

# WHAT IS RIGHTFULLY DUE?

COSTING THE OPERATIONS OF DOMESTIC VIOLENCE SHELTERS



RESEARCH REPORT  
2018

## Acknowledgements

This report is the result of extensive collaboration by various individuals and organisations, all of them contributing to the process and the content.

Hlanganisa Institute for Development South Africa (HiDSA) on behalf of the Joint Gender Fund would like to thank the National Shelter Movement of South Africa and the Heinrich Boll Stiftung Southern Africa Office for partnering with HiDSA on the development of this report. The shared technical knowledge, experiences, and perspectives have produced a tool that will have a significantly positive impact on the operations of shelters for abused women and the quality of services that gender-based violence survivors receive in South Africa.

Special acknowledgment goes to the shelters that participated in this research: Goldfields Legal Advice Centre, St Anne's Home, Nisaa Institute for Women's Development, Middelburg Victim Support Services, Mali Martin Bronkhorstspruit, Ethembeni Crisis Centre, Kenilworth Respite Centre, Sisters Incorporated and On Eagles Wings. The data that they provided for the compilation of this report was invaluable. We also wish to acknowledge the contribution of Western Cape and Gauteng Department of Social Development officials who participated in this research.

A special thank you to Debbie Budlender, Lisa Gahan and Claudia Lopes for their valuable comments on earlier drafts of the report.

**Author:** Lisa Vetten

**Graphic Design:** Emmanuel Musa Mulamba

This publication was produced with financial support of the European Union. Its contents are the sole responsibility of the authors (HiDSA) and do not necessarily reflect the views of the European Union.

© 2018. HiDSA. All rights reserved.

Licensed to the European Union under conditions.

# Contents

<b>1. Introduction</b>	4
Method	5
<b>2. Sheltering and policy</b>	7
Defining sheltering	9
Shelters	9
Green and White Door facilities	12
Crisis Centres	13
One-stop centres	13
Overview of policy	14
Existing standards	15
Staff-client ratios	17
Calculating the cost of sheltering: prior studies	21
<b>3. Abused women's use of sheltering services</b>	22
Getting to, and staying at the shelter	22
Who were the women using shelter services?	23
Education, income and employment status	23
Legal and practical assistance	24
Health needs	24
Therapeutic and other support	24
Assisting children	25
Current shelter expenditure and the hidden work of services	27
Leaving the shelter	28
<b>4. Actual costs: developing a framework for costing shelter facilities and programmes</b>	29
Variable costs	29
Overhead costs: Staff	30
Concluding recommendations	36
<b>Appendix A: DSD and KPMG Shelter costings</b>	38
<b>Appendix B: Psycho-social support services, St. Anne's</b>	41
<b>Appendix C: Expenditure for Six Shelters</b>	43
<b>REFERENCES</b>	44

# 1. Introduction

Violence casts a long shadow over family life in South Africa. In 2015/16<sup>1</sup> alone, some 275 536 applications for protection from domestic violence were lodged with the courts (Department of Justice and Constitutional Development, 2016). Both research (Kaminer et al., 2008) and court records (Department of Justice and Constitutional Development, 2017) show women to be the disproportionate recipients of this violence. One in five (21%) ever-partnered women has been physically assaulted by a male partner in the course of her lifetime (Statistics South Africa, 2017), while 57% of female homicides in 2009 were caused by women's intimate partners. Calculated as a prevalence rate of 5.6 per 100 000, this intimate femicide rate was five times that of the global average (Abrahams et al, 2013).

Shelters provide immediate protection from this abuse. But this is not their only function. When also designed as places of reflection and support they can provide a bridge out of despair into a life free from violence. Yet the current provision of shelter from domestic violence is marked by lack, the limited number of shelters available to meet the need being only one illustration of this insufficiency (Department of Social Development, 2016). Shelter services are chronically under-funded too, especially when provided by non-profit organisations (NPO) (Parliamentary Monitoring Group, 4 November 2009; Bhana et al, 2012; Bhana et al, 2013; Commission for Gender Equality, 2013; Lopes and Mpani, 2017a; Lopes and Mpani, 2017b). Government funding to NPOs is not only frequently delayed but also highly variable, with the subsidies provided by the Department of Social Development (DSD) differing both within the same province, as well as across provinces (DSD, n.d.) – a situation suggestive of policy that is inadequate to limiting and guiding individual government officials' discretion. And if this is so, then it reduces shelter services to a function of individual official's preferences, rather than the realisation of a policy mandate.

The series of decisions handed down between 2010 and 2014 by the Free State High Court challenged this state of affairs. According to the judgements in *National Association of Welfare Organisations and Non-Governmental Organisations and Others v MEC of Social Development, Free State and Others* (or "NAWONGO") welfare, or social care, services are the duty of the DSD and when NGOs provide these, they do so in fulfilment of the DSD's mandate. Consequently, NGO services cannot be funded inadequately, or in arbitrary ways, given how such unpredictability diminishes the rights of those who need services.

---

1. Data for 2016/17 are deliberately not used in this report because calculations for this period are based on the number of reports of particular types of abuse, rather than the number of applications made for protection orders. Using this method, the Department of Justice and Constitutional Development reported 395 628 instances of abusive conduct ranging from physical abuse, to unauthorised entry into someone's residence (2017: 43). This represents a 43.6% increase on the previous year. Given how frequently different forms of abuse co-occur (eg physical and emotional abuse), such a significant increase is more likely the result of double-counting than an increase in the number of individual applications made.

Funding must therefore be determined by that which is necessary to providing the service, rather than the service being determined by whatever funding is made available. The methods employed to determine the quantum of funding must also be clearly detailed in policy and developed in consultation with NPOs providing the services.

This report seeks to contribute to such budget determinations. To do so it begins with an analysis of existing policy commitments, standards and costings applicable to shelters and then overlays this with a description of women's use of shelters. This provides a framework and logic for how a set of core costs can be derived for which the DSD ought to be responsible. However, because this set of costs does not represent the full costs of providing shelter services, the section also includes other costs crucial to the establishment and effective management of shelters. The report then concludes with recommendations around policy changes required to further strengthen shelter services to women experiencing abuse.

