessible and there is one bathroom, which is designed specifically for women or children with a disability. Rathmines, while it is single storey and is accessible for a wheelchair, does not have appropriate bathroom or cooking facilities. The Bray Women's refuge is a two-storey building but they have an adapted shower downstairs and use a foldout bed if necessary (*kelleherassociates*, 2000). All three refuges liaise with relevant professionals and make referrals where necessary (Breslin, 2000).

### **The Housing Shortage**

While the housing shortage has been featured in the media quite a lot recently, it is a huge issue and cannot be addressed adequately in this study. The housing shortage has implications for the refuge service and as such, this section will touch on some of the issues and concerns associated with this problem.

Life beyond the refuge means that the woman will need some place for herself (and her children) to live. According to Dobash and Dobash (1992) there appear to be only four conditions under which a woman can become free of violence and have a place to live: (1)

the male partner ceases to be violent and the woman stays where she is, (2) the woman moves to a refuge to flee the violence and remains there temporarily, (3) the man is successfully evicted from the matrimonial home or (4) the woman is re-housed in another home. Dobash and Dobash (1992) look at these four scenarios further and note that the refuge is only a temporary arrangement. They state that the majority of violent men do not cease to be violent, so realistically, the woman can either regain the home she shared with her partner or be re-housed successfully. Recent figures show that the number of families with dependent children, who are in need of housing, in the eastern region has increased. In 1984, on any particular night, 37 homeless families required a house while in 1999 over one seven-day period 660 families were in the same circumstances (O'Brien (2000) cited in *kelleherassociates*, 2000). In light of this, the likelihood of the woman being re-housed successfully is very low.

With very few options open to women who are victims of domestic violence, they will often end up staying in Bed and Breakfast accommodation with their children. Houghton et al (2000), cited in *kelleherassociates*, 2000, state that in 1999, 1,202 households (1,518 adults) were placed in Bed and Breakfast accommodation in the eastern region whereas in 1990 only five households were placed in this kind of accommodation (Moore (1994) cited in *kelleherassociates*, 2000). Of the 1,518 adults, 84 of them were women who had become homeless as a direct result of domestic violence (*kelleherassociates*, 2000). Just as the number of families who are using Bed and Breakfast accommodation has increased so has the cost of housing these families: £540 in 1990 versus £4.7 million in 1999 (Hickey, 2001). The increased use of this type of accommodation for families in crisis is to a large extent due to the "lack of appropriate emergency, move-on, supported and social housing in Dublin" (Hickey, 2001:7).

Transitional or second-stage housing is seen as being crucial to women who are leaving a refuge setting but still require support to maintain the feeling of strength and solidarity which they gained during their stay in the refuge (Dobash and Dobash, 1992). In the United Kingdom the first transitional house was opened by Women's Aid in Edinburgh in 1982 and they have continued to increase in number since then (ibid). According to Tony Fahey (1999) the term social housing has become an umbrella term in recent years. It now refers to "...a range of different types of housing provision, which are provided on a non-market basis even though they may differ greatly in their ownership, management



*characteristics, typical clientele and manner and degree of insulation from market forces”* (p.17). Basically this type of housing is rented accommodation, which is built with state subsidy, and the allocation of the housing is related to social need. Most usually the housing is provided by local authorities with the voluntary sector now playing an increasing role, although in Ireland this is on a very small scale (Fahey, 1999). In June 2000 the NESD (National Economic and Social Forum) Project Team recommended that a National Housing Authority be established to provide strategic policy advice to housing providers (Downey, 2000). It was also suggested that this Authority would become responsible for advising on the allocation of funding and provision of technical advice to local authorities and non-profit housing organisations as well promoting social integration (Downey, 2000). There is a recognised need to address the housing provision for vulnerable and needy groups of individuals.

SONAS Housing is one such voluntary housing association and was established by Woman’s Aid. It is involved in the development of policy relating to housing and homelessness in the eastern region. It also provides supported transitional housing for women and children who are homeless due to domestic violence (*kelleherassociates*, 2000). To date SONAS has supplied 29 units in the Dublin area, which include both houses and apartments. SONAS employs three support workers who provide practical and emotional assistance to the tenants to enable them to make the transition to independent living (with their children).

## **Summary and Conclusions**

In recent years the issue of violence against women has received increased attention from Government Departments. The introduction of the *Domestic Violence Act*, 1996 was seen as a positive move as it extends the classes of persons who can apply for barring orders, protection orders and safety orders, it also provides wider powers of arrest for Gardaí in domestic violence cases. In October 1996 a Task Force on Violence Against Women was established and following the publication of *The Report of the Task Force on Violence Against Women* in April 1997, the Government established the National Steering Committee on Violence Against Women. The purpose of this steering committee was to provide a multi-disciplinary, multi-agency and cohesive response to women who were experiencing violence. In addition, eight regional committees were established at this time,

with the intention of providing a comprehensive, flexible and local response to the problems experienced by women in violent relationships.

The Department of Health and Children have also published a number of strategy documents – ‘*A Plan for Women’s Health 1997-1999*’; ‘*The National Health Promotion Strategy 2000-2005*’ and ‘*The National Children’s Strategy*’ (Nov.2000) – in which they committed themselves to playing a role in protecting women and children in vulnerable situations. The *Report of the Task Force on Violence Against Women* (1997) states that “*primary responsibility for refuge development should rest with the Health Boards through contractual arrangements with the Community and Voluntary Sector*” and that “[f]unding of refuges [should] be conditional on specified criteria being met in relation to the range and quality of services being offered...the adoption of agreed policies and models of good practice.” Between 1989 and March 2000, the former Eastern Health Board was responsible for running three women’s refuges and since the establishment of the Area Health Boards in the eastern region in March 2000, the Northern Area Health Board took over this role. Despite this long involvement in the refuge service, to date a comprehensive review of the range and quality of the services offered has never been completed. This report provides a comprehensive review of operational policies and procedures and staffing structures within the three refuges currently in the three Area Health Boards of the eastern region. The report investigates the range and quality of services offered by the refuges and explores management and staffing issues in order to develop models of best practice which can be adopted by service providers. The Task Force report states that ‘*the best arbiter of any service is its customers*’. The views and opinions of the ‘customers’ of the refuge service, the women who have experienced violence, comprises an integral part of this report.

This report comprises eight chapters. This first chapter has provided a context within which the findings in the succeeding chapters may be considered. Chapter two describes the methodology employed in this review and explains why these methods were the most appropriate for the study. The review was undertaken with a focus on four specific areas of service provision i.e. procedures, operational policies, management and staffing and funding. Chapters three and four look at the findings in relation to procedures and operational policies. Chapter five looks at areas of the current refuge service which were identified as requiring development. Chapter six and seven focus on management and

staffing and funding matters respectively. The final chapter, chapter eight, presents conclusions and recommendations based on analysis and interpretation of the field data.

## **Chapter Two: Methodology**

### **Introduction**

This chapter provides a description of the methodology employed in the review of the management and operation of Refuges in the three Area Health Boards of the eastern region. Set out below is the focus, purpose and objectives of the review, the research procedures employed and an explanation of why these methods were chosen for this particular study.

### **The Review**

#### ***Focus of the Review:***

At the time of writing there were three refuges for victims of domestic violence in the three Area Health Boards of the eastern region; (1) Rathmines Refuge, the only refuge which was fully funded and run by the Northern Area Health Board (NAHB) (2) Aoibhneas Women's Refuge (95% funded by the NAHB) and (3) Bray Women's Refuge (95% funded by the NAHB). There were also plans to open three further refuges, one each in Kildare, Tallaght and Blanchardstown. This review focused on the three current refuges in the eastern region with a view to gaining valuable information on the management and operation of refuges which would not only benefit the current refuge service but would also assist those groups involved in setting up the three proposed new refuges.

#### ***Purpose of the Review:***

The Eastern Health Board in its Operational Plan 2000 for the Children and Families Programme has committed itself to carry out research

*“[i]n consultation with statutory and voluntary service providers, to review and make recommendations in relation to the management and operation of Refuges, including operational policies and procedures and staffing structures”.*

It is in this context, that the Northern Area Health Board commissioned a comprehensive review of the present refuge service, in line with the above terms of reference. It was stipulated that this review should take place within a 15-week period.

***Objectives of the Review:***

The specific objective of the review was to address the following key areas of service provision:

- *Procedures*: i.e. admission procedures and exit procedures
- *Operational Policies*: i.e. house rules, service philosophy, service objectives outcome assessment and security measures.
- *Management and Staffing Structures of Refuges*: i.e. numbers of staff, type of staff, staffing policies and salary structure etc.
- *Funding*: i.e. source of main funding, level of funding, satisfaction with level and system of funding etc.

Also, within each of the three key service areas the following issues were to be considered; development of models of best practice; identification of key performance indicators; identification of outcome measurements and the development of quality (service provision) measurements.

Central to the whole process was the steering committee, which the Northern Area Health Board and the Policy Research Centre (PRC) recommend establishing, to provide an advisory function to the project. This committee comprised key representatives from the statutory and voluntary sector as well as service providers. An ex-resident was approached to sit on the committee but was unable to attend. This woman agreed to participate in the study as a respondent.

As part of this review it was also crucial that the views of key individuals from the statutory bodies and voluntary groups listed in Figure 2.1, as well as current and past service users, were incorporated in the review.

**Figure 2.1: List of Statutory Bodies and Voluntary Groups  
to be included in the Review**

- Rathmines Women's Refuge
- Aoibhneas Women's Refuge.
- Bray Women's Refuge.
- Teach Tearmain, (the proposed Kildare Women's Refuge management group)
- The South West Women's Refuge (the proposed Tallaght Women's Refuge group).
- Women's Aid (on behalf of the proposed Blanchardstown Women's Refuge group.)
- The National Network of Women's Refuges and Support Services (NNWRSS)
- The Eastern Regional Committee on Violence Against Women.
- I.M.P.A.C.T. (Trade Union)
- Community Service Disciplines.
- Eastern Region Management.

In conclusion, this review was to be very comprehensive in nature, with all the relevant bodies and groups involved, but had to be completed within a predetermined timeframe.

### **The Chosen Approach**

Due to the nature of the review and the time constraints outlined previously a number of specific research tools were used in order to complete a comprehensive review of the refuge service. By choosing the research methods outlined below, we ensured that all individuals and groups who are involved in the current refuge services had an opportunity to have their voice heard. The methodology can be divided into two main phases as follows:

#### *Phase I*

***Documentary Study of Refuge Services:*** In order to evaluate and assess the current refuge service in the eastern region, the study began with a review of available literature. This included relevant policy documents produced by the Department of Health and Children and the Area Health Boards of the eastern region. Also included here were reports from the National Steering Committee

on Violence Against Women and any other relevant Irish and international literature. Along with these reports, documents from the individual refuges also proved to be very useful in providing an informational base for the review and developing a contextual backdrop for the findings.

### *Phase II*

**Step I:** *Staff Audit* of all staff in each of the three refuges.

**Step II:** *Interviews with Frontline Individuals:*

Focus Groups with staff and residents

Face-to-Face Interviews with Managers and Team Leader

Face-to-Face Interview with an ex-service user

**Step III:** Face-to-Face Interviews with *supporting services*.

**Step IV:** Written Submissions from those services who are directly involved with the three refuges.

**Step V:** Dissemination of initial findings at a *Seminar*.

### **Fieldwork Details**

**Step I: Staff Audit:** The data obtained in this staff audit is being used to supply up-to-date information regarding salary scales, types of contracts, conditions of work and employment policies, which are experienced by the refuge workers in the three refuges. These data are to form the basis of discussions, which are to take place between the Trade Union, IMPACT, Area Health Board management of the eastern region and representatives from each of the three refuges.

The audit involved designing an interview schedule, which contained five sections. Section One was to be completed for each member of staff and contained questions related to details such as gross salary, pay scales, pay increments, overtime rates, type of contract, conditions of work and qualifications and experience gained in the field. Sections Two to

Five were to be completed by the manager at each refuge and contained questions about overall staff breakdown, specific employment policies, general staffing issues and staff training and development. (See appendix Two). These interview schedules were sent out to the managers and were returned by post.

Section One was completed for 69 staff members. From the Rathmines Women's Refuge, there were six questionnaires missing. All other sections were completed fully by the two managers at Bray and Rathmines and the team leader at Aoibhneas.

**Step II: Frontline Interviews:** As this review was concerned with the management and operations of refuges in the eastern region it was decided that it was essential to invite all members of staff to have some input into the study. Focus groups were deemed to be the most appropriate method of achieving this goal. To this end, a focus group was held with staff members at Bray, Aoibhneas and Rathmines Women's Refuges. All staff, except managers were invited to participate. The response rate was excellent with representatives from night workers and relief workers as well as day staff participating. The groups varied, with between eight and fourteen participants taking part. With groups of this size it was important, at the onset, to explain that people should not all talk together but allow each other's views to be heard. Because of this, the size of the groups did not impede the discussions in any way. The three focus groups were between two and two and a half hours in duration.

In any service review it is important that the opinions of the service users are sought. Again focus groups with current residents were deemed the most appropriate method. In each refuge, staff explained what the study was about and asked residents if they would like to volunteer. Again the response was excellent – all residents in Bray (4) and Rathmines (10) took part. In Aoibhneas, the timing of the group did not suit all residents so four participants were available on the day. Again these focus groups were between two and two and a half hours in duration. Residents varied in the length of time they had been at the refuge – from one night to four months. As mentioned previously, one ex-resident was interviewed for this study. This woman had lived in a refuge for eight months, and then moved on to live in supported second-stage housing for approximately two years. She now lives in private rented accommodation.



In the Bray and Rathmines Women's Refuges, the refuge managers were interviewed after the focus groups had taken place. In this way any specific issues arising from discussions with staff and residents could be addressed. These interviews took over three hours to complete. At present in Aoibhneas there is a new staffing structure in place. A team leader has been appointed and hers is a new post, which in some ways replaces the position of manager. She is responsible for the day-to-day running of the refuge and reports to the board of management. As she is also deemed to be a staff member (and was a counsellor in the refuge prior to being appointed to her new position) she took part in the general staff focus group and was interviewed separately in relation to specific management details, for example, staffing issues and funding. This interview took one hour to complete. Aoibhneas operate as a limited company, and one of the directors of Aoibhneas was interviewed as part of the review. She was able to put forward her ideas about the refuge service and the future role of the domestic violence refuge. She was also able to go some way in passing on the views of the board of management in relation to certain issues such as funding.

On the basis of the literature review and discussions with the steering committee an initial interview schedule was developed. This interview schedule contained questions, which were grouped together under the following headings: Procedures, Operational Policies and Staffing. This questionnaire was used as the basis for the discussions with staff members and was then modified to reflect the issues which could be addressed by the manager i.e. funding and the residents i.e. their personal experiences in the refuge. In this way, the core questions were asked of each set of respondents.

**Step III: Supporting Services:** As mentioned earlier, the views of Community Service Disciplines were deemed to be essential (by the commissioning body) in this review. Three main service disciplines were identified and a face-to-face interview took place with two representatives from the Women's Health Unit, NAHB and one from the Counselling Services. Both these interviews were recorded with the permission of the respondents. Also a childcare manager was consulted on behalf of the Children and Family Services – due to the timescale involved and the busy schedule of the manager, this interview was conducted over the telephone.

**Step IV: Written Submissions:** In order to give those services who were directly associated with each refuge an opportunity to give their views, a short interview schedule

was developed and sent out to the relevant people. These individuals were asked to complete and return the interview schedule by a specific date if they wished to express their views. The interview schedule addressed issues relating to the nature of the relationship with the refuge, effectiveness of the current service, any problems experienced in relation to their relationship with the refuge and suggestions for change. Table 2.1 below gives a breakdown of the submissions sent out and returned.

**Table 2.1: Written Submissions Sent Out and Returned**

<i>Type of Service Provider</i>	<i>Number of Submissions Sent</i>	<i>Number of Submissions Returned</i>
General Practitioners	6	1
Public Health Nurses	3	1
Community Welfare Officers	3	3
Head Social Workers (Area Health Boards)	3	2
Pavee Point	1	No Reply <sup>3</sup>
Forum of People with Disabilities	1	No Reply
Refugee Application Centre	1	1
Board of Management	2	1

**Step V: Seminar:** The purpose of this seminar was two-fold. Firstly, it created an opportunity whereby certain groups whose opinions, had not previously been sought could attend and voice their views. Secondly, it allowed those who had taken part in the study to participate and verify that the findings put forward did in fact represent their views and opinions.

The seminar took place on Thursday 14<sup>th</sup> December in the Aisling Hotel in Dublin. There were 28 people in attendance who represented the three refuges, Women’s Aid, community care disciplines, Garda Síochána, the Area Health Boards of the eastern region and supporting services to the refuge service.

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<sup>3</sup> No reply was received from Pavee Point prior to preparation for the Seminar but after Christmas a representative from Pavee Point spoke to the Policy Research Centre.

After the initial findings were presented at the seminar, a workshop was held with the attendees. At this workshop, three frameworks were presented and discussed. This forum also allowed for issues, which perhaps had not been addressed in the review so far, to be presented. The frameworks were developed from the analysis of the field data and were related to each of the main areas of service provision set out in the objectives of the review referred to earlier. Table 2.2 outlines the main objectives and the frameworks developed.

**Table 2.2: Frameworks Developed for Seminar**

<i>Area of Service Provision</i>	<i>Framework Developed</i>
Procedures	Possible Framework For Refuge Service
Operational Policies	Role of the Domestic Violence Refuge?
Management and Staffing Structures	Possible Refuge Staffing Structure

### **Analysis of Data**

In relation to the staff audit, two processes were involved. Firstly, the section of the interview schedule which had been completed for each staff member, 69 in total, was entered in SPSS, data analysis package. Secondly, data from the remaining sections of the interview schedule were compiled using Microsoft Word. All analysis were passed on to the Superintendent Community Welfare Officer with responsibility for domestic violence, as this individual would be responsible for setting-up the negotiations with staff representatives from the refuges, Area Health Board management and IMPACT.

Verbatim transcriptions of all the focus groups (6 in total) and face-to-face interviews (8 in total) were completed. The content of these documents was then analysed and the data organized under specific headings within each section of the interview schedule. The responses contained in the written submissions were analysed and the data used to supplement the overall body of data produced.

### **Summary and Conclusions**

The NAHB commissioned a comprehensive review of the management and operation of refuges in the three Area Health Boards of the eastern region, including procedures,

operational policies and management and staffing structures. A number of specific research tools were used in order to complete this comprehensive review. These included: (1) a documentary study of refuge services; (2) a staff audit of all staff in each refuge; (3) interviews with frontline individuals; (4) face-to-face interviews with supporting services; (5) written submissions from those services who were directly involved with the three refuges; and (6) dissemination of initial findings and feedback from participants at a Seminar in December 2000. In total, data for 69 staff members was received for the staff audit, six focus groups were held with staff and residents and eight face-to-face interviews were held with refuge Managers, supporting services and an ex-resident. In addition, nine written submissions were received. Data from the staff audit were analysed using SPSS, data analysis package. Content analysis was carried out on all transcriptions with the data being grouped under specific headings.

These section headings under which the data were analysed became the framework for reporting the overall findings. There were four main headings; Procedures, Operational Policies, Management and Staffing and Funding. In addition, one of the chapters focuses on areas of the service, which were identified through the course of the study as requiring some development. The following five chapters deal with each of the themes in detail and gives the viewpoints of all relevant individuals and parties who were part of the review.

## **Chapter Three: Procedures**

### **Introduction**

This chapter presents the findings in relation to procedures in the domestic violence refuges. There are three main sections under which the data will be presented: (1) *Information*, which relates to the availability and accessibility of information regarding the refuge service as well as the impact of literacy problems; (2) *Admission Procedures*, which focuses on procedures surrounding admission to and space problems within the refuges; and (3) *Exit Procedures*, the focus of which is what, if any, formal procedures are in place when a woman is leaving a refuge and any aftercare services that the refuges offer.

### **Information on the Refuge Service**

The overall consensus was that there was a general lack of information regarding the refuge services in the eastern region. This lack of information also spilled over into the whole issue of awareness around the problem of domestic violence and the options that might be open to a victim. Managers and staff made reference to the fact that these services were not advertised enough, and while this was important, it was felt it would not be wise to have a huge advertising campaign and then fall short on delivering the service advertised. Staff believed that ideally the availability of services should be advertised in and through the local community e.g. general practitioners, public health nurses and health board offices, and particularly places where women would be likely to visit e.g. hospital waiting rooms and shopping centres. The Bray Women's Refuge identified this gap in the information a number of years ago and developed a comprehensive brochure that their outreach worker distributes in the South County Dublin and Wicklow areas. They found that women coming to the refuge or using the helpline service often made reference to this brochure. A representative from the Women's Health Unit, NAHB suggested that perhaps the services offered by the Citizens Information Centres could be expanded to include some information on domestic violence and the help that is available.

According to refuge staff, the most likely places where women hear about the refuges were the Gardaí, the NAHB Regional Homeless Person's Unit (Charles St), Priests, Accident and Emergency rooms, Hospital Social Workers Women's Aid, family and friends, taxi drivers and by word of mouth. Among the women interviewed, the same responses were

given and one woman said she got the number of the refuge in the telephone book but it was 'hard to find'.

Staff in the refuges felt that literacy problems had a huge impact on women who were living in violent relationships. As well as the obvious issue of not being able to read and understand information relating to the refuge services, it was believed that literacy problems instills fear. As one staff member put it “*..with literacy problems there is a fear, much more than everybody else, of court, of reporting things, of social workers or whatever.*” It was also felt that the abuser could use literacy problems to his advantage to control a woman. The manager of one of the refuges explained how having literacy problems could perhaps force a woman to leave the home permanently when she may not be quite ready to do so. Women with literacy problems have to tell others of their plans as they rely on friends or family to get the information for them. It was explained like this, “*...once it involves your family earlier on, the pressure is great on you then not to go back and then your family is saying 'if you go back to him now we will have nothing to do with you', and they do actually isolate the woman*”.

It was believed that women in the traveling community were particularly affected by the lack of literacy skills but staff felt that the “*...network would in someway compensate for this*”, for them, word of mouth was the most important channel of information. There was some concern that the refuges were only seeing the “*stronger more educated Travellers who are aware of their rights*” and were “*probably not reaching the more illiterate or timid Travellers*”.

Women in the refuges were asked to name any organisation that they were aware of which helped women who are victims of domestic violence. Women's Aid was the only group named. This gives some indication of the lack of information available.

## **Admission Procedures**

### ***Dealing With Lack of Space:***

It was established that the lack of space in the three refuges being reviewed was a major concern for those providing the service so we explored the options open to staff and discovered what the residents had to say on the issue. The admission procedure that is

followed at a refuge depended on whether contact was made with the refuge through the helpline or if a woman called to the door directly. If someone were on the telephone, staff would find out as much information as possible about the woman, firstly to ascertain that the refuge was indeed the appropriate place for her and secondly to have this personal information to hand should they need to ring the other refuges. If there was no space at the refuge, there appeared to be four steps that were usually taken, (1) phone the other refuges in the eastern region, if the woman wishes to remain in the area. If a woman is prepared to travel, then the other refuges around the country would be phoned; (2) phone Charles Street, the Homeless Person's Unit, during normal working hours (after that the 'after-hours service' which is available until one o'clock in the morning would be contacted) (3) phone Castle Street who deal with Traveller women and (4) advise the woman to go to the local Garda station for protection. Most usually a place would be found somewhere for the woman and it might involve a one-night stay in the refuge office while they wait for transport to bring the women (and her children) to their new accommodation.

Usually a woman would be brought into the refuge while the steps outlined above were taken. This often caused difficulties for staff in the refuges. Firstly, in maintaining the privacy and confidentiality promised to existing residents and secondly because if there was only one staff member on duty it proved very difficult to deal with the current residents and watch the new family while alternative accommodation was being found.

