



Waikato
Women's Refuge
Te Whakaruruhau

Manaakitia te paharakeke: an insight into the daily operational challenges facing Te Whakaruruhau

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We must also acknowledge the women, tamariki and whanau who are seeking a better, violence-free life with the help of Te Whakaruruhau. Their association with the refuge comes for most at the lowest point of their lives and requires a depth of courage few of us can imagine. We feel privileged to have been given a glimpse into the hopeful – though sometimes harrowing – journey that they are embarking on.

Kia kaha

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Executive Summary

This report is based on participant observations of the daily operations at Te Whakaruruhau, Hamilton. The observations represent the fieldwork element of an undergraduate paper contributing to the co-author, Anna Kurei's Bachelor's degree at the University of Waikato. Anna's participation and observations over several weeks included attending meetings, shadowing Advocates, contributing (as appropriate) to operations and observing interactions between Advocates and the women in living in the service's residential housing.

Founded by Ruahine Albert and Ariana Simpson in 1986, Te Whakaruruhau Incorporated (Waikato women's refuge) was the first Māori women's refuge in Aotearoa. Since its inception, Te Whakaruruhau has been a Kaupapa driven service, with Māori cultural practices consciously employed throughout all its operations. Māori tikanga is fluid and adaptable by nature and can therefore meet the needs of people from multiple cultures and backgrounds. The current service has grown from humble beginnings in a four-bedroom state owned house providing emergency housing, to now include a twenty-four-hour crisis service, residential housing and a broadened community outreach programme. Staff numbers have increased from 7 to 36 paid staff and the twenty-four-hour crisis service has allowed the refuge to provide services for high risk cases that would otherwise be turned away.

Funding is critical to the successful operation of the service. The refuge provides wrap-around services to meet clients' needs and help them navigate through a maze of government and community services. The needs of women and families who have lived with domestic violence are deep-seated and complex. Achieving a stable, healthy, independent life is frequently a long-term process. Funding however, is not only limited, but is tied to expectations of achieving successful outcomes in the short-term. It was quickly evident during the fieldwork that Te Whakaruruhau is desperately under-resourced. In the year to June 2015 the Refuge provided services for 6575 cases, but had contracted funds for less than

1600. The consequences of such starkly inadequate resources are dire – for both clients and staff.

Advocates (case workers) are frequently exhausted as they try to assist women and children with high and complex needs with very little resources on a highly restricted budget. Many times, workers were observed relegating their own interests (including their own health and safety) in order to meet the demands and needs of their clients. Similarly, the successful rehabilitation of clients is jeopardised by restricted options, insufficient capacity in the system and at times even the simplest of requirements such as transport to essential services. We know that when women and children become free of violence they have better health, employment and education outcomes. These outcomes benefit not only themselves but their communities and the wider social and economic landscape. Higher levels of funding - with a longer term focus- would therefore ultimately reduce the costs of domestic violence overall. Further to this, Kaupapa-based services at Te Whakaruruhau offer a culturally meaningful response to the high representation of Maori women seeking assistance. Its success in the face of such high levels of under-resourcing suggests that expectations around funding also need to be altered.

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Introduction

This report was developed through collaboration between Te Whakaruruhau² (Waikato Women's Refuge) and the School of Social Sciences, University of Waikato. The purpose of this report is to deliver a description and analysis of residential services provided by the Women's Refuge. The report will focus on the operation of residential houses and provide insight into how key practices and programmes are implemented and managed by Advocates alongside the women in residential housing. This will be achieved by providing background information, observations from a period of work experience by one of the authors – Anna - and analysing the operations in the context of the current funding environment. A brief history of the refuge and an introduction to their residential programme will be followed by a discussion of the management of residential houses and the roles of Advocates³ in supporting the women who have sought refuge. We also consider disparities between funding levels and the demand for services, along with the implications for both advocates and clients of funders' short-term goals in a sector where long term, tailored programmes offer the best guarantee of success.

History of Waikato Women's Refuge

Waikato Women's Refuge began life as Te Whakaruruhau, the first Māori women's refuge in Aotearoa to become affiliated to the National Collective of Independent Women's Refuges (Te Whakaruruhau, 2009). In establishing the refuge, founding members Ruahine Albert and Ariana Simpson responded to rising numbers of women and children seeking refuge that was culturally appropriate and capable of catering to their needs as Māori (Rise, 2011). The refuge was opened in 1986 and began its operations in a four-bedroom state-owned house with four staff, dealing with up to thirty cases of domestic violence a month (Rise, 2011: Robertson, Masters, Lane, Tapara, Corbett, Graham, Gosche, Jenkins & King, 2013).