## Method

Although not the only department providing shelters and services, it is the DSD that is chiefly responsible for ensuring their availability. Over the years the department has produced various strategy documents to guide its officials in doing so. These include the Minimum Standards on Shelters for Abused Women (DSD, 2001); the Policy framework and strategy for shelters for victims of domestic violence in South Africa (DSD, 2003); Minimum Standards for Service Delivery in Victim Empowerment (Victims of Crime and Violence) (DSD, 2004); the Framework for Social Welfare Services (DSD, 2013); the National Strategy for Sheltering Services for Victims of Crime and Violence in South Africa – 2013-2018 (DSD, n.d.); and the 2010 Social Development Guidelines on Services for Victims of Domestic Violence (DSD, 2010). The first section of the analysis reviews all but the last document<sup>2</sup> in detail in order to distil the normative framework guiding the provision of shelters and services.

From this insight into policy makers' perceptions of abused women's needs and their satisfaction, the report moves to presenting information about the actual use and operations of shelters, derived from primary and secondary sources of information. Primary sources of information were a two day workshop, combined with an audit of shelters' costs and expenditure over the last 12 months. The workshop participants comprised of ten representatives of the National Shelter Movement drawn from eight provinces, and three representatives from two provincial offices of the DSD. Over the course of two days participants explored, in detail:

- The different forms of work and activity taking place in shelters
- The length of time required to undertake these various activities and tasks
- The category of staff necessary to each task and activity
- The infrastructure required to support staff, tasks and activities.

---

2. The 2010 Social Development Guidelines on Services for Victims of Domestic Violence were excluded as the section dealing with shelters merely repeats the standards contained in the 2004 Minimum Standards for Service Delivery in Victim Empowerment (Victims of Crime and Violence).

These discussions were captured on flipchart sheets, as well as notes taken by the author. A form requesting each shelter's expenditure over the last twelve months was also distributed to organisations. The bulk of this data is detailed in Appendix B of the report. Because the shelters participating in the workshop did not provide emergency shelter (with one exception), the information provided is most relevant to longer stay modalities of sheltering.

Secondary data were drawn from four reports describing shelter services in Gauteng, the Western Cape, KwaZulu-Natal and Mpumalanga over the period 2010 to 2016 (Bhana et al, 2012; Bhana et al, 2013; Lopes and Mpani, 2017a; Lopes and Mpani, 2017b). Because the same data schedule was used for each study the reports contained comparable information that could also be usefully combined. In total, the four studies yielded information for 294 women who, as a consequence of domestic violence, had sought accommodation in 17 shelters, broken down as follows:

- 147 women housed in five shelters in Gauteng between 1 October 2010 and 31 September 2011
- 69 women from three shelters in the Western Cape, housed between 1 January and 31 December 2011
- 34 women housed between 1 March 2015 and 28 February 2016 in three shelters in KwaZulu-Natal
- 44 women accommodated in 6 shelters in Mpumalanga between 1 March 2015 and 28 February 2016.

Data were extracted from each report and recalculated for the purposes of this analysis – an exercise limited by the incomplete records kept by the shelters, as well as the occasional errors in calculation made in the original reports. Where possible, these errors have been corrected for in the data presented in this report, as have been the errors in calculation found in the DSD's 2003 costing model. Although not generalisable to shelters as a whole, these findings nonetheless highlight the key elements and parameters of a costing framework.



## 2. Sheltering and policy

*S v Baloyi*, heard in the Constitutional Court in 1999, unequivocally recognises domestic violence to violate a number of rights, including freedom and security of the person; bodily and psychological integrity; respect and protection of dignity; as well as the defensive rights of everyone not to be subjected to torture, nor to be treated or punished in a cruel, inhuman or degrading way. Once defined in this way, a clear duty is then placed on the state to address the problem.

The Domestic Violence Act (DVA), 116 of 1998, represents the most comprehensive attempt to date to disrupt these normalised patterns of wrong-doing and harm. The Act empowers the courts to prohibit particular forms of conduct and places a range of duties on the police to address complaints of domestic violence – including assisting applicants to find shelter from their abusive partners. However, as has been noted on numerous occasions, there is no reciprocal legal obligation on the DSD to make such shelter available. But even in the absence of legislation specifically compelling the DSD to provide shelter, *S v Baloyi* makes it clear that such a duty exists in terms of the Constitution. In any case, both the Constitution and various laws oblige the DSD to care for children, older persons and vulnerable persons in need.

Women's organisations initially led the way in providing women with safety from their abusive partners, with People Opposing Women Abuse (POWA) opening the country's first domestic violence shelter in 1984 (Park, Peters and De Sa, 2000). A decade later, with the advent of democracy, the new government took up the problem of violence against women and, in 1996, identified it as a priority in the National Crime Prevention Strategy. The following year saw NGO services addressing domestic violence brought formally within the ambit of the DSD through the Victim Empowerment Programme (VEP) mandated by the National Crime Prevention Strategy – and so being further absorbed into the state's approach to social care (Vetten, 2013). This is one that places considerable reliance on the provision of services by NPOs, with the DSD contributing subsidies towards these. However, no NPO is paid the full value of its services but expected to find the shortfall in funding elsewhere.