This process was not as clear-cut or clinical as it sounds in the previous paragraphs. It was acknowledged that all agencies are becoming busier and the numbers who are homeless continue to increase so Charles Street could often be difficult to contact by telephone. It was stated that Castle Street was only open for a short time each day and while there was a contact number, which could be accessed at any time during the day, again getting through sometimes proved to be time consuming. Traveller women often experienced difficulties in getting accommodation.

Another way of coping with the space problem was to 'double-up'. Rathmines Women's Refuge had ten rooms but if there were a number of single women staying at the refuge they were asked to share – usually asking the single women who have been there for a little while to share rather than the woman who was just arriving. Again, this procedure was

carried out in the Bray Women's Refuge, (who had four bedrooms) but it was felt that this was not ideal as the manager put it;

*“the temptation was if there was two single women and four beds in the room to get the two single women to share. We soon realised that given the staffing level we weren't ready to provide that service. We ended up with seven women instead of four, probably less children. We were just responding all the time to their needs, we couldn't help them move on or spend quality time with them.”*

The residents who were interviewed made reference to this, although it wasn't ideal, it wasn't seen as a major problem for them.

#### ***Waiting Lists/Priority Clients:***

Rathmines was the only refuge that had a 'waiting list' in operation. If a woman had been accommodated in a bed and breakfast and was deemed to be out of danger, then her name would go on the list and once a space was found in Rathmines she would be moved there. Rathmines also operated a 'priority system' for women who were first time users of the refuge, while Aobhneas said they would prioritise a woman if her life was deemed to be in danger. Bray did not operate either of these, the manager felt that if *“we start prioritising we start making judgements about abuse...it denies the individual experience of abuse...I am wary of making judgements”*.

#### ***Admission Process:***

Although the three refuges differed in size, the admission process was very similar in each of them. If a woman were being admitted through a helpline call staff would go through the basic practical information about the refuge and discuss methods of travel etc. If the woman was being referred from another agency or refuge, the refuge (offering accommodation) would try to talk to the woman herself and ask some questions in order to ascertain that the refuge was the appropriate place for her. These refuges were specifically designed for victims of domestic violence and were not hostels for homeless women. It was necessary to introduce this 'clarification' procedure because of the perceived increase in inappropriate referrals being sent to the refuges. It was said that these inappropriate referrals had an effect on the dynamics of the group living in the refuge, one manager explained this effect;



*“it’s amazing how they upset the balance here among the rest of the residents because they are not in fear...they are not interested in keeping the door locked, or not saying anything about who is living here”.*

Once the woman arrived at the refuge for admission (or had called to the door and had been accepted) the process of settling her in began. If she had children, and it is during the day, the children would be taken to the children’s room. The woman would be offered a cup of tea, staff did not immediately jump in and start to ask questions about her experience. The residents explained, *“when I came here last week the first thing they did was give me a cup of tea and they said sit there and drink your tea and you can sort yourself out after”* – *“...they get someone to make you a cup of tea and are so nice”*. If a woman had injuries, these were assessed and medical help sought if necessary.

Once the woman had her tea and a few minutes to gather her thoughts there were some forms that had to be completed. These forms contained the woman’s personal details and the referring agency, if appropriate. Then a ‘contract of stay’ would be signed. This contract basically implied that the woman understood the house rules and her conditions of stay and had agreed to abide by them while she lived in the refuge. This contract differed slightly from refuge to refuge but contained similar information regarding the misuse of drugs and alcohol, smoking regulations, non acceptance of violent behaviour, responsibility for children, curfew times, attendance at house meetings and payment of rent. If a woman had previously stayed at the refuge, her file would be retrieved but each woman must complete a new card and sign a ‘contract’ for each stay at the refuge, no matter how short or how long. At the Bray Women’s Refuge, there was also a children’s charter, which the mother must sign. By signing this, the mother was accepting full responsibility for her children and agreeing to abide by the rules relating to bedtimes etc., she also agreed to treat her children in a non-aggressive manner while at the refuge.

The key/refuge worker who was on duty at the time of admission carried out the interview. After this, the practicalities were addressed and the woman was assigned a key worker/counsellor who would work closely with her during her stay. In Aoibhneas where there were two childcare workers, the family would be assigned a childcare worker who was responsible for helping with parenting needs and concerns. Staff members acknowledged that the woman was in a particularly vulnerable state and might not fully

take in or understand what she had signed. If there was time staff would go back over the details of the contract a few days later - this did not always happen.

***Re-admission to the Refuge:***

It was very difficult for staff to talk with any accuracy about frequency of re-admission. It varied from individual to individual, some women would only require one stay at the refuge and then leave the abusive partner, for others it could take up to 15 individual stays. Some women might have one stay and then find that the helpline would provide the future support they might require. It was accepted that while a woman might only have had one stay at a refuge, it might not have been the first time she moved out of the family home, she might have stayed with friends or family previously but was afraid of creating trouble for them and so returned home.

The story was very different for women from the Travelling community. Their stays were classed as 'endless'. Their culture was accepted as being different and their needs were different – they used the refuge as just that, a place of refuge for a few days until they got their strength back. They also used this time in the refuge to 'teach' the men a lesson and hopefully would have a little peace for a while when they returned. One manager explained their situation as she saw it;

*“ this is the only service that we can give them. Barring orders are not going to work. The legal system cannot protect them...They live with their husband's family. I feel that the only break is the refuge. The majority of the women don't want to separate because they are very religious and their traditions are that they stay married...Now a couple of the younger ones have gone into regular local authority housing in the local community. That is not easy on them either. For the vast majority of Traveller women the best you can do is a place of respite. Get the doctor to help them look after their health and look after their injuries and have a rest.”*

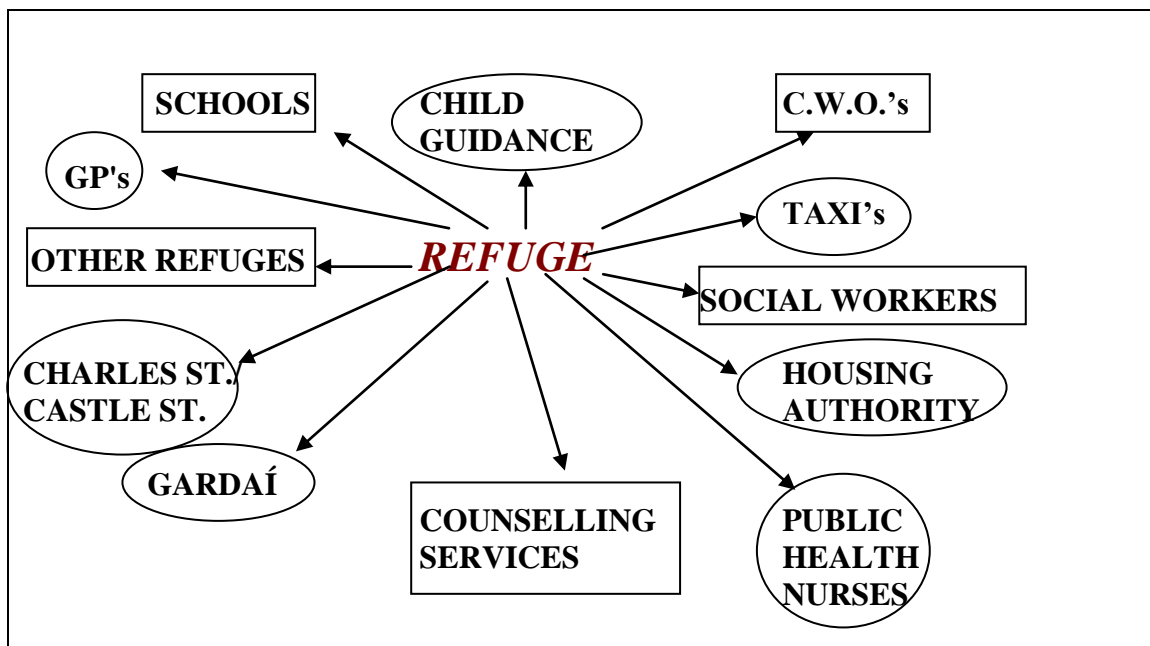
## Links in the Community

At the refuge a number of relationships and links were identified, which were required to be developed and maintained if women were to achieve the best possible service. Figure 3.1 gives a summary of the links identified.

Staff were generally very frustrated in trying to get help for the women from other Health Board services, as one staff member put it,

*“...they have the attitude ‘someone is in here and they are getting what the need, they are all right now’. There are huge problems getting access to community care services, specialised hospital services and counselling services.”*

Figure 3.1: Links in the Community



Other Refuges: Staff from each refuge contacted each other, almost on a daily basis, in order to find a bed for a woman in need. While all staff members recognised the difficult tasks facing their colleagues in the other refuges, there was no formal system in place where staff members could get together and discuss common problems or issues. Often there were misinterpretations about situations or activities in one refuge or another, which have lead to negative opinions about service provision in the individual refuges.

Charles Street and Castle Street: It was acknowledged that the relationship between these agencies and the refuges was put under strain by the pressure on all agencies due to the worsening homeless situation. It was felt that this pressure resulted in women being sent to a refuge when in fact that was not the appropriate place for them. When a woman had to be moved on again, it was felt she could become disillusioned with service providers generally.

Community Welfare Officers (CWO): The refuges dealt with three different community welfare officers. When asked, all staff expressed their appreciation of the work these people did for them and felt that the relationship worked very well for them. The residents said they had no problems with this service either. The CWO attached to each refuge also described the successful and problematic components of the refuge service as they saw them. The CWO's felt that they provided 'speedy access' to welfare for the residents and stated that their (and refuge staff) understanding of entitlements and both 'working towards a common goal' made the relationship work. From a negative perspective, they identified women who stay short-term as problematic in that payment can coincide with their departure; they usually erred on the side of payment anyway. Also identified, by the CWO's, as an issue for the service in general was their relationship with other agencies dealing with domestic violence – it was felt that the lack of understanding of the issues was often reflected in the work of these agencies.

General Practitioners (GP's): Each of the three refuges had different arrangements for the general practitioner service that they offered. The doctor attached to the Rathmines refuge came to the refuge for one hour twice a week. All women living in the refuge had to see this doctor, they could not attend their own GP. The refuge medical card covered all women and children living in the refuge.

In Bray, women who lived in the Bray area could go and see their own doctor but for others there was a practice, with a number of partners, which the refuge was connected to. Women could attend the surgery and a doctor would be called out if necessary. Again the refuge medical card covered all women and children. Aoibhneas were also attached to a local practice that had a number of partners. Women staying at Aoibhneas could attend their own doctor if they chose to but often this was not possible as they lived on the far side of Dublin City (or were not from Dublin).

On the whole, the relationship between the refuge and the general practitioners appeared to work reasonably well. Of course there were some problems identified which were usually associated with the personality of the doctor or the residents involved. It was felt that all doctors were not as sympathetic and understanding of the women's problems as they should be.

Doctors identified some issues they had with the service relationship between the refuge and their surgeries. Retrieving details of patient's previous medical history could be difficult yet these were seen to be very important if the doctor was to treat women appropriately. It was also felt that sometimes the doctors were called out to the refuge for minor problems that could have been dealt with during office hours. One of the doctors stated that for the future a generic medical card for the refuge rather than individual patients would ensure that new arrivals would be seen quickly. When asked about the notion of a general practitioner service offered at central level, the Women's Health Unit, NAHB felt that they "*would see that if you had one good, friendly GP, that had a special interest in women and violence in the local community, you would be better off than having six at central level.*"

Public Health Nurses: Public Health Nurses (PHN) are assigned to households based on the area in which the house is positioned. Therefore, each refuge fell into the jurisdiction of a different PHN. Her relationship with the refuge was seen to be supportive and medical in nature, relating to queries from the refuge about a mother or child. They only visited the refuge if called in by the staff and only saw children in their health centres if they had problems that needed attention. Residents who needed to see the PHN spoke highly of her – "*the public health nurse is great*" and "*she's nice, she left that bag of books*".

It was felt that the relationship between the nurses and the refuge, which was really built on a crisis intervention basis, was very good but could be improved. If the refuge informed the PHN of infants and children who came to the refuge, their development assessment could be performed while they were residing in the refuge (long-term), in this way any problems might be picked up. The Women's Health Unit, NAHB identified the Public Health Nurses as one of the community services who could have a greater role to play in the refuge service but who needed further training to help them –

*“...I think in terms of community links, say Public Health Nurses, they could do with education on violence and the effects of violence. They know it but every now and again staff need to be updated.”*

Schools: All refuges had links, with the local schools, which were seen to be important in helping children to settle in a new school. Children could also attend their old school if this was agreed between the mother and the refuge. If there were any question of the child's safety, this would not be encouraged. The childcare worker was the staff member most likely to foster and build this relationship. In Bray and Aoibhneas the childcare worker did not supervise the children's homework this was something which was deemed to be the responsibility of the mother just as it would if she were at home. In Rathmines the women could decide to do this themselves or opt for the childcare worker to supervise homework (most opted to leave this with the childcare worker). This practice might be one way of ensuring that children were getting the best schooling opportunity while in the refuge, but to some extent it removed the responsibility from the mothers, a responsibility the refuges were very keen to instill in relation to other areas of child-rearing. This is one example of the 'parental role', which some staff members at the refuge took on.

Counselling Services: Links to outside counselling services for women and children were generally poor as these services were seen to be under-staffed themselves. It was agreed that the waiting lists were far too long for these services and the associated children's services.

Social Workers: Rathmines was in the very lucky position of having a social worker that worked part-time in the refuge and part-time in the community. The other refuges envied them! There were many views on this relationship and the service provided to the refuge.

The fact that social workers were only available during office hours was–

*“... a difficulty at nighttime that there are no social workers available after five o'clock. We had a woman here who was returning to a very dangerous situation with her children and there was nothing that we could do to stop it.”*

While a woman was residing at the refuge, she had little access to social services. It was felt that as the refuge was meeting her immediate needs, she would not require these services. One manager expressed her frustration when she said,

*“social services would pick up on someone who was badly beaten in a central Dublin hospital and would make their way out to us, possibly by Women’s Aid, and then the social workers would say ‘thank-god, that’s my work done’.”*

It was considered important that when a woman was leaving the refuge a social worker would be there to help set up services in the new area she was moving to but

*“there is a shortfall in the services and many of the women get quiet scared moving on because here they are used to a very high level of support and lots of people around and though a referral may be made that’s not going to come on line for three months and then things have deteriorated.”*

Social workers who made a written submission felt that there was a shortage of childcare staff in the refuges and that closer links needed to be forged with local health services and local authorities. It was suggested that the three Area Health Boards of the eastern region employ a social worker who would work solely with the families in the refuges, or better still, to have a social worker employed at each refuge.

Gardaí: The support of the local Gardaí was deemed to be an important asset for a refuge and the links should be set-up and encouraged through on-going visits and training. In general the refuges recognised the limitations of the Gardaí in relation to powers of arrest etc. and stated that this was a bigger legal issue, which needed to be addressed in the future. Bray and Rathmines reported having good relationships with their local Gardaí. Aoibhneas felt that on several occasions when the Gardaí had been called the response time was slow. An understanding of the issue of domestic violence and on-going practical training were seen as ways to address this problem.

Taxi Services: An unlikely service to be associated with the refuge, at least one that did not immediately come to mind but Bray and Rathmines referred to this service and said their support was important for their refuges.

Housing Authority: In view of the on-going housing shortage relations with this agency were not particularly positive. One staff member explained that a

*“woman that is in here and who is renting council accommodation will be responsible for the rent arrears when she comes out. She may not even realise that the rent wasn’t been paid. She is liable for all rent arrears before she will be entertained by the council or co-operation...there needs to be much more understanding around this especially when the woman has no control over money.”*

It was suggested that ‘specialist treatment’ be given to women who were victims of domestic violence in order to help them to move out of the refuge. It was believed that giving women the full deposit and the first month’s rent for a house or apartment would make a big difference to women who were moving to new accommodation. For those women who wished to return to the family home (with the perpetrator removed), sorting out the rent arrears, which had built up prior to and while she was in the refuge, would enable these women to start afresh.

Child Guidance: This was a service which was often required by children but which could rarely be accessed. One manager said, “...*child guidance...is a joke...you come up against all kinds of barriers. There are huge waiting lists. If they move out of here and move into a different area they have to start all over again.*” These kinds of issues made it difficult for children to get the appropriate service to match their needs.

## **Exit Procedures**

### ***Leaving the Refuge:***

There was no set time within which a woman must leave a refuge. The decision was hers and was made in conjunction with refuge staff. The decision was based on each woman’s individual experience of violence, her circumstances and the accommodation arrangements that had been made. After a woman has been in the refuge for a little while staff went through her options with her and then worked on the one she felt was most suited to her present circumstances. It was made clear from the onset that the woman would be making all her own decisions, this was seen as an important part of the overall process but she was ensured that staff would work closely with her and support her to help her move on. If a woman had been in the refuge for a long time and perhaps a number of housing options



had fallen through, she might become disillusioned and perhaps lose some of the confidence and the positive outlook she had gained. Her key worker/ counsellor would be watching for this and would reassess her options and perhaps set a time limit for her to do whatever she needed to before moving out. Staff referred to it as a 'gentle pushing' and whenever it was carried out it was for the benefit of the woman, to motivate her again to move towards the goals she had identified.

Residents described the process as they saw it;

*“they treat everyone differently. I would be treated differently because I have no children... they treat every body differently so that you can cope with your decisions. You don't get rail-roaded into something. “ and “the more the staff see you doing for yourself the more help that you get off them. You have to sort it yourself and stand on your own two feet.”*

In some refuges the women were asked to complete an exit interview. In Bray, the date and time the woman left the refuge was recorded in her file. In Aoibhneas, a short form was completed which contained information on where the woman was going, whether she was returning to her partner, going home with a barring order, moving to a new house or some other arrangement. This form also asked the woman to indicate whether she would like to avail of follow-on support and be invited to refuge events. One resident described it as *“just a form, just asking you where you are going.”*

In Rathmines a more comprehensive form had recently been developed. As well as asking to where the woman is returning, it asked questions relating to the positive and negative factors in the refuge. This was not completed by all women who were leaving, as it involved a certain amount of staff input and if staff members were extremely busy this was not a priority. Also, sometimes women left the refuge and staff were not necessarily aware of it. One resident understood that the interview was used in this way *“I think that they put it in a sealed envelope and that it goes somewhere else. I don't think that they read it here.”*

#### ***Accommodation Options:***

Finding accommodation was seen to be the biggest problem for women leaving the refuge and the current housing shortage compounded this problem. Waiting lists for council

accommodation were huge with women in the Bray area having to wait up to seven years for a house. Staff encouraged women to put their names on the lists anyway even if they had to go down as far as County Wexford. One resident said that “ *there is the problem with the definition of homeless and getting accepted onto waiting lists when you are in a hostel.*” The Rathmines refuge would say that in the last year the local authority has housed only two families. While a woman was waiting she would usually try to get private rented accommodation but with rising rents this could be difficult and the gap between the rent allowance she would be entitled to and the rent on the house/apartment was often impossible to raise. The other problem was with prejudiced landlords who did not want to accept a ‘Health Board’ cheque.

### ***Second-Stage Housing:***

The manager in Rathmines felt that SONAS was their biggest asset. She was on the SONAS board of management and said they were hopeful of building on a further four sites in Dublin. At the time of interview, SONAS had a house in Ranelagh, which was divided, into four apartments, the average length of stay here was six months. The housing in Killester was more long-term with the average length of stay being two years. A decision had recently been made to make ten of the twenty-five units into permanent housing for those living there. The housing in Killester contained two disabled units. For all houses, rents are based on local authority scales. The idea of this transitional housing scheme was to provide support for the women leaving their refuge. There was a CEO, a manager, three support workers and a childcare worker attached to the scheme in Killester. Staff from the other refuges agreed that ‘second-stage housing’ could be a good idea depending on each individual woman. It was felt that some families need support and others could go straight into local authority housing and cope very well. Staff agreed that ideally

*“...it would be lovely to feel that depending on the woman’s particular needs we could access the relevant and appropriate accommodation for her needs and her children’s needs... as it is, its just get her anywhere.”*

Aoibhneas also had one ‘second-stage’ house. The landlord gave it to the corporation. Now the corporation looks after the rent and Aoibhneas just look after the upkeep of the house. When asked about allocation of this house, the team leader explained that

*“...a woman would have to be here for a certain amount of time, we can take two families relatively comfortably. At the moment we only have one family and that’s because we have nobody suitable. You see there are certain conditions that they have to fulfil, like they have to be on the corporation housing list, you know they can’t have a premises ...that’s the main one.”*

Part of this review involved an interview with an ex-resident who had been accommodated in SONAS housing. She spoke very highly of the support she received there,

*“I was only in SONAS Housing (in Ranelagh) for six weeks. Then I moved to Killester. It was maybe five and a half years ago. I was there for over two years or more...I was very upset around this time as well. I didn’t have to go back to Rathmines because I had a support worker in SONAS...she would have been aware of what had happened.....I got to a stage after the separation that I wanted to move on from SONAS...I felt like I was living in a house that I didn’t need to be in so I made my own arrangements to move. I got housed through another housing association”*

While this is very positive, others have talked about second-stage housing like that in Killester becoming ‘ghettoised’, and indeed it was said that the residents could be open to prejudice from the local community, they were all women living alone or with children. Some people felt that second-stage housing should be more integrated in the community, into existing housing estates, rather than building large numbers of houses together. It was suggested that an outreach worker could provide the support that the women would require in these transitional houses.

***Aftercare Services:***

These were varied depending on the resources of the refuge. In Rathmines, residents were invited to return to visit their key worker, but they must make an appointment. The social worker, which was employed at Rathmines, was responsible for making sure services were set up for women and children who were moving out. Some staff noted that often a referral would be made but was not going to come on line for three months or so, the women could be left feeling isolated until this referral is acted on. Two residents described the aftercare they believe they would receive once they leave Rathmines;

*“I think someone is to check on me to make sure that I am in a stable environment. And I was told that I can come back to the doctor here anytime. There is a food sale every Wednesday” – “they have told us that anytime of the day or night that you have a problem to ring them...If you are leaving and anything comes in like bits of furniture or whatever and they know that you are moving out into your own place they give it to you and they have some lovely stuff.”*

Aoibhneas had one crisis counsellor, who was responsible for the family in the second-stage house and for linking women and children with their local services, especially if they were moving to a new area. Previously a follow-on group had been organised but take-up was low as the refuge was the venue and the women did not like coming back. Aoibhneas are planning to do something different in the future to keep in touch with the women. The childcare worker in Aoibhneas would also try to meet up with the social worker in the area a woman was moving to. Bray had an outreach worker who, as part of her role, tried to link women who leave the refuge into the relevant services. She had other responsibilities which included crisis counselling, court accompaniment and the establishment of outreach advice clinics. According to one resident, *“you can phone them, they have the helpline and also a girl who works for Women’s Aid.”* For all three refuges, the helpline was one option that was open and available to all women who leave a refuge. Generally speaking, the kind of aftercare service offered varied from refuge to refuge and very much depended on the demands made on staff in the refuge.

## **Summary and Conclusions**

This chapter looked at the perceived level of information available on domestic violence and the refuge service as well as admission and exit procedures in the refuges. Links in the community were also discussed in this chapter.

Overall there was the feeling among staff and residents that there was a general lack of information regarding the refuge services offered by the Area Health Boards of the eastern region and difficulties with literacy were believed to compound the problem. Lack of space was a major concern for all refuges and refuges often had to ‘double-up’ to make space for women in need. The refuges reported having to deal with inappropriate referrals from other agencies and staff felt this made their job more difficult. Rathmines operated a waiting list

system, they also operated a priority system for first time users. These systems were not in operation in Bray or Aoibhneas.

The admission procedure was similar in the three refuges. A number of key questions were asked to ascertain that the refuge was the appropriate place for the woman. If this was the case, the admission process began, a short questionnaire was filled in and a file was opened for the woman. The woman had to sign a 'contract of stay' and a key worker/counsellor was assigned to the woman (and her children). The frequency of re-admission was difficult to assess and varied from individual to individual. Usage of the refuge was very different for women from the Travelling community, they were re-admitted numerous times. Travelling women used the refuge as a place of respite, and more often than not they would return to their partner.

