PIE4shelters

Assessment and Gap Analysis Report

Contents

Introduction

The Psychologically Informed Environments for shelters project (Pie4Shelter) is a partnership between organisations working with homelessness and domestic abuse (DOMESTIC ABUSE) in Belgium, Hungary, Italy, the United Kingdom and Ireland. The project is funded under the Justice Programme of the EU commission. The overall purpose of the collaboration is to improve protection and Support to victims of gender based violence (GBV) through building the capacity of providers to respond to the emotional and psychological needs of homeless service users.

Psychologically Informed Environments or PIE '*takes into account the psychological make-up-the thinking, emotions, personalities and past experiences – of it's participants in the way that it operates'* (Keats et al 2012)[1]. Trauma Informed Practice or TIP ensures domestic abuse services provide an individualised service to women through a trauma lens on the basis that '*any person seeking support may be traumatised and that the system of care needs to recognise, understand and counter the sequelae of trauma to facilitate recovery*' (Goodman, Sullivan et al 2016[2]).

The purpose of this report is to provide an assessment of the current and required level of knowledge and skills needed to develop psychological and trauma informed approaches to homeless women affected by domestic abuse across the five partner countries. This report is a distillation of women service users' experiences, the reflections of staff and management within shelters and the views of stakeholder focus groups. From this report a gap analysis on the knowledge and skills necessary to support a psychological and trauma informed approach in homeless and domestic abuse services in Ireland and our partner countries will be outlined.

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[1] Keats, H., Maguire, N., Johnson, R., Cockersell, P. (2012). Psychologically informed services for homeless people: A good practice guide.
[2] Goodman, L, Sullivan, C., Serrata, J., Perilla, J., Wilson, J., Fauci, J., DiGiovanni, C. (2016). Journal of Community Psychology,Vol.44,No.6,747–764(2016)

Methodology

Three data gathering methods were used involving surveying service users, interviewing staff and holding a focus group with other homeless services or services interacting with homeless service users and providers.

Women service users were surveyed using the Trauma Informed Practice (TIP) Scale devised by Chris Sullivan PHD and Lisa Goodman PHD[3]. This tool was chosen as it had already proven effective in surveying women affected by domestic abuse about their experiences of using shelter services. It also fit very well with the questions the project was examining. An interview schedule for staff was devised which had four distinct areas which were identified as relevant to Psychologically and Trauma Informed approaches. Finally, a set of questions as a guide for the focus group was devised.

Each country report was analysed to identify current practice and gaps under the five areas below. :

1. Women's Service users survey results under the 6 sub-scales (i.e. agency and mutual respect; information on trauma and abuse; opportunities for connection; emphasis on strengths; cultural responsiveness and inclusivity; Service userpport for parenting);
2. Quality of relationships
3. Psychological and trauma informed framework
4. Physical and social environment
5. Whole organisation approach to PIE/TIP.

A synopsis of each country was developed based on the above analyses. An overall syntheses was generated from the synopses. Finally all the gaps were collated into a table and some indicative actions suggested.

Limitations

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[3] Sullivan, C.M., & Goodman, L. (2015). A guide for using the Trauma Informed Practices (TIP) Scales. Available at: dvevidenceproject.org/evaluation-tools.

This assessment is not a refined training needs analysis but does provide indicative results. The focus on a selection of services cannot wholly represent the current overall level of practice across each country. Partner organisations bring their knowledge and experience to elaborate the breadth of practice locally. There are differences of formation, scale and scope between dedicated domestic abuse services and universal homeless services which may contribute to and account for contrasting data on consistency of practice and holding a shared framework. There is a possibility that staff interviewed put their 'best foot forward' about their practice levels. Finally, this was not assessment of organisational support, capacity and culture in relation to PIE/TIP.

The Country Reports

The table below indicates the numbers of consultations which took place in order to clarify current provision and gaps related to psychological and trauma based support to women in homeless shelters affected by domestic abuse.

Table 1.

Number of women service users surveyed	59
Number of staff interviewed	31
Number of services involved	9
Number of stakeholder focus groups held	5
Number of people consulted through focus groups	26*
Number of different services represented in focus groups	13*

*Number does not include figures from UK.

Demographic Details

Below is an outline of the demographic profile of the women service users surveyed. This is a generalised description as detailed data was not available from all the reports.

Demographic Overview of Women Service users Surveyed

Service users consulted represented a range of ages (in Belgian partners most women were between 36-45 years old and in the UK half of the women were aged between 18-24 years old). Overall the survey was described as representative of the national and ethnic backgrounds of service users. Indications based on the available data suggest that at least half of the women interviewed were EU nationals. Most women said they were living apart from the abuser and all had been in their relationship for 1 year and most over 5 years. There were strong indications of previous abuse histories (e.g. IE and IT). Most women had children and three were reported as pregnant at the time of being surveyed. Most had second level education and most described themselves as unemployed at the time.

Focus groups
There were different types of focus groups convened, as outlined below, related to the local context.

- ❑ Inter-team focus group (BE) (HU)
- ❑ Inter-organisational focus group (IT)
- ❑ Interagency (IE)

Feedback was generally not distinguished from staff interview data except that the Hungarian focus group were mainly critical of inconsistencies of practice and resources between services and in Ireland the importance of interagency training and awareness on domestic abuse was highlighted.[4]

The Synopses of Individual Country Reports
Below is a brief summary of each country report.

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[4] UK focus group held but details not specified at this time.

Italian Partners

Services consulted work with homelessness as it impacts women, men, migrants, refugees, asylum seekers and children.

Feedback from the service user surveys suggests that staff are well able to create a trusting and supportive relationship with women. However, there was room for improvement in how staff communicated to women that they know what is best for them and support women in terms of women's own decisions and choices. Information to women on domestic abuse trauma and its impacts on their body, relationships and general well-being is required. There is good evidence of staff recognising women's strengths but less so when it comes to identifying their capacity as parents and in other relationships. Inclusivity scores high from women except in respect of staff understanding financial difficulties which impact them. However, women do not get opportunities to support each other. In section C on parenting women do not think they are receiving sufficient support on understanding and addressing the effects of domestic abuse on their children and on their parenting relationships.

The emotional and psychological impacts of domestic abuse on women is articulated well by the staff, including trauma impacts such as social isolation, being overwhelmed, not being able to think clearly. The quality of trusting, caring, kind, positive relationships is understood as being the antidote to the denigration experienced in the relationship with the abuser. There appears to be staff sensitivity to the process of increasing involvement of women in their care path though this is somewhat undermined by women's sense of not having their viewpoints and pacing included.

There is some understanding of the dynamics of domestic abuse indicated e.g. the spiral of violence. Staff recognise trauma training awareness would help them and their clients as well as providing them as a team with a shared language and analysis. Training on vicarious and secondary trauma is suggested by staff and it is not clear what supervision and other supports are available. The services work with a range of people and so supportive relationships are useful at this universal level. The physical environments present challenges and women and children have to be escorted in parts of the building which is described as generating a sense of "claustrophobia" . There appears to be many opportunities for staff

and women to meet socially formally and casually in the building even though women indicated they did not get peer support. Women are consulted about their experiences of the service but there is limited impact from consultations with service users.