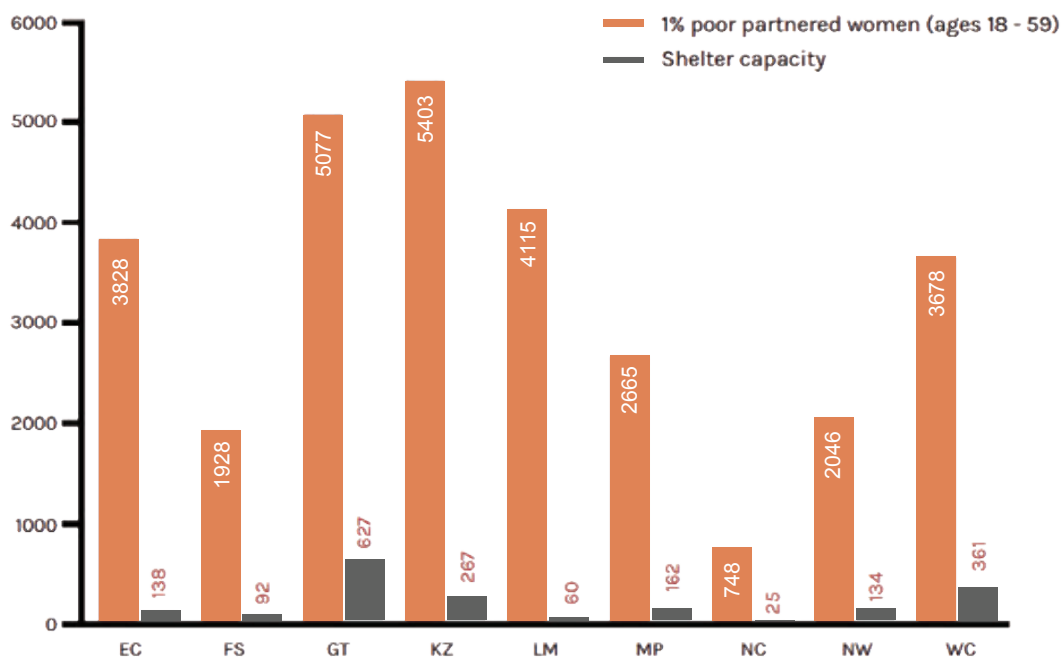
This model has been brought under increasing strain. The global recession of 2008 reduced available donor funds and did so at a time when international donors were increasingly moving funds away from middle-income countries like South Africa, to lower-income countries (Vetten, 2016). Within the country, the budget for social care services has itself not kept pace with inflation or need, while the portion of the budget for NPO services has been diminished still further by a decade's-worth of above inflation increases to DSD staff and the public sector generally (DSD, 2016). It was against this backdrop that Free State NGOs instituted court action against the Free State DSD and its policy on financing welfare services.

## Costing the operations of domestic violence shelters

In the final August 2014 decision of the Free State High Court dealing with the constitutionality of the policy, the court noted the following:

*Availability of resources is therefore an important factor in determining what is reasonable, but lack of funds cannot be used as a lame excuse. Resources must be provided as far as reasonably possible. Reasonableness must also be understood in the context of the Bill of Rights as a whole. Whilst the very nature of progressive realisation of rights entails that full realisation will only be achieved in time, those whose needs are the most urgent should not be ignored in the policy, nor should a significant segment of society be excluded. Progressive realisation means that the rights in question must over time be made accessible to a larger number of people and a wider range of people. The department is obliged to take reasonable measures progressively to eliminate or reduce the deprivation of rights.<sup>3</sup>*

One implication of this decision for shelters is that an increase in their number is required over time. Accomplishing this requires at least some estimation of the need – an exercise that only appears to have been first attempted in 2016 in the Review of the White Paper for Social Welfare (DSD, 2016). Using 1% of poor women aged 18 to 59 years who are either married or cohabiting as the proxy for need, the report compared the current capacity of domestic violence shelters (as reflected on DSD’s infrastructure database) with the need for this service. This suggested a significant gap between the current situation and the projected need. While Gauteng and the Western Cape had somewhat more shelter capacity than other provinces, even in these provinces the number was only a fraction of the estimate need (DSD 2016: 176). Estimating the extent of the need for shelter does not however, specify what form that shelter should take, nor the services it should provide – questions that are key to costing shelters’ operations. To arrive at some answer to these questions the next section analyses the relevant DSD policies.



(Source: Department of Social Development 2016: 176)

3. National Association of Welfare Organisations and Non-Governmental Organisations and Others v MEC for Social Development, Free State and Others (1719/2010) [2013] ZAFSHC 49 (28 August 2014) at 13.



## DEFINING SHELTERING



### Shelters

In 2001 the DSD issued Minimum Standards on Shelters for Abused Women (“the 2001 minimum standards”). This document defined a shelter as “a residential facility providing short-term intervention for women and children in crisis. This intervention includes meeting basic needs as well as providing support, counselling and skills development” (DSD 2001: 5 - 6). The document also suggested that the provision of shelters in the context of domestic violence existed on a spectrum comprising:

- Safe houses intended to accommodate women for a maximum of a week, with reception and assessment of the nature of abuse forming the basis of this particular model of emergency accommodation (DSD 2001: 7).
- Crisis centres – length of stay in these facilities was undefined, although they were required to be available on a 24/7 basis. Services to be offered by the centres included counselling, programmes for children (including their enrolment in new schools), access to health care services and linkages to childcare services (unless the shelter could offer these) (DSD 2001: 7- 8).
- Second stage housing appears to have been envisaged as a form of transitional housing, rather than shelter. As such, it demanded far less day-to-day involvement of shelter staff and aimed instead at linking women to a variety of community programmes intended to support their economic empowerment and the development of their skills and literacy (DSD 2001: 8).

But even if the minimum standards were formally addressed to shelters for abused women, the DSD was already contemplating the situation where “A shelter must be generic in its approach and should accommodate all types of victims,” (DSD 2001: 6). This shift was confirmed by the National Strategy for Sheltering Services for Victims of Crime and Violence - 2013 – 2018 (“the 2013 – 2018 strategy”), its title clearly signalling that sheltering services were no longer specific to abused women but available to victims of crime and violence generally (DSD, n.d.).

The effects of this redefinition are evident in the data gathered by the four shelter studies:

- In Gauteng five shelters accommodated 303 women between 1 October 2010 and 31 September 2011, of whom 147 (49%) had sought shelter specifically for domestic violence.
- In the Western Cape 69 (39%) of the 178 women accommodated between January and December 2011 in three shelters were escaping abuse from their intimate partners.
- Of the 65 women accommodated in three KwaZulu-Natal shelters between 1 March 2015 and 28 February 2016, 34 (52%) were seeking protection from their abusive intimate partners.
- In Mpumalanga 264 women were housed by six shelters, of which at least 44 (17%) had sought shelter specifically from domestic violence. This number is an undercount: in one shelter 99 (80%) of their 125 files could not be reviewed; in a second shelter, 35 (78%) of the 45 case files were not available; and in a third, 26 (67%) of the 39 files were not provided to researchers.
- In total, these 14 shelters (excluding the three Mpumalanga shelters with a significant number of missing files) accommodated 601 women, with 278 (46%) seeking refuge from domestic violence.