A number of specific links in the community were identified as being important for the refuge. These included: other refuges, community welfare officers, referring agencies, GP's, public health nurses, local schools, counselling services, social workers, the housing authorities and local Gardaí. All three refuges stated that from the onset of the woman's stay, there was no set time within which she must leave a refuge, however, if a woman had been in the refuge for a long time her key worker/ counsellor would reassess her options and perhaps set a time limit for her to do whatever she needed before moving out. Some refuges had an exit questionnaire but this was not always completed. Due to the current housing shortage, finding accommodation was the biggest problem facing staff and residents who were not returning home. In light of this the length of time a woman was spending at a refuge was seen to be increasing. The amount and type of aftercare service available to women after they left the refuge varied from refuge to refuge and depended very much on staff availability and links within the community.

Finally, management and staff at each of the refuges had worked hard over the years to develop and operate procedures which worked in the refuge setting and which were in the best interest of women who had been victims of domestic violence. Where possible, they also fostered links in the community and endeavoured to maintain these links in what was often a demanding working environment.

While this chapter focussed primarily on procedures within a refuge, the next chapter moves on to investigate the operational policies employed in running the refuge. A discussion on the house rules and decision-making processes within each refuge forms the body of this chapter. The service philosophy, on which the service offered is built, outcome assessment and security at the refuges are also explored.

## ***Chapter Four: Operational Policies***

### **Introduction**

This chapter presents the findings in relation to operational policies associated with running the refuges. There are four main sections under which the data will be presented: (1) *House Rules*, which relates to the rules within each refuge and the problems associated with these rules - also as part of this section, the decision-making processes within the refuges are investigated (2) *Service Philosophy*, which focuses on the actual written philosophies of the three refuges and how the philosophy translates into day-to-day practice; (3) *Outcome Assessment*, which looks at if, and how, refuges assess the successful achievement of the service objectives and (4) *Security*, looking at issues of security within and around the refuges.

### **House Rules**

#### ***Decision-Making in the Refuge:***

At the time of writing, the Rathmines Women's Refuge was fully funded by the Northern Area Health Board, it was different from the other two refuges, in that the manager reported to the Superintendent Community Welfare Officer (SCWO) with responsibility for domestic violence. Decisions relating to staff were made by the manager in consultation with the SCWO, but on a daily basis the manager was responsible for the refuge. All decisions relating to residents were made by the manager with input from the key worker/counsellor and other members of staff who were in touch with the family for example, house advisor, childcare workers, and social worker. During the night and at weekends, there was an assistant manager on duty and she would be responsible for the refuge. If there were some particular incident, which she felt needed the attention of the manager she would contact her. At Rathmines they held a weekly meeting, which was attended by the day staff (except refuge/panel workers). At this meeting all issues pertaining to the refuge were discussed. This meeting did not always take place as it often proved difficult to get some uninterrupted time and space. There was a 'team meeting book' in which all decisions made were entered but it was up to individual staff to read this book. In general, staff felt this process worked within the refuge.

As the Bray Women's Refuge was not fully funded by the Northern Area Health Board, the board of management (BOM) had the final say. The BOM and the manager made decisions relating to staff. The manager made day-to-day decisions but she had "... *to check with the Board if it is anything more than emergency plumbing*". The chairperson from the Board stated that financial accountability 'stops with the Board' hence the need to be cautious with spending. The manager stated that the Board was usually very supportive of the decisions she made. At night and at weekends, there was only one staff member on duty (with perhaps some help from a volunteer) so if any issues arose she might have to get in touch with the manager. In relation to residents, like Rathmines, the decisions were group decisions. In Bray there was also a weekly house meeting attended by the manager, key workers and the childcare worker but this did not always take place. Night staff were invited to attend but due to the nature of their jobs, they usually did not attend. Bray also had a meeting book in which decisions were entered.

At the time of interview, Aoibhneas were in the process of restructuring the staffing arrangements in the refuge. There was a team leader in place, and she reported to the board of management, who had the final say. The plan was for the team leader's role to be more 'team orientated' but she found she was in fact carrying out the role of a manager. Aoibhneas would like to employ a CEO whose role would involve working on the strategic developments of the organisation, which while obviously incorporating the refuge would also include the fundraising, education, research and training and public relations/ political lobbying part of the organisation. The team leader was responsible for the day-to-day running of the refuge and reported to the BOM, and as with Bray, the BOM were guided by her opinions. As with the other two refuges, if there were issues, which needed to be addressed by the team leader, she could be contacted even when she was away from the refuge. The team made decisions relating to residents. There was a formal structured team meeting, which took place every two weeks from 5pm to 7pm. Attendance was obligatory for all staff.

In all three refuges, residents were encouraged to have some input into running the refuge. House meetings were held on a weekly basis although Bray admitted to holding these meetings more on a reactive basis. These meetings gave an opportunity for the women to air any problems they might have.



### ***Effectiveness of/Problems with House Rules:***

House rules were similar in the three refuges and were set down to help the refuge to run in as smooth a manner as possible. The rules related to policies on the children, for example use of children's room, supervision, babysitting etc., as well as the kitchen/dining areas, care of medication, as well as outlining the areas of the refuge that were non-smoking zones. A copy of the house rules was posted in each refuge. Everyone agreed that on the whole the house rules within each refuge appeared to work. Of course problems arose and most of them were to do with housekeeping issues such as the cleaning rota. Differing methods of parenting also lead to disagreements with other women and members of staff. Women often felt that their parenting was being questioned, yet they came to the refuge because of a violent partner not because they felt they had problems with their children. Tensions could also arise between women who had just arrived in the refuge and those who had been living there for some time. Some women could become territorial and one staff member described it very well when she said "*we even have a chair in the kitchen that is the 'long-term' chair and everybody knows it.*" Staff were aware of this and tried to get women to sort out their differences by themselves, without always resorting to intervention from staff. Staff appeared to take on a 'parental role' in checking up on the women and cajoling them about the cleaning rota and other house rules.

When asked if there were any problems with the existing house rules, all the residents complained about having to have their children with them 24 hours per day, seven days a week. In each refuge the women maintained full responsibility for their children and could not leave the refuge without their children even when the children were with the childcare workers. It was said that if a woman had to attend a hospital appointment she would have to take her children with her. It was reported that in one case a woman was going to have to spend a day in hospital having tests and because there was no childcare worker available, a foster home was sought for her child for the day. Others said that if a woman had to go into hospital as an emergency in the middle of the night, the children might also have to go in the ambulance with her, if no other arrangements could be made. Members of staff would try to get in touch with the nominated next of kin (who might take the children) but this could take a little time to organise. It was stated that children were not allowed out into the garden unless their mother or another designated woman was supervising them. When asked about this, staff explained that while they recognised the need for mothers to be able to have some time away from the children, their childcare services were

specifically designed to work with children in a refuge setting, they were not and could not offer a baby-sitting service.

In Bray, where there was only one childcare worker, who was responsible for working with children aged three and over, there was no structured childcare programme for children under three years of age. Aoibhneas ran an organised childcare schedule with set times for certain age groups and they had recently opened a slot from 9.30am to 10.15am for toddlers, which was much appreciated by the mothers. In Aoibhneas one woman was allowed to collect another woman's children from school once the mothers took it in turn, whereas in Bray one mother could not take care of another's children at any time. Rathmines was the only refuge that allowed a babysitting service to operate. The woman who was going out simply signed a list, naming the individual who would be responsible for her children while she was gone. Women in the refuge found this a very useful service. Another issue relating to children was the closure of the children's room at the weekend. It was explained that there were very few places within the refuge where children can go, the bedroom, dining room and the sitting room (in Bray and Aoibhneas) and some adult must be there with them. The women felt that the children got bored at the weekend and according to them, that was when trouble started!

Other problematic areas were the kitchen and the smoking facilities. In Bray and Aoibhneas the cooking facilities were not a real problem. Bray only had four rooms and the facilities seemed to be adequate, the problem was with dirty dishes in the sink! The bedrooms in Aoibhneas contained a small kitchen cum dining area, which mothers could use if they wished. In Rathmines, where there were ten bedrooms, trying to find time to cook could be a problem.

As one mother put it;

*"...there isn't enough room if you are trying to cook. There is only one oven, so we can't all cook at the same time. Say that you would normally have your dinner at about two o'clock on a Sunday, here you might not be able to get it until about six o'clock. It's hard to keep control of it with children. There are 18 or 19 kids here at the moment. There are no facilities for them whatsoever".*

Women also talked about the lack of privacy, which was less of a problem in Aoibhneas where women felt they could escape to their room and look after their family if they so wished. Smoking was only allowed in the kitchen/dining area in all three refuges, a practice that was not very hygienic considering this was the area where food was being prepared and eaten.

***Broken Rules:***

The action, which was taken when a house rule was broken, depended on the rule in question. If a woman did not carry out her housekeeping duties or was found smoking where she should not be, then a verbal warning or a ‘telling off’ would take place. Similarly if a woman were found to be letting her children roam around unsupervised the action would be the same. If a woman left her children in the refuge and left the premises this would be taken very seriously but she would not be asked to leave the refuge. If a woman came back to the refuge after drinking alcohol, then potentially she could be asked to leave, it would depend on her behaviour. If the woman was abusive to other women or staff and caused disruption to the refuge then she would have to go but if she went quietly to her room and went to sleep she would be warned that if it happened again, she would have to go. In Rathmines, the women were allowed to go on a ‘girls night out’ once a month where babysitting was arranged with some of the residents who were not going out.

Abuse of drugs, however, was not tolerated and any woman found to have taken unprescribed drugs would be asked to leave. Rathmines was the only refuge that might take in a woman who was on methadone treatment and was taking part in a programme to address her drug problem. The issue of domestic violence and drug abuse was raised again at the Seminar. Staff who worked in the hostels where women who abuse drugs and who are also victims of domestic violence were put, highlighted the dual problem of such women and the lack of appropriate services for them. These women required the services, which were offered in a refuge, yet they could not be taken in, as refuges did not have the staff or expertise to deal with women in these circumstances. For some, the refuge was seen to be an inappropriate environment for women with these problems and it was felt that ‘specialist intervention’ was called for. Women who worked in the hostels felt that victims of domestic violence, who abused alcohol/drugs, needed to be accommodated in a ‘normal’ refuge setting, where they could have access to the same services as other residents. They would also need to be linked up to the appropriate clinic or service to deal

with their problem. It was felt that placing them in a refuge for ‘addicts’ would simply act to segregate them further, there would be no space to develop a ‘sense of self’ which was seen as an important motivational factor in dealing with domestic violence. It was also suggested that there should be one counsellor at each refuge who would be trained to deal with women with addictions.

Violent behaviour, either by a woman or one of her children, was one of the main reasons why families were asked to leave as this compromised the other residents and staff. When a woman was asked to leave she was not just evicted immediately. Staff would get in touch with Charles Street and ask for accommodation to be found for the woman, explaining what had happened. One resident who had been at a refuge when a woman was asked to leave said

*“...they did put her in contact with someone else. They wouldn’t just say, you get out, pack your bags. They wouldn’t move her to another refuge, it would be a bed and breakfast or a social worker.”*

Staff at the refuges explained that having to ask a woman to leave the refuge was a very traumatic experience for both refuge workers and residents, it was a decision that was not taken lightly.

#### ***Barring Review:***

When a woman has been asked to leave, she was effectively barred from that refuge. The managers and staff at the three refuges all agreed that just because a woman was barred at one refuge did not mean that in the future she would be automatically barred from all three refuges. They recognised that a person may change and that under different circumstances and different surroundings a woman might not behave as she had done previously. They agreed that in general a woman should be assessed by the refuge she is currently seeking to enter and a decision made based on that. The refuges kept a record of the women who had been barred and managers felt that this list should be reviewed regularly.

#### **Service Philosophy**

The service philosophy of a refuge service can be best understood as the driving force behind the operational policies which are associated with a refuge. The service

philosophies of the three refuges in this review were based on ‘mutual aid’ and ‘self-help’, which could be understood as follows:

*“Mutual aid sees everyone in the organisation as having resources to offer each other. The structure of the organisation should facilitate the sharing of these resources in a caring and supportive way. There is no expert/client relationship in a mutual aid and self-help model – everyone learns from everybody else. Sharing of information is fundamental with everyone benefiting from each other’s knowledge.*

*Self-help is achieving self-development and self-direction and, through that, helping the direction of others. This is achieved by providing a supportive and nurturing environment, not smothering with assistance, to enable women help themselves and make their own decisions, through the process of raising consciousness.”*

The philosophy was about empowering the women to take control of their own lives, making their own decisions in a supportive environment. The staff felt that on a day-to-day basis the philosophy was translated into action by the services offered at the refuges; crisis accommodation, information and practical help, 24-hour one-to-one counselling for residents, day-time counselling for non-residents, liaising with outside agencies and of course the 24-hour crisis helpline.

It was generally believed that the refuge services were building on the philosophies of 'mutual aid' and 'self-help'. The services had been extended somewhat; there was a move towards more education and outreach work, areas which were identified as very important components of the developing refuge service.

### **Outcome Assessment**

As part of this review, the manager of the Bray and Rathmines Women’s refuges and one of the directors of Aoibhneas Women’s refuge were asked about the indicators used to assess the successful achievement of their service objectives. It was agreed that assessing the successful achievement of service objectives was a very difficult task. As the managers

put it *“it’s fraught with complications as to how to evaluate this”*, *“success means so many things to so many different people.”* It was agreed that success needs to be assessed on an individual basis, there were no set criteria, which when they have been fulfilled, indicate that a woman has had a successful outcome within the refuge service. The managers explained that for some women success meant leaving the violent partner and living independently while for others, success simply meant a woman was happy with whatever decision she had made, knowing she had had the full and non-judgemental support of the refuge service. The managers at Bray and Rathmines recognised that this was an area which needed to be addressed with some kind of formal assessments put in place, however, they were adamant that these assessments could not be generalised for every woman. The directors from Aoibhneas stated that they were looking at this area and were hoping to put some form of exit interview and follow-up procedures in place, which would go some way towards measuring outcomes. As she said, measuring success *“depends on how you define success and how you define a refuge”*, so some thought would be required into setting up these procedures.

### **Security in the Refuges**

It is important to say that in each refuge the women undoubtedly felt safe and secure. One resident said *“I feel safe in here, you have the door bolted and twenty thousand bolts and there are alarms”*. The ex-resident who was interviewed, when asked about her life in the refuge stated that *“there is only one answer to that and that is to say that I felt safe. That’s the first thing, nobody could get at me.”* Bearing this in mind, there were certain areas that were felt, by residents and staff, to be potential weaknesses in the existing security measures.

Aoibhneas: There were a number of cameras in operation at this refuge but the overall security measures were being reviewed due to an incident which occurred at the refuge in the recent past. Staff explained the situation like this,

*“we have a long road along the side of the building and it is very enclosed and there is no camera and no instant lighting. We had a bad incident down there with a woman who was driving down in a car, her partner drove behind her wedged her in and she was actually battered outside.”*

Other areas for concern were the front and back door systems, the lack of appropriate interview facilities and the lack of a reactor camera at the front. The back garden was also felt to be isolated. The refuge would also like a quicker Garda response when a distress call is registered, at the time of writing 999 calls did not go directly to the local station but to Harcourt Street, which slowed down the response.

Bray: The biggest problem as far as staff were concerned is that there was only one staff member on duty at night and at weekends. This person depended on the assistance of any volunteers that might be present if an incident occurred. There was only one camera at the front door, and staff and residents felt that there could be some additional cameras around the perimeter of the building. The front door area was badly designed, it was not an appropriate place to conduct a pre-admission interview. Again, the back garden was seen as somewhat open. The manager felt that the number of people who have to use the office at any one time could be a safety hazard.

Rathmines: The security system was seen to be working since the outside cameras were fitted, however staff felt that the areas outside the refuge were very dark and some form of lighting was required. The glass doors into the courtyard were seen to be a little weak. The Garda response to Rathmines was excellent and staff were very happy with this arrangement. The women in the refuge were allowed to open the door (a specific code known to them) and their rota worked well in the refuge. As in Bray, the number of people in the office was also seen as a safety hazard.

A Garda, who was a Liaison Garda with the refuge service, said that a security review could be carried out by the Gardaí (local to each refuge) as part of the local crime prevention programme. He would advise any new refuge to contact their local Gardaí to have this check carried out while they were at the planning and development stage of the refuge. While all these items were highlighted, people were aware that the refuge should not look like a prison. The main task in relation to security in the refuges was to maintain the balance between having women and children feeling safe and secure while they stayed at the refuge but not feeling as though they were prisoners behind wires and fences.

## **Summary and Conclusions**

This chapter looked at the findings in relation to operational policies associated with running the refuges. Four main areas were addressed, house rules, service philosophy, outcome assessment and security in the refuges.

On a day-to-day basis, decisions within the refuge were made by the manager/team leader with input from other relevant staff. The residents also had an opportunity to have their say, house meetings were held regularly to give residents an opportunity to voice their opinions. The house rules in the three refuges were similar, as were the problems associated with them. From the resident's perspective, the main problem was having to be responsible for their children 24 hours per day, even when the children were in the playroom with the children's worker. Other problems were associated with housekeeping duties and smoking regulations. When rules were broken a woman usually received a verbal warning from staff, it was not normal practice for a woman to be removed from a refuge for a minor offence. Abusive or violent behaviour, on the part of the mother or her children, towards staff and other residents, would result in the woman being removed and probably barred from a refuge. The refuges kept a record of the women who had been barred and managers felt that a regular review of this list would be in order.

The refuge service was based on a model that incorporated the philosophy of 'mutual aid' and 'self-help'. These were best understood as philosophies that empowered the women so that they could take control of their lives again and make decisions about their future.

Assessing the outcome of the service offered was deemed to be very difficult with the definition of 'success' differing from individual to individual. Managers and staff recognised that this was an area, which needed to be addressed with some kind of formal assessment put in place. It was felt that these assessments would need to be flexible in nature to allow for the individuality of outcomes.

In relation to security, the women who were resident in the three refuges at the time of interviewing felt safe and believed that no one was able to 'get at' them, however a few perceived gaps in the security measures at each refuge was identified by staff and residents.



At this stage, having looked at procedures and operational policies in the three refuges we need to move on to discuss the areas of the service, which were identified by staff and residents, that require some development. The next chapter looks at some special needs clients whose needs are currently not being fully met by the refuge service and some services which staff would like to enhance or offer. In this chapter the changing role of the domestic violence refuge is also raised.

## **Chapter Five: Areas of the Service to be Developed**

### **Introduction**

Throughout this review, issues were raised concerning a number of areas of the refuge service and these issues are discussed in this chapter under the heading of ‘areas of the service to be developed’. There are three main areas under which data will be presented: (1) *Special Needs Clients*, which looks at how the needs of certain client groups are currently being met in the refuges as well as some suggestions for change; (2) *Perceived Gaps in Service Provision*, which investigates the main gaps in the current service, as identified by staff and residents and (3) *Role of the Refuge*, the focus of which is the role that the domestic violence refuge should play in a changing society.

### **Special Needs Clients**

#### ***Physical Disability:***

Generally speaking the refuges were not set-up to cope with a woman or child with a physical disability. The refuge at Bray was a two-storey house but had a shower installed downstairs, but as the manager explained, the refuge was not appropriately set-up –

*“we have a shower downstairs and that is about it. It is really very badly set up. We had a child in a wheelchair and we had to lift him upstairs. Even the porch is hard to get a buggy through. It needs to be revamped.”*

Aoibhneas and Rathmines were both single-storey buildings so they were more accessible. A woman would need to be able to look after herself (or her disabled child) as refuge staff felt they would not have sufficient numbers of staff to cope with 24-hour nursing.

#### ***Learning Disability:***

Some staff felt that the refuge was not the appropriate setting to deal with literacy problems. They said that classes, which had been set-up within the refuge, had not been very successful, as women said they were more concerned about dealing with the more immediate problem of a violent partner. This was not the case in Rathmines, where a very successful programme, which was run by Women’s Aid was in operation. This programme was designed to be user specific and seemed to be working where traditional methods of dealing with the problem had failed. Women’s Aid had received very positive feedback from residents and staff with other refuges asking them to develop the programme at their

refuge. For children with a learning disability, there were remedial teachers in the local school, but due to the transient nature of the child's stay in the school, it was often felt that there was not the same commitment there.

***Traveller Woman:***

In the three refuges, staff said that women from the Travelling community were treated in the same way as those from the settled community. One Traveller woman who was interviewed felt that if there was a problem with any member of staff she could not say anything. She described one experience she had in a refuge,

*“even when I was in [that refuge] I couldn't say it to another member of staff because I was afraid that she would open the book and see it and she would have it in for me altogether then. I think she had a problem with Travellers that were there. Any Traveller women that were in there as well said the same. Because a lot of Traveller women have the experience of being battered all their lives they really can't say it because they know that they will need them [the refuge service] again.”*

It was mentioned earlier that Traveller women used the refuge in a completely different way, it was a chance to get a break from the violent partner and have some peace and quite. Mostly, they did not leave their partners. One Traveller woman who was interviewed said,

*“I'll always go back to square one anyway, that's just the story of my life. It's a break for the travelling woman. You know your never going to separate. You don't rock the boat, you don't separate. It just kind of buys us more time, then you go back and its grand for another couple of months. It kind of frightens them a bit.”*

This often meant that they would not necessarily use all the services that the refuge offered. Some staff members explained,

*“they don't have the same choices that other women have...we accept their transience, that they will be back. We know and they know that they are having a rest and the kids are having time out...the same services are available to Travellers but because of their culture they do not want to avail of these same services.”*

Their style of parenting was also identified as different from that of the settled community and reconciling these could sometimes be difficult. Children from the Travelling

community must attend school while in the refuge, a bus would usually bring them to and from their own school.

All three refuges had some form of unwritten policy relating to the number of Traveller families that they could accommodate at their refuge at any one time. The Bray manager said,

*“we don’t have a policy of half and half, but we know that this works well because it brings down the prejudices. If you have three settled people and one Traveller it can reinforce the prejudice and visa versa.”*

Staff in Aoibhneas described a few scenarios that they try to avoid;

*“...sometimes you find two or three members of the same family try to get in together so we try not to let this happen..... sometimes you have people coming in with alias names and it is a sister or whatever trying to get to someone.....there isn’t the confidentiality that there is in the settled community.”*

The manager in Rathmines also described how the ratio of Traveller to settled women could affect the group dynamics of the residents in the refuge. Like the other managers, she felt it was important to keep the balance between settled and Traveller women in order for the refuge to function.

These unwritten policies had not been developed as a result of an anti-Traveller administration within the refuge service but had been developed as coping mechanisms due to previous experiences in the refuges.

When the issue of a separate refuge for Travellers was discussed, managers and staff felt that in one way Traveller women would then be segregated again. They suggested that the opinion of Traveller women should be sought.

Rathmines took on two students from the Travelling community on a work placement every year. While this was seen as a positive way of involving the Travelling community more in the refuge service, there were some cultural problems, which meant that any change would be very slow in coming. It was said that the young students felt that they could not offer support or advice, they were afraid of the consequences for them and the

Travelling community. All managers and staff admitted that while some staff had undergone training specific to the Travelling community, all staff needed to have on-going training to breakdown any underlying prejudices that could creep in.

**Refugees:**

Bray had had very few refugee women over the time they were open but if any refugee woman and her family were staying at the refuge, the Refugee Council would usually send out interpreters. Staff said that at this time sensitivity training in relation to the issues faced by refugee women need to be developed.

Staff at Aoibhneas usually dealt with the Refugee Application Centre. As one staff member explained;

*“...if a woman of refugee status comes here it is not our responsibility to re-house her. If she has been allocated housing with her partner we would refer her back into the Refugee Centre who would see her relocated away from her partner.”*

The language barrier was the main problem experienced and interpreters were only available at certain times. Staff members felt that the woman could not be looked after adequately during her stay. Rathmines had experience with a number of refugees over the years but the same problems are experienced with interpreters.