² The names Te Whakaruruhau and Waikato Women's Refuge are used interchangeably in this report; they refer to the same entity.

³ Case workers; see p. 10 for further discussion.

A major boost to funding occurred in 2007 with the signing of the *Effective Interventions Agreement* (EIA) between Te Whakaruruhau and Te Puni Kokiri. The EIA was an agreement advocated by the Minister after looking at effective existing initiatives that had been operating in the community for the benefit of Maori whānau. Funding was provided over three years by Te Puni Kōkiri as part of a programme aimed at moving whanau, hapu and iwi towards a zero tolerance of family violence (Te Puni Kokiri, 2010). The agreement provided sufficient funding to allow the refuge to broaden its service capacity significantly (Te Puni Kokiri, 2010). As a result, the refuge is now one of the largest operating refuges in New Zealand with staff numbers rising from 7 to 36 paid staff. Funding has also allowed the refuge to provide a twenty-four-hour crisis response service, increase the breadth of its community outreach, provide a range of programmes to strengthen whānau-ora (family wellbeing) and provide long term programme initiatives for its clients (Te Whakaruruhau, 2009).

Communally-based models

Chiswick Women's Aid, founded by Erin Pizzey, opened Britain's first safe house in London in 1971. It was also the first recognised refuge to introduce and implement a communally-based model of living in the refuges, where housework, maintenance, and childcare were shared by the women. Pizzey was convinced that through a community-based model, mothers could learn to cope better with their new lives, whilst still giving each other social support (Finley, 2013). While Pizzey herself acknowledges the frustrations associated with women returning to abusive partners (Pizzey, 2013), further research confirms that emotional loneliness and isolation are key factors in women returning to or beginning new violent relationships (Abrahams 2010; Robertson et al 2013; Pritchard 2013). Pizzey hoped that the outcomes achieved by the programme would be that each woman could learn to parent responsibly, and each child could grow up without continued violence (Finley, 2013). The model proved so successful that it prompted other countries to request Pizzey's assistance, and she was invited by US Government, and sponsored by The Salvation Army, to do a lecture tour of 21 cities. She was also invited

by the Mental Health Association of New Zealand to give a lecture tour in New Zealand in 1978 (Pizzey, 2010). Although the Chiswick Women's Aid safe house was the first recognised refuge to introduce and implement a communally-based model of living, it is important to note that the same model is practised in many indigenous communities, including Māori culture. Kaupapa Māori and Tikanga have been core principles and driving forces for Te Whakaruruhau since its establishment and underpin everything they do and hope to achieve.

Kaupapa Māori and Tikanga

Waikato Women's Refuge define themselves as Kaupapa driven, utilising a framework underpinned by Māori philosophies and/or Māori Tikanga. Maintaining their programme as a Kaupapa driven service, the refuge utilises a range of Tikanga (cultural practices) when engaging with different individuals and groups across various situations (Te Whakaruruhau, 2009). Kaupapa is the basis of the underlying rationale for interventions/approaches and is both the philosophy that underpins operations and the force that drives meaningful actions. Enacting Tikanga for Waikato Women's Refuge enhances social cohesion, provides a moral framework for engaging in and managing collective behaviour, while also considering the effects of the collective on individual members. These principles are consciously employed throughout all interactions that the refuge engages in (Te Puni Kokiri, 2010) and are practised on a daily basis by Advocates and the women in residence at the refuge through communally-based living.

During their stay at the refuge women are given a space to develop and gain confidence as they transition into independence. While in residence however, they must also learn how to manage their behaviour and adjust to other residents, especially when conflict occurs. Development of these skills is nurtured through the practices of whanaungatanga and manaakitanga. Whanaungatanga focuses on relationships through connections of kinship, shared experiences and shared belonging (Kaai-Oldman, 2004). While staying in residential housing, facilities are shared

by women and their children with housework, shopping, maintenance and child care being the collective responsibility of the women. Advocates also watch or care for children for mothers and it is not uncommon for Advocates to bond closely with children. Clearly, a free, caring and friendly relationship with the children has multiple benefits for the families, but it is not without its perils. The diary kept by Anna during her time at the service records (amongst an unceasing and relentless tide of activity each day) an instance which demonstrated the fine line that Advocates must tread when assisting with children. One of the residential mothers, Elaina had cause to kindly but firmly tell the Advocates to refrain from picking up her baby at the first sign of discontentment. She pointed out that because the baby was getting accustomed to being carried and soothed immediately by others, it was becoming difficult to settle her at night and during weekends when Advocates were not around. It is testament to the efficacy of a kaupapa driven approach that Elaina was sufficiently comfortable to address the issue with the Advocates and they in turn responded positively to Elaina's concerns.