The balance of residents had sought shelter for a range of reasons, including as a result of experiencing violence from another family member or having been raped. Another proportion of women were destitute or facing a pregnancy crisis, while still others had experienced forced labour, human trafficking, or kidnapping, or had been identified as persons at risk of abuse. A different survey found shelters’ residents to also include refugees and lesbians exposed to violence on the basis of their sexual orientation and gender identity<sup>4</sup> (Creative Consulting & Development Works, 2015). Given this diversity, these facilities are perhaps now better described as shelters for women facing challenging social circumstances, rather than domestic violence shelters – or even shelters for victims of crime and violence.

---

4. At least one shelter, the Saartjie Baartman Centre for Women and Children in the Western Cape, has been funded specifically to accommodate LGBTQI+ individuals.

It may be neither affordable nor feasible to provide separate shelters for each category of woman requiring temporary accommodation. However, it cannot be assumed that pregnant women; lesbians seeking to escape homophobic persecution; homeless women; refugees; women who have been trafficked; rape complainants and abused women are all in the same position. Without an adequate consideration of these various categories of women's needs,<sup>5</sup> policy that subsumes all within an undifferentiated set of services and programmes may ultimately be neglecting the entitlements of each.

Complicating the picture still further is the inclusion of men within women's shelters. In 2011, the DSD told the National Council of Province's committee for Women, Children and People with Disabilities that they were negotiating with existing women's domestic violence shelters to accommodate men (PMG, 31 August 2011). Interviews<sup>6</sup> conducted in 2016 with staff at shelters in Mpumalanga suggested these negotiations had succeeded with three shelters.<sup>7</sup> During the course of the workshop it also emerged that a Free State shelter had also been used to house men who had been trafficked. Given that most women in shelters will have been victimised by men (their partners or otherwise) their inclusion within shelters is highly undesirable – especially in relation to women's felt sense of safety. It is far better policy to expand the scope of existing men's shelters, or identify other housing alternatives, than to accommodate men within women's shelters.

The expansion of shelters' clientele has not been matched by a significant increase in their number either. In 2009 the DSD reported that it was funding 96 shelters (PMG, 2009), with the vast majority of these likely to have been managed by the non-profit sector. In a speech made by the Deputy Minister of Justice in 2017, the DSD was said to be funding 102 shelters (JH Jeffery, 3 March 2017), representing an increase of six shelters in eight years. However, a later DSD presentation to parliament in August of the same year reported the department to be supporting and strengthening 84 shelters for abused women, while also establishing 13 shelters for victims of human trafficking (Parliamentary Monitoring Group, 31 August 2017).

- 
5. To consider but a few consequences of these differences: accommodating women who have been trafficked will increase the costs of security, with these increased security costs also being of benefit to abused women – but not particularly relevant to pregnant women. However, unlike women who have been trafficked or abused, pregnant and lactating women have particular nutritional needs (as do HIV-positive women), while refugee women may also require particular diets (depending on their religious and cultural backgrounds). The costs of an interpreter may also be required for refugee and trafficked women. Women who have been homeless and destitute for an extended period of time often suffer higher rates of psychological distress and difficulty than the general population and thus require more specialised mental health assistance than other women. Communal living can also be conflictual and the potential for disagreement may be exacerbated when women come from very different cultural backgrounds. When women belong to groups who experience discrimination, such as lesbian and trans women, they may also experience prejudice from shelter staff and residents. Addressing such conflicts not only demands time but also requires staff trained and skilled in understanding and responding to very diverse groups.
  6. Field work notes shared with the author by Claudia Lopes, Heinrich Boll Foundation.
  7. One shelter accommodated a male beneficiary in the exterior wing of the shelter and moved the women to the main building where they were closer to the security guard. A care worker also slept in the house with the women. At the second shelter, a room which accommodated two people could be allocated to male victims, but only if not already in use by female residents. The third shelter accommodated men under exceptional circumstances and when they did so, referred the women to other facilities.

These numbers suggest a possible decline in the number of shelters (perhaps as a result of their closure) – or even their reorientation towards a different category of victim. If there was any increase, it is unknown whether this was to DSD or NPO-managed shelters.<sup>8</sup>

This expansion of focus is not the only significant policy change confirmed by the 2013 – 2018 strategy. Where the minimum standards were agnostic on the length of stay, the 2013 – 2018 strategy sought to stipulate this, setting the minimum as either one day (DSD n.d: 19) or two weeks (DSD n.d: 17) (depending on which page of the document is consulted), and the maximum six months. The document also introduced the notion of a ‘victim safe space’ and the conceptual blurring of this with sheltering.

### Green and White Door facilities

The most obvious conflation of victim safe spaces with shelters is the Green and White Door facilities. The Green Door was first developed in Gauteng province in 2010 by the provincial Department of Community Safety, while the Eastern Cape provincial department of social development opened its first White Door centre in 2013, with the North West following suit a year later (Health24, 14 November 2014). Given that both Green and White Door centres are described by the 2013 – 2018 strategy as localised victim “reception/assessment/referral” centres which should be linked to other facilities (DSD, n.d), the difference between the two seems largely nominal.

In Gauteng, Green Door centres are located in private community spaces such as homes or churches, or easily accessible public structures located within communities such as homes for children, the aged and people with disabilities, as well as schools and provincial clinics operational on a 24-hour basis. The availability of the service appears dependent on volunteers receiving a stipend. Women can remain on these premises for a maximum of six hours. Given the restrictive time frame, only limited assistance can be provided: a safe, secure environment; basic emotional containment; referral to the closest professional victim’s service site; and basic care items, such as a blanket, refreshments and clothing (Gauteng Provincial Government, 2016).

In the Eastern Cape the White Doors appear to be based at NGO premises. According to the Al Fidaa Foundation based in Port Elizabeth (which manages a White Door Centre), victims may wait at a centre for no more than three to six hours, and receive no more than the same type of assistance offered at Gauteng’s Green Doors. Staffing is equally basic, with the Al Fidaa Foundation’s White Door Centres also managed chiefly by volunteers. DSD and corporate funding support the programme, capacity building and volunteers’ stipend (<http://www.alfidaa.co.za/white-door-centre/>). By contrast the White Door Centre opened in 2014 in North West province reportedly contained a bed, a chair, food and a dignity pack (Health24, 14 November 2014). The addition of the bed suggests that some White Door Centres may be able to accommodate women for the maximum of 24 hours allowed by the 2013 – 2018 strategy.