Most staff come with social care skills. It is not clear if there is an induction process, in particular any internal training about domestic abuse. Reflecting in work occurs through meetings and discussions. Interagency contacts are highlighted as needed and requiring improvement for those with additional needs such as addiction and mental health issues. Overall commitment to supporting women affected by domestic abuse is high, strong supportive relationship skills are evidenced. The main weakness is a lack of domestic abuse and trauma awareness and psychological tools to support women.

Hungarian Partners

Two services were consulted. The services consulted were the temporary accommodation for families offering 18-24 month placements for homeless families with children and emergency accommodation for women with children, most of them fleeing violence, for a short while (max 7 days) during which time another safe place is to be found for them (or they move back to their - often abusive – partner). The women's shelter offers emergency accommodation to homeless women, a 24-hour special ward provides a support service for elderly and ill women and the waiting level is a 24 hour transition service for those ready to move into stable housing. Most of the surveys of women were in the latter service (i.e. 7 out of 9 surveys). Eight women said that the abuse had affected their health: most women complained of mental problems (nervousness, anxiety, sleeping problems) and depression. The focus group involved a range of homeless services.

There were positive ratings of staff on agency and the environment. Ratings were lower for how staff responded to women's needs including stress and getting information about abuse and trauma. Most women had opportunities to connect with others in the shelter but this was not always about giving or receiving support. Three women thought that staff did not respect the strengths they got from their culture and family ties enough. They graded staff high on Cultural Responsiveness and Inclusivity, although two people thought staff only understood somewhat what it meant to be in their financial situation, one person felt that staff did not understand at all how discrimination impacted people's everyday experiences,

and one person said staff only recognised the intergenerational aspect of violence, abuse and hardships to a little extent. The seven women in the shelter did not have children with them and five of the women were between 55-65 years old.

Staff and the focus group said domestic abuse is considered the norm especially for poor and ethnic minority women and these do not see anything "wrong" with being abused. For many women, it is a relief to be able to talk about what has happened to them, and to understand it was not their fault and it was not OK. Staff can identify some somatic, psychological, interpersonal and behavioural signs of trauma, such as shame, low self-esteem, social isolation and sudden outbursts of rage and for some women nightmares. Several people talked about service-users being reluctant to ask for help formally. There was criticism of some staff blaming women for their abuse. Staff should be informed about the signs of trauma, and not expel women right away.

Some principles of practice were described e.g. not imposing solutions, believing victims, respect, equality, informed options. Several people mentioned how there is a tension between policy expectations (that people should physically move on from the service in a limited amount of time) and the time needed for healing. Others also talked about how the intolerance/different understanding of staff on duty might destroy the process of help e.g. when a service user is making small progress, but is expelled after drinking/acting out. This highlighted the need for a consistent whole organisation approach. In the focus groups, several people talked about the difficulties of working with couples living together, where abuse is suspected – where both the man and the woman are service users.

The big challenge is that services are large, staffing levels impact on the quality of interactions of service users with staff and between service users and there is inconsistent training and practice among staff. The need for women to make their own decisions is respected but it is not clear how their emotional needs in crisis are met. In the longer term temporary accommodation the needs of children take precedence and challenges in supporting children and women affected by domestic abuse are encountered. Inconsistencies and diversity in practice and understanding are particularly highlighted in complex cases where there is co-occurring issues such as addiction.

A 30 hour module on PTSD is available and staff find this very useful along with other trainings on working with addiction, assertive communication. However, it appears these are discretionary. It seems that sensitivity to trauma exists in patches and more likely in longer term services and among those who have attended training and importantly where managers lead out on standards of practice. Group supervision focused on team building is available in the women's shelter but there is not enough clinical support. While in the temporary accommodation there is supervision and case discussion.

The physical conditions seem to be over-crowding and old buildings. Some service users are shocked initially. Staff do their best and allocate spaces taking account of specific needs for privacy and protection. The poor physical conditions are understood by staff to reflect a lack of respect for their work. Male staff work in women's shelter and have limited scope to work with women due to the physical set up in some places. Some formal opportunities do take place for social interactions e.g. breakfast club which was initiated by staff but later organised by the women. Bullying can be an issue among service users.

Client feedback is not encouraged though there is a comment box available. Individual client progress evaluations take place and care plans are based on a needs assessment done with women on entry. Staff must have a degree and there is a scarcity of qualified staff. Longer term work is more attractive and gets a higher calibre of worker perhaps. There is an NGO (NANE) advocating for better support for women affected by domestic abuse.

Overall the challenges raised are lack of training generally and on domestic abuse, lack of leadership, lack of consistency of standards of practice, lack of coordination and communication across role areas and challenges in addressing domestic abuse in short term emergency homeless services. The key role of the manager is recognised and evidenced as the force to drive change in standards and quality of practice. Recommendations included targeting training to whole service teams.

Belgian Partners

The CVFE worked for 40 years with victims of domestic and family violence. It offers a helpline, support service, childcare service and accommodation (women from 18 years old

and children from 0 to 17) and an after care service once women are housed along with support groups out in the local community.

Twenty women were surveyed, nineteen had used the shelter accommodation. The Sub-scale of Agency scores are the highest. The women surveyed believe that the service and its staff respect their independence and their autonomy and are satisfied with the relationship with the staff. However women do not feel they have as much of a say in determining what they work on in the service. The scores of the sub-scale for information are satisfactory. Women felt that staff provide information that improves their understanding of trauma and coping skills, but this could be improved, especially in respect of the impact of abuse on themselves and their relationships. Women also did not get to connect very much to other service users for support. While generally satisfied with staff support some women were less satisfied that staff understood their financial stress, their physical and psychological issues, life history of violence and the immigrant experiences. Women are mainly happy with the support for their children. However, once women leave the shelter they continue to have needs for support on parenting children in the aftermath of living with domestic abuse.

Staff outlined the psychological and emotional and safety needs of women and children including understanding the dynamics of abuse, containment, needing justice, validation and to have their experience acknowledged, and access to parenting and peer support. The quality of relationships described involved respect, pacing, being non-judgemental, empathetic, warm, caring and human. Principles of practice alluded to as guiding their approach were: holding a non-expert position; domestic abuse as a gender based issue; addressing the social impact of domestic abuse as part of service work. Group-work methods are used to promote empowerment, social belonging and connection with peers. At policy level a range of social, economic and cultural factors which contribute to the vulnerability of women to abuse and marginalisation are targeted.

There are challenges in trying to increase the involvement of the service user in her care path where there is trauma and vulnerability to the abuser in terms of returning. They operate a rights based approach and a social analysis is presented to women. Needs based care plans are devised with women and mothers are partners in meeting children needs.

The high level of need for specialised parenting support in the context of domestic abuse is emphasised. Some needs are identified, at least initially, as the impacts of violence and discrimination (alcohol, drugs and / or drugs, homelessness, isolation etc.). They have differentiated teams which they involve in responding to additional needs and this shared understanding and collaborative approach is valued as necessary in these cases.