Manaakitanga emphasizes the value of nurturing relationships, looking after people, and being very careful about how others are treated (Mead, 2003). The enactment of this approach was evident in the experiences observed in regard to another resident, Louisa, who suffered from mental health issues and was transitioning off her medication. This affected her behaviour and mood, leaving her quieter than usual and experiencing low levels of motivation. To counter these side effects, one of the Advocates, Jane designed an exercise routine for Louisa. Knowing that Louisa was close with Elaina the routine was designed to suit both women, enabling Elaina to join her and assist with keeping her motivated.

Another key practice employed by the refuge is Wairuatanga (spirituality). It is commonly practised through karakia (prayer) (Mead, 2003), but also relates to feelings of being grounded, experiencing inner peace and is closely associated with the process of healing. This dimension of a kaupapa driven approach was evident in the experiences of another mother, Jana, who had earlier lost her mother. She was able to attend her

mother's funeral for only ten minutes because her partner would not allow her stay any longer. She shared this story with an Advocate who recognised her need to address the grief of losing her mother and the guilt she felt for not staying at the funeral. Accordingly the advocate arranged for Jana to visit her mother's grave where she was finally able to mourn and grieve for her loss. This allowed her to begin to let go a past grievance and start a transition to healing; ultimately this can lead to a changed sense of identity and perception of her role in society, culminating in independence (Abrahams, 2013).

Advocates and assistance

For women and children receiving refuge support, kaupapa practices provide a transparent, safe process where initial connections are made with Advocates and discussion of needs, goals, fears and concerns are held. Advocates also explore existing networks for practical support outside of the refuge programme and develop pathways that provide both safety and stability (Te Puni Kokiri, 2010). This is achieved by Advocates providing wrap-around services where they design a tailored programme and advocate for women across a range of agencies to help ensure needs are being met for women, their children and whanau.

Advocates support women when accessing social support services and/or dealing with government agencies. For example, cases where Child Youth and Family are involved will usually encompass interactions with lawyers, police, social workers and other whanau members. Advocates will be in communication with all parties coordinating between them, while also being in communication with mothers to design the most effective and safe pathway for her and her children to follow. Advocates also ensure women are kept active to further develop themselves, and women are encouraged (along with their children when required) to attend counselling and outreach services such as Hamilton Abuse Intervention Project (HAIP) and parenting programmes, while also providing practical assistance such as transport.

Women are also encouraged to become more independent and at times are challenged by Advocates if they are in danger of becoming too dependent on the refuge and its people. Independence is sometimes measured in small steps – setting short term goals and achieving them, arranging their own appointments, or seeking advice to manage their finances. There is no “one size fits all” solution however. Cases of domestic violence can vary enormously in complexity and severity; some women and their children will require significantly more assistance and services than others. It quickly became apparent during daily observations that the Advocates are subject to relentless pressures related to very high caseloads in the face of under-staffing and highly constrained resources.

Disparities between funding and reality

In 2014-15, the National Collective of Independent Women’s Refuges received more than 33,000 referrals from the police for domestic violence incidents that required following up. Only 7% of this work is funded (NCIWR, 2015, p. 23). No special funding is provided for the 2,362 Police Safety Orders handled by the collective. Volunteers are the life blood of the refuge workforce, with just 238 of the 626 women who work for Women’s Refuge receiving payment (NCIWR, 2015, p. 24). Women’s Refuge crisis lines receive a call every 6.5 minutes on average and the majority of referrals (44%) come from the police (NCIWR, 2015, p. 25).