---

8. In 2017 representatives of the National Shelter Movement provided an informal count of seven government-run shelters (Watson and Lopes 2017: fn 13).

The number of Green and White Doors has increased rapidly since their inception. Between 2010 and 2016, 32 Green Door sites came into existence in Gauteng (Gauteng Provincial Government, 2016), while in 2014 the media reported 100 White Door centres to have been set up since 2013 (Health24, 14 November 2014). By the Deputy Minister of Justice's speech in 2017, this total had been adjusted downward to 19 (JH Jeffery, 3 March 2017) – and then adjusted upward to 205 by the DSD in a presentation to parliament five months later (Parliamentary Monitoring Group, 31 August 2017).

### Crisis Centres

These are described only minimally by the 2013 – 2018 strategy as offering a short-term crisis intervention restricted to containing and calming the victim, assessing their needs and then referring as appropriate. Their length of stay is unspecified but in practice this appears to range from three days to one month.<sup>9</sup> Their current number is unknown.

### One-stop centres

Two different types of one-stop centres are referred to by the 2013 – 2018 strategy: the Thuthuzela Care Centres (TCC) managed by the Sexual Offences and Community Affairs (SOCA) Unit of the National Prosecuting Authority (NPA); and the Khusuleka Centres managed by the DSD.

Like the Green and White Doors, TCCs are more accurately conceptualised as victim safe spaces rather than shelters. First developed by the NPA's SOCA Unit in 2000, they are intended to fulfil three aims in relation to sexual offences: the reduction of secondary victimisation; an increase in conviction rates; and a reduction in the length of time taken to finalise cases. The TCC model consists of two sets of services provided at different sites: the care centre located at a public health facility; and (ideally) a sexual offences court dedicated to the prosecution of rape cases. Services provided at the care centre include initial reception of the victim; history-taking and a medico-legal examination; prophylaxis and treatment for pregnancy and sexually-transmitted infections, including HIV; a bath/shower, refreshments and a change of clothing; and transportation home (or to a place of safety), referrals and follow-up support. The place of safety referred to is likely to be either a crisis centre managed by a NPO or a shelter.

The DSD opened its first one-stop centres in 1997 in partnership with the United Nations Office on Drugs and Crime and the National Network on Violence Against Women (Ramagoshi, 1997). A new model was introduced in 2010, the Khuseleka one-stop centre (Vetten, 2013), which the 2013 – 2018 strategy describes as comprising 24-hour services typically located at a hospital, clinic or house in the community where victims of domestic violence, as well as child and adult victims of sexual offences can receive legal and police assistance, health and medico-legal services, along with psycho-social, victim support and trauma counselling services (DSD, n.d.).

---

9. Personal communication, Masikhwa Tshilidzi, Thohoyandou Victim Empowerment Programme, 22 March 2018. See also Lopes and Mpani, 2017a.



The increase in one-stop centres over the years is minimal. In 2009 DSD reported to parliament that it had established seven one-stop centres. Relying again on figures provided by the Deputy Minister of Justice's speech, this number had been increased to eight Khuseleka One Stop Centres in 2017 (ibid). However, this may not represent a real increase. In 2015 the Saartjie Baartman Centre for Women and Children (a pre-existing shelter) was rebranded a Khusuleka Centre by the addition of two social workers and two social auxiliary workers, along with improved security (Western Cape Government, 26 August 2015). Certainly, when the DSD made its presentation in August 2017, the figure provided to parliament was lower, being six one-stop centres (Parliamentary Monitoring Group, 31 August 2017).

## Overview of policy

The 2013 – 2018 strategy clusters very different sorts of services under the rubric of shelter, with these different sorts also not enjoying equal resourcing and prioritisation. The greatest increase in facilities by far has occurred in relation to the Green and White Door facilities which, as little more than holding spaces in a crisis, represent the most minimalist of approaches to sheltering. Indeed, if we turn to the 2004 Minimum Standards for Service Delivery in Victim Empowerment (Victims of Crime and Violence) (“the 2004 standards”) for further guidance around what qualifies as a shelter, then they clearly do not meet the criteria. Being no more than entry points (sometimes) to shelters, they are not core to an analysis of the cost of shelter services and are therefore not considered further. (This is not, however, to discount their place on the spectrum of services that ought to be available to women experiencing abuse.)

What is evident from both the 2001 minimum standards and 2013-2018 strategy are two potentially different modalities of shelter: the emergency and short-term (with stays ranging from three days to one month); and the longer term (where stays may be up to six months) which also offers a more intensive range of services. The latter may be further varied by its incorporation of health and policing services (although it is not always clear if the Khuseleka Centres have nursing, medical and policing staff on their premises, or merely have close referral ties to these). These two modalities imply different costs and standards.

Emergency shelters (where they exist) appear to be available on a 24/7 basis and with their point of entry being located on the premises of police stations or health facilities. While they may be stand-alone, emergency shelters largely seem to be attached to an organisation also engaging in other victim empowerment activities. Their costs are likely to be minimal in comparison to other types of shelter, being confined to food, a sleeping place and the provision, in some circumstances, of necessities such as toiletries and clothing. While they do need to be staffed around the clock, the helping emphasis at this point is likely to focus on addressing the immediate crisis and identifying alternative accommodation. Because the length of stay offered is too short to provide anything other than a short-term respite from violence, they do not require staff capable of in-depth therapeutic work (whether group or individual), nor programmes around job skills and other training.



Longer stay shelters are also able to admit women and their children after-hours, with full intake procedures and assessment undertaken during office hours. The costs of these facilities will be higher than those of emergency facilities as they include a larger and more diverse staff complement able to provide a range of services and programmes to women and their children (including creche facilities and schooling), and also require greater expenditure over a longer period of time on women's day-to-day living expenses.