They operate within a feminist and social analysis framework which is valued as a shared framework providing consistency, common terms and understandings and articulating practice experiences. Team work is identified as important support for staff. Some supervision is available and there is a meeting structure to organise, support and guide the work. They work with the men's project including the provision of training to other agencies. More women and children affected by domestic abuse are coming into universal homeless services with the risk of secondary victimisation. Access to shelters is limited, including due to admission policies.

Again there are limitations to the physical environment but they are aware of the importance of environment and privacy. Encouraging and supporting access to community resources is part of the service framework. Informal and formal meetings with service users are facilitated through set meetings, outings and use of communal spaces. There is a 'Community Life' meeting weekly with residents and six meetings in the year with the 'Women's Council' for feedback on their use of services. Qualified staff sought are mainly educators and social workers with on-going training on trauma and psychotherapeutic support. All workers receive specific in-house training titled Processus de Domination Conjugale (PDC) which is a systemic and gender based approach. In particular the staff highlight the need for professionals supporting mothers on parenting children affected by domestic abuse to be have specific training on domestic abuse.

Gaps identified include the unstable funding model; housing shortages; not well-being health restoration oriented but mainly emergency focused so practical issues gain most staff time; the intensity of the work for staff and adequacy of levels of information on secondary and vicarious trauma. Recommendations include training on the impact of the work on workers at management and worker levels and providing appropriate supports. Also, that

interventions devised are guided by feminist thinking of equality, personal experience over expertise, social change and the impact of internalised gender discourses.

Irish Partners

The MWSS has been operating for over twenty years and provides a range of supports for women and children living with domestic abuse that includes refuge accommodation, outreach in 12 locations, accompaniment and advocacy, a children's support service and interagency representation. More recently MWSS has become a project operating under SAFE Ireland the National Social Change Agency. Eight women were interviewed, the manager of the service and three staff together. A focus group was held with representatives of the main funder, the local county council and the County Children's Services Committee Coordinator.

The majority of the women indicated they experienced an environment of agency and mutual respect. Noteworthy, is that four minority women were only somewhat satisfied by their level of involvement in their own care related to autonomy and leading on their care process. In the sub-scale on Information most women were satisfied with the support they received. In the sub-scale section on Connection, most women (n=6) thought they had good opportunity to connect to others. However there was less satisfaction with giving and receiving peer support. Strong agreement across all three items suggests staff are using a strength based approach. Mostly women felt included and respected in terms of their cultural backgrounds. However there was not clarity about whether staff sufficiently understood the challenges facing non-nationals (just 4 women thought this was very true) and immigrants as regards discrimination and finances. The section on Inclusivity showed more divergence in ratings, there were eight 'don't knows' from four different women in this section. The majority of women across all items were satisfied with the support they received in respect of children's needs. While most got good support on the effects of domestic abuse on their children emotionally, two women (1 Irish and 1 non-national) said they only somewhat got to explore how children's relationships can be affected.

Staff identified a range of different emotional and psychological needs including confusion, loss of confidence, social isolation, internalised criticism, loss and grief, being on edge, disorientation and disconnection. However, staff assess they spend too much time on

practical support tasks. The relationship they try to create involves being 'present' in relationship, offering a strengths based approach, responding to immediate needs, holding safety through reliability and predictability as a principle in relationship and that the healing value of the relationship is understood.

Management and staff expect that women and their children bring the trauma they have been experiencing with them when they come to refuge. There is a clearly defined care path for women entering the refuge which includes the admission procedure, assessment of needs, safety planning. From these activities the support plan is developed. Individualising the response is identified as very important, the service cannot be a *'one size for all'* .

Each woman is engaged in a psycho-educational programme to build knowledge and skills about abuse and its impacts. Scarcity of time though is seen as a major obstacle to addressing the emotional and psychological impacts of domestic abuse. Some means of integrating TIP and PIE into 'normal' practice would be welcomed. There is a desire for and an acknowledgement of the need to provide more information about trauma itself to support women to make sense of their responses, to understand how they can be triggered.

Social and cultural, institutional and economic policy are understood as playing a role in whether or not a woman has the opportunity to recover and heal from the traumatic and psychological impacts of abuse, in particular traveller women. Recovery can be happening but circumstances can inhibit a woman from gaining the benefits of recovery. Such hardships are considered as further re-traumatising women fleeing from abuse to seek safety.

A key challenge for the dedicated service is resources of time and staffing and the urgency of meeting the immediate safety and subsistence needs of women and later their housing needs. This involves interacting and advocating with other agencies where understandings of domestic abuse may vary and where policies may lack the flexibility to respond to those in crisis. Systems functioning and achieving outcomes may depend at times on the quality of relationships with individuals in other agencies.

Restrictions on space means there is no social space for women other than the staff/main kitchen. There is however good privacy for families and plenty of space for children to play

outside. Anonymous evaluation forms are circulated but it is not clear how and if these are disseminated/collated to the wider organisation. Most staff have a social care diploma or degree. There is also a qualified childcare worker. Some staff have counselling qualifications. The core qualification sought at recruitment is that the candidate has a social and gender analysis framework from which to make sense of domestic abuse and the experience of victims. This is valued to avoid psychologising individuals' issues and pathologising women's distress and conceptualising it as related to their personal characteristics and behaviours.

The role of the manager is crucial in supporting PIE and TIP and ensuring staff support and structures underpin this work. Supervision and team meetings and case discussions are all available and scheduled. Gaps identified include limited resources; the wider environment impeding recovery and support efforts; being crisis focused rather than recovery focused; psycho-education about domestic abuse not provided at group level; some skills building around stress only happens at individual level and informally; strong desire for more rounded service provision with staff wanting to have specific skills to share with women; no group operating in the refuge yet and unclear if this occurs outside; more developmental support would be welcome in relation to clinical cases, trauma skills building, team working.

U.K. Partner

Two services, a refuge and a service for young homeless persons, surveyed fourteen women. Mostly there were scores of between two and three in all sections. Section B was notable in that there were a lot of 'I don't knows', particularly those statements directed towards the respondents understanding of the experience of other women in the service e.g. 'People's cultural backgrounds are respected in this service'.

Staff have a good understanding of the varied needs of women and children affected by domestic abuse and other difficulties e.g. confusion, guilt, fear, anger, shame, depression, isolation. Staff felt that in order to best support clients workers need to foster a relationship with clients that is non-judgemental, empathic, empowering, supportive, informative, needs led, client centred, sensitive, confidential, respectful, positive and professional. Policies in place are centred on service user needs. Fairness is mentioned as an underlying principle of Depaul policy. Cultural inclusivity is governed by a set of Depaul policies and services do support significant cultural and celebratory events for service users

from differing cultures as appropriate. The array of complex needs of service users involves issues of trauma, exploitation, criminal history, mental health etc.