The Waikato refuge is no longer affiliated with the National Collective⁴, and currently funded to service about 1600 cases per year, with this quota being spread throughout their community, crisis and residential services. The number of cases actually serviced however, ranges between 5000 - 6000 (pers. comm., Rolinda Karapu). More specifically, statistics provided by Te Whakaruruhau indicate that in the year to 30 June 2016, Government contracts covered a total of 1372 cases, spread between community services, residential and crisis services and follow-up services such as safety planning. With 834 cases, crisis services accounted for the

⁴ In 2011, Te Whakaruruhau chose a path independent of the collective in order to pursue services that better reflected the needs of the women and whanau who were seeking assistance from the Waikato refuge.

greatest share of this funding. A further 125 cases were funded through a contract with Te Runanga o Kirikiriroa. This leaves a total of 5073 cases who were worked with across Te Whakaruruhau services without contracted funding. Philanthropic funds cover some of the shortfall, but there remains a vast amount of work that is unfunded and under-resourced, reflecting the situation across the country.

At these levels, workloads inevitably lead to burn-out, which greatly affects services. The consequences were observed in the operation of the residential housing, most commonly through the loss of experienced staff. The staff who remained then faced even greater pressure in their efforts to support large numbers of women and their children with complex practical and emotional needs. With limited hours and resources available to Advocates, their time and energy becomes stretched too thinly amongst the women due to the many different roles they fulfil (Robertson et al, 2013). In practical terms, this was demonstrated when one residential Team Leader Mali, volunteered to work a double shift during the middle of the week in order to cover a staffing shortfall. The offer proved to be impossible to action because a double shift would cause her to exceed her total paid working hours for the week and she was still needed for the remainder of the week.

Intervention programmes also feel the effects of funding constraints; these are most evident in the propensity for funders to focus on short term programmes to achieve outcomes that frequently require a longer term strategy. Most funding is attached to an expectation that the women will transition to independence over the course of a programme lasting just twelve weeks. As Pritchard (2013) argues, for most women support is likely to be needed intensively in the first six months following presentation at the refuge and could then be expected to taper off gradually. However, some women are so badly damaged by abuse that they will always require some degree of support if they are to have independent lives, and programmes need to be designed to work at her pace rather than to suit timeframes determined by funders (Pritchard, 2013). It was evident during observations that cases differ greatly in their severity and the trauma of

domestic violence could result from a broad spectrum of histories, ranging from years of abuse and control, to sudden/short term, but extremely violent episodes. In order for programmes to be effective they need to accommodate and respond to the complexities that the families present. Waikato Women's Refuge emphasizes the importance of working alongside whanau and supporting them at their own pace, walking alongside them and taking into consideration their personal histories and the effects that violence has had on individual women and whanau in terms of their social, mental, physical, spiritual and emotional wellbeing (Te Whakaruruhau, 2009).

Practical and emotional support over the long term is a key element in successful transition to independence and to safeguard against future crisis intervention. This imperative is all the more important given that Te Whakaruruhau is one of the very few refuges that takes on high risk cases commonly rejected by other organisations. The likelihood of failure (i.e. not achieving expected outcomes in the expected timeframe) is much higher with these cases and most organisations cannot risk losing their funding through such failure. Neither, it must be noted, can Te Whakaruruhau, but the refuge recognises that it is often the last and only hope for some families. This is particularly pertinent when there is a history of drug or alcohol abuse, or gang affiliations which can put others at risk. The refuge's twenty-four-hour operation, its experienced crisis team, its careful management of the allocation of women in houses and – most of all – the commitment of the staff to the kaupapa philosophy enables them to serve these vulnerable women and whanau even in the absence of adequate immediate funding and long-term resources.

Effects of understaffing on Advocates

Observations at the refuge indicated that it is common for staff to put their work and care of the women above their own health and wellbeing. Understaffing routinely resulted in an accumulation of tasks building up between an Advocate's shifts. The tendency to prioritise work over personal wellbeing seemed to be embedded across the organisation and

was also observed in senior staff. Advocates determinedly 'made do' with the limited resources available and continued with their work regardless. This practice is by no means confined to Waikato Women's Refuge. Snively (2000) notes that a particular strength of the Women's Refuge movement is its tenacity in bringing about change despite limited resourcing. The long-term sustainability of the situation is dubious however, with constant concerns about staff burnout and its consequences.

The unpredictable nature of working with women and families of domestic violence means that no day is ever the same and Advocates must adapt to the demands of each day as they are presented. It was clear that staff would neglect their own personal health and wellbeing in order to meet the daily demands and needs of the women. For example, during the relocation of one mother and her two children, Jenny, who was the Advocate facilitating the move, had obvious issues with her health, sounding and looking very unwell. She refused to make an appointment to see her general practitioner until the relocation of the family was organised and she could be sure that any time taken to visit her doctor would not affect her team or the completion of their work. Similarly, Team Leader, Mali was clearly unwell over a long period of time, but refused to take leave to recover because, 'there was too much work to be done'.