### EXISTING STANDARDS

As elaboration of policy commitments, minimum standards offer some indication of the level of expectation that should be held around any particular set of policy promises. According to the 2013 – 2018 strategy, it is the 2004 standards which provide guidance in this regard. In summary, these address the following:

- The qualitative experience of living in a shelter (or how residents experience how they are treated) the shelter's physical environment, including its design and safety features;
- The security measures needing to be in place to ensure residents' protection;
- Residents' rights, including of complaint;
- The processes and procedures that must be followed when residents first arrive at the shelter, have their needs assessed, and then finally exit the shelter
- The information that should be made available to residents
- The range of services and programmes women and their children ought to have access to including: medical and dental care, therapeutic and other special services, skills training and individual development, as well as education (DSD 2004: 23 – 49).

These standards, both explicitly and implicitly, are premised on the availability of a range of information materials, amenities and equipment, as well as a particular lay-out and design to shelters – all of which imply costs such as:

- Written materials outlining residents' rights and responsibilities, the shelter complaints policy and procedures, and copies of each woman's Individual Development Plan and care plan. This information should also be available in a range of languages, as well as formats (ie Braille, video or audio tape).
- Security measures, such as burglar bars, closed circuit television, remote controlled gates and panic buttons.
- Household safety measures such as a fire extinguisher and first aid kit.
- Fans and heaters to ensure that the shelter is adequately heated and ventilated.

- Household furnishings, cleaning materials and equipment, as well as bedding and furniture (including lockable cupboards for residents).
- Office furniture for staff, including lockable cupboards for the storage of women's confidential information.
- Physical accessibility to women with disabilities – implying ramps, lifts (where a shelter has multiple storeys), adapted ablution facilities, and counter tops and cupboards set at suitable heights.
- Space designated for the preparation and cooking of meals; eating; indoor recreation that also allows for socialising with friends and family; ablution facilities; secure storage of women's personal possessions and clothing; homework and study; and counselling and interviewing rooms, as well as offices for the performance of administrative duties. This standard, as well as that pertaining to physical accessibility, suggests a measure of once-off renovation costs. Maintenance costs will also be necessary to ensure that buildings remain compliant with health and safety standards.

The 2004 minimum standards also call for the implementation of a variety of activities, services and programmes. Given their content, emphasis and range, these are more likely to apply to longer-term shelters – leaving unspoken the standards applicable to emergency shelters.

- Training for staff and residents around emergency safety, including fire drills and universal precautions around Hepatitis B and HIV.
- Training that enables residents to acquire new skills.
- Training for staff around the application of shelter policies and protocols.
- The creation, by shelter staff, of networks of referral to a spectrum of health care services, including dentistry; medically-supervised detoxification of residents with substance/chemical dependencies; immunisation services; and preventive, routine and emergency medical care.
- A comprehensive assessment of residents upon their admission which should result in the compilation of an Individual Development Plan and goals, as well as a care plan. Information for both plans should also be sought from residents' families (where appropriate).
- Ongoing observation of residents to identify suicidality, substance abuse or other difficulties
- Ongoing supervision of staff.
- Provision of therapeutic and any other services to residents, in accordance with any plans, day-to-day needs or crises that may arise.

## Costing the operations of domestic violence shelters

The 2004 standards suggest that this work will be undertaken by two different staff members: a caregiver, who will work directly with the individual woman; and a social worker who will manage her case.

According to the 2013 – 2018 strategy shelters are expected to provide the following programmes and services:

- Attention to basic needs (listed as accommodation, clothing or starter pack, transport and food).
- Psychosocial services such as support, counselling, therapeutic interventions and play therapy for the children, with this set of interventions to be provided by a social worker.
- Life skills development – described as empowerment with information and knowledge, including information on the safety kit.<sup>10</sup>
- Vocational skills, including entrepreneurship skills.

Each of these activities, regardless of their scope and nature, are time-dependent and thus require a different type of standard: the staff-client ratio. Because those skilled in techniques of play therapy are not necessarily also competent to provide training in entrepreneurship, this ratio would need to reflect and apply to different types of staff performing different sorts of work.

## STAFF-CLIENT RATIOS

At the heart of any shelter is the care work and emotional labour performed by its staff. As a hands-on personal service, care is chiefly expressed through the relationship forged between resident and shelter worker. This form of relating cannot be spread over too many people and once numbers increase beyond a certain threshold the effectiveness of this relationship is diminished, making it difficult to distinguish a shelter from a dormitory or hostel. Staff-client ratios thus directly index the quality of care.

Table 1, taken from the 2013 Framework for Social Services provides a range of different staff-client ratios. These assume that the daily work of social and social auxiliary workers is confined to the following: case work with individual clients; group work; community work; supervision of staff; travelling; preparation of assessments and other reports for court; testifying in court; administration; and activities enabling professional development. Notably, none of these activities include the development of entrepreneurship or vocational skills.

Within a 160-hour working month each activity is allocated a certain percentage of time, depending on the scope of a particular social worker or social auxiliary worker's duties. In scenarios one to three case-work is allocated 128 hours, with the ratio of clients to social worker subsequently adjusted according to different variables. (These will be the same for social auxiliary workers).

---

10. What this kit consists of, as well as the circumstances under which it is to be used is not explained by the strategy.

- In terms of a 1:61 ratio, the client is allocated 2.1 hours/month with a social worker.
- A 1:44 ratio allows for 2.9 hours to be spent with each client monthly. The additional time allows for travelling and the possibility that some clients will need longer/more sessions with the social worker.
- The 1:19 ratio for social workers undertaking court work will allow her/him to spend 6.7 hours per month with each client. This time will presumably cover assessments, report writing and testifying in court.
- Where casework drops to 80 hours/month, the 1:37 ratio permits clients 2.1 hours per month of contact with the social worker.
- Scenarios 4 and 5 both also allocate some time towards group work. In scenario 4 this amounts to 48 hours distributed between 160 individuals. Using 1.5 hours as the standard length of a session of group work, then 48 hours allows for 32 sessions of group work, or eight group sessions per week. If it is expected that 160 individuals be reached through group work, then 20 individuals can attend one weekly session of group work every month. Alternatively, 10 individuals could attend two sessions of group work per month.
- Scenario 5 allocates 16 hours to group work reaching 40 individuals. Applying the same time measure used for scenario 4 will allow for about 10 sessions of group work per month, or between two to three sessions weekly. If 10 people are allocated to a group, making four groups, then participants can attend at least one session of group work every week.