There is a clear framework for inducting and training staff i.e. the Depaul UK Endeavour programme. PIE has been delivered over four years to one specific clinical service working with young people. Discussion at meetings, supervision, reflective practice, reflective journals and use of professional advisors help to enhance and support the Endeavour/PIE framework. Staff are expected and supported to have trauma sensitivity in the refuge. This is not required in the generic homeless services.

The organisation has a design brief for PIE physical environments but is limited in implementing it as they do not own all their premises. However, they do provide grants to improve rental spaces. Staff are generally sensitive and attentive to the impact of physical space on service users. Peer support is valued and occurs through being resident in the services and also as part of operating within the structures. Informal supports are about meeting needs of service users there and then and being around to prevent a situation or incident deteriorating.

There are systems to gather service user feedback and structures locally, regionally and nationally to examine and learn from this feedback. There is feedback through quarterly services meetings to service users about modifications and follow up on their issues/suggestions. Social work and IDVA (Independent Domestic Violence Advocate) qualifications are sought at recruitment and also experiential learning is valued. Management role in relation to supporting psychological understandings of service users' experiences is to continue to listen, to hear and act on their (staff and service users) recommendations where practical and possible.

The Intercountry Syntheses
The section below represents a syntheses of the five country reports. It begins with a generalised description of current provision making reference to examples of good practice. This is followed by a table describing the common gaps in psychological and trauma informed practice.

There were six subscales in the survey with women. Feedback from the first subscale Agency and Mutual Respect was very positive overall. This suggests that staff were for the most part well able to create a trusting and supportive relationship with women. However, across countries, room for improvement was indicated around women choosing what they want to work on, women knowing what is best for them and staff respect for women's choices. In the Information sub-scale women were satisfied with the support they received but there were indications they wanted more information on stress and trauma and effects on relationships. Most women thought they had opportunities to connect with others. But there was mainly dissatisfaction about giving and receiving peer support.

There is also generally good evidence from all reports of staff being strengths focused. However, in some cases women did not feel their strengths as parents or from their family and cultural backgrounds were appreciated. Inclusivity scores were high in terms of women feeling included and respected by staff. However, women did not think staff wholly understood their financial situation, hardships from their cultural backgrounds, discrimination and being an immigrant. The dissatisfaction with parenting support was around support post refuge with coping with the effects of domestic abuse on their children and their relationships.

The staff and focus group interviews related to four areas. The first area was quality of relationships with women. Surveys from women and staff were similar with staff describing relationships of respect, consulting with the woman, assessing her needs with her and recognising that she has been abused. Care plans in general seem to be based on the needs assessments with women. However, it is not clear if these needs assessments are pro-forma assessments or individualised versions. Overall the helping relationship is seen as a core aspect of support. General principles of practice referred to include not imposing solutions, believing victims, respect, equality, informed options. A range of signs of somatic, psychological, interpersonal, behavioural distress, abuse and trauma are described and identified. There is, in all reports, evidence of making sense of women's behaviour in terms of the impacts of abuse rather than character defects or psychological factors.

There are challenges of time, environment, training on domestic abuse for shorter term emergency services in meeting the needs of women and children affected by this form of

abuse (IT, HU). Inconsistencies of staff understanding and approaches to relating to service users can undermine and inhibit support. A big difference from the data between the universal homeless services and the dedicated domestic abuse services is the identification, in the latter, of women struggling with a personal problem that is also a social problem related to inequality and gender. There may be differences in understanding of the purpose and process of involvement of women in their care between services. Involvement seemed to range from including, to consulting to collaborating.

In the section on informed practice the presence or not of an underlying common framework to understand and respond to service users seemed to be dependent on the drive of the manager, opportunity for training, the level (and presumably quality) of supervision and reflection on cases available and the quality of team working. There are clearly challenges in services where there are a range of service units and service users with different needs in formulating and upholding an over-arching framework. There was a distinct framework described in Ireland, Belgium and the United Kingdom. Other country staff in reports referred to social care training as a framework. Where there is a distinct organisational framework informing practice this seems to clarify a work agenda and methods for staff e.g. domestic abuse awareness programme with women, group-work as a core methodology, supporting peer contact. A shared framework according to staff provides safety in terms of clarifying their responsibility and how to position oneself in relation to the service users. Overall the need for training on vicarious and secondary trauma identified by staff is perhaps indicative of the stress and challenge in domestic abuse and homelessness work. There was some commentary on the need for supervision to have a clinical development focus. Also noteworthy was staff in the dedicated services seeking a psychological framework to address women's intra-personal needs. Training and inductions information was patchy (except for the UK which described its Endeavour /PIE training, the Belgian Processus de Domination Conjugale and Hungary which runs PTSD training). Staff are generally keen to get further training and practical tools to support women.

As regards the Physical Environment and Social Spaces staff estimated they did their best in often very difficult circumstances. Some physical environments were distressing to staff as well as service users and made them feel their work was not valued. Coping in some

environments meant interruptions and staff operating as security personnel escorting women to other areas. Bullying and a perceived violent environment were described. Opportunities for peer support from service users were the common casualty of limited physical environments. Staff do interact with women and children as part of their work routine. But information on formal and informal contact between staff and service users and service users with each other was scarce and most women's survey suggests very little of that type of social interaction occurs. The understanding of what informal support meant was perhaps unclear. It was women organising a breakfast club (HU), the need for resources, including staffing, to deliver on safe socialising in the shelter (IE) or informal staff support to be available to meet service users there and then needs (UK).

Assessing findings in relation to whole organisation approaches to a Psychological and Trauma Informed environments suggests that at a minimum seeking service users feedback is understood as necessary. In most reports it was not entirely clear what happened to this feedback. In one case feedback from service users was sought through a Women's Council structure six times a year (BE) and in another reported on quarterly to service users (UK). The perceived low status of work in emergency shelters can undermine achieving or maintaining safe good quality service environments. Generally staff are expected to have some training in social care with those working with more stabilised homeless having a higher level of training. In the Irish and Belgian organisations surveyed competency towards social change in terms of education and social analysis competencies were valued staff qualifications. There was general complaint about the unstable funding model. Interagency contact and collaboration was mentioned mainly in relation to co-occurring issues such as addiction and mental health and the need for training of these agencies about domestic abuse. The significant role of managers in leading change was referred to a number of times along with the need for whole team training to enhance consistency of practice.

Examples of Good Practice

In the Hungary report although all staff mentioned that they were overburdened and had not time to organise group activities although several group activities were mentioned. These provided formal opportunities for service users to mingle with each other, get to know one another and offer "peer support". They told about a previous staff "breakfast

club" initiative which the service users took over organising. However, it seemed that staff input was needed to maintain such an initiative in an environment of changing clientele.

In the Belgian organisation there is a Women's Council which meets six times a year and is composed of current and former service users. They meet and provide feedback on their experience of services to the services.

Specific cultural differences in how trauma is expressed are identified by staff in the Mayo refuge. They are sensitive to what language and culture can call into existence and talk with women about their specific symptoms and how this might connect to their relationship experiences.