There were also cultural differences that could cause problems for refuge staff. Staff gave some examples of experiences with refugees, which give some idea of the issues to be faced;

*“it is a huge problem and there has to be something set in place for these people. They won't even avail of the refuges because they know that there is a language barrier. There was one woman in here who had very little English and the son that was with her, who was only about eleven, controlled the whole situation because he spoke English. He sat in on everything and translated, but was referring back to the dad. He controlled the whole situation, when the woman was going home and everything. “ And “we would have an interpreter firstly to get her story clear, why she was here and secondly for him to tell her the rules of the place. And a lot of them would say to us, ‘she understands an awful lot more than she is letting on, so if you have any difficulty again, call me and I will speak with them on the phone’.”*

Staff believed that this was an area which needed to be addressed and training made available. It was felt that the legal status of these women could have a huge affect on the services available to them in this country. The Refugee Application Centre acknowledged that their service (placing refugees and asylum seekers, at risk, in the refuges) was only effective in the short-term and that some long-term solution needed to be sought. They said that this could only happen if more funding was made available to these groups. The Centre's experiences with staff in the refuges was very positive, they felt that refuge staff had an understanding of the problems they faced.

***Women with a Mental Health Illness/Disorder:***

If a woman required the attention of the mental health services, the general practitioner attached to the refuge would have to make the referral. Each refuge would try to link up with the psychiatric hospital closest to them. Staff at the refuges pointed out that they did not refuse admittance to a woman who might have a mental health illness/disorder, unless she discharged herself from a hospital against medical advice. They admitted that the refuges did not have sufficient or adequately trained staff to deal appropriately with women under such circumstances. In their experience, staff believed that the behaviour of a women, in need of some mental health assistance, could be very frustrating and distressing for staff and the other women and children in the refuge – staff have to do what is best for all residents and refer women on to the appropriate services.

***Older Women:***

Refuges have noticed an increase in the number of older women who were coming to the refuge for assistance. As one staff member stated;

*“...there is huge increase in violence of daughters and sons against mothers simply because they are not leaving home anymore. It used to be that kids were out of the house when they were eighteen now they are thirty-five. There are women well into their fifties who have lived with an abusive partner and now the sons are taking over the mantel. It is very much a growing problem.”*

It was felt that the needs of this new client group have to be assessed before they could be addressed adequately.

### ***Women in Prostitution:***

All refuges had some experience of dealing with a woman who was involved in prostitution. In most cases, the women had been beaten by a pimp and wanted to escape. They were often relocated to another country. If a woman were relocated to another area in Ireland, refuge staff would try to link the woman into appropriate services in the new area. It was believed that most prostitutes availed of the helpline service rather than the refuge.

### ***Same Sex Violence:***

The three refuges had very little experience of women staying in the refuge who had been the victims of same sex violence. This by no means implied that it was not a problem. It was felt that it was 'out there' and probably in the same proportion as heterosexual violence. It was believed that the woman's difficulties were compounded by the fact that women were not aware of their entitlements or what legal recourse they could take. Staff members believed that it was more difficult to admit that the perpetrator of the violence was a woman. Staff said that most of their experience with gay couples, both male and female, was through their helplines.

## **Perceived Gaps in Service Provision**

In the previous chapters, findings in relation to the various services offered and the relationships with associated service providers have been outlined. All respondents were asked to discuss perceived gaps in the current service and the gaps identified are discussed in this section.

### ***Childcare:***

The main problem identified was in relation to childcare facilities and services in the refuges. Some issues have already been referred to in the previous two chapters, in the sections relating to 'house rules' and 'links in the community'. From a service point of view, it was felt that children are forgotten. The effects of the abuse on children are not fully known and to date very little research had been carried out in this area. As mentioned, any services, which were in place, were inappropriate to deal with all the children. Staff members also noted that the mothers were often oblivious to any damage that witnessing the violence in the home may have done to the children;

*“the mothers come in here, they don’t see that the children are upset or disturbed because of what they witnessed at home. They are so caught up in their own situation. I always say to them, just remember, they have suffered to. And they will say ‘ah no he never touched any of them’. He doesn’t have to touch any of them. They were living in the house. They are effected and if it is not addressed now they are going to go on to be the abusers of the future.”*

The ex-resident who was interviewed also felt that her child did not need any particular attention that she had been *‘gotten out in time’*, yet the child later displayed aggressive behaviour towards her mother.

The childcare manager who took part in this study felt that it would be useful if some assessment of the children’s needs was carried out by a professional service and then group-work with the mother and children should be offered in the refuge. A counselling services manager, interviewed in relation to the level and type of counselling offered within the refuge, suggested that

*“ most children are best served when you work with the parent... and yes of course in some cases children will need evaluation or the child psychology unit or whatever but not as a norm. The better way forward is to have...well trained childcare workers who have a forum where they can discuss those kids...something far more constructive.”*

The lack of child-minding/babysitting facilities was mentioned previously and this was something that was also recognised by the childcare and counselling services managers. Both of these managers felt that a child-minding/babysitting service needs to be part of the refuge service in order to free the women to allow them to avail of outside counselling (should this be necessary) and to attend to the other details of moving on for example, visiting housing authorities, legal representative etc. They also suggested that women on CE schemes or volunteers could be utilised more for this purpose. It was acknowledged that it was essential for this child-minding/babysitting service to be offered in conjunction with the services already offered by the qualified childcare worker, it should be a complementary service.



***Services Would Like to Enhance/Offer:***

Staff at the three refuges would like to be able to add to or build on the services already offered. As one staff member explained,

*“we could be doing so much more than just this living accommodation and we are doing more in our work but it is not recognised or seen in our work and I think people would love to expand on that and not just work in isolation with the small group of women in here.”*

The development of outreach clinics was a major priority for staff. It was suggested that these clinics would have a number of purposes and would become an essential aspect of the follow-on care that staff would like to be able to offer women. Women would still be able to have access to the support they desperately require when they leave the refuge. It was suggested that these outreach clinics could be set-up in the community and could act as drop-in information centres.

Education and prevention programmes, to be developed and delivered within schools and other educational settings, were another very important service that refuge staff would like to see on offer. To assist in this, it was felt that funding should be made available to develop this side of the refuge service. It was felt that the Area Health Boards of the eastern region were too focussed on ‘crisis accommodation’. Some staff also mentioned that they would like to be able to offer or link into some kind of adult education courses for the women. At the time of interview, the Northern Area Health Board, combined with the VEC, had contracted Women’s Aid to deliver an Arts Programme within the three refuges. This programme was seen to provide empowerment, opportunity and recovery for women and children. According to Women’s Aid, the programme began nine years ago as informal art sessions and developed into a full-scale arts programme. This programme has been very successful and is viewed very positively by staff and residents. Staff at the refuges would like to build on this arts programme and offer additional classes that would act as an outlet for the women and help develop their self-esteem.

It was felt that the existing counselling services could also be developed and extended outside of the refuge setting. It was said that some women in “*domestic violence situations would never dream of coming into a refuge*” but these women could be counselled outside and still be helped to move on from their violent experiences. Representatives from the

Women's Health Unit, NAHB also felt that counselling should be offered at community level. Some kind of service which offered counselling on a number of different areas such as grief etc., but who also employed trained counsellors to deal with domestic violence issues. In this way a woman would be able to attend locally or at least her travel would be limited, especially if she had children, and there should be no stigma attached to her because she has visited a 'certain centre'. It was suggested that these centres could have crèche facilities available.

Finally, 'court accompaniment' was identified as a service that was poorly developed. There were some reports that this service was offered by a volunteer or by a staff member if the refuge was very quiet. It was felt that court accompaniment was a vital part of the service offered by the refuges and should not be offered on an ad hoc basis but should be more structured within each refuge.

#### ***Facilities in the Refuge:***

When asked about improvements in the services offered by the refuge (except future accommodation), the residents only talked about the facilities in the refuge. On the whole residents felt their needs were being met and any problems they had experienced with the services were noted earlier in chapter three when 'links in the community' was discussed. The main problems, as the women saw it, were the smoking facilities in the refuges. At the time of interview, you could only smoke in the kitchen/dining area. This meant that the women usually sat up in the dining room during the evening rather than the sitting room. The women were not looking to be able to smoke in their bedrooms, only in the sitting room. The smokers recognised that non-smokers might suffer in this way but thought it was an area that should be looked at. The women in the refuge would also like to have a meeting room for female visitors, for example mothers and sisters.

From a staff perspective, certain facilities were felt to be inadequate. In Bray and Rathmines, the manager shared her office with all other staff members so there was no quiet area to deal with paperwork or whatever. The telephone for the helpline was also set-up in this office. It was suggested that there should be one room with nothing else in it just a telephone. There was no staff room in Bray or Rathmines, staff had to eat their lunch in the same area where crisis calls were being carried out. The only other option, apart from going out for your lunch everyday, was to use the counselling room. Aoibhneas had a staff

room, but sometimes it still proved inadequate for the number of staff on duty. Storage space was a problem for the three refuges. People drop-in clothes and household equipment, which was greatly appreciated, however storing these items often proved to be problematic.

### **Role of the Refuge**

*“The core role [of the refuge] would be the helpline, support and information and emergency accommodation”*. This statement, from one of the refuge managers, described the present role of the refuge as she saw it. At a certain level, the refuges are fulfilling their ‘core’ role they are providing information, offering emergency accommodation and support to the women who contact them. The following comments from the women give some indication of the positive effect a stay in a refuge can have on a woman’s life:

*“when I first came in I was in bits, I was all mixed up, I couldn’t sleep. Now I am so relaxed.”..... “you’re more relaxed, you don’t look so haggard, you’re not so tired. You get up in the morning and put a bit of makeup on. You have more confidence in yourself.”..... “I’m me again, I’m my own person again. You start to find yourself again.”*

*“you know when you are hearing ‘you’re trash, you’re nothing, you’re nobody, nobody wants you’...I had it drummed into me my kids were worth nothing and I was starting to believe that and I hated my kids. But now I’m learning to like my kids again, I’m learning to know my kids again and I’m learning to know myself”*

*“after I had come to terms with leaving him or whatever, it’s like a concrete block coming out of you or whatever, it’s horrible, powerful. Now I find that almost always I sleep at night. It’s like having an operation.”*

While the ‘core’ role of the refuge is the provision of emergency accommodation, the helpline service and support and information, the role was seen to be changing, expanding more into the community. As one of the managers stated *“the role is moving away from just accommodation into support and outreach and education... there isn’t much else we can do with the building so it’s out into the community.”* A member of staff at one refuge

believed that the refuges only see approximately two per cent of domestic violence cases so while the refuge may be one step in addressing the problem of domestic violence in society, it also was seen to have a larger role to play. It was felt that education and prevention programmes should be an essential part of the whole refuge service. Staff members believed that there was a need to embark on a huge campaign at national level and to incorporate this campaign into second-level schools as part of the curriculum. In this way one would hope to reduce the incidence of domestic violence in the future or at least make people more aware of the issues surrounding domestic violence. One of the residents stated that *“I get the distinct impression that if you are a woman from a refuge you are almost the one to blame”*. This statement gives some indication of the lack of understanding that still surrounds the issue of domestic violence.

Staff in the refuge felt that the refuge service did not challenge the man in any way. It was suggested that adequate programmes need to be put in place to work with the perpetrators and perhaps in the future, the refuge setting would be where men go for treatment as opposed to the woman leaving her home and everything behind.

The residents saw the refuge as a method of escape from the terrible situation they found themselves in, at the moment they could see no other alternative route – *“...what other way is there? Just sit there forever and ever and ever. If it wasn't for places like this you would never escape. You would never get away.”*

When the concept of providing a short-term refuge and a long-term refuge service for women was suggested, it was shot down immediately. Firstly, it was felt that the woman should not have to stay in a refuge at all, the Gardaí should have the power to bar the violent partner from the home, on an interim basis at least. Secondly, everyone agreed that you could not have a predetermined length of stay at a refuge, a woman must be able to stay as long as she needs to and moving her to another ‘long-term’ refuge could prove detrimental just as she was settling in and feeling secure. Finally, some form of supportive housing was seen to be more appropriate than a service that operated like a refuge. In this way the woman could be independent but have support and services she required.

The suggestion was made that women who had the additional problem of drug/alcohol abuse and who could not be satisfactorily housed or treated in the existing refuge services,

need some form of specialised intervention. Women with these additional difficulties, who are usually very vulnerable, were often forgotten by the service and had to live in hostels or bed and breakfast accommodation when they tried to move away from a violent partner.

What then is the future of the refuge? Those who were interviewed believed that domestic violence refuges would always be needed as women in fear would require this service as their first step out of the violence. The general consensus was that the long-term aims of the refuge service should be to educate young boys and girls around the dynamics of power in relationships, to give more power to the Gardaí and to remove the perpetrator from the home. To achieve this, it was felt that the service should move towards being a

*“multi-agency approach [which] implies that community/ church/ media/ legislature/ voluntary and state agencies all need to come together and have a holistic approach and a preventative approach...[we] need to educate young boys and girls ...[this is a] long-term perspective but one to work towards”*

## **Summary and Conclusions**

A number of special needs clients were identified in this study. These included women with physical and learning disabilities, women from the Travelling community, refugee women, women with a mental health disorder, older women, women who were addicted to drugs or alcohol, women in prostitution and women who had experienced same sex violence. At the time of interview, respondents felt that the refuges were not fully capable of meeting all the needs of these groups. In order to do this, staff felt that more training in specific areas was required and that special responses needed to be developed in order to serve this client group.

This chapter looked at the perceived gaps in the current service being offered, from the viewpoint of residents and staff. The most significant gap related to childcare facilities and services within the overall refuge service. It was felt that the effect of domestic violence on children was not fully understood or appreciated, so children were often forgotten by the service. While childcare facilities were offered in each of the three refuges, these varied depending on the number of staff and resources available in the refuge. Children with special requirements, for example some form of therapy with a child psychologist, had to

wait for many months and could often slip through the system. Respondents felt that there was inadequate provision made for child-minding/babysitting facilities in the three refuges. Looking at other gaps, staff would like to develop the current counselling services to make them more accessible to women in the community who might never become residents at the refuge but who would benefit from these services. The development of outreach services and education and prevention programmes were believed to be essential for the future of the domestic violence refuge.

Facilities in each refuge varied and the basic needs of families were being met but overall staff and residents felt that facilities could be improved. Residents were relatively happy with the services offered to them and were glad to be in a safe place, so they were really only concerned with child-minding/babysitting facilities and the smoking arrangements within the refuges. Staff were also concerned about smoking arrangements but more importantly with office space, storage space and some kind of staff room facilities.

The 'core' role of the domestic violence refuge was seen to be the provision of the helpline, information, support and emergency accommodation. This role was seen to be changing and the general belief was that the refuge service needed to be developed to reflect these changes. Management and staff felt that the issues surrounding domestic violence needed to be brought to the community through education and prevention programmes, which are aimed at women and men of all ages. Along with this, outreach services need to be developed to reach the large proportion of victims who could not or would not need to be accommodated by the refuges.

At this stage, having looked at procedures and operational policies in the three refuges and the areas that were identified as requiring development, we need to investigate the issues that are faced by the staff in the refuges. At the time of interview, most of the staff had been working in the refuge service for many years and a number of specific concerns relating to staffing policies, support and training had been raised over the years. The following chapter looks at these issues and the impact they have on managers, staff and residents.

## Chapter Six: Management and Staffing

### Introduction

Prior to the current review, a number of particular staffing issues had been raised and negotiations with representatives from the three Area Health Boards of the eastern region, Trade Unions and related bodies had been planned. In view of this, we carried out a staff audit at the two refuges, the results of which would act to inform the discussions. The first part of this chapter looks at the findings from this audit. The remainder of the chapter presents the findings in relation to other staffing issues, which include staffing policies, staff support, accreditation, training and evaluations and other general issues.

### Staff Audit

#### *Number of Staff:*

There was a total of 75 staff employed at the three refuges, 31 in Aoibhneas, 30 in Rathmines and 14 in Bray. All of the staff were female. Of the total, 26 were full-time staff while ten were in part-time positions. A further 30 worked on a sessional basis and five were employed on CE schemes. Table 5.1 shows a full breakdown of the staff in each refuge.

**Table 5.1: Number of Staff**

<b>Refuge</b>	<b>Total (n)</b>	<b>Full -Time (n)</b>	<b>Part-Time (n)</b>	<b>Sessional (n)</b>	<b>CE (n)</b>	<b>Other (n)</b>
Aoibhneas	31	12	2	10	5	2 (JI)
Bray	14	4	6	2 (Job Share)		2 (Panel)
Rathmines	30*	10	2	16 (Refuge) 2 (Job Share)		
<b>Total</b>	<b>75</b>	<b>26</b>	<b>10</b>	<b>30</b>	<b>5</b>	<b>4</b>

\*24 questionnaires only completed and returned by Rathmines

n = number of staff

#### *Staff Contracts:*

Over one quarter of all staff were on permanent contracts while four in ten (43%) worked with fixed-term renewable contracts. Almost one fifth (19%) stated that they had no written contract of employment. Table 5.2 shows a breakdown of the type of contract held by staff at the refuges. The most common length of contract was three months, with one quarter of staff stating that their contract was renewed every three months (Table 5.3).

**Table 5.2: Type of Contract Held**

Type of Contract	Number of Staff	%	Cum. %
Fixed-Term Renewable	29	42	42
Permanent	18	26	68
Temporary	3	4	72
FAS	2	3	75
Other	4	6	81
None	13	19	100
<b>TOTAL</b>	<b>69*</b>	<b>100</b>	

\*Total staff = 75: Data received for 69 staff, as 6 questionnaires not completed by Rathmines

**Table 5.3: Length of Contract Held**

Length of Contract	Number of Staff	%	Cum. %
Three Months	17	25	25
Six Months	2	3	28
One Year	12	17	45
Other	1	1	46
Missing Data	2	3	49
Not Applicable	35	51	100
<b>TOTAL</b>	<b>69*</b>	<b>100</b>	

\*Total staff = 75: Data received for 69 staff, as 6 questionnaires not completed by Rathmines

**Trade Union Membership:**

Over half of the staff interviewed belonged to the Trade Union, IMPACT. Almost one third (29%) said that they did not belong to any Trade Union, while nine per cent said that Trade Union membership did not apply to the position they currently were employed in. Table 5.4 shows a breakdown of union membership among the refuge staff interviewed.

**Table 5.4: Trade Union Membership**

Trade Union Membership	Number of Staff	%	Cum. %
IMPACT	40	58	58
None	20	29	87
Other	1	1	88
Missing Data	2	3	91
Not Applicable	6	9	100
<b>TOTAL</b>	<b>69*</b>	<b>100</b>	

\*Total staff = 75: Data received for 69 staff, as 6 questionnaires not completed by Rathmines



**Summary of Staffing Policies:**

Staffing policies will be discussed in detail later in this chapter, but table 5.5 below gives a summary of the policies that were in operation in each of the three refuges at the time of writing. As we see, Aoibhneas, Bray and Rathmines all had grievance and disciplinary policies in place. As Rathmines was fully funded by the Northern Area Health Board the majority of its staffing policies were the same as those for other employees of the three Area Health Board of the eastern region. Each of the three refuges stated that they did not have a redundancy policy, any special needs policies or any health insurance in place for staff (Table 5.5). Interestingly, the manager at the Bray refuge stated that they had no maternity leave policy in place while the other two refuges said that they operated within the statutory requirements.

**Table 5.5: Summary of Staffing Policies**

<b>POLICIES</b>	<b>AOBHNEAS</b>	<b>BRAY</b>	<b>RATHMINES</b>	<b>DETAILS</b>
Sick Leave	Yes	Under Review	Yes	A: In Personnel Handbook R: After two continuous absences medical certificate required
Special Leave	No	No	Yes	R: SWAHB application form
Maternity Leave	Yes	No	Yes	A: statutory leave + 1 month unpaid R: statutory (SWAHB application form)
Grievance	Yes	Yes	Yes	A: In Personnel Handbook R: SWAHB policy
Disciplinary	Yes	Yes	Yes	A: Statutory: 2 verbal, 1 written warnings R: SWAHB policy
Redundancy	No	No	No	Note: All employees are entitled to statutory redundancy under the Redundancy Payments Act 1967-1991 (Power,1999:16)
Equal Opportunities	No	No	Yes	R: SWAHB policy
Health & Safety	Yes	No	Yes	A: Policy and Procedures Document R: 7-8 yrs in operation
Special Needs (e.g. providing crèche facilities)	No	No	No	
Pension	No	No	Yes	R: Employer makes contributions
Health Insurance	No	No	No	
Bullying			Yes	R: SWAHB policy

## **Staffing of the Refuges**

### ***Overall Staffing:***

Before we begin to look at the findings in relation to specific staffing policies and concerns, it is important to give an overall picture of the staff at the refuges. Many of the staff had a significant number of years experience working in the area of domestic violence with several staff stating they had between 11 and 19 years experience. The staff at the refuges were also highly qualified, with some having two or three qualifications. Staff members were also highly motivated with approximately half having received some form of additional training since they joined the refuge they were currently working in.

While carrying out the fieldwork it became clear that staff at the refuges held very demanding and stressful jobs, which on a practical level included flexible working hours and working long shifts but on an emotional level involved intensive work with women and children who were suffering from abuse. There was a great sense of comradeship among the staff members in each refuge, which carried through into the professional way in which they dealt with the residents. From talking to all staff members, it was evident that certain types of people are drawn to this kind of work, people who are committed to the issue of domestic violence at every level and who work on a daily basis to create a better environment for women and children who have experienced violence in their lives. All the staff who were interviewed placed the woman and children at the centre of the refuge service they were providing and found their rewards in watching the women moving forward. As one staff member put it, *“you actually witness a woman on her journey from the time she comes in and she might be very quiet till a couple of weeks down the road to see the woman blossoming forth, it really is amazing”*.

### ***Residents and Staff:***

The residents in the refuges spoke very highly of the staff, they said that they were “very sympathetic”. Residents were very aware of the amount of work staff had to do in dealing with the individual women who were living at the refuge. One woman said that *“I’ve been here for seven weeks and I was sick and they organised it with the mothers for me to lie down and take a nap”*, this was very important for her at the time. Another woman stated that *“they let you talk and take things at your own pace”*. The ex-resident who was interviewed said that looking back now, *“I don’t know how they spread their time out*

*when I was there because there would have been a lot of women who had come from violence. I'm only realising now all the work that had to be done."*

There was some feeling that staff were not always available when the women wanted to talk to them. The ex-resident stated that *"I'd often go down and knock on the door and something would have happened that day... a phone call or a message left or something and they would say to me I can't see you at the moment can you come back later...I used to always think all you have to do is knock on the door and go in, but they have to write up reports and everything."*

## **Staff and the Review**

As mentioned previously, a review of this type had not been carried out and a number of specific staffing issues had been raised. As negotiations with representatives from the three Area Health Boards of the eastern region, trade unions and related bodies had been planned, this review provided a platform for staff and gave them an opportunity to voice their concerns. The following sections summarise the main issues that arose throughout this review process.

## **Staffing Policies**

Overall there was a perceived lack of consistency across the three refuges in relation to staffing policies. As one employee said,

*"the same person in the same position seems to be entitled to different things. You don't know what you are entitled to and it is very hard to chase it up."*

There was some evidence of an 'us' and 'them' syndrome amongst staff at Bray and Aoibhneas - Area Health Board employees versus others. The following comments give an indication of how issues were perceived and how this split developed,

*"we are not entitled to similar perks to Health Board entitlements. On the one hand they say to us we want you to use our premises, nighttime and weekend and when we come back and say are we not entitled to pensions they say no. It's a huge mess"* AND *"the Health Board have a say in the running of the place through the service agreement but we don't have the perks of being a Health Board employee. We don't*

*have the pension, we don't have the holidays, career advancement plan and things like that, or even job security."*

Staff in Rathmines were as disillusioned with management as this comment indicates, *"the whole attitude to the staff by the Health Board is totally deplorable"*. Staff in Rathmines wanted *"recognition by the Health Board that we are Health Board staff"*. The transition from the Eastern Health Board to the three Area Health Boards of the eastern region, which is currently underway, was not helping this process as many people were changing positions and staff found it very difficult to get any of their queries answered.