It should also be noted that these ratios are different to that proposed in the 2013 – 2018 strategy which sets the social worker to beneficiary ratio at 1:30 (DSD n.d: 19). If the same figure of 128 hours is adopted for casework, then it enables social workers to spend 4.3 hours/month with clients, or to see them once a week for about an hour.

The time allocated to the supervision of staff is surprisingly more generous to supervisees than the time allocated to clients.

- In scenarios 8 and 9, 65% of the 160 working hours in any month are given to supervision. This allocates 104 hours to the supervision of thirteen supervisees, or eight hours to be spent on the supervision of one person alone.
- In scenarios 10 and 11 where 24 hours are allocated to supervision, the ratio is 1:3, also allowing eight hours per supervisee. To put these times in a somewhat different perspective: if counselling sessions are typically about 50 minutes in length, then a social worker will assist a client twice a month for about an hour on each occasion. By contrast, a social worker will supervise a staff member for two hours once a week.

Table 1: Ratio of social and social auxiliary workers to clients and supervisees.

Scenario 1 (social worker): 80% of workload is allocated to casework		
TIME ALLOCATION	FACTORS	CASE LOAD RATIO
<ul style="list-style-type: none"> <li>160 hours per month</li> <li>8 hours of supervision</li> <li>General administration of 16 hours per month</li> <li>Continuous professional development of 8 hours per month</li> </ul>	<ul style="list-style-type: none"> <li>No factors considered thus 160 hours per month</li> </ul>	1:61 cases per month 1:224 cases annually
Scenario 2 (social worker): 80% of workload is allocated to casework		
<ul style="list-style-type: none"> <li>All time allocations indicated in scenario 1</li> </ul>	<ul style="list-style-type: none"> <li>Nature of beneficiaries</li> <li>Travelling</li> </ul>	1:44 cases per month 1:160 cases annually
Scenario 3 (social worker): 80% of workload is allocated to casework		
<ul style="list-style-type: none"> <li>All time allocations indicated in scenario 1</li> </ul>	<ul style="list-style-type: none"> <li>Travelling</li> <li>Court work</li> </ul>	1:19 cases per month 1:134 cases annually
Scenario 4 (social worker): 50% of workload allocated to casework and 30% to group work		
<ul style="list-style-type: none"> <li>80 hours per month available for casework</li> <li>48 hours per month available for group work</li> </ul>	<ul style="list-style-type: none"> <li>No factors considered thus 160 hours per month</li> </ul>	1:37 cases per month 1:160 individuals in groups per month
Scenario 5 (social worker): Workload allocated as 50% casework, 10% group work and 20% community work		
<ul style="list-style-type: none"> <li>80 hours per month allocated to casework</li> <li>16 hours per month allocated to group work</li> <li>32 hours per month allocated to community work</li> </ul>	<ul style="list-style-type: none"> <li>No factors considered thus 160 hours per month</li> </ul>	1:37 cases per month 1:135 cases annually 1:40 individuals in group per month 175 individuals in groups annually Number of people reached through community work to be determined by the size of target community
Scenario 6 (social auxiliary worker): Workload allocation where 80% is allocated to basic counselling and support to families		
<ul style="list-style-type: none"> <li>160 hours per month</li> <li>8 hours of supervision</li> <li>General administration of 16 hours per month</li> <li>Continuous professional development of 8 hours per month</li> </ul>	<ul style="list-style-type: none"> <li>No factors considered thus 160 hours per month</li> </ul>	1:61 cases per month 1:224 cases annually

TIME ALLOCATION	FACTORS	CASE LOAD RATIO
<b>Scenario 7 (social auxiliary worker): Workload allocation where 80% is allocated to basic counselling and support to families</b>		
<ul style="list-style-type: none"> <li>Same time allocation as indicated in scenario 1</li> </ul>	<ul style="list-style-type: none"> <li>Travelling</li> <li>Nature of beneficiaries</li> </ul>	1:44 cases per month 1:160 cases annually
<b>Scenario 8 (social work supervisor): 65% of time allocated for supervision of direct social welfare services</b>		
<ul style="list-style-type: none"> <li>160 hours per month</li> <li>20% administrative tasks</li> <li>10% professional relations</li> <li>5% professional development</li> </ul>	<ul style="list-style-type: none"> <li>No factors considered thus 160 hours per month</li> </ul>	1: 13 supervisees
<b>Scenario 9 (social work supervisor): Supervision only where 65% of time allocated for supervision of direct social welfare services</b>		
<ul style="list-style-type: none"> <li>Time allocation similar to scenario 8</li> </ul>	<ul style="list-style-type: none"> <li>Travelling</li> </ul>	1: 10 supervisees
<b>Scenario 10 (social work supervisor): 65% of time allocated for supervision and 50% is allocated to casework</b>		
<ul style="list-style-type: none"> <li>Time allocation similar to scenario 8</li> <li>80 hours allocated to casework</li> <li>24 hours allocated for supervision of direct services</li> </ul>	<ul style="list-style-type: none"> <li>No factors considered thus 160 hours per month</li> </ul>	1: 3 social workers 1: 44 cases per month 1: 160 cases annually
<b>Scenario 11 (social work supervisor): 20% of time allocated for supervision and 50% for management of social welfare services</b>		
<ul style="list-style-type: none"> <li>24 hours allocated for supervision</li> </ul>	<ul style="list-style-type: none"> <li>No factors considered thus 160 hours per month</li> </ul>	1:3 social workers

(Source: DSD 2013: 24-25)

The various policies and standards considered thus far ought to cohere and be reflected in the costing of shelters and their services. The extent to which they do so is examined next.