In Italy one approach with women victims of violence is to encourage them to participate in the community life and activities in the shelter, to tackle the condition of isolation these women have experienced. Over time, social workers try to increase women's self-esteem by "positive reinforcement", such as appreciation of personal qualities and skills in contrast with the psychological denigration they usually experience from their partner.

In the UK there is a highly structured and negotiated mechanism to receive and report on service user feedback which operates at local, regional and national levels.

What is common and working?
A number of items stand out as common practices and outcomes.

- ✓ Violence against women as an issue for homeless women is confirmed.
- ✓ Women have a basic satisfaction level of being safe regardless of the quality of the physical environment.
- ✓ Assessments take place.
- ✓ Women are involved in determining their care path to a degree.
- ✓ Women want to be more involved in determining their care path.
- ✓ More information on stress, trauma, abuse and effects on relationships is required by staff and women.
- ✓ Women want more peer support opportunities.
- ✓ Some supports to staff are structured although more is needed.

- ✓ Individually women service users surveyed feel respected by staff in homeless services.
- ✓ Staff generally evidence ability to identify signs/symptoms of trauma and abuse.
- ✓ Staff can identify some principles to guide practice with women who have experienced domestic abuse.
- ✓ Staff show some recognition that people's behaviour is influenced by their distressing experiences.
- ✓ Staff are aware of the impacts of the work on them and want training for themselves and their management.
- ✓ There is some recognition of how the physical and social environment can have emotional and psychological triggers for service users affected by trauma.
- ✓ There are some theoretical frameworks that are valued by staff.
- ✓ There are expectations of managers around quality and consistency of delivery.
- ✓ There are challenges for domestic abuse survivors and staff in shorter term emergency services in determining priority needs and responses.

Gaps

The list below represents the summary of the gaps identified from the surveys and interviews across the five partners. Further below there is a table outlining these gaps with a list of actions to guide the training content in the right hand column related to each of the five assessed areas. In the appendices there is a copy of the analysis for each country.

- o PIE/TIP training;
- o Domestic abuse and Trauma awareness and impacts on relationships, parenting in particular;
- o Trauma response tools;
- o Vicarious and Secondary Trauma training and protective strategies (IT) (BE);
- o Leadership to change practice – Team and Manager groups (IE) (IT) (HU);
- o Stress management techniques and tools;
- o Staff Tool kit to respond to women's stress and support well-being (developing skills around trauma, emotional regulation, personal development, healthy interpersonal boundaries, assertiveness etc. (IE, BE) ;

- Strengths Based Approach to help women themselves to identify their capacities;
- Empowering Practice improvement to increase involvement of women;
- Psychological frameworks that might address intra-personal impacts (IE) (BE);
- Crisis Care Practice in homelessness and domestic abuse (IT) (HU);
- Value of peer support – ways and means;
- Social and physical environmental impact awareness;
- Cultural Awareness and Sensitivity;
- Standards and Principles;
- Induction Schedule;
- Service supervision training;
- Use of feedback from service users;
- Service Framework: to orient service delivery towards health e.g. Social and Emotional Framework (BE);
- Co-occurring issues – interagency shared approaches; intra-team policies, understanding and intervening.

Inter-Country Gap Analysis[5]

Competency area	Inter-country Level gaps	Actions required
Service users Service userrvey feedback	✓ More information on abuse and trauma to service users is needed. ✓ Little to no peer support opportunities. ✓ Strengths based approach lacks sensitivity to context of people's lives. ✓ More attention to exploring strengths and challenges in their relationships. ✓ Level of involvement of service users in their care – more consulting than collaborating. ✓ More support on understanding and overcoming impacts of abuse on relationships, in particular with children.	☐ Domestic abuse and Trauma awareness and impacts on relationships, parenting in particular; ☐ Value of peer support – ways and means; ☐ Cultural and Contextual Awareness and Sensitivity; ☐ Strengths Based Approach; ☐ Empowering Practice improvement to increase involvement of women; ☐ Trauma response tools;
Quality of relationships	✓ Clear distinguishing of possible signs of trauma and some strategies to Support women. ✓ More focus on emotional and psychological support to service users in the work (time and staff resources!) ✓ Ability of staff to talk about how domestic abuse may impact emotional, psychological, behavioural well-being of women and relationships, in particular with their children.	

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[5] Levels of competency could not be determined in detail

Competency area	Inter-country Level gaps	Actions required
	✓ Understand the value of and create opportunities for peer support among service users. ✓ Clear consistent recognition of principles of practice at team/org level. ✓ Co-occurring issues – policies, understanding and intervening. ✓ Cultures of non-violence within services. ✓ Greater active involvement of women in their care path. ✓ Stages of empowerment are identified – support in crisis phase takes into account trauma and dependency behaviour/needs. ✓ Staff operate with more confidence on social and cultural diversity and gender awareness and from human rights principles.	
Emotional, trauma and psychological framework	✓ Training that relates to practice issues and dilemmas a priority for staff. ✓ PIE and TIP training. ✓ More clinical supervision (not case management) with training of manager/supervisors. ✓ Training awareness for all staff on vicarious and secondary trauma and attitudes and support systems that take account of the likely impact of the work on workers generally. ✓ More value of and more team time to reflect.	☐ PIE/TIP Principles training sensitive to domestic abuse ☐ Standards and Principles in domestic abuse and Homelessness ☐ Service Framework: to orient service delivery towards health e.g. Social and Emotional Framework (BE). ☐ Vicarious and Secondary Trauma training and protective strategies for staff (IT) (BE); ☐ Stress management techniques/tools; ☐ Staff Tool kit to respond to women's stress and support well-being (developing skills around trauma, emotional

Competency area	Inter-country Level gaps	Actions required
	✓ Recovery is not built into the service model ✓ Approaches and interventions that are guided by feminist principles of equality, personal experience over expertise, consciousness raising, social change and the impact of internalised discourses on gender. ✓ Other psychological frameworks that might raise awareness of and address the intra-personal impacts of abuse. ✓ Level of service issues-what can be done in that time with clients? ✓ Inconsistency in practice undermining efforts – need for common shared understandings. ✓ Structures to communicate about cases with management leadership. ✓ Staff access to more specific tools to support service user well-being e.g. develop skills/practices of self-care, emotional regulation, mindfulness, healthy boundaries, assertiveness etc.	regulation, personal development, healthy interpersonal boundaries, assertiveness etc) (IE); ☐ Psychological frameworks that might address intra-personal impacts (IE) (BE); ☐ Crisis Care Practice in homelessness and domestic abuse (IT) (HU);
Environment	✓ Value, ways and means to create peer support opportunities. ✓ Limitations of physical spaces common – reflecting negatively to staff value of work and service user. ✓ Proof environments for triggers.	☐ Social and physical environmental impact awareness, connected to peer and informal support with staff;

Competency area	Inter-country Level gaps	Actions required
	✓ Refresh policies and procedures so they are service user sensitive and compassionate.	
Organisational	✓ More consultation structures with service users on their experiences of services and dissemination of collated service user feedback across organisation. ✓ More consultation structures with staff to hear their experience of PIE/TIP . ✓ Evaluations of service separate to evaluation of service user progress ✓ Crisis support work (and service users) needs to be valued more by staff themselves and organisations. ✓ Induction a defined requirement. ✓ Leadership with managers to improve practice and promote the recognition and enactment of consistent principles of practice. ✓ Organisations committed to and active in creating cultures of non-violence generally. ✓ PIE/TIP Team training.	☐ Baseline Induction Schedule; ☐ Supervision training; ☐ Vicarious and Secondary Trauma training; ☐ Use of feedback from service users; ☐ Co-occurring issues – interagency shared approaches; intra-team policies; understanding and intervening. ☐ Leadership support to change practice – Team and Manager groups (IE) (IT) (HU);

Competency area	Inter-country Level gaps	Actions required
	✓ Management training to understand and mitigate vicarious and secondary trauma on staff. ✓ Shared framework with other agencies desirable to understand domestic abuse, needs and impacts and support safe interventions.	