The majority of staff had no written contract of employment laying out entitlements and this was a major cause of concern. Staff felt that there was no security attached to their positions. When the issue was raised, staff were told that it would be looked into! The pay scales, which some of the staff were working on, were deemed to be inappropriate. Some refuge workers and relief workers were on a pay-scale equivalent to that of a hospital attendant, yet the work descriptions were very different. The seemingly ad hoc manner in which pay-scales were associated with positions in the refuge is very frustrating for staff and managers as this comment illustrated,

*"the refuge workers here...they are paid at a hospital attendant's rate, and there is no comparison in the work that they do. It's just that the Health Board had no pay-scale for a refuge worker ... they did silly stuff like paying someone 95 per cent of a scale, off the wall stuff, and it's not good enough...it would be a great achievement for refuges and I feel that would be of more value if there was a pay-scale for a refuge worker."*

As part of their work in the refuge, staff were expected to work twelve-hour shifts. At the end of the shift there was the 'hand-over' time, a period of time when the staff who were coming off duty talked to the staff who were coming on duty to fill them in on any developments or issues. For some staff, this time was not part of the working day, there was no payment or time in lieu allowable. Staff in Aoibhneas said, *"there is a 15/30minute hand over if anything needs to be looked at. It is a verbal hand-over. It is part of the schedule."* This was not the case for Bray and Rathmines. This hand-over time was perceived to be a very important part of the day-to-day running of the refuge as one worker explained,

*“the night workers come on at seven o’clock at weekdays and one of the day workers will be on until seven o’clock so they will do a verbal hand over of what went on during the day.”*

Staff felt that the importance of this time was not fully appreciated by management – *“I think that it is something that is important and should be recognised by management. It should be scheduled.”*

Holidays and sick leave had been problematic for staff in the past with one staff member from Aoibhneas stating that *“prior to three years ago we weren’t paid sick-time, holiday time, bank-holidays. We have come along way.”* Generally because there were no written contracts, holiday entitlements were also confusing. Some night workers were responsible for finding a replacement for the time they would be on holiday. All of the refuges had some kind of sick leave policy in operation but due to the lack of relief staff, people who were sick felt they were letting their colleagues down and often went into work anyway. One employee explained, *“the person who is feeling sick is nearly left feeling guilty for the situation that the others are in.”*

Rathmines was the only refuge where staff said there was a pension scheme in operation. There was a great deal of confusion over entitlements and benefits and to staff there appeared to be no consistency in the administration of this scheme. Some of the following comments will help to show just how strongly staff felt about the issue:

*“the lack of pensions is a huge issue” – “one staff member has been here for eleven years and has not been made permanent. She has not been regularised and so is not paying a pension. There are other people here less time than that who have been regularised and so are paying a pension. Regularised means although you are still temporary they will stop pension on you.” - “I am a permanent worker because I was when the Health Board took over the refuge. That seems to be one of the few ways of becoming permanent.” - “with these kinds of things it doesn’t make sense, there is no uniformity.”*

In Rathmines, there was a health and safety representative and the manager was the health and safety officer. The health and safety representative was only supposed to represent staff’s issues to management, maintenance was supposed to be a management issue. In a small organisation, like the refuge, the representative was often asked to follow-up

something with maintenance, which really was not the role of a health and safety representative. So while there was a health and safety policy operating in the refuge, its implementation was not clear-cut. In Aoibhneas there was a written health and safety policy contained in the 'policy and procedures' handbook. Bray currently had no health and safety policy in operation.

As seen in Table 5.5, each of the refuges said they had no redundancy policy in place. Maternity Leave had been taken by some staff members, the statutory leave in accordance with the Maternity Protection Act, 1994. As far as some staff members were aware, a woman had to be in permanent employment to apply for this leave therefore they believed it would not apply to all staff.

According to the staff audit, six months was the most common probation period (for the staff it applied to). When staff were interviewed they were unsure of any probation period and whether it applied to them – it was believed to be put in place if you were becoming a permanent member of staff.

At present there were no staff in Aoibhneas who were job-sharing, although two staff members were only working a two-day week due to other commitments and relief staff worked on the other days to make up the shifts. In Bray and Rathmines there were women who were job-sharing. The managers at Bray and Rathmines and the team leader at Aoibhneas recognised that in this current economic climate it would be essential to have such options open to staff and retaining staff was one of the biggest problems facing refuges. The managers and team leader felt that job-sharing could and did work. It was felt that the sense of continuity with staff, which the women deserved to have, should not be compromised and rosters need to be designed appropriately. Staff agreed that job-sharing could work in a refuge setting but they were not totally happy with the current arrangements. Some staff had applied but had been refused and others thought the current system could be unfair as one person 'owns the job' i.e. *"a permanent person is the one who owns the job, that's the person who is full-time and gave up the other half of their job. It's their job."* It was perceived that this person could decide to stop job-sharing at any time and the other individual would then be unemployed – there was a lack of security of employment.

Some of the staff members who were interviewed had experienced a certain amount of bullying/ harassment. This bullying/ harassment could be at the hands of residents or other staff members. All staff had ways of coping with the overt bullying but the covert harassment was seen to be more difficult to pinpoint and therefore more difficult to deal with. One manager said that,

*“...there is a very clear policy if a resident was overtly bullying a staff member or another resident. They would be asked to leave. If it was covert it can be extremely uncomfortable and hard to get a handle on.”*

There were no written bullying policies in place in Bray or Aoibhneas while Rathmines operated the Area Health Board’s policy.

Finally, as seen in Table 5.4, over half of the staff were members of IMPACT Trade Union. Aoibhneas and Rathmines both had a member of staff who was their union representative, while Bray did not. Aoibhneas also have had the experience of taking their employer to the labour court, and winning their case.

### **Staff Support**

Staff relied on each other for support. When any issues arose during the course of the working day, it was to their colleagues that they first turned. The following comments summarises staff’s feelings about the lack of support:

*“If we didn’t have each other we don’t have support from anywhere else. We don’t have support from our management, or the Health Board.” – “offloading on each other works well if there isn’t major stuff going on. At times here there is major major stuff going on for weeks on end. Everybody becomes exhausted and saturated because they are soaking up everybody else’s stress. So you are starting the day stressed out, you are taking the thing from the night-workers, you are passing it back to them at night, it has nowhere to go!”*

The counselling and childcare staff talked at length about the lack of supervision<sup>4</sup> [refer to footnote]. Supervision was seen as one of the basic needs for all refuge workers, yet staff had to go outside of the service and pay for external supervision themselves.

In Aoibhneas there had been a number of changes in the staffing arrangements and there was a team leader in place. This new role was in some part a replacement for the role of manager but was supposed to be more employee orientated with a CEO (not yet sanctioned or appointed) who would deal more with the paperwork and communicating with the board of management. In relation to supervision, the team leader stated that

*“part of the team leaders role is peer assessment and supervision but external supervision for everybody needs to happen...[in the past] if you wanted supervision you had to go outside of here to get it which any of us that were I suppose professional did but, we have been asking for support in here for a long long time and I have seen colleagues in bits after sessions you know where they really needed supervision and as a colleague you can do so much but if you are in the role of supervisor, that’s a totally different role which I found out as soon as I started doing it!”*

One of the staff members explained how this situation affected staff who might need to talk to someone, “ *I am not entirely clear as to [the team leader’s] role at the moment. I would know [she] is there and I would go to her for supervision but...there hasn’t been a clear indication so far of what her role is”*.

Rathmines staff also felt that “*supervision ... is most important, whether that be group supervision or with an external evaluator.*” Some staff suggested that on a regular basis say once a month

*“ there should be some kind of supervision, even internally. That you could have one worker nominated to shadow another worker, a space to off-load what is going on for you and get some kind of feedback and that will be built up over time.”*

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<sup>4</sup> For the purposes of this report, the term ‘supervision’ refers to a process whereby individuals who are involved in counselling monitor their counselling relationship to ensure that they are providing an appropriate counselling service. All counselling/key worker staff in the refuges would also see the need for supervision, where a space is created for them to talk through any problems issues they might have with their work in a refuge.



Staff were aware that the manager was available to them should they need to talk but depending on the issue this was not always appropriate. If the issue was with one of the residents they felt that the manager was caught as she was also supposed to be the independent person to whom residents could go if they were having a problem in the refuge. As one staff member put it *“it was very very difficult because of the double bind that [the manager] was in.”*

The manager at the Bray refuge thought, *“we need a lot more support and supervision. On my own behalf I would like a couple of hour’s supervision a month. Typically we offload on each other because we understand each other’s stresses.”* She also said that

*“there [was] also a need for individual supervision. A couple of hours every two weeks. It could be in-house supervision. I could supervise some of the people working here and some of the workers could supervise some of the volunteers. [Supervision] needs to be valued as being important otherwise we would just burn out after two to three years.”*

There were counselling facilities available to staff in Bray, staff were encouraged to use this facility should they need to and the bill would just come to the refuge without a reference to any one individual. These services were not really used, as the manager said, *“there is an outside counsellor but she really isn’t used. The board of management have ensured that the outside counsellor is there.”* There were a number of reasons why staff would not use this counsellor. Firstly, they were not really convinced of the confidentiality aspect and secondly, there was a certain amount of feeling that you should be able to cope with your job and talking to your colleagues should be adequate. There was the perception by some staff that needing to see a counsellor might somehow be interpreted as someone not being suitable for the job.

Rathmines also had counselling facilities available to them but there was the similar story here of these services not being accessed. Staff were not sure under which circumstances the service should be accessed, they are unconvinced of the confidentiality of the service and they questioned who would be the main beneficiary of the service i.e. staff members or management at the Northern Area Health Board. These thoughts summarise how staff felt about this counselling service;

*“It’s not very clear. I would be very suspicious that the provision of counselling is a way of avoiding any claim or sick time rather than for the actual benefit of the staff member... [I would need] to be very clear as to the confidentiality thereof.”*

There was also some feeling that outside counselling would not always be necessary, that talking to colleagues would be sufficient. One woman explained how she dealt with an incident –

*“I had to talk to about three or four people here individually at different stages. I didn’t feel that I needed to go anywhere after talking to them. I felt they know me, they know this woman, they totally understand me and why I was upset.”*

While this staff member was happy with the outcome of these discussions there was a recognition that some kind of facility was required and staff suggested that if they needed to see someone, they should be able to choose who they wanted to see and costs etc. would be reimbursed. It was believed that this person would be objective and have their best interests at heart.

Previously in chapter four we noted that the refuges held team meetings, although some were not as regular as they should be. The manager in Rathmines viewed these meetings as one means of support for staff;

*“in the staff meetings there is a support element there. I would always ask them how they are feeling, has anyone any issues. They also know that Wednesday afternoon I am willing to meet any worker that wants to discuss an issue. That is about as much as I can do for them.”*

This statement gives some indication of the limitation of support within the refuge setting. While the managers and the team leader were available, due to their workload and their own need for supervision, they were restricted in what they can actually do for staff.

## **Qualifications and Accreditation**

### ***Accreditation:***

Data from the staff audit indicated that staff in the three refuges possessed a wide range of qualifications, including diplomas and certificates in counselling. These qualifications and their implications for the work carried out in the refuge were a major cause of concern for

staff members at Aoibhneas. At the time of interviewing, the issue of accreditation was not a real concern for staff at Bray or Rathmines.

In February 2000, the Eastern Health Board Region issued a policy document in relation to the funding of voluntary counselling services. This document stipulated that “all professionally trained staff must be current members of IACT or ICP (Irish Association of Counselling and Therapy/Irish Council of Psychotherapy)” (Eastern Health Board Region: 2000). This meant that staff who’s role involved the counselling of residents in the refuges must be already accredited to the IACT or actively working towards accreditation.

One of the directors at Aoibhneas said that the board of management agreed that counsellors should be professionally qualified and said that they were encouraging staff to move in this direction –

*“I believe that anybody who is counselling should be accredited, should be professionally qualified and we’re moving all our staff who want to do the counselling, or to continue to do the counselling, to do that and if some of them are not then they cannot continue to do the counselling, I’m afraid that’s our view.”*

As this statement indicates, if staff at Aoibhneas wanted to carry out the work of a counsellor they must be accredited.

According to staff members, there was a scheme in place up to the end of 1999, whereby one’s experience in the field would be taken into account and accreditation awarded if it was deemed to be appropriate. Staff referred to this as the ‘grandparent’ scheme. Some staff did apply and were accredited while others were refused.

The need for accreditation was one of the main concerns for staff and was causing much confusion and insecurity among the members affected. When Aoibhneas was first opened, some of the long-standing members of staff were employed as crisis counsellors and possessed the relevant qualifications to allow them to do this work. Since this new directive, they found that they could not carry out the job they were hired to do. One employee explained,

*“so now we have members of staff that are employed as crisis counsellors who don’t do crisis counselling. The qualifications that we have are the qualifications that Aoibhneas asked us for at the beginning.”*

At the time of interviewing, there were two members of staff at Aoibhneas who were working towards accreditation.

Among some staff members there was a perception that they were not being accommodated by the Area Health Boards of the eastern region to achieve this accreditation. Courses were being completed in the employees own time, taking holiday days to study etc.

***Job Titles:***

Coupled with the necessity to be accredited to the IACT, there was much debate and confusion over job titles in this refuge also. Staff were originally hired as ‘crisis counsellors’ and when their case was taken to the labour court (negotiating pay scales and conditions), the ruling allowed employees to hold on to their titles and the related pay-scales. At Aoibhneas, crisis counsellors, who could not counsel women, referred to themselves as ‘crisis counsellors’ or ‘counsellor/key workers’, while the title of ‘counsellors’ referred to those staff who actually counsel residents. This added to the lack of consistency as Rathmines only employed ‘counsellors’ and counselling staff in Bray were referred to as ‘counsellor/refuge worker’. Rathmines also had employees who have the title of ‘assistant manager’ and ‘house advisor’, while Aoibhneas and Bray employed no one in such positions. Bray had some employees who called themselves ‘night worker’ and ‘week-end supervisor’ because of the nature of the position they currently hold.

***Perceived Lack of Counselling Staff:***

Linked to this issue was the perceived lack of counselling staff, which was causing concern for staff at Aoibhneas. Crisis counselling was seen to be one of the main stays of the service offered, and the lack of available counselling staff could mean that in the long-term the refuge could cease to exist. This statement sums up the concerns,

*“when crisis counsellors left, either through jobs or training ...they were either replaced by a relief worker or a refuge worker which means that the crisis counselling staff is getting lower and lower and lower. So twenty-four hour crisis counselling cannot survive if the staff are not there”.*

The team leader at Aoibhneas also acknowledged that counselling staff who left were being replaced by relief and refuge workers which she felt would have implications for the

service overall. She stated that *“as each counsellor leaves they are being replaced with a refuge worker basically because a refuge worker costs a lot less than a counsellor.”*

This issue of accreditation will also have a long-term affect on the board of management, as one of the directors explained,

*“now counselling is going to be professionalised so you’re going to have to pay professional rates, if you want people to be qualified and accredited...they could move on.....getting accreditation is an issue”*

## **Training and Evaluation**

Data from the staff audit showed that approximately three-quarters of staff (excluding panel/relief workers) had received some kind of training since commencing employment at the refuge they were working in. This training included some Women’s Aid training, training in connection with drug use, Focus Ireland training and childcare courses. Some staff were disgruntled by the fact that they had to use their holidays to attend certain training courses while it was felt that Health Board employees did not have to do this:

*“everybody’s training was done on their own time. I am doing training at present and I am using my holiday time for it. Unless it is a course that they actually send you on but if is a course that you are doing yourself, even if it is for your job you don’t get time off. There are two Health Board people on the course that I am on and they are getting time off.”*

For new staff, there was no formal induction process in place, people were expected to learn as they went along. The team leader in Aoibhneas explained the process that took place there;

*“there is no formal procedure for breaking somebody in. The way we do it here is we bring them in for two hours on two different shifts before they start, to observe, and then they come in. Now, they are always on with a senior worker and they are told that anything they do has to be run by a senior worker and they can’t take referrals or anything like that and it’s by working with different people that they learn different things. ”*

The manager in Bray said that

*“you would be thrown in at the deep end but you wouldn’t be expected to take responsibility immediately. You would shadow everyone. This would last depending on how desperate we are. Having said that everyone is good at sharing the information and making the person as comfortable as possible.”*

Staff in Rathmines also agreed that some kind of induction was required for new staff and that ‘payment for training’ should be part of the process. The following comments give some idea of their feelings;

*“there should be an induction to begin with, general facts, social welfare facts etc. I think that it is vital that everybody has basic health and safety and first aid training...you need to have paid training, where you have someone along with you...you need to be paid to shadow someone, because there is so much that is done automatically...a good thing about here is that there are so many long term staff here. So if a new worker comes in they have that experience to draw on...I think that the Board have a responsibility, not only to the women that there will be staff here who know what to do and be responsible, but they owe it to their staff to say ‘this is a crisis situation that we are expecting you to work in and we are acknowledging its price so we are going to give you paid training’.”*

The two managers, the team-leader and staff at the three refuges felt that more on-going training was required for all members of staff. According to the staff members, areas to be covered included dealing with minority groups and racism, family law and helpline usage for new staff. It was also suggested that it would be worthwhile for all boards of management to undergo training in relation to ‘employer’ issues and also on the issues surrounding the dynamics of domestic violence.

There were no formal staff evaluations in place in any of the refuges. If any kind of feedback session was undertaken it took the form of an informal chat with the manager. The comments made by this staff member summarises the level of feeling on the issue,

*“I have been working for the Health Board now for eleven years and no-one has sat down with me and had any kind of evaluation. It is a basic respect to me as a human being that I should know what someone else is thinking about me. I could say that I disagree or I agree.”*

Everyone agreed that evaluations were a good idea but were concerned as how best to carry out such an evaluation. Allocating time and an appropriate setting was seen as one hurdle in the process. Also, there was a question over who would be the most appropriate person to carry this out. There was a suggestion that an external body could carry out evaluations or even the board of management, but staff also felt that someone who knew their work i.e. the manager or team leader might be more appropriate.

## **General Issues**

### ***Perceived Lack of Staff:***

Amongst managers and staff, there was a perceived lack of all types of staff in each of the three refuges. The number of childcare workers was seen to be inadequate in each refuge. It was reported that often there would be far more children than women residing at the refuge, yet there might only be one or two workers qualified to look after these children. It was felt that this was an area that needed to be addressed with additional and appropriate forms of therapy being offered, for example play therapy and art.

Maintaining adequate relief staff was also a problem for the refuges. The relief (or panel) staff were called in when there was a shortfall in the core staff at a refuge. Staff and managers at each refuge reported that it was difficult to ensure that there was enough available staff on the panel. The manager in Rathmines explained;

*“the panel is essential, you have to have two workers here at night or if one goes sick which happens a lot or they have to go on holidays you need someone to replace them. It is getting more difficult because we are in a climate where there are plenty of jobs out there.”*

Due to the nature of the work, i.e. that there were only called if there were difficulties, maintaining this panel had become more difficult. The team leader in Aoibhneas said that

*“it’s very hard to get relief workers because of the nature of the work because you might be called in three times this week and you mightn’t be called for another month so people are reluctant to take on anything like that, unless it’s a means to an end for them. I mean we have about three relatively flexible relief workers at the moment”.*

The manager at Bray explained how vital the relief workers were in ensuring that the refuge was staffed adequately as they only had one refuge worker on duty in the evenings and at weekends;

*“the panel workers get very little money and they should get more than the rest of us because they are the ones that have to drop everything! They are on call, this does work because we have extremely good panel workers who typically would have more time on their hands and are older married or unmarried women. We are very lucky and they are committed and usually say yes if they can at all. They usually do weekends, nights and day. I think there needs to be an acknowledgement of the commitment and the quick response.”*

Previously in this report it was noted that outreach work was seen as an essential part of the refuge service and in this respect, staff members said there was a need for more outreach workers generally. Bray already had one outreach worker who had proved to be very successful in South County Dublin and Wicklow but would like to employ another in the future. They would also see the need to employ an education and development officer. Aoibhneas would also like some staff members who would be able to do more follow-on work with the women. The position of an outreach worker had been sanctioned for Rathmines but there were still problems associated with filling this position. As the manager explained,

*“the post has been allocated and the money for the post is there, we are waiting to get it filled. I can't advertise. That is the only draw back, you are in the queue for getting this job advertised and then getting an interview board set up. You have to have at least four people on that. You might be running the interviews for one job for three to four days and getting four people to commit...it can be a long drawn out process.”*

#### ***The Role of Volunteers:***

At the time of interviewing, Bray was the only refuge that had volunteers working there. There were approximately 25 volunteers, who worked on average 12 hours each per month. These volunteers were a very necessary part of the refuge service offered by Bray, as the manager explained,



*“they are invaluable because of the shortage of staff. Volunteers during the day would be great but we don’t have the space. We have a very troubled family at the moment and we have a volunteer who has come up every day this week for four hours. In my conscience I can’t ask her to do next week or the week after. We need a second childcare worker. When they come in between seven and ten they have a choice of whether to spend time with the kids or the women. The emphasis is up to them to bring what they personally feel that they can bring rather than be asked to be a child-minder or whatever.”*

Rathmines had no volunteers working there but had had them at various times in the past. They had six students working on placement. These students worked an average of 120 hours each per month. As part of their work they would carry out general refuge duties, such as answering the telephone, helping in the playroom, accompanying women to various agencies and family support. Whenever the volunteers or students were available, they ‘cover the refuge’ to allow as many staff as possible to attend the team meeting.

There were no volunteers working at Aoibhneas, however, when they had volunteers in the past, they only worked in the playroom, never with the women. There were some concerns around the issue of confidentiality, particularly if a local woman was staying at the refuge. Aoibhneas had been approached by a local group, who wanted to work on a volunteer basis in the refuge, so they were looking into the area of volunteering within the refuge setting. Staff members at Aoibhneas felt that volunteers could be useful in a refuge, perhaps in accompanying women to court, as often there were few staff free to do this.

