



BRIEFING NOTE ON FUNDING TO DEDICATED FRONTLINE SERVICE RESPONSES TO VIOLENCE AGAINST WOMEN (VAW)¹

The National organisations working to address violence against women² propose an end to current inefficient use of resources and an immediate investment of €7 million in funding to dedicated frontline responses on violence against women.

Current Situation in Ireland:

Violence Against Women is extensive, pervasive and on-going. Front-line services, including rape crisis centres, refuges and support services, are on funding levels which, capped since 2002, can only be described as severely inadequate to meet current needs. Operating in 2003 on a resource deficit, the subsequent cap in funding has occurred alongside further demands in service delivery, and new research highlighting the populations of victims who are not seeking support from dedicated support agencies.

Proposals to address current funding inefficiencies:

It is highly likely that victims of sexual and domestic violence who cannot access dedicated services approach other, significantly more costly, aspects of the Irish Health service which are not equipped to address the core problem. This includes extensive and long term demands on primary, A&E, and mental health care resources³.

Early intervention from Dedicated Services has demonstrated its capacity to reduce the immediate and long terms effects of victimisation, and more critically, reduce re-victimisation and its further costs to the health sector.

¹ Prepared by the National Network of Women Refuges & Support Services, Rape Crisis Network Ireland and Women's Aid.

² Violence against women includes, Domestic violence, Rape and sexual assault, Prostitution and associated trafficking, Pornography.

³ Of Irish adult survivors, 1 in 6 has been a psychiatric hospital in patient, as opposed to 1 in 46 of the non-abused population. 50% of sexual violence survivors will be prescribed anti-depression medication, compared with just 9% of the non-abused population, 37% of adult survivors will receive medication for anxiety compared with just 7% of the non-abused population. Approximately 12% of mental health costs are spent on crime victims in the US, and rape is the most costly of all crimes to its victims.

By under-funding Dedicated early interventions the state is increasing demands on more costly aspects of the Health and Community budgets, which are not equipped to deal with the core problems.

The NGOs on the National Steering Committee on Violence Against Women (NSC) make the following proposals towards alleviating the worst effects current inefficiencies:

- Increase current investment on dedicated frontline responses to VAW by €7 million. (This allocation should be clearly ring-fenced for frontline service responses and their National Bodies).
- Improve current funding arrangements.

The Clear Requirement for an Investment of 7 million.

Currently, in the Republic, there are 40 locally-based responses to domestic violence and 16 rape crisis centres. Towards maximising planned, evidence based service delivery 95% of dedicated agencies are members of the 2 National Networks⁴.

In June 2004, members of both National Networks were surveyed to identify direct state funding in 2003. Fifty-one frontline service providers⁵ responded. Responses from service providers revealed the following regarding funding levels:

- The total amount of direct state funding to these organisations was €12,380,140. The vast amount of this stems from the Department of Health and Children (described as 'Section 65' funding) disbursed via local Health Boards.
- However, most refuges receive some funding from Local Authorities ('Section 10' funding). Thirteen of the 17 refuges that responded indicated that the proportion of funding received from this source amounted to 26% of their direct state funding.
- Funding arrangements with local statutory sources is of prime importance to frontline service providers. 95% of all state funding to Rape Crisis Centres was channelled through Health Boards and RPCs. 86% of all state funding to domestic violence services was channelled through local statutory sources.

⁴ Other organisations work to address specific aspects of VAW for example, Ruhama who work on the issue of prostitution and Pavee Point, working to address violence against Traveller women.

⁵ The respondents can be described as follows – 18 domestic violence support services, 17 domestic violence refuges, 15 rape crisis centres and 1 service working on prostitution.

- Three-quarters of all frontline service providers indicated that there was **no change** to the level of funding they received from local statutory sources in 2003 compared with the previous year, 2002.
- Services described their inability to meet existing demand. Being over-stretched automatically prevented new developments in services to address where services remained inaccessible to certain populations.
- Services have not been able to address issues such as staff pay increases, absence of any pensions, inability to train new volunteers, even as people applied to become volunteers.
- Services specifically described cutting back key service areas, such as helpline cover, which automatically reduced the accessibility of the service to meet existing and new demands.

An analysis of cumulative deficits identified that in excess of 6 million was required to meet adequate funding levels in 2003. When adequate funding for the National Umbrella Organisations, who have experienced a similar funding cap, is factored in, a total investment of 7 million euros was identified as required in 2003.

Current Funding Arrangements Deficiencies:

The above research across frontline agencies also identified:

- **Incoherent funding arrangements translating into time consuming and resource consuming efforts to secure funding.**
- **Short-term, insecure nature of funding.**
- **Widespread consistent and persistent under-funding.**
- **Negative experiences of negotiating funding with statutory funders.**
- **Persistent under-developed responses to VAW.**

As a result of our inter-agency work with the relevant Departments, an Inter-department group is now established and has reported back⁶. A summary of the recommendations relating to the Department of Health and Children is attached.

The primary recommendation is the introduction of a separate sub-head/budget on Violence Against Women. We support this recommendation.

In conclusion, the National NGOs on the NSC wish to signal our commitment to working in partnership with the relevant government departments towards

⁶ National Steering Committee on VAW, Report of Interdepartmental Subgroup on Funding, December 2005.

developing this framework. We feel that the development of a funding framework will address the current difficulties as outlined above.

We welcome your response to these proposals.

Research indicates that domestic violence is a significant factor in homelessness for women and children in Ireland.⁷ Despite some increase in refuge provision in recent years the number of refuge spaces falls well below the standards that have been set in other jurisdictions. Each year a significant number of women and children cannot be accommodated in refuges due to lack of space. This problem is particularly acute in urban areas. In 2003, 14 refuges reported that on 590 occasions women were refused refuge due to lack of space⁸.

This shortage results in hundreds of families every year being denied access to specialist accommodation, with many women being accommodated in inappropriate Bed and Breakfast accommodation. Research has demonstrated that when a woman leaves a violent relationship the risk of serious and lethal violence can significantly increase. Women and their children must have access to the safety or refuge and the specialist services that they provide. B&B accommodation is neither appropriate for women and children fleeing domestic violence nor cost effective. In 2002, €18 million was spent on B&B accommodation and it is estimated that this figure was €20 million in 2003⁹.

⁷ Moore J.(1994), *B&B in Focus. The Use of Bed and Breakfast Accommodation for Homeless Adults in Dublin*. Dublin: Focuspoint,.

O'Connor & Wilson (2004), *Safe Home: Sonas Housing Association Model of Supported Transitional Housing*.

Smith et al (2001), *One Hundred Homeless Women: Health status and health service use of homeless women and their children in Dublin*. Department of Psychology, Royal College of Surgeons in Ireland & the Children's Research Centre, Trinity College Dublin.

⁸ O'Connor and Wilson (2004) *Safe Home: Sonas Housing Association Model of Supported Transitional Housing*.

⁹ *ibid*