Hungary PIE4Shelter Gap Analysis

Competence Area	Current situation	Gaps
SERVICE USER SURVEYS	There were positive ratings of staff on agency and the environment. Ratings were lower for how staff responded to women's needs including stress and getting information about abuse and trauma. Most women had opportunities to connect with others in the shelter but this was not always about giving or receiving support. Three women thought that staff did not respect the strengths they got from their culture and family ties enough.	K&S to understand and respond to stress. Information on abuse and trauma not provided to service users. No peer support opportunities present. Strengths based approach does not show sensitivity to context of people lives.
Quality of relationships	Staff and the focus group said domestic abuse is considered the norm especially for poor and ethnic minority women and these do not see anything "wrong" with being abused. Ability to identify E&P needs; Recognise value of talking; Can identify some somatic/psychological; interpersonal; behavioural signs of trauma.	Can distinguish trauma affects – somatic/psychological; interpersonal; behavioural. Have strategies to address trauma impacts. Understand and Create opportunities for peer relating. Psychological Understanding of the impact of domestic abuse on relating with others. Can talk to service users about how domestic abuse may impact their relationships with their children and others, including staff. Clear consistent recognition of principles of practice across the team.

Competence Area	Current situation	Gaps
	Can describe some principles of practice e.g. not imposing solutions, believing victim, respect, equality, informed options. Working with complexity e.g. co-occurring issues – inconsistency about which issue is fundamental. Inconsistency of practice and impact for service users and colleagues recognised by some staff; Some understanding of disempowerment through domestic abuse and impacts on help-seeking behaviour. Large services - Staffing levels impact on interactions of service users with staff and between service users; Challenge of short term emergency response to domestic abuse. Collaborative efforts with women evident. Option focused but crisis management needed too. Meeting child protection protocols and challenges in domestic abuse support to mothers.	Consistent practice/approaches needed; shared understanding of roles; desired outcomes; understanding of domestic abuse; Co-occurring issues – policies, understanding and intervening; Sexual violence and consent issues need to be understood. Again coordinated responses across agencies; Safety protocols – talking to woman alone/apart from partner; Organisational is committed to and active on creating a culture of non-violence generally. Staff understand and are sensitive in practice to how the Physical environment can trigger trauma responses; Stages in empowerment are identified – support in crisis phase takes account of trauma and dependency behaviour/needs. Working with protective parent and child relationship; Management support in leading practice in this area is in place. Staff operate with Social, Cultural and gender awareness and human rights principles.
Emotional & Psychological and Trauma Framework	Training on PTSD available And other trainings. Yes sensitivity in more longer term services where there is more staff training and where manager pushes this. Group supervision focused on team building; Not enough clinical support;	Whole organisational approach/support for baseline mandatory induction training, principles and standards; to include PIE-TIP. Training that relates to practice issues, dilemmas priority for frontline staff; Training of managers in clinical supervision. Level of service issue in emergency services– what can be done in that time?

Competence Area	Current situation	Gaps
	Value of case conversations to understanding and team consistency with clients – in some parts. Acknowledgement of challenges and way forward. Inconsistency picked up by women service users.	Inconsistency in knowledge and practice in staff; Lack of coordinated response – community of practitioners. Lack of structure in communicating around cases and lack of leadership from management.
Environment	Staff in shelter do their best in difficult physical conditions. Staff see building condition as reflection of their value. Males staff working in women's shelter; Limited scope for male staff to work with women due to physical set up of level 1; Some formal opportunities do take place for social interaction; practical interventions e.g. breakfast club; Bullying can be an issue;	Organisational issue- standards of environment; No social spaces in first level; No Resources to develop peer contacts and facilitate these; Social environment can lack solidarity.
Organisational	There is support to get anonymous client feedback Individual's progress assessed not the service; Longer term work is more attractive and gets higher calibre of worker perhaps. Key role of manager as change agent recognised and evidenced. Scope for partnership with NANE	Lack of engagement of service users to promote change from their feedback; Need one formal outcome evaluation framework for service users What can be inspiring in working in emergency shelter with short term stays? Scope for managers of different services to advocate for changes. Reliant on calibre of individuals cannot deliver sustainable change.

Competence Area	Current situation	Gaps
		Induction process – is there one in all areas? Training teams not individuals. Training managers as a group – top down? Wider activity to improve domestic abuse services and Under-valuing and resourcing of emergency services.

Belgium PIE4Shelter Gap Analysis

Competence Area	Current situation	Gaps
SERVICE USER SURVEY	The Sub-scale of Agency scores are the highest. The women surveyed believe that service and its staff respect their independence and their autonomy and are satisfied with the relationship with the staff. However women do not feel they have as much of a say in determining what they work on in the service. The scores of the subscale for information are satisfactory. Women felt that staff offer information that improves their understanding of trauma and coping skills, but this could be improved, especially in respect of the impact of abuse on themselves and their relationships. Women also did not get to connect very much to other service users	The levels of involvement of women in their care needs improvement. More connection with peers required. More information needed for women on abuse and trauma. More focus on psychological and emotional well-being beyond primary needs. Cultural issues and how they impact women.

Competence Area	Current situation	Gaps
	for support. Some women were less satisfied that staff understood their financial stress, their physical and psychological issues, life history of violence and the immigrant experiences. Women are mainly happy with the support for their children. However, once women leave the shelter they continue to have needs for support on parenting children in the aftermath of living with domestic abuse.	
Quality of relationships	Relationship needed is well articulated. Principles of practice alluded to as guiding approach e.g. non-expert position, domestic abuse as a gender based issue; social impact of domestic abuse; social change agenda as part of services work. Gender based analysis used. Group-work and scope for connection with peers provided. Evidence of empowerment approach/model – consciousness raising and support to orient towards recovery/well-being. Process of increasing the involvement of the service user in her care path. Rights based approach- social analysis presented to women. Needs based care plans. Needs of children prominent. Gap between theory and practice alluded to - supports to staff.	What psychological analysis is offered to women? Support for staff in the work – where women come and go, people are very vulnerable, working in an environment which not always supportive of women.