***Impact of the Helpline:***

As mentioned previously, each refuge operated a 24-hour telephone helpline. While this helpline was essential to the overall refuge service, staff recognised that running this helpline could impinge on the time they could spend with women who were currently living in the refuge. As one staff member explained,

*“if I have made arrangements to see a woman and the phone is ringing and I am passing by and pick it up and it is a distress call, you cannot do anything that you planned with the woman, the woman is hanging around, she may have to go away to go up to the school to collect children, her time may be curtailed.”*

When it was suggested that perhaps there should be staff employed who dealt with the helpline only, it was felt that this would not be successful because

*“it doesn’t really work out like that. If a woman is calling for refuge or for an advice visit...the people who she will have worked with in the refuge will be already ‘in the know’, avenues will have been gone down already. If it’s new people here it’s more time wasted.”*

Residents were also aware of the impact of the helpline. Some women explained,

*“say there is two on, one of them will be doing something and the other one will be on the phone so you can’t discuss what you want to...and if you really want to talk to someone you could be a half an hour waiting ...and then you mightn’t feel like telling them...they have a lot of work on.”*

#### ***Role of the Manager/Team Leader:***

The managers and the team leader had their own difficulties associated with their position. They felt torn between managing their staff and completing the paperwork and attending meetings, which was another element of their role in the refuge. At Aoibhneas it was felt that there was a need for someone who could

*“be doing more of the political end of the stuff, you know, dealing with the Health Board, dealing with the stats, dealing with all the paperwork. I think the team leader should be there for the team.”*

The manager at Bray felt that

*“ I could spend my whole time looking after staff and doing nothing else as is. We have a very willing very committed board of management, I would like to see one taking over looking for outside funding, another the whole PR aspect, and another the budget. Having said that the board of management are volunteers and why should they put that much work into it. Then there is the support and supervision of the staff. If I did just both these two things my day is full. All the other things, the budget, the statistics, the fundraising, just doesn’t get done”*

#### ***Perceived Value of Refuge Work:***

Throughout the study various statements were made about the perceived attitude of management of the three Area Health Boards towards the refuges and the work they do. Staff felt that their work was not valued. Some of the issues were related to the ‘out of

hours' service, which was discussed in chapter three and supervision, which was discussed earlier in this chapter, but the following statements give an indication of how strong the feelings were. In relation to her position, one staff member stated that *"I would feel that it is very underpaid and under supported. It carries through the whole organisation in terms of validating the work that we do."* In relation to the refuge services generally and the treatment of staff by the Health Boards, some staff members felt that,

*"it's how people see domestic violence, it's still not seen as an important enough issue for it to be seen that this is a refuge here, this is what we deal with and it is very important and it needs the proper facilities so that the service can be offered...it is not seen at all as the priority that it is...the Health Board see us as a glorified hostel...somewhere that the Health Board can use."*

Some staff also felt that their work was not valued because of a certain element within the Health Boards, who believed that the refuge service was just about women helping women,

*"it has been said within the Health Board that it is essentially battered women with kids and if we didn't get any money at all we would do it out of the goodness of our heart because we are volunteers"*

One manager described how she felt at the time of interviewing,

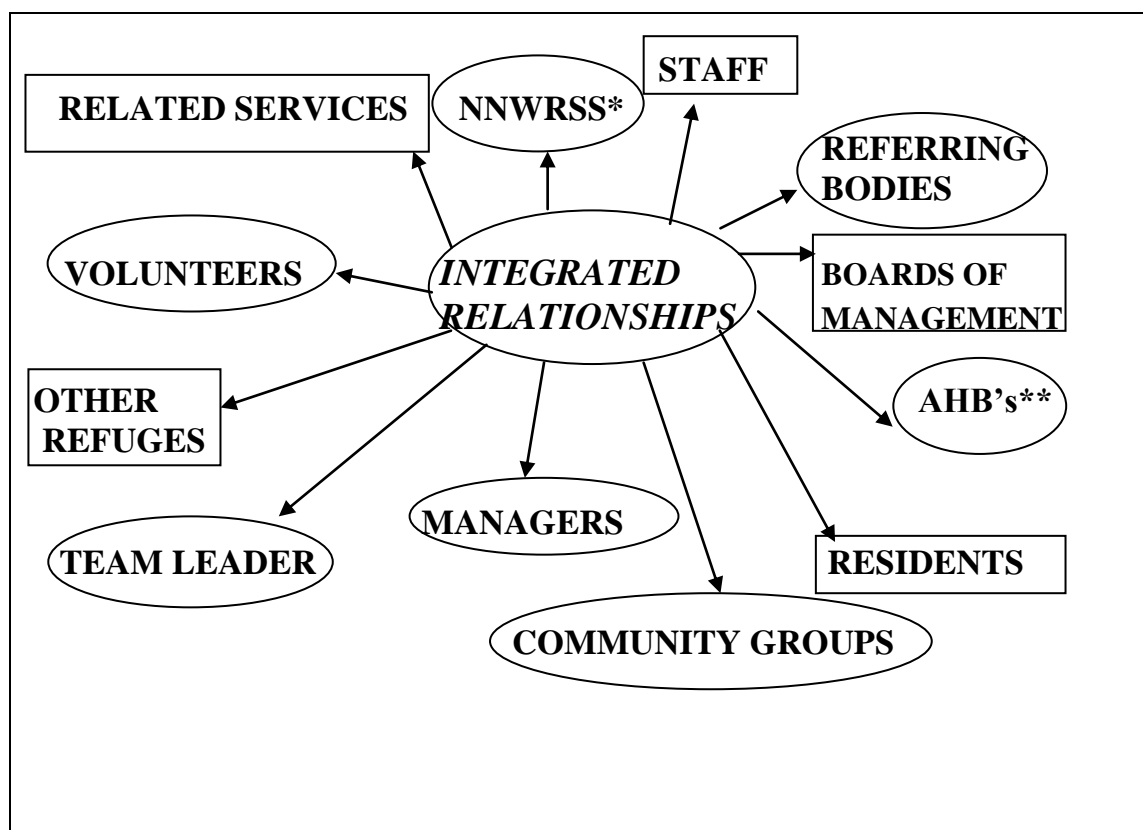
*"It's a very vague feeling I'm trying to get across but it is one of working in complete isolation... not knowing what personal changes are going on within the Health Board, not knowing who you are going to be accountable to next week and when these changes are going to happen. Not knowing exactly the role of the board of management or the role of the Health Board, it's never been very precisely defined."*

### **Integrated Relationships**

From the above findings it is clear that in order for the refuge service to operate effectively and efficiently, there are a number of different relationships that need to be developed and maintained. People cannot work in isolation if the best interests of the residents and staff are to be served. An integrated approach should be adopted to allow staff and other associated groups to learn from each other's experiences and deliver the best possible

service. Figure 5.1 below shows the individuals and groups, which were identified in this study, who need to foster an integrated approach in their dealings with each other.

**Figure 5.1: Integrated Relationships**



\*National Network of Women’s Refuges and Support Services

\*\* Area Health Boards of the Eastern Region.

### **Summary and Conclusions**

The staff audit revealed that there was a total of 75 staff employed at the three refuges. Over one quarter of staff were employed on permanent contracts while four in ten worked with fixed-term renewable contracts. Almost one fifth of all employees stated that they had no written contract of employment. Many of the staff had a significant number of years experience working in the area of domestic violence with several staff stating they had between 11 and 19 years experience.

Generally speaking, there was a great sense of comradeship among the staff in each refuge, which carried through into the professional way in which they dealt with the women. They placed the women and children at the centre of the refuge service and put their needs

before their own. The residents in the refuges spoke very highly of the staff, they said that they were “very sympathetic”. Residents were also very aware of the amount of work staff had to do in dealing with the individual women who were living at the refuge.

This review provided a platform for staff and gave them an opportunity to voice any concerns they had in relation to staffing issues. The findings indicated that overall there was a lack of consistency across the three refuges in relation to staffing policies. There was some evidence of an ‘us’ and ‘them’ split between the staff at Bray and Aoibhneas and those Area Health Board staff at Rathmines. Staff at the Rathmines refuge were as discontented with the staffing policies at their refuge.

Staff relied on each other for support and the lack of supervision [refer to the footnote on page 80] was a concern for all staff. While there was outside counselling facilities available to staff at Bray and Rathmines, there was very little take-up of this service due to concerns around confidentiality. The fact that all professionally trained counselling staff working for the three Area Health Boards of the eastern region must now be accredited was causing major problems for staff at Aoibhneas. It was not a major concern for staff at Bray and Rathmines. There was no consistency in job titles across the three refuges either, with people with different job titles doing similar jobs but probably working on differing pay-scales. Staff at the three refuges identified a need for on-going training and some form of evaluation of their work.

Amongst management, staff and residents, there was a perceived lack of staff in all three refuges. As well as more refuge workers being required, it was stated that it would be necessary to employ outreach workers and social workers at each refuge. Other issues raised related to the role of volunteers in a refuge setting, the impact of the helpline and the fact that many staff perceived that the work they carried out at the refuge was undervalued. Finally, a number of integrated relationships were identified as being important for the refuge and these relationships need to be developed and maintained if the refuge service is to operate effectively. Within the refuges, relationships between residents, staff, management, the board of management and the three Area Health Boards of the eastern region were generally good. Some specific issues, such as contracts of employment and communication, need to be addressed. Integrated relationships with other refuges, referring

bodies and other related services were seen to be important for the successful delivery of the overall refuge service.

Having summarised the main concerns and issues facing staff in the refuges, we will go on to discuss the issues around funding for the refuges. These include the sources of funding, the process of drawing down funding and the role of the boards of management in the provision of an effective refuge service.

## ***Chapter Seven: Funding***

### **Introduction**

As part of this research project, funding of the refuges and any issues associated with funding was investigated. Funding issues were discussed with the manager of Bray and Rathmines Women's Refuges and with the team leader and one of the directors of Aoibhneas Women's Refuge. This chapter presents the findings based on these discussions. There are five main sections under which the data will be presented: sources of funding, drawing down funding, accountability, the role of the boards of management and suggested changes in the relationship between the refuge and the Northern Area Health Board (NAHB).

### **Sources of Funding**

At the time of writing, the main source of funding for the three refuges in the eastern region was the Northern Area Health Board. Rathmines was 100 per cent funded and has been since 1989. It was explained that each year the budget for running the refuge was decided by the board of the NAHB. The manager described a process whereby she checks and confirms all invoices that come into the refuge then they are sent over to budgetary control at the Shared Services Centre where the invoice is paid from the refuge budget. There was also a separate maintenance and salaries budget for the refuge. This process worked very well for the manager, as she did not have to fundraise. The refuge would receive donations from time to time, especially at Christmas, which were used for the women and children.

At the time of writing, Aoibhneas and Bray Women's Refuges were both 95 per cent funded by the Northern Area Health Board. Both of these refuges depended on donations and fundraising to make up the deficit. For both of these refuges, fundraising was becoming a major problem. Firstly, making up five per cent of their budget was a challenge and secondly, fundraising takes up a lot of the manager's (Bray) and the boards of management's time, which should really have been spent at the refuge.

The manager at Bray said that

*“at this stage, there is a belief in the refuge that there is no reason why we should be out there fundraising at all, ...it should be accepted that we are a professional organisation and that we do not have to go around begging.”*

She realised that part of her role could be seen as public relations in terms of letting the community know the refuge was there and was committed to the community but she also felt that she should not have to be *“driven by worry about money”*. Bray often received donations, which they used for some deliberate project. They recently developed an educational video, which could be used in schools and youth clubs. The manager explained,

*“there can be substantial donations every now and then...a substantial amount but typically these would be used for making a video or doing something deliberate. The Board feels quiet strongly and probably quite rightly that those kinds of funds shouldn't be used to pay peoples salaries, salaries should be paid by the Health Board. It should be used directly for the people using the refuge or for a particular project.”*

The director of Aoibhneas reported similar concerns and found that *“doing fundraising events is very time-consuming and competitive”*. Aoibhneas also received some funds from the Dublin Corporation, which was *“great because it plugs a lot of the gap.”* Aoibhneas, being a registered charity also got some donations, sometimes a group might take the refuge on as their charity for a year, but these funds would not be adequate to make up the entire deficit.

### **Drawing Down Funding**

As mentioned above, this process was relatively straightforward for the Rathmines refuge, invoices were signed off and money was taken from the refuge budget. In relation to salaries and maintenance, monies were automatically drawn from the respective budgets when required. The manager saw this process as somewhat distant from her day-to-day managing of the refuge as it did not impinge too much on her time.

For Aoibhneas and Bray, there was a very different story. When asked about this process the manager at Bray and the director of Aoibhneas described the process as they



experienced it. Each year around October/November, the boards of management would submit an application to the Northern Area Health Board for the following years budget. Meetings were held with representatives from the NAHB, the boards of management as well as the refuge manager. Throughout the meeting, costs would have to be justified and expenses explained. This process could take some time and in the end there was no guarantee that the refuges would get everything they asked for. Also, cheques were paid out quarterly so the refuges were constantly operating in arrears. According to the manager from Bray, *“this process is totally unsatisfactory”*, the chairperson of the board of management at Bray agreed and felt that finalising a budget (for a year) halfway through the following year causes huge problems. The director of Aoibhneas felt that the process was *“torturous and unsatisfactory, you’re constantly in arrears...the budgeting process is very poor”*. Representatives from both refuges reported that the person who they had dealt with in the past had moved on and there was a ‘new person’ looking after them now, this was causing some teething problems. It was suggested that it would be advantageous if individuals dealing with every aspect of the refuge service *“had some understanding of domestic violence”*.

When the Superintendent Community Welfare Officer (SCWO) with responsibility for domestic violence talked about the funding process, he explained that the same process was applied to the Refuges as to all other voluntary organisations funded by the three Area Health Boards in the eastern region. The Northern Area Health Board commences funding the refuges at the start of a year based on the level of funding provided for the previous year. If the refuges demonstrate a need to increase the funding level early in the year the NAHB would feel that the funding process is flexible enough to respond positively. According to the SCWO the only reason levels of funding would not be officially ‘signed off’ is that audited accounts for the previous year, which are required before the funding level for the current year is formally agreed, have not been received and according to the SCWO these accounts are rarely received before the middle of the current year.

Taking all this into account, both Bray and Aoibhneas said they would not like to be fully funded by the Area Health Boards as they felt that by doing this, they would not be able to maintain the autonomy they currently hold. It was felt that some autonomy is very important for non-government organisations such as the refuges. The manager at Rathmines would not change her position.

## **Accountability**

In relation to funding, the manager in Rathmines would be accountable to the Board of the Northern Area Health Board. She would liaise with the Superintendent Community Welfare Officer from time to time to discuss any issues arising. For Bray and Aoibhneas, the audited accounts of the refuge were examined, so there was accountability in terms of the amount of money spent and on what it was spent.

In terms of the service provided by the refuges, it was felt that there was no accountability process in place. According to the manager in Rathmines, *“every so often the Health Board will send people in here to look at the service, to look at what we are doing.”* Bray and Aoibhneas made no report of this. It was felt that if some form of accountability procedure were in place, this would show that there was a commitment to the service on the part of management of the three Area Health Boards of the eastern region. Rather than just checking on how the money was spent, there would be some checks into why the money was spent and the overall implications of this for the service as a whole. According to a representative from the NAHB the service was monitored. Refuges were obliged to submit monthly statistics, annual statistics and an annual report. Quarterly meetings were held with managers from each refuge and should any issue arise an unscheduled meeting could be arranged with the representative from the NAHB. Both the Area Health Boards and the managers of the refuges would like to see an improvement in the accountability process by the development of quality measurements and outcome assessments.

## **Role of the Boards of Management**

The boards of management at Bray and Aoibhneas had the final say about refuge policies. Day-to-day spending, for example emergency supplies, was fine but anything else had to be sanctioned by the Board first. As mentioned previously, boards of management are financially accountable for the funds being spent, while it may be frustrating for managers, this was not a surprising policy. In Bray, the manager said that the Board members were very supportive of her and took on what she had to say about the refuge. The chairperson of the Board concurs with this and felt that her relationship with staff at the refuge ‘works very well’.

At the time of interview, the board of management at Bray had eight members, which included:

- 3 representatives nominated by the 'TRUST'
- 2 representatives nominated by the Housing Association
- 1 representative from the volunteers at the refuge
- 1 staff representative
- the refuge manager

The chairperson felt that having a staff representative, who was not the manager, had proved very successful for their Board. She also noted that the majority of the members had previously been volunteers. This was seen to be an important factor in the level of commitment the members gave to the refuge and she would recommend that any new refuge, which would be run by a board of management, looked into this. The Board met 'regularly' once a month and the manager had to attend, these meetings were seen to be essential in running the refuge.

At Aoibhneas, the team leader felt that the Board should meet more regularly. As mentioned previously, there had been some shifts in roles and responsibilities within Aoibhneas so it is hoped that the problems experienced in the past between staff and the Board would now be sorted out.

Both the manager in Bray and the team leader in Aoibhneas acknowledged that the members of the boards of management were volunteers and most of them also had jobs. However, they felt it was important that the Board understood the issues surrounding domestic violence and be supportive of the refuge generally. It was also suggested that the Board could be divided with members looking after specific aspects of the refuge service, for example fundraising, education and outreach. In this way, some of the pressure would be taken from the manager/team leader.

The board of management at Aoibhneas said they had had discussions with the Northern Area Health Board about a service agreement but to date nothing had been signed. According to a representative from the NAHB an agreement is made with each refuge at a

local level and while these have not been officially signed off, they are considered to be working documents by both parties.

### **Suggested Changes**

The manager in Rathmines felt she had a good relationship with the Superintendent Community Welfare Officer. A social worker was assigned to the refuge and an outreach worker has been sanctioned, these were two of the staff changes she had requested. As she said,

*“I’m delighted that the social worker has been with us and the outreach worker has been approved. I want an extension to be built with a restroom and my own office and counselling rooms...they have given me 100k that is lying there to start this work, so I know I’ll get my extension.”*

She would like to improve the communication with the Shared Services Centre. She felt she was never able to speak to the same person twice and generally they were very slow to respond to queries, particularly in relation to staffing concerns.

Bray would like to see more guaranteed long-term funding. Perhaps once a refuge had been up and running for some time and proved that it could do what it set out to do, three-year funding could be implemented. In this way, staff could be offered longer contracts and would feel more secure. The board of management would also like to get additional funding for another outreach worker. In relation to the issues of service accountability and staff support, the manager at Bray suggested that one person might be in a position of co-ordinator for the three refuges. This person could have the dual role of being a supervisor for staff and would also be someone to whom the refuges would be accountable to for services provided. Finally, the manager would like better communication with the Area Health Board responsible for the refuge, she felt like she was “*working in a vacuum*”, not knowing what changes were being implemented in relation to the three Area Health Boards of the eastern region and how these changes would affect the refuge.

The team leader at Aoibhneas would like the relationship with the ‘out of hours’ service, to change. The director who spoke about funding issues would like to see long-term funding as well as funding for outreach and prevention work. She felt that prevention should also be viewed as part of the refuge service and as such should receive some funding whereas

she believed that management of the three Area Health Boards saw the refuge service as purely providing crisis accommodation. Furthermore, she would like to see an automatic cost of living index and automatic increments for staff built into the funding process. In this way the longer-term funding would realistically cover costs. It would also be useful if there was a growth element included in the budget, which the refuge could use to develop the service and pay for staff training and supervision. As she sees it, supervision should form a part of the professional service that the refuge offers.

### **Summary and Conclusions**

The main source of funding for the three refuges in the eastern region was the Northern Area Health Board (NAHB). Rathmines was 100 per cent funded while Bray and Aoibhneas were both funded to 95 per cent. For Bray and Aoibhneas, the process of drawing down funding was described as very unsatisfactory. The budget was agreed halfway through the year when money would already have been spent so the refuges were constantly in arrears. The Northern Area Health Board explained that the same process was applied to the Refuges as to all other voluntary organisations funded by the three Area Health Boards in the eastern region. As Rathmines was fully funded by the NAHB, they experienced none of these difficulties. In relation to funding, the refuges were accountable to the NAHB and examination of audited accounts was usually carried out. Both the Area Health Boards and the managers of the refuges would like to see an improvement in the accountability process by the development of quality measurements and outcome assessments.

When asked about changes, which could be made in relation to funding and the relationship with the NAHB, representatives from Bray and Aoibhneas would like more guaranteed long-term funding and funding of outreach workers. It was also suggested that an automatic cost of living index and automatic increments for staff be built into the process. Rathmines would like improved communication with the Shared Services Centre, as communication was perceived to be very poor.

## ***Chapter Eight: Discussion and Recommendations***

### **Introduction**

As noted in Chapter One, the former Eastern Health Board has been fully or partially responsible for running women's refuges since 1989, but no formal review or evaluation of the service has been completed. In line with this, the former Eastern Health Board (now three area Health Boards in the eastern region) in its Operational Plan 2000 for the Children and Families Programme, committed itself to carry out research into the management and operation of refuges, including procedures, operational policies and management and staffing structures. This present study offered the opportunity to carry out a comprehensive review of the range and quality of services offered by the refuges in the three Area Health Boards of the eastern region and to explore management and staffing issues associated with running a refuge. This chapter will present the main findings of the study and will set out recommendations for the future management and operation of refuges for victims of domestic violence.

### **Main Findings**

#### ***Procedures:***

There was a general feeling among staff and residents that there was a lack of information regarding the refuge services offered by the three Area Health Boards of the eastern region. It was felt that difficulties with literacy compounded the problem. Lack of space was a major concern for all refuges and refuges often had to 'double-up', that is to ask single women or women with small families to share a room, in order to make space for a woman in need. The refuges reported having to deal with inappropriate referrals from other agencies and staff felt this made their job more difficult. The Rathmines Women's Refuge operated a waiting list system, they also operated a priority system for first time users. These systems were not in operation at Bray or Aoibhneas refuges.

The admission procedure was similar in the three refuges. A number of key questions were asked to ascertain that the refuge was the appropriate place for the woman. If this was the case, the admission process began, a short questionnaire was filled in and a file was opened for the woman. The woman had to sign a 'contract of stay' and a key worker/counsellor

was assigned to the woman (and her children). The frequency of re-admission was difficult to assess and varied from individual to individual. Usage of the refuge was very different for women from the Travelling community, they were re-admitted numerous times. It was reported that Travelling women used the refuge as a place of respite, and more often than not they would return to their partner.

A number of specific links in the community were identified as being important for the refuge. These included: other refuges, community welfare officers, referring agencies, general practitioners, public health nurses, local schools, counselling services, social workers, the housing authorities and local Gardaí. All three refuges stated that from the onset of the woman's stay, there was no set time within which she must leave the refuge, however, if a woman had been in the refuge for a long time her key worker/ counsellor would reassess her options and perhaps set a time limit for her to do whatever she needed before moving out. Some refuges had developed an exit questionnaire, which was to be completed when a woman was leaving the refuge, but these were not always completed. Finding accommodation was the biggest problem facing staff and residents who were not returning home. Due to this, it was believed that the length of time a woman was spending at a refuge was increasing. The amount and type of aftercare service available to women after they leave the refuge varied from refuge to refuge and depended very much on staff availability and links within the community.

Overall management and staff at each of the refuges had worked hard over the years to develop and operate procedures which worked in the refuge setting and which were in the best interest of women who had been victims of domestic violence.

***Operational Policies:***

On a day-to-day basis, decisions within the refuge were made by the manager/team leader with input from other relevant staff. It was reported that residents also had an opportunity to have their say, house meetings were held regularly to give residents a chance to voice their opinions. The house rules in the three refuges were similar, as were the problems associated with them. From the resident's perspective, the main problem was having to be responsible for their children 24 hours per day, even when the children were in the playroom with the childcare worker. Other problems were associated with housekeeping duties and smoking regulations. When rules were broken a woman usually received a

verbal warning from staff, it was not normal practice for a woman to be removed from a refuge for a minor offence. Abusive or violent behaviour, on the part of the mother or her children, towards staff and/or other residents, would probably result in the woman being removed and probably barred from a refuge. Any decision to bar a woman was not taken lightly by staff at the refuge. The managers and staff at the three refuges all agreed that just because a woman was barred at one refuge did not mean that in the future she would be automatically barred from all three refuges. The refuges kept a record of the women who had been barred and managers felt that a regular review of this list would be in order.

The interviewees stated that the refuge service was based on a model that incorporated the philosophy of 'mutual aid' and 'self-help'. These were best understood as philosophies that empowered the women so that they could take control of their lives again and make decisions about their future.

Assessing the outcome of the service offered was deemed to be very difficult with the definition of 'success' differing from individual to individual. Managers and staff recognised that this was an area, which needed to be addressed with some kind of formal assessment put in place. These assessments would need to be flexible in nature to allow for the individuality of the outcomes. The women in the three refuges felt safe and believed that no one was able to 'get at' them, however a few perceived gaps in the security measures at each refuge were identified.

***Areas to be Developed:***

A number of special needs clients were identified in this study. These included women with physical and learning disabilities, women from the Travelling community, refugee women, women with some form of mental health illness/disorder, older women, women who were addicted to drugs or alcohol, women in prostitution and women who had experienced same sex violence. At the time of interview, respondents felt that the refuges were not fully capable of meeting all the needs of these groups. Staff believed that more training in specific areas was required and that special responses needed to be developed in order to serve this client group.