Residential housing

Victims of domestic violence require a safe space to adjust to and understand their new life. Long term residential housing is a key element in ensuring that women do not return to abusive relationships (Dobash and Dobash, 2001). In order for women to create change, they need a stable, safe environment in which to progress. Housing is more than simply a basic material necessity of life; if a safe home is not available, women cannot be free from violence (Dobash & Dobash, 2001). Safe, long-term housing is therefore crucial to achieving successful outcomes for victims of domestic violence. For the most extreme cases – those who have experienced years of abuse or intergenerational violence which has

resulted in the normalisation of violence – the need for safe housing and extended support is likely to be a very long term need.

The purpose of residential housing goes beyond the purely practical, however. As well as providing a space where women feel supported while they are making their transition into independence, the residences reinforce and develop the women's understanding of the need to be aware, mindful and respectful of others around them. This is achieved through the communally-based model of living which replicates the philosophy and protocols found on a marae. Roles, responsibilities and duties are shared by the collective. This in turn produces opportunities for many meaningful and successful exchanges to take place between the Advocates and women, between women in the houses, and between women and their children (Te Puni Kokiri, 2010). The houses enforce a strict zero tolerance of violence policy and if the need arises, hui (meetings) are facilitated by Advocates. These allow the women to express concerns or issues that they have in a supportive and controlled environment. The women are also encouraged to talk to Advocates to address any immediate issues or concerns, to avoid matters escalating.

This early intervention approach was evident when Leone's cash, set aside to buy food, went missing. She accused Sarah of taking the money. Advocates quickly acted to separate the two women into separate areas to allow them the time and space to calm down. Aware of the zero tolerance policy, Leone asked to see Mali to talk to her about the issue. She was concerned about her own level of control of her anger and wanted to find ways to avoid being evicted and removed from the programme. Mali was off site and extremely busy, but the Advocates on site reassured her that she was more than welcome to sit in the office or wherever she needed to talk until Mali arrived back. Leone left the office, but advocates continued to monitor both women. Once Mali arrived she took both women aside to talk and resolve the issue. Leone later apologised for her accusations.

Living free from violence

Studies by the Health Promotion Unit (1997), Liddicoat (1997), Pouwhare (1999), Abrahams (2010) and Pritchard (2013) confirm when women are free from violence, multiple benefits arise. For example, women have improved health and employment outcomes and are more likely to stay in permanent housing; they are also more likely to contribute to their community. As a result of a stable home and improved health outcomes, children are more likely to stay in the same school and do well in their education. Most importantly, children are also less likely to be abusive or to be abused in their future relationships, indicating that the cycle can be broken (Health Promotion Unit, 1997; Pouwhare, 1999; Abrahams, 2010; Prichard, 2013). These outcomes not only benefit the women and children themselves but have positive effects for society and the economy more generally. By successfully assisting families who have experienced domestic violence, costs are ultimately reduced in terms of public health care, social services and legal aid, while both the women and their children are enabled to contribute to and engage more readily in society.

In order for intervention programmes to be successful, funding and resources must be adequate. As Snively (2000) argued, the effectiveness of the services in achieving positive outcomes is compromised because of insufficient resources to provide customised support. It is clear that Government recognises the importance of Non-Government Organisations in breaking the cycle of family violence, with the National Collective of Independent Women's Refuges receiving more than \$8.6m in the 2014-15 year (NCIWF, 2015). While some government agencies also provide assistance to women and whanau experiencing domestic violence, refuges tend to command more trust and less fear and suspicion amongst the families seeking help (see Robertson et al 2007; Carswell 2006, Busch & Robertson 2000; Busch, Robertson & Valler 1992).

Conclusion

This report has provided an insight into the daily operation of Waikato Women's Refuge services, particularly its residential housing service. The

operation of the residential houses was observed over several weeks, noting how the service supports women through kaupapa driven responses and tailored transitional programmes. Understaffing and resource constraints resulted in detrimental impacts for both advocates and the women they sought to assist. While government contributes directly through its own agencies and indirectly by funding refuges, there remains a significant shortfall between the services provided, and the level of need for services. This is in turn a result of the shortfall in funding and resources. While all refuges experience the impacts of the shortfall, we would further argue that the unique approach that underpins services at Te Whakaruruhau warrants significantly more financial support than is currently provided, along with replication of similar services in other regions.

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