Competence Area	Current situation	Gaps
	Addiction and other issues first analysed within domestic abuse framework. Involve different teams in responding to additional needs. Shared understanding and collaborative approaches valued as necessity in these cases.	
Emotional & Psychological and Trauma Framework	Feminist and social analysis present. Value of this shared framework – consistency, common terms and understandings, articulates practice experiences. Team work and consistency identified as important support for staff. Some supervision available. Meeting structure to organise, support, guide the work. Collaboration key principle. Having a core framework to make sense of abuse. Specialism in different areas – education, outreach, legal…. Working with men's project. Provision of training to other agencies. Gaps: Funding model. Housing shortages. Not well-being health restoration oriented Emergency focused. Intensity of the work for staff and adequacy of levels of support. Practical issues get most staff time (?)	Other psychological frameworks that might address intra-personal impacts. Is trauma sensitivity present at individual level in terms of specific effects and interventions? Training on the impact of the work on workers at management and worker levels and supports needed. Interventions that are guided by feminist thinking of equality, personal experience over expertise, social change and impact of internalised discourses on gender. More peer support. More information about abuse and its effects on women and their children. How to support women in their parenting of children affected by domestic abuse without holding them to account for the abuse?

Competence Area	Current situation	Gaps
	Good support in service to children and mothers. Parenting support key need	
Environment	Aware of importance of environment and privacy. Access to community resources part of framework. Informal and formal meetings with service users organised.	Limitations of physical spaces.
Organisational	Collaborative principle – empowerment model – weekly meetings in shelter and Women's Council meets 6 times per year. Some feedback loop mechanism in place. Two areas of change through education and through care. Social change agency.	Not clear how this is organised and by whom. Not clear if feedback is collated? Funding unstable. More training of personnel in other agencies. Service supervision and support on impacts of the work gap for staff. More women and children affected by domestic abuse in homeless services – risk of secondary victimisation. Access to shelters limited, including due to admission policies.

Italy PIE4Shelter Gaps Analysis

Competence Area	Current situation	Gaps
SERVICE USER SURVEYS	Feedback from the service users's surveys suggests that staff are well able to create a trusting and supportive relationship with women. However, there was room for improvement in how staff communicated to women that they know what is best for them and support women in terms of women's own decisions and choices. Information to women on domestic abuse, trauma and its impacts on their body, relationships and general well-being is required. There is good evidence of staff recognising women's strengths but less so when it comes to identifying their capacity as parents and in other relationships. Inclusivity scores high from women except in respect of staff understanding financial difficulties which impact them. However, women do not get opportunities to support each other. In section C on parenting women do not think they are receiving sufficient support on understanding and addressing the effects of domestic abuse on their children and on their parenting relationships.	Level of involvement of women in their care needs improvement. Little or no trauma awareness with women as staff lack this knowledge. Strengths based approach needs improvement – identifying women's relationships strengths. Support from other service users not facilitated- The value of peer support and opportunities need to be developed. Women need support on the impacts of domestic abuse on children and parent-child relationships.
Quality of relationships	Evidence of understanding some impacts of abuse and making sense of women's behaviour in terms of impacts of abuse.	Empowerment at a low level – support more than empowerment.

Competence Area	Current situation	Gaps
	The emotional and psychological impacts of domestic abuse on women is articulated well by the staff, including trauma impacts such as social isolation, being overwhelmed, not being able to think clearly.	Educating women about abuse, its effects on them psychologically, emotionally and behaviourally. Greater involvement of woman in her care path.
	The quality of trusting, caring, kind, positive relationships is understood as being the antidote to the denigration experienced in the relationship with the abuser. There appears to be staff sensitivity to the process of increasing involvement of women in their care path though this is somewhat undermined by women's sense of not having their viewpoints and pacing included. Respect for and understanding of choices and decision seem a less developed staff ability Need for coordinated interventions recognised for complex cases. Staff identify commitment to greater involvement of the woman in her care path but women's surveys suggests they are less satisfied with how much they have a say in their care path progress.	No specifics mentioned about working with co-occurring issues.
Emotional & Psychological and Trauma Framework	Some theory on the dynamics of violence. Staff recognise trauma training awareness would help them and their clients. It's considered absolutely important by social workers to be able to be aware how to manage and overcome physical and psychological effects of abuse on women and their children.	Again support oriented – understandably as working with diverse needs/groups of service users. Limited awareness of abuse and trauma. Common shared understanding. Training on vicarious and secondary trauma for staff. Not clear what supervision and other supports are available. Specialised training on trauma and abuse.

Competence Area	Current situation	Gaps
	A strong request coming from social workers is to have training on the psychological impact of situation of violence on social workers themselves, how to manage the sense of anxiety the violence transfer on them.	Gaps: Social workers feel the necessity to deepen their psychological knowledge of violence and its effects on victims;
Environment	Unsuitable premises for domestic abuse victims – may impact on women choosing to return? Doing the best they can in the circumstances. Women and children need physical protection, they have to be always accompanied, losing the possibility to be and feel free. This can create a sense of "claustrophobia" in hosted women. Social interaction in the structures are both formal and informal, women and social workers can meet each other in the structure, day and night, there are many opportunities to socialize with other service users, too.	Unsuitable premises for domestic abuse victims – impact on women choosing to return? Women indicated they did not get peer support. Gap in perspectives – women less satisfied with social opportunities.
Organisational	Some level of evaluation with service users. Staff team seem to decide what will be modified around women's plans. There is reflection in the work at meetings and informally. Need for greater interaction with other agencies identified, especially where there are complex needs.	Limited impact of consultations with service users. There is case management support. No indication of induction on domestic abuse. No commentary on management of services.

Competence Area	Current situation	Gaps
	Big weakness on PIE and Trauma Informed framework and that this gap could be filled with specific training. Services work with a variety of service users not just domestic abuse. There is strong commitment to supporting victims of domestic abuse.	

United Kingdom Gap Analysis

Competence	Current	GAP
SERVICE USER SURVEYS	Reported high number of 'I don't knows' in section B'. Most of the responses across the interviewed group were in the "I don't know" category, particularly those statements directed towards the respondents understanding of the experience of other women in the service, e.g. People's cultural backgrounds are respected in this service	As in other reports – service users are not aware if cultural sensitivities are attended to. Understandable but scope there to make cultural values more explicit. In UK peer support there and cultural inclusivity but still service users not clear if backgrounds are respected.
Quality of relationships	Good understanding of the needs of women and children affected by domestic abuse and other difficulties.	Few examples or illustrations.