Looking at the perceived gaps in the current service being offered, the most significant gap related to childcare facilities and services within the overall refuge service. It was felt that



the effects of domestic violence on children were not fully understood or appreciated, so children were often forgotten by the service. While childcare facilities were offered in each of the three refuges, these varied depending on the number of staff and resources available in the refuge. Respondents felt that there was inadequate provision made for child-minding/babysitting facilities in all refuges. Looking at other gaps, staff would like to develop the current counselling services to make them more accessible to women in the community who might never become residents at the refuge but who would benefit from these services. The development of outreach services and education and prevention programmes were believed to be essential for the future of the domestic violence refuge.

Facilities in each refuge varied and the basic needs of families were being met but overall staff and residents felt that facilities could be improved. Residents were relatively happy with the services offered to them and were glad to be in a safe place, so they were really only concerned with child-minding/babysitting facilities and the smoking arrangements within the refuges. Staff were also concerned about smoking arrangements but more importantly with office space, storage space and staff room facilities.

It was believed that the 'core' role of the domestic violence refuge was the provision of the helpline, information, support and emergency accommodation. This role was seen to be changing and the interviewees felt that the refuge service needed to be developed to reflect these changes. It was believed that the issues surrounding domestic violence should be brought into the community through education and prevention programmes, which would be aimed at women and men of all ages. Staff at the refuges were adamant that outreach services needed to be developed to reach the large proportion of victims who could not or would not need to be accommodated by the refuges.

### ***Management and Staffing:***

The staff audit revealed that there was a total of 75 staff employed at the three refuges. Over one quarter of staff were employed on permanent contracts while four in ten worked with fixed-term renewable contracts. Almost one fifth of all employees stated that they had no written contract of employment. Many of the staff had a significant number of years experience working in the area of domestic violence with several staff stating that they had between 11 and 19 years experience.

Generally speaking, there was a great sense of comradeship among the staff members in each refuge, which carried through into the professional way in which they dealt with the women. They placed the women and children at the centre of the refuge service and put their needs before their own. The residents in the refuges spoke very highly of the staff, they said that they were “very sympathetic”. Residents were very aware of the amount of work staff had to do in dealing with the individual women who were living at the refuges.

As stated previously, one of the purposes of this review was to give staff an opportunity to voice any concerns they had in relation to staffing issues. The findings indicated that overall there was a lack of consistency across the three refuges in relation to staffing policies. There was some evidence of an ‘us’ and ‘them’ split between the staff at Bray and Aoibhneas and those Area Health Board staff at Rathmines. Staff at the Rathmines refuge were as discontented with some of the staffing policies at their refuge.

Staff relied on each other for support and the lack of supervision [refer to the footnote on page 80] was a concern for all staff. While there were counselling facilities available to staff at Bray and Rathmines, there was very little take-up of this service due to concerns around confidentiality. The fact that all professionally trained counselling staff working for the three Area Health Boards of the eastern region must now be accredited was causing major problems for staff at Aoibhneas [refer to *Qualifications and Accreditation*, page 82]. It was not a major concern for staff at Bray and Rathmines. It was felt that there was no consistency in job titles across the three refuges either, with people with different job titles doing similar jobs but probably working on differing pay-scales. Staff at the three refuges identified a need for on-going training and some evaluation of their work.

Amongst management, staff and residents, there was a perceived lack of staff in all three refuges. As well as more refuge workers being required, it was stated that it was necessary to employ outreach workers and social workers at each refuge. Other issues raised related to the role of volunteers in a refuge setting, the impact of the helpline and the fact that many staff perceived that the work they carried out at the refuge was under-valued. Finally, a number of integrated relationships were identified as being important for the refuge and these relationships need to be developed and maintained if the refuge service is to operate effectively. Overall within the refuge, relationships between residents, staff, management,

the board of management and the Area Health Boards in the eastern region were generally good.

### ***Funding:***

The main source of funding for the three refuges in the eastern region was the Northern Area Health Board (NAHB). Rathmines was 100 per cent funded while Bray and Aoibhneas were both funded to 95 per cent. For Bray and Aoibhneas, the process of drawing down funding was unsatisfactory. The budget was agreed halfway through the year when money would already have been spent so the refuges were constantly operating in arrears. The Northern Area Health Board explained that the same process was applied to the Refuges as to all other voluntary organisations funded by the three Area Health Boards in the eastern region. As Rathmines was fully funded by the NAHB, they experienced none of these difficulties. In relation to funding, the refuges were accountable to the NAHB and examination of audited accounts was usually carried out. Both the Area Health Boards and the managers of the refuges would like to see an improvement in the accountability process by the development of quality measurements and outcome assessments.

When asked about changes, which could be made in relation to funding and the relationship with the NAHB, representatives from Bray and Aoibhneas would like more guaranteed long-term funding and funding of outreach workers. It was also suggested that an automatic cost of living index and automatic increments for staff be built into the process. Rathmines would like improved communication with the Shared Services Centre, as communication was perceived to be very poor.

### **Discussion**

The findings of this study indicate that the three Area Health Boards of the eastern region offer a very valuable and necessary refuge service. This refuge service has been available to women since the late 1980's and has provided thousands of women with shelter and a space to get themselves together and regain some self-worth. The good work that is carried out at the three refuges in the eastern region cannot be emphasised enough. This report, while acknowledging the value of the work, looks at the service in a comprehensive manner and addresses the gaps in the service as well as exploring areas which should be developed.

Currently there are insufficient refuge places in the eastern region and the three proposed new refuges should go some way towards addressing this problem. Many of the staff in the existing three refuges have a great deal of experience in the area of domestic violence and work under very stressful conditions to provide practical and emotional support for the women in their care. While staff conditions at the refuges may not be totally satisfactory, staff themselves have risen above this to develop a sense of comradeship which acts to support them in their daily activities at the refuges. The existing three refuges provide a safe haven for women who are victims of domestic violence. The women living at the refuges feel safe and are happy to be receiving the services they currently receive simply because someone is taking an interest in their problems and their future. It is not an ideal scenario that a woman fleeing from a violent relationship and dealing with the ensuing traumas should have to share a bedroom with another woman. Adequate refuge space should be available. The use of bed and breakfast accommodation, while removing the woman temporarily from the violent situation, does not help or support the woman in moving on from the violent relationship. This sort of intervention should only be used on an emergency basis.

Inappropriate referrals to a domestic violence refuge have huge implications for the refuge as a whole. Staff are under pressure to find 'appropriate' accommodation for the woman and her family, also the group dynamics of current residents can become unbalanced. While this study acknowledges the vastness of the homelessness problem for service providers, it is felt that the refuge service should not be compromised by inappropriate use.

The level and quality of service offered in each refuge is dependent upon the links the refuge has made in the local community and the individual personalities of those involved in service provision. There is little consistency and residents talk about and compare services offered in each of the three refuges. While the fieldwork for this report was being carried out, women were staying much longer than necessary in the refuges due to the housing shortage. This situation is not healthy for residents or staff as morale on both sides begins to diminish. Staff begin to feel that they cannot do any more for the woman, as she is simply playing a waiting game. Residents in turn feel that they have lost some of the self-esteem they gained while living at the refuge and feel they are pawns in a bigger bureaucratic game.

Aftercare services for women and children who have moved on from the refuge are very limited and vary from refuge to refuge depending on the availability of staff and the links which the refuge has made in the wider community. Where these links are very tenuous, the aftercare service and follow-on care offered to women is insufficient. If the supporting services have good links with the refuges, the services offered can be better but generally many women and children can fall through the cracks in the system and miss out on the support and services they require.

The philosophies of ‘mutual aid’ and ‘self-help’, the model underpinning the current refuge service, are about empowering the woman to take control of her life. These translate into action in a number of different ways within the three refuges. Staff try to encourage women to act and think for themselves with staff support. However, there is some evidence that discrepancies exist between the philosophies, as they are understood, and the application of these at a practical level. Staff have to take on a parental role (in ensuring that house rules are adhered to and disagreements between women resolved) and in doing this, certain responsibilities can be taken from the women. Due to the nature of the living conditions, the residents also take on a different role. They regress and can behave in some ways like children, talking about receiving a ‘telling-off’ when they do something wrong! The counselling support services states that this is quite normal given the setting and the circumstances but warns that there can be a negative side to this type of relationship and refuge staff need to be aware of this when offering counselling services;

*“refuges are centres where people automatically regress because they need to. They come from unsafe situations, they get into a sheltered position and are allowed to relax and regress, but the problem with all refuges therefore is that people regress and are not enabled to actually grow up again.”*

The counselling services offered need to focus on empowering the women, yet by its very nature, a woman’s power in a refuge is limited as physical and emotional boundaries are in place. A woman is not as free as one might assume she is. On the other hand the space, which has been created for her in the refuge, can be a starting point towards dealing with her issues. Throughout this review, it was acknowledged that the current counselling services need some attention and perhaps some changes in delivery of the service need to be undertaken. It was suggested that more counselling facilities be available in the

community and these services would be complemented by the “*advice giving, consultation, and listening*” which already takes place in the refuge setting.

The refuge service providers have been accused of ignoring the children and focusing on the mother, in the belief that by dealing with the mother, the children will also be adequately served. While there is some truth in this, most children would require special services, to some extent, to deal with the traumas they have experienced. This process is two-fold, firstly the mothers need to be made aware that the children have been affected by the violence even if they have not been physically beaten, and secondly, appropriate services need to be made available to children. Other client groups are also neglected in the current refuge services, these include Traveller women, refugee women, women with physical disabilities or mental health illness/disorder and other vulnerable groups. The refuge service has to be adapted and special responses need to be developed in order to serve this client group in an appropriate manner.

At present one of the main roles of the refuge service is providing crisis accommodation and while this is being achieved, there are large numbers of women whose needs are not being met. The refuge service has to be more than just accommodation and there is a real role for outreach work and education and prevention programmes. If the Area Health Boards in the eastern region are to be part of a comprehensive holistic approach in addressing the problem of domestic violence, they have to accept the importance of outreach and education services and incorporate them into the refuge service.

For the future development of comprehensive approach to the problem, there is a need to include intervention programmes for the perpetrator in this comprehensive holistic approach, to neglect to do this would be to create a large void in the overall response to women who experience domestic violence. Reports generated from the statistics gathered at the refuges indicate that many of the women return home to their partner when they leave the refuge. With the use of appropriate and effective intervention programmes, there could be a real chance of securing a safer environment for women and children for the future. It is essential that when these programmes are being designed the safety of women and children is foremost, the framework should also ensure that perpetrator is held accountable for his actions and appropriate civil and criminal sanctions are applied. For these programmes to be effective there would also be a need for inter-agency co-operation

and for institutional tolerance of violence against women to be challenged. This is indeed a tall order but the Cork Domestic Violence Project has run an intervention programme with perpetrators and their partners since 1993 and has recorded some very encouraging findings showing the positive effects of the programme (O'Connor, 1998). Their approach to the issue of domestic violence consists of four strands which run side-by-side. These strands are 1) comprehensive services for abused women 2) intervention programmes for perpetrators 3) an inter-agency approach aimed at effecting institutional change and 4) a model of practice which involves close monitoring, a code of ethics and practice and a commitment to research and development (O'Connor, 1998:16).

In the current economic climate many organisations are experiencing difficulties in recruiting and retaining appropriate staff. The domestic violence refuge service is no different and the three refuges noted difficulties in finding childcare staff and refuge workers. There are some concerns that are associated specifically with the refuge service and which had been causing distress to staff for some time. For example, there is no actual pay-scale for refuge workers and most staff do not have any written contract of employment. These issues were raised in a study carried out in 1998 by Maria Power, on behalf of the National Network of Women's Refuges and Support Services. At that stage it was recommended that job titles and pay-scales, which suit the work across the sector, be adopted, yet this has not happened. There is no consistency in job titles between the different refuges and while residents said they were not aware of any difference in the treatment they received from staff, the titles are very important to staff, particularly in relation to career development.

The need for support and training for staff was also raised. Staff, for example, have no access to supervision unless they seek it themselves outside the refuge service. This is not always adequate, moreover, given the nature of their job and the high levels of sickness and stress experienced supervision should be one of the basic staffing policies in place in all refuges. There is some evidence of a division between Health Board staff and the staff from the other refuges. These differences have developed over the years and can be traced back to the pension and other staffing policies, which relate to Area Health Board staff, but do not apply to other staff. Notwithstanding their relatively better position with regard to pension rights, Health Board staff were not happy with their staffing policies overall and many inconsistencies were identified. Staffing policies and related issues must be clarified

and some form of consistency achieved. This cannot be fully addressed within the scope of this study but this report can act as the platform from which further discussions can develop. At the time of writing the report, discussions had begun between the trade union, IMPACT, management in the three Area Health Boards of the eastern region and representatives from each of the three refuges.

As stated in a previous chapter, refuge managers felt that assessing the successful achievement of the service objectives was a very difficult task and was perceived to be fraught with complications. Measuring the outcomes and the impact of the refuge service needs to be built into the overall procedures carried out in a refuge. For the refuge service, this is going to be a challenge due to the nature of the service provided and the fact that there is no single set of outcome or quality measurements, which can be applied to the service as a whole. It is recognised by many policy documents – for example, *Shaping a Healthier Future* (Department of Health, 1994) that the collection of consumer feedback is central to the measurement of outcomes, impact and quality assurance. The three Area Health Boards and the refuges need to explore ways of obtaining feedback from the residents in a meaningful and productive way. Any measurements, which would be developed, would need to be broad-based and relate to the objectives for and progress of each individual client in the refuge. There are some who feel that it would be more appropriate for ‘personal development’ outcomes to be set in place, this is something that should be taken into account by the three Area Health Boards and the refuges when developing any measurements.

It is essential that there is a ‘culture’ of assessment fostered by the three Area Health Boards, management and staff at the refuges and that the importance of assessment is understood. Over time the results of these assessments will have benefits for the staff and the women who stay at the refuges and will also enhance the existing body of knowledge on the issue of domestic violence. The refuges already collect a great deal of information about the women and a more systematic use of this information could feed into the assessment process. Individual refuges cannot be assessed fully outside the context of the nature and effectiveness of the links with other refuges and relevant agencies, so when assessments are being reviewed and analysed, all elements of the refuge service should be examined.



As with many voluntary organisations that receive funding from statutory bodies, some concerns were raised in relation to the funding 'relationship' between the Northern Area Health Board and Aoibhneas and Bray Women's Refuges. More long-term funding is sought which would allow refuges to give some security of tenure to staff and also allow the refuges to plan and develop the service for the future. Additional funding is required for the outreach and education services that have been discussed earlier in this section. In relation to this, the process of drawing down the allocated funds needs to be addressed so refuges are not always operating in arrears. Again this would allow the refuges to begin to plan for the future of the service they offer. Finally, improvements need to be made in the accountability process by the development of quality measurements and outcome assessments. These processes will lead to better service provision overall and give added value to the work carried out at the refuges.

## **Recommendations**

In the body of this report there are five main chapters under which the findings have been discussed. The recommendations proposed here will also be presented under the same four headings: Procedures, Operational Policies, Areas to be Developed, Management and Staffing and Funding.

### ***Procedures:***

It is recommended that:

- An awareness-raising campaign be embarked upon which will inform women who are experiencing domestic violence of the services available to them. This campaign needs to target women in the various class, race, cultural and geographical divisions within society.
- As part of this awareness-raising campaign, a comprehensive brochure, outlining the services available in the Eastern Region, should be developed. This brochure should include the various services offered by each refuges and include additional information such as the other refuges and support services in Ireland. This brochure should use graphics to help women with reading and writing difficulties. [The current brochure developed by the Bray Women's Refuge could be used as a template for this new brochure]

- This new brochure should then be distributed to the locations where women are most likely to seek help [see Chapter Three]
- Adequate procedures are set in place to develop and enhance the relationship between the refuge and the *Links in the Community* identified in this report. In this way any issues or tensions arising between the parties can be dealt with appropriately.
- The follow-on services offered by the refuges need to be more structured to become part of the overall service offered. Links to the appropriate services and to the local community need to be made for women and children leaving the refuge.
- More transitional supported housing needs to be made available. Some of this housing should be integrated into the local community and not built as a separate part of a large housing estate.
- Each year local authorities should allocate a number of housing units to each refuge to use as transitional housing. The relevant corporation could look after the rent and the refuge look after the placement of suitable women/families. In this way the amount of transitional housing units would increase over time.
- Local authorities should be encouraged to make special considerations for victims of domestic violence:
  - in relation to rent arrears, which may have accumulated on the part of the violent partner while the woman was living in the refuge.
  - in relation to the woman being named as a joint owner on the home she no longer lives in. At the moment, women in these circumstances cannot receive any rent allowance.
- At the moment the Northern Area Health Board pays the deposit if a woman is moving to accommodation in the private sector. Payment of this deposit is made through the Supplementary Welfare Allowance Scheme and is subject to means testing.  
The Area Health Boards in the eastern region should also be responsible for paying one month's rent in advance (which may be a requirement by a landlord) for women moving into private accommodation where they cannot be accommodated by the local authority.
- The names of the women who move into private accommodation should be maintained on the local authority waiting list and their overall priority on this list maintained.

### ***Operational Policies:***

It is recommended that:

- Each refuge keep a list of women who have been barred from their individual refuge and this list should be reviewed at a minimum on a six-monthly basis, or sooner if the woman presents herself to the refuge before this period has lapsed.
- An external independent ‘complaints’ body should be available to residents in all refuges. This body would give the women an opportunity to give voice to any inappropriate treatment they felt they had received while living in the refuge. While being interviewed for this review, some women said they would not complain because they felt they might require the service again and would be labelled as ‘trouble-makers’. The Eastern Region already has an independent appeals and complaints section under the auspices of Eastern Health Shared Services. This section reports directly to the Chief Executive of three Area Health Boards of the eastern region, perhaps there is a role here for this section.
- Residents should be represented on the boards of management of the voluntary organisations. Boards of management need to explore the most appropriate and effective way of achieving this.
- Residents need to be consulted in the development of the refuge service. Encouraging active participation in the house meetings and outcome assessments would be ways of developing their involvement.
- Some attempt at Outcome Assessment needs to be made.
  - the development and use of exit interviews would be the first step to take in this process
  - exit interviews should be focussed on gaining useful and honest information from the woman regarding her experience in the refuge and should address; admission process, all aspects of accommodation, house rules, support from staff for mother and children, peer support, links to other services, benefits of stay in the refuge, problems encountered, recommendations for changes in the service and plans for the future (immediate and long-term)
  - when follow-on care is being developed, procedures should be set in place which would allow for the information to be used, in part or whole, as an element of the outcome assessment

- indicators of success, appropriate to the refuge service need to be developed. In the long-term further research would be required to investigate these indicators fully so that there would be consistency across all refuges in the Eastern Region and nationwide.
- The following issues be considered when developing outcome assessment procedures:
  - A 'culture' of assessment is fostered by the three Area Health Boards, and the management and staff of the individual refuges.
  - Who should conduct the assessment? In the case of the refuge it would probably be a combination of the manager, key worker and childcare worker if the women had children.
  - When should the assessment be carried out? Ideally the exit interview would be completed once the woman had made arrangements to move out of the refuge. This could be carried out with or without input from staff, whichever was deemed more appropriate. Other elements of the assessment could be on going throughout her stay at the refuge and indeed after she has left through the follow-on care and outreach worker.
  - What means would be used to conduct the assessment? A number of different methods would be most appropriate and would give rich information. These include questionnaires, staff notes and reports and observation.
  - Individual refuges cannot be assessed fully outside the context of the nature and effectiveness of the links with other refuges and relevant agencies.
- Linked to the development of Outcome Assessment procedures is the development of Quality Measurements and Key Performance Indicators. Assessing the quality of the refuge service requires input from staff and residents.
- From the perspective of residents the following could be applied to give an indication of levels of satisfaction:
  - house meetings
  - complaints procedure
  - exit interviews
  - a monitoring and evaluation process

- From the perspective of staff could be applied to give an indication of levels of satisfaction:
  - staff meetings
  - internal complaints process
  - staff review
  - a monitoring and evaluation process
- Information collected on the following could be used to develop appropriate key performance indicators.
  - In relation to women residing at the refuge for any length of time:
    - Number of admissions
    - Number of refusals (i.e. cases of refusal as well women refuges) and the reason for each refusal
    - Number of repeat visits and reason for each repeat visit
    - Length of stay per resident.
    - Reasons for length of stay
    - Where women moved on to (e.g. back home to partner, back home with partner removed, independent accommodation, second-stage housing or elsewhere)
  - In relation to the Helpline and other services at the refuge
    - Number of Helpline calls
    - Reason for calls
    - Outcome from calls
    - Number of advice visits
    - Reason for visit
    - Outcome from visit
- In all refuges adequate security measures be put in place so staff and women feel safe; at a minimum, this would include a place where visitors to the refuge could be contained without easy access to the women, cameras around the perimeter of the refuge, secure doors and windows.
- All new refuges should consult their local Gardaí, at the planning and development stage of the refuge to have a security review carried out.

### ***Areas to be Developed:***

It is recommended that:

- The three new proposed refuges in Blanchardstown, Tallaght and Kildare should be built.
- These new refuges should each accommodate no more than eight families and should include separate cooking and bathroom facilities for each family, a smoking room and a children's recreational room. There should also be a staff room for use by all staff and a separate office for the manager.
- Up-grade the existing refuges (particularly Rathmines and Bray) to include adequate cooking and bathroom facilities for residents and a common room for staff and separate office facilities for managers.
- All new refuges being built should be able to accommodate a woman or child with a physical disability. Links to appropriate services should also be set up for women and children with learning disabilities.
- Consideration needs to be given to women with drug and/or alcohol problems within the current refuge service. This could involve the allocation of a number of specific spaces in each refuge with trained staff and relevant support services on hand.
- Traveller women use the refuge as a respite and usually do not spend long periods of time in the refuge, so staff need to be aware of this in dealing with Traveller women. At the same time, staff should not assume that every Traveller woman would want to return to her partner. Traveller women who may want to move on should be able to avail of the same services that are offered to settled women.
- Provision should be made in refuges to accommodate Traveller women with large numbers of children.
- Adequate provision should be made for refugee women who need to avail of the refuge service. At present the refuges can only offer refugee women a bed and a limited number of services due to the legal status of refugees and the language and cultural barriers. This is an area that will need to be addressed as this client group grows.
- Adequate services be made available for women in other vulnerable positions;
  - women with mental health illnesses/disorders
  - older women who are abused by their children
  - women in prostitution
  - women experiencing same sex violence.

- Further research needs to be conducted into mental health issues in the refuge setting. Particular attention needs to be given to the issue of prescriptive drug use – looking at the difficulties involved in its management in the refuge and staff concerns in relation to this.
- Each refuge should arrange a child-minding/babysitting facility. This could be made available within the refuge for specific times each day and be staffed by workers on CE Schemes or the refuge could make some arrangement and link up with crèches in the local area.
- More community based multi-disciplinary approaches, which include counselling services, should be set up. Women who might never need to access a refuge could be greatly helped by this service and women within the refuges could be referred here after they leave the refuge for follow-on care.
- The concept of a service that deals with both the abused and the perpetrator is accepted as a possible future approach to the issue of domestic violence with any developments in the area examined for their effectiveness.

### ***Management and Staffing:***

Based on the findings and in light of the fact that discussions have begun between IMPACT, management in the three Area Health Boards of the eastern region and representatives from each of the three refuges, this report recommends that:

- Some form of consistency be achieved in relation to staffing policies across the three refuges [refer to Models of Best Practice below].
- Supervision be provided for all staff working in the refuges.[refer to the footnote on page 80]
- The option is given to staff to avail of counselling facilities of their choice and the cost of this is refunded by the Area Health Boards.
- Staff who wish to work towards accreditation be fully accommodated to do so. This could involve taking ‘study leave’ for attending courses etc.
- Training be offered on topics such as; operating the helpline, anti-racist policies, needs of minority groups; drug use and domestic violence; gender analysis; other issues surrounding the dynamics of domestic violence. Consultation with staff and boards of

management on their perceived needs should take place before a training programme is developed and embarked on.