		Not clear if staff noted the policies and procedures as useful to relating to service users.
	Policies in place which are centred on service user needs. Fairness as a key principle of policy practice.	
		Difficult to hear voice of staff in this section.
	There is a structured support system across services.	
	Cultural inclusivity – in terms of policy but also holding events for service users from differing cultures as appropriate. (Example would be good as good practice sample).	
	Complexity of needs of service users involves a big range of issues from trauma, exploitation, criminal history, mental health etc.	
Emotional & Psychological and Trauma Framework	Clear framework of inducting staff - ENDEAVOUR. PIE specific to one clinical service. Discussion at meetings, Supervision, RP and use of professional advisors help to enhance and support the endeavour/PIE framework. Trauma sensitivity in the refuge.	Generic homeless services do not engage specifically in TIP. But meeting group with range of needs which are potentially traumatising. No description of what difference endeavour and PIE make from staff point of view.
Environment		

	The organisation has a design brief but is limited in implementing it as they do not own their premises. However, they do provide grants to improve rental spaces. Peer support valued. Happens as part of the work structures and tasks. Informal supports about meeting needs, being around to prevent a situation or issue deteriorating.	Managers can access an Endeavour amenity grant to improve the welcome it is able to offer to new clients. All bedrooms are turned around and redecorated between clients, with due regards to the wall colours.
Organisational	There are systems to gather service user feedback. Also structures locally and regionally and nationally to examine and learn from this feedback. No examples given. Feedback mechanism to service users about modifications and follow up on their issues/suggestions. Social work and IDVA qualifications named as important. Also experiential learning valued.	Again difficult to hear the staff voice. Policy driven – probably relates to the scale of the organisation. But local services voices or focus group that were consulted not coming across. Burden of implementing PIE rests with staff. Management rely on staff to inform them of difficulties and the organisation expects managers to listen and take feedback into account.

Ireland PIE4Shelter Gap Analysis

Competence Area	Current situation	Gaps
SERVICE USER SURVEYS	The majority of the women indicated they experienced an environment of agency and mutual respect.	Empowering practice with minority women towards increasing their involvement.

Competence Area	Current situation	Gaps
	Noteworthy, is that four minority women were only somewhat satisfied by their level of involvement in their own care related to autonomy and leading on their care process. In the Sub-scale on Information most women were satisfied with the support they received. In the Sub-scale section on connection, most women (n=6) thought they had good opportunity to connect to others. However there was less satisfaction with giving and receiving peer support. Strong agreement across all three items suggests staff are using a strength based approach. Mostly women felt included and respected in terms of their cultural backgrounds. However the section on Inclusivity showed more divergence in ratings, there were eight 'don't knows' from four different women in this section. The majority of women across all items were satisfied with the support they received in respect of children's needs. While most got good support on the effects of domestic abuse on children emotionally, two women (1 Irish and 1 non-national) said they only somewhat got to explore how children's relationships can be affected.	Making visible to service users sensitivity of different cultural backgrounds and impacts on help-seeking. More peer support opportunities. More information to women about how domestic abuse affects relationships, including children's relationships.
Quality of relationships	Currently there is a strong focus on the practical supports needed to deliver safety to women and children.	More focus on emotional and psychological support. Working more directly with women with signs of trauma.

Competence Area	Current situation	Gaps
	Management and staff expect that women and their children bring the trauma they have been experiencing with them when they come to refuge. Individualising the response is identified as very important, the service cannot be a *'one size for all'* response. Immediate and basic needs are prioritised. This takes time to advocate with other agencies. Range of needs identified/Signs of trauma identified confusion, loss of confidence, social isolation, internalised criticism, loss and grief, being on edge, disorientation and disconnection. Being 'present' in relationship. Strengths based approach. Respond to immediate needs. Safety as a principle in relationship. Healing value of the relationship understood. Psychological understanding of service user's behaviour evident. Awareness of different women having differing needs. Structured care pathway. Formal assessment of needs basis of care plan. E&P welfare prioritised over admin and other tasks at individual contact level. Inter-relationship between mother and child's needs understood. Psycho-educational programme for each woman – knowledge and skills building.	No group-work. More trauma awareness-raising for staff and for women. Time for Emotional & Psychological support work. Resource gaps Lack of interagency coordinated responses and shared understandings. Confidence/skill building training on Working with social and cultural diversity groups, awareness, human rights, discrimination.

Competence Area	Current situation	Gaps
	Reflecting back and reflective questions to aid client awareness, understanding and self-direction.	
Emotional & Psychological and Trauma Framework	Feminist and Social analysis framework evident. Having a framework is understood as supporting staff well-being. Sensitivity to trauma impacts is evident. Staff can identify signs but need more knowledge and skill in talking to and responding to women. Staff made sense of women's behaviour (whether challenging or compliant) as coping responses to the distress and trauma they had experienced. Supervision and team meetings and case discussions are all available and scheduled. Most staff have at a minimum foundational qualifications and skills for working with distressed people. The wider environment can impede recovery and support efforts. Service is crisis service at it's core. There is psycho-education about domestic abuse going on with individual women and children. Some skills building around stress happens but at individual level and informally. Desire for more rounded service provision. Staff wanting to have specific skills to share with women. No group operating in the refuge yet and unclear if this occurs outside.	Scarcity of time though is seen as a major obstacle to addressing the emotional and psychological impacts of domestic abuse. Staff would like more awareness of the intra-personal impacts of domestic abuse. Staff would like more detailed understanding of trauma from domestic abuse and its sequelae and tools to mitigate effects, e.g. definition, signs, effects, interventions. More developmental support needed in relation to clinical cases, skills building, team working. Importance of more team and organisational time to reflect and support each other. Tools to promote self-care for women and intrapersonal understanding and healing. Also more domestic abuse awareness. Recovery is not built in to the service model. Staff need access to more specific tools to support women in developing skills around trauma, emotional regulation, personal development, healthy interpersonal boundaries, assertiveness et.

Competence Area	Current situation	Gaps
Environment	Lack of social spaces for women and for women and staff to mingle.	Restrictions on space means there is no social space for women other than the staff/main kitchen.
	The environment is clean and attended to. There is good privacy for families and plenty of space for children to play outside. Collective interactions with residents are limited. Staff interact with women and children daily as part of the work. Policies are generally focused on needs of residents but concerns to avoid generalising policies as a result of troublesome events.	The impact of the environment on service users could be more fully thought through. The play room is only open on a limited basis. Again resources are limiting above. Unclear if there are any night time activities in-house for women. Refresher on policies and how they impact residents. Women more concerned with lack of access to other residents than staff.
Organisational	Needs assessment; exit interview; anonymous evaluation forms. Assessments based on previous research on women's needs (SAFE Ireland) Staff looking to make a difference to women and children. Staff have general clinical skills and knowledge on entry. There is an induction process. Change not just focused on women but social change framework so the site of change for staff is society, its institutions and the attitudes to violence against women.	Disseminating/collating evaluation findings to clients, staff and wider organisation. Qualifications indicate PIE. But beyond not just psychologically informed at individual level but also social psychology framework needs to be part of PIE. Shared framework with other agencies desirable to staff and focus group to understand the domestic abuse, needs and effects, safe interventions. Role of the manager is crucial in supporting PIE and TIP and ensuring staff support and structures underpin this work.

Competence Area	Current situation	Gaps
	Advocacy is a part of the work of the staff on-going and manager at policy level locally, regionally and nationally. Role of the manager is crucial in supporting PIE and TIP and ensuring staff support and structures underpin this work.	