- Specific training be offered to boards of management on employer related issues, for example, work contracts, development of policies, conducting appraisals and legal responsibilities and obligations.
- A formal induction process be put in place for all new staff in a refuge.
- Some form of evaluation or appraisal of all staff in the refuge take place.
- Provisions be made for more staff in the refuges.
  - administrative assistance for the Managers/Team Leader
  - refuge/panel workers – perhaps more job-sharing options could be made available as the nature of panel work creates a difficulty in retaining the workers
  - childcare workers
  - counselling staff
  - More outreach workers be employed in all refuges. As part of their overall job description, the outreach workers should operate drop-in clinics where women can call for advice and information. They should also liaise with the organisations dealing with the Travelling community to allow access for Travelling women who may not be in a position to go to the drop-in clinic
  - A social worker be assigned to each refuge
- Court accompaniment should be part of the role of the woman's key worker/counsellor at the refuge and cover should be provided at the refuge to allow this individual to attend court with the woman.
- Consider the provision of double cover at night and at weekends for the Bray Women's Refuge.
- The role of volunteers in a refuge setting is investigated and, where appropriate, training is given to volunteers on various aspects of refuge life.



### ***Funding:***

It is recommended that:

- The Area Health Boards of the eastern region continue to fund the Bray Women's Refuge and Aoibhneas Women's Refuge.
- More long-term funding be given to refuges.
- The process of drawing down funding be reviewed.
- Funding be given to refuges for Outreach services.
- Funding be given to refuges for the development of Education and Prevention programmes. Education and prevention is a valid part of the whole refuge service and if the three Area Health Boards of the eastern region are to embrace an integrated holistic approach to the problem of domestic violence, these programmes need to be delivered. Perhaps the Area Health Boards could liaise with other Government Departments for example The Department of Education to help in the funding of these programmes.
- Guidelines are developed to improve the accountability process currently in existence between the Area Health Boards and the refuges. Ensuring that an appropriate individual (and the same individual each time) from each of the three Area Health Boards visits the refuges at regular intervals, for example on a quarterly basis, could begin to redress the current situation.
- Quality measurements appropriate to the refuge service need to be established, by the three Area Health Boards in consultation with refuge management, to enable the process of service accountability. Further research would be required to investigate these measurements fully so that there would be consistency across all refuges in the eastern region and nationwide.
- A service agreement between the three Area Health Boards of the eastern region and the refuges be developed and implemented.
- The three Area Health Boards need to keep the lines of communication open between themselves and the refuges so that Boards of management, managers and staff are fully aware of developments and can plan in a strategic way for the future of their refuge.

Overall the Area Health Boards of the eastern region need to show that they have an understanding of the significance of the problem of domestic violence and that the work of the people involved in delivering the refuge service is valued by them. Communicating

with the management and staff of the refuges and helping the refuges to deliver the kind of service they know is required would be the first step towards achieving this. It is vital that appropriate and consistent staffing policies are put in place to re-dress the current position in the refuges.

### **Suggested Framework for a Refuge Service**

Based on the literature reviewed and the various findings from this study, Figure 7.1 shows a suggested framework, which could be adopted by those involved in provision of a refuge service. This model is built on the discussions with staff, residents and support services who were involved in this study and is only put forward as a suggested model. Any model for the refuge service must allow for flexibility and acknowledge that different refuges will have different group dynamics in operation depending on the size and location of the refuge as well the staff and residents who are there.

The framework should be read in conjunction with these explanatory notes.

#### ***Explanatory Notes:***

Notes relating to suggested framework.

- a) When a woman first arrives at the refuge she should be allowed a ‘sacrosanct space’ - a time to get herself together before she must think about the future.
- b) There should be no separate children’s charter –responsibility for and treatment of and towards children should form part of the ‘contract of stay’.
- c) There should be a core set of house rules, which are non-negotiable, that apply to all refuges. Each refuge should be able to add to these house rules depending on the size of the refuge and circumstances at any given time. Residents need to know there is some flexibility around certain rules and they should be allowed some input into developing these rules. Weekly house-meetings seem to be the most appropriate way to do this.
- d) When a woman signs the contract of stay she is usually distraught. A few days after her admission, the workers need to go through this contract with the woman again so she fully understands what she has signed.
- e) Staff do not like to have to ask a woman to leave the refuge but it is essential that some sanctions be in place for women who break the ‘core’ house rules. Staff at the refuge

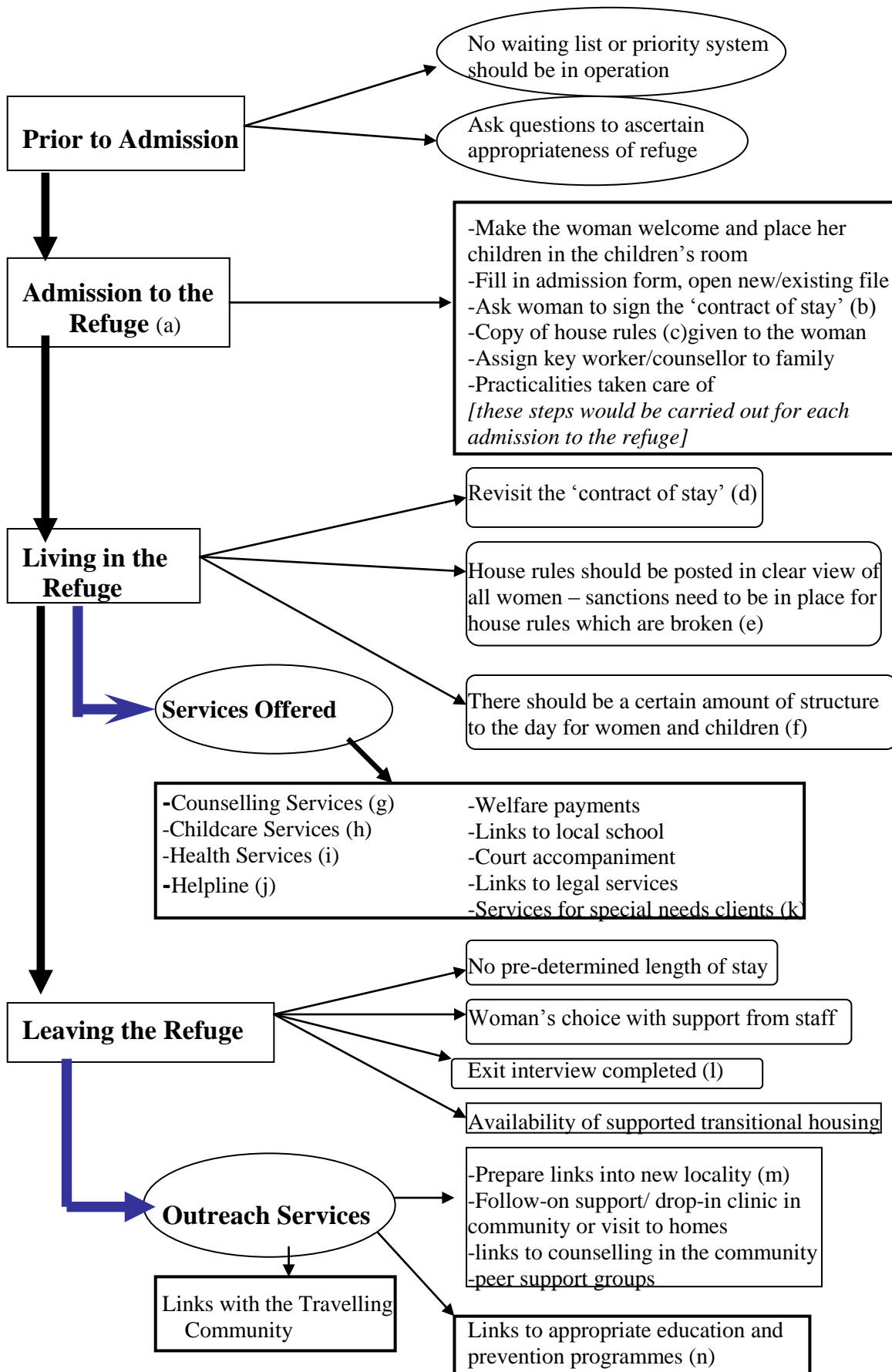
feel that they are responsible for all the women and children in their care and therefore cannot risk placing any of them in a dangerous position.

- f) The refuge needs to be recognised for what it is, even though families will think of it as a home for however long they must remain there, it is not 'home'. There are details to be sorted, for example barring orders, new accommodation, and having some structure to the day will help with the eventual move from the refuge. The structured day for children could involve going to school each day and doing homework on their return. For women, it could include counselling/support sessions, time to visit legal representatives, housing authorities etc., and time checking homework or dealing with other family matters. An essential part of this structured day would be child-minding/babysitting arrangements, which the refuges need to set in place.
- g) Counselling services would be available in the refuge but there would also be counselling facilities available in the community, which the woman could attend if she wished. These facilities could only be accessed successfully if the woman was seen within one month, if there were child-minding/babysitting facilities associated with this service and if transport was provided.
- h) Childcare services to include both qualified childcare workers who work with the children in some form of play therapy and child-minding/babysitting facilities (for all children) to give some respite to the mothers. These services need to be adapted for children of different cultures, for example children from the Travelling community and refugee children.
- i) Ideally the health services offered at the refuges would include visits by the public health nurse to check on children in the refuge. General practitioners, who are sympathetic with the women and understand the dynamics of domestic violence, and are located in the local community, would offer the best care for women and children at the refuge.
- j) The helpline is an essential service for women outside of the refuge and those women who might never have to stay in a refuge. It is important that this service does not impinge on the structured day of the women currently living in a refuge, so additional staff should be available to ensure this does not happen.
- k) Women/children with special needs such as those from the Travelling community, refugees, those who are disabled in any way and those who may have an addiction problem need to have the support of and necessary links to the appropriate services

while they are staying in the refuge. Then these services can link-up with them when they leave the refuge.

- l) It is important that where possible, an exit interview should be carried out with women leaving the refuge. Women would have an opportunity to discuss their stay, both positive and negative elements and the follow-up care they would receive could also be confirmed at this time. The information received at this interview would be invaluable in defining and clarifying the role of the refuge and the services offered. Overall a better service could be offered with input from residents.
- m) Links to the new locality, which a family is moving to, would be made via the outreach worker or the social worker, whoever was most appropriate in each refuge. These links would be essential if a woman is to feel properly supported in her move from the refuge.
- n) This study showed that the refuge is not the setting to address issues such as illiteracy or parenting skills yet many of the women accessing this service are in need of some help. We also saw that mothers did not fully understand the implications of violence for their children. Linking to appropriate programmes through the social worker, outreach services or Women's Aid (whichever proved to be most appropriate) could go some way towards redressing these situations.

**Figure 7.1: Suggested Framework for a Refuge Service**



## **Models of Best Practice for Refuges**

Models of best practice for refuges have been put forward in the *Report of the Task Force on Violence Against Women* (1997) and *A Framework for Developing an Effective Response to Women and Children who Experience Male Violence in the Eastern Region* (2000). This current report will build on and enhance these models and recommend that all women and children who experience violence have a right to enter a refuge and be treated with dignity and respect. In a refuge, women should feel safe and be empowered to move on and live their lives free of violence. While at the refuge, the particular services they require should be made available to them.

Management and staff should ensure that a refuge is a place that:

- ◆ Makes a woman feel safe
- ◆ Is culturally appropriate
- ◆ Provides for women and children with various types of disability
- ◆ Is non-judgmental, non discriminatory and consistent in the type and quality of service offered
- ◆ Fosters an environment which encourages women to make their own decisions (allowing for any difficulties which would effect this ability)
- ◆ Provides a continuum of care for women and children which includes immediate, transitional and long-term care and support
- ◆ Promotes integrated relationships in place which allow for effective referral to and between the supporting services
- ◆ Provides aftercare services, which include following-up on victims and monitoring their progress after they leave the refuge
- ◆ Where there is accountability for the service provided. This would include some form of outcome assessment of the service, incorporating client and staff evaluations [refer to recommendations]

## **Models of Best Practice in Managing and Staffing a Refuge**

Workers in refuges “*have great commitment to their work, work very flexible hours and regularly deal with the emotional, physical and mental needs of women and children who are suffering from abuse*” (Power, 1999). These workers are entitled to work in a safe and

supported environment where policies, which encourage the clear career structure and development of employees, are in operation. Workers are also entitled to have acknowledgement of the value of the work they carry out reflected in the employment policies and conditions of the refuges.

Employers should:

- ◆ Ensure that consistent clear employment policies are in place
- ◆ Provide employees with a contract of employment, to be signed by the employer and the employee. This contract should include the following details:
  - name and address of employer
  - name and address of employee
  - job title/ position
  - job description
  - tenure of employment (length of contract)
  - probation period (if applicable)
  - remuneration (including expenses/overtime)
  - hours of work
  - place of work (if relevant e.g. outreach workers)
  - holiday entitlement
  - pension
  - health insurance
  - notice of termination of employment
  - confidentiality
  - further training
  - sick leave policy
  - maternity leave policy
  - job-sharing policy
  - disciplinary policy
  - grievance policy
  - health and safety policy
  - bullying policy
- ◆ Ensure equal opportunities for all staff
- ◆ Ensure that pay-scales reflect the nature of the work carried out at the refuge

- ◆ Offer supervision to all staff [refer to the footnote on page 80]
- ◆ Ensure counselling facilities are available to all staff
- ◆ Implement a 'hand-over' time (from day to night staff and vice versa) which forms part of the working day
- ◆ Offer appropriate training opportunities to staff
- ◆ Ensure that staff appraisals and evaluations are carried out

In any field good employment terms and conditions foster good employer/employee relationships, and this is particularly important for organisations in the voluntary and community sector. The models of best practice, for managing and staffing a refuge, laid out above are aimed at assisting the three Area Health Boards of the eastern region and the boards of management to develop adequate policies and standard practices across refuges.

In relation to the implementation of the recommendations outlined in this report and in light of the fact, that for the foreseeable future, each of the three Area Health Boards of the eastern region will be responsible for the refuge in its specific area, this report would recommend that:

- a key individual in each Area Health Board be identified as the liaison person between the individual refuge and the Area Health Board
- the identified individual should liaise with his/her colleagues in the other Area Health Boards
- the refuge managers and the team leaders from the three refuges meet on a quarterly basis to inform each other of issues and developments.

In this way the three Area Health Boards of the eastern region will be able to plan and co-ordinate an integrated refuge service and consistencies will be maintained throughout the eastern region.

It would also be suggested that other related bodies, for example, the Eastern Regional Committee on Violence Against Women and the National Network of Women's Refuges and Support Services (NNWRSS), be involved in the implementation process.



## **Conclusion**

It is clear that the problem of violence against women is a widespread and complex phenomenon. At the moment various aspects of this have been dealt with by numerous different agencies. For example, the three Area Health Boards in the eastern region look after crisis accommodation, groups such as Women's Aid focus on education and awareness-raising and the Travelling community's concerns are championed by groups such as Pavee Point. Any serious attempt to tackle the issue of violence against women must be holistic in nature, all elements of the problem, such as measures to alleviate the immediate suffering of women and children and more long-term strategies have to be considered. What is required is an integrated model of service provision, which responds to the needs of women and children affected by domestic violence. This model would involve the development of integrated relationships between the various agencies and individuals who, at various levels, deal with victims of domestic violence. These integrated relationships would be developed between, for example, statutory and voluntary agencies, organisations dealing with the domestic violence issue, local community groups, the church, the medical profession and the judicial system.

The refuge service, while providing women and children with a safe haven has to recognise that this is only part of the whole picture. Its current role as the provider of crisis accommodation is seen by some as just another 'spoke' in the 'cycle' of domestic violence. To move away from this and to develop the refuge service into part of a holistic approach to domestic violence, the refuge service has to generate and enhance the relationships that currently exist with supporting services. At the same time, new relationships, which will supplement and augment the existing service, must be established. For many women their contact with a refuge is merely the beginning of a new life and seamless support from integrated services, which have the concerns of these women as a priority, is what they really require. If 'a space to grow' is to be created for women who experience domestic violence and indeed for the refuge service as a whole, an integrated, multi-agency, holistic response is required.

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**Appendix One**

**INTERVIEW SCHEDULE – WRITTEN SUBMISSION  
A Review of the Management and Operation of Refuges  
in the three Area Health Boards of the Eastern Region**

We would appreciate if you could make a written reply to each of the following questions and return this questionnaire in the pre-addressed envelope.

Please feel free to use additional sheets for your responses should you need to.

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Q1      Could you describe the links/relationship (as an individual or as a group) you have with Aiobhneas/Bray/Rathmines domestic violence refuge?

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Q2      How effective do you think the current refuge services are? Through your contact with the refuge, are there any gaps that you have identified in the service?

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Q3      Can you identify the successful components of your relationship with the refuge?

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Q4      Can you give examples of any problems that have been experienced in the relationship that you have with the refuge?

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Q5      Can you suggest any changes you think would make your dealings with the refuge more effective?

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Q6      In your experience what would be the key issues in the Management and Operation of the three new proposed refuges?

[We are focusing on four main areas of service provision: **1**) Procedures (admission/exit) **2**) Operational Policies (service philosophy etc.) **3**) Management and Staffing and **4**) Funding]

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**Appendix Two**

**INTERVIEW SCHEDULE – STAFF AUDIT**  
*A Review of the Management and Operation Of Refuges*  
*In the three Area Health Boards of the Eastern Region*

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**SECTION 1 – STAFF MEMBERS DETAILS**

**Please complete SECTION 1 of this questionnaire for EACH staff member currently employed by the refuge (If you do not have enough copies, please photocopy the appropriate section or contact the Policy Research Centre for additional copies).**

**SECTIONS 2,3,4 and 5 are to be completed by the refuge director/manager ONLY. If unsure of any question refer to attached notes or contact Geraldine Prizeman.**

**All details in this questionnaire are confidential and will be used for no other purposes than this current study**

**For each section, please answer ALL questions - even when the answer is ‘no’, ‘none’, ‘not applicable’ (N/A) please enter this data.**

NAME OF REFUGE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

JOB SPECIFICATION:\*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PERSONAL SPECIFICATION:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Note: Please attach a copy of any written documentation outlining the position held by this staff member when returning this questionnaire.

(A) RATES OF PAY				
Gross Salary:				
Current Pay Scale – if any?				
Increments (Please tick appropriate box)	Next Point	PPF	Other	None
Overtime Rates:				
Premium Payment Rates: (e.g. bank holiday)				

<b>(B) CONTRACTS</b>				
This staff member is..? (Please tick appropriate box)	Full-time	Part-time	Job Sharing	Other: Specify
Which, if any, does staff member have? (Please tick appropriate box) *	Permanent Contract	Fixed Term Renewable	Other: Specify	None
Length of Contract? (Where applicable)				
What is/was the Probation Period for this staff member?				

**\*Note: Please send in standard contract of employment for this staff member.**

<b>(C) CONDITIONS</b>	
What is the annual leave entitlement for this staff member?	
Hours of work? (Please give full details of overnights, length of shifts etc.)	
<b>(D) SKILLS/OTHER</b>	
Which Union is this person a member of ? (Where applicable)	
No. of years relevant experience in the area currently working in.	
Qualifications, if any, of staff member?	
Training, if any, received since commencing employment at this refuge? (Please give full details)	

## SECTION 2 – OVERALL STAFF BREAKDOWN

Total No. of Staff*	No. of Full-Time*	No. of Part-Time*	No. of Sessional*	No. on CE Scheme*	No. of Other*

\*Note: Where applicable, please indicate the number in each category that are job-sharing at the moment.

## SECTION 3 – EMPLOYMENT POLICIES

1a. Do you have a sick leave policy? Yes    π    No    π

1b. If, YES, what is it? (If you have a written policy, please attach it)

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2a. Do you have a policy in place for special leave? Yes    π    No    π

2b. If, YES, what is it? (If you have a written policy, please attach it)

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3a. Do you have a policy in place for Maternity leave? Yes    π    No    π

3b. If, YES, what is it? (If you have a written policy, please attach it)

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4a. Do you have a grievance policy in place for staff? Yes    π    No    π

4b. If YES, please describe in full: (If you have a written policy, please attach it)

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5a. Do you have a disciplinary policy in place? Yes  $\pi$  No  $\pi$

5b. If YES, please describe in full: (If you have a written policy, please attach it)

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6a. Do you have a redundancy policy in place for staff? Yes  $\pi$  No  $\pi$

6b. If YES, please describe in full: (If you have a written policy, please attach it)

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7a. Is there an Equal Opportunities policy in place in your refuge? Yes  $\pi$  No  $\pi$   
(If you have a written policy, please attach it)

7b. How long has this been in operation? \_\_\_\_\_

8a. Is there a Health and Safety Statement and Policy

in place in your refuge? Yes  $\pi$  No  $\pi$   
(If you have a written policy, please attach it)

8b. How long has this been in operation? \_\_\_\_\_

9a. Are there any allocations made for any special needs of staff? Yes  $\pi$  No  $\pi$   
(e.g. providing crèche facilities or a work space for people with a disability etc)

9b. Please describe these fully. \_\_\_\_\_

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10a. Do you have a pension scheme? Yes  $\pi$  No  $\pi$

10b. If YES, do you as an employer make contributions? Yes  $\pi$  No  $\pi$

11. Do you have a health insurance scheme in place for staff? Yes  $\pi$  No  $\pi$





15b. Approximate number of hours worked  
by a volunteer in a typical month? \_\_\_\_\_

15c. What are the roles/tasks carried out by the volunteers \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16a. No. of Placement Staff, if any, working at the refuge \_\_\_\_\_

16b. Approximate number of hours worked  
by one placement staff in a typical month? \_\_\_\_\_

16c. What are the roles/tasks carried out by the placement staff \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### SECTION 5– STAFF TRAINING/DEVELOPMENT

17. What allocations, if any, are made for staff training and development?  
(Please include the average annual budget allocated for each)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18a. Are staff meetings held regularly at the refuge?                      Yes     $\pi$             No     $\pi$

18b. If YES, is attendance at these meetings obligatory?                      Yes     $\pi$             No     $\pi$

18c. How regularly are these meetings held? \_\_\_\_\_

19. Please describe the nature of a typical staff meeting (i.e. attendance levels, the issues discussed etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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20. In what ways, if any, are the different staff members compensated for attending these meetings?

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21a. Does your refuge offer ANY internal training for staff?                      Yes    π            No    π

21b. If YES, please describe each specific type of training offered . \_\_\_\_\_

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22. Which agencies/organisations provide this training?

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## NOTES TO THE QUESTIONNAIRE

**Gross Salary:** is the annual salary agreed in the contract of employment with the member of staff.

**Pay Scales:** There are many pay scales in existence but examples of scales include Health Board, Civil Service.

**Increments** are increases to gross salary. They are sometimes paid on a percentage basis or as a fixed amount. The timing of increments can be determined by the pay scales if one is in place or by the type of contract agreed with an individual.

**PPF:** This refers to the *Programme for Prosperity and Fairness*, which is the latest in a series of Agreements between the Government and the social partners. In relation to pay, this Agreement comes into force on the expiry of the pay agreement under *Partnership 2000*.

**Overtime Rates** refer to the rates of pay which apply when an employee has worked additional hours over and above the agreed working hours.

**Fixed Term Renewable Contract** refers to a contract that states a period of time for a particular contract but in addition states that the contract will be renewed on the expiry date subject to the availability of funding.

**Grievance Policy** is having formal and identifiable procedures in place for the staff if they wish to communicate a complaint or concern to management.

**Disciplinary Policy** is having procedures in place for management to address mis-conduct or inappropriate behaviour by staff.

**Special Leave** is permitted absence by an employee in special circumstances or for a particular reason. Management should receive a request in writing and it is a management decision. Examples include career break, bereavement leave and study leave.

**Equal Opportunities Policy** is where an organisation promotes and commits to equality of opportunity and to eliminating all forms of discrimination.

**Staff training and development** opportunities are intended to either lead to enhanced job performance or significantly contribute to relevant personal/professional development. These opportunities may be provided within the refuge or outside of the refuge.