### CALCULATING THE COST OF SHELTERING: Prior Studies

Two costings of shelters and their services have been undertaken to date (attached as Appendix A). The first, was finalised in 2001 by the DSD for inclusion in their 2003 Policy Framework and Strategy for Shelters for Victims of Domestic Violence in South Africa (DSD, 2003) and the second undertaken in 2013 by the private sector audit and accounting firm KPMG. The latter was done at the request of DSD after court proceedings were initiated in 2010 against the Free State provincial DSD by NAWONGO, alongside costing of all other welfare services funded by the province. Because neither costing specifies whether its calculations are based on an emergency or longer-stay modality of sheltering, this is inferred based on the type of costs allocated. The discussion also attempts to infer whether costs are based on a stand-alone service of which the shelter is the only type, or one where the shelter is one of a range of services offered by an organisation.

The DSD costing was based on a rapid appraisal undertaken in June 2000, as well as a business plan submitted by the Emnambithi office of DSD in KwaZulu-Natal. A further source for the budget was a United Nations HIV/AIDS project proposal. The costing proposed two models, one accommodating 10 women and the other 15, and also allowed for once-off costs to establish the shelter, such as playground equipment, furniture and office equipment. Once-off costs for the 10-bed shelter amounted to R177 200 and R215 300 for the 15-bed shelter.

The staff component for both models was identical (despite the difference in client numbers) and included a manager/caregiver, secretary/general assistant and book-keeper – the inclusion of these staff suggesting that this model was a stand-alone shelter. Counselling and care staff included one social worker, setting the social worker-client ratio at 1:10 and 1:15 respectively, and one housemother also doubling as a childcare worker and presumably working office hours. Because the calculations for staff payments are based on departmental grading and benefit systems, it is assumed that this budget may have applied to DSD, rather than NGO shelters, as post subsidies to NGOs are not based on departmental salary scales. By contrast, the three counsellors specified by this model were volunteers earning R500/month each. Their inclusion was an early formalisation of what is, by now, the entrenched reliance on underpaid women's work in the violence against women services sector (Vetten, 2016).

In total, staff and variable costs amounted to R626 847 for the 10-bed model and R824 944 for the 15-bed model. If the total cost of each model is divided by 12 to provide the monthly cost of running the shelter, then further sub-divided by 10 residents, this provides a crude estimated cost of R5 224/woman every month. If the same approach is applied to model B for 15 residents, then the monthly cost per beneficiary is R4 583.

The KPMG costing, undertaken a decade later (see Linstrom affidavit, 6 September 2013), is premised on a far more skeletal set of staff comprising two social auxiliary workers and two housemothers. No administrative personnel (including a manager) nor a social worker are allowed for in this costing model. The reliance on social auxiliary workers suggests that a limited range of therapeutic assistance to women is envisaged – meaning this model of costs falls below the 2004 minimum standards. The KPMG model does allocate one more housemother than the DSD model but neither this, nor the DSD's costing, recognises or allows for staff competent in vocational and entrepreneurial skills.

The absence of administrative staff from this budget suggests that the shelter in this model is one component of a larger set of services served by centralised administration. Overall, given the nature of the staff allowed for, the KPMG model of costs may be more appropriately applied to an emergency, rather than longer-term shelter. Neither the DSD nor KPMG costs make clear how children are treated so it is unknown whether they are counted as individual beneficiaries in their own right, or if their costs are concealed within those of their mothers – an approach that diminishes what is available to both.

Against this backdrop, the report now turns to the second layer of analysis: women's actual use of shelters and the shelter practices associated with this.

### 3. Abused women's use of sheltering services

This section combines the data from the four shelter studies (Bhana et al, 2012; Bhana et al, 2013; Lopes and Mpani, 2017a; Lopes and Mpani, 2017b) with the workshop discussions to provide an outline of actual shelter practice.

#### Getting to, and staying at the shelter

**More than a quarter (29%) of the women in the four studies found their way to the shelters via the police.** Some one in five (21%) were put in contact with the shelters by other organisations. Self-referrals resulted in 16% of admissions, while health facilities and DSD officials accounted for 4% and 7% of referrals respectively. Just one woman was referred by a court. The remaining women were referred to shelters by friends, employers and work colleagues, and their churches, among others.

Women's length of stay varied, with the shortest stays recorded by Mpumalanga shelters.

- More than half (59%) of the 44 women in Mpumalanga stayed for less than a month in the six shelters, 16% stayed between one to three months, 9% between three to six months and 7% for six months and more. (Data were not available for 9% of women). This large proportion of brief stays can be attributed to the fact that one of the shelters was also designated a crisis centre.
- In KwaZulu-Natal 16 women (47%) stayed less than a month, seven (21%) stayed between one and two months, five women between two and three months, four between three and six months, and two women in excess of six months.
- Shelter stays in Gauteng and the Western Cape were longer than those in KwaZulu-Natal, with those in the Western Cape the longest on average. The average stay in two Western Cape shelters was four months, dropping to three months for a third shelter.
- While stays in one Gauteng shelter averaged one month, the remaining four shelters housed women for between two and five months.

According to one senior staff member of a KwaZulu-Natal shelter the provincial office of the DSD placed some pressure on organisations to meet targets for the number of women they assisted annually. As a consequence, they discouraged stays of more than three months – a policy which may partly explain why stays in Gauteng and the Western Cape were longer than those in KwaZulu-Natal.

The KwaZulu-Natal and Mpumalanga reports provide some insight into the reasons for women's exits from the shelter within a month or less of their arrival. In some instances, a temporary place of safety was precisely what was needed for those who had access to alternative accommodation with a family member, or who had the means to rent accommodation. Some women were also ambivalent about leaving the relationship and returned to their partners (and were occasionally pressured to do so by family members). In still other cases women had obtained protection orders and felt safe enough to return to their homes (especially if one of the terms of the order included the abusive partner's eviction from the residence).

Just as there were women who left shelters relatively soon after their arrival, so were there women who asked to extend their stay. Some one in 12 (8%) of the 294 women in the study requested extensions, most often because they had not yet found alternative accommodation or employment or had only recently found employment and were still trying to save enough money for independent living.

## Who were the women using shelter services?

Women who accessed shelters in this sample were young, with almost half (49%) aged between 26 and 35 years. A small percentage was either under 20 or over 50 years of age.

**Table 5: Age range of women in shelters, by province**

Age Range	Gauteng (n= 147)	Western Cape (n=69)	KwaZulu-Natal (n=34)	Mpumalanga (n=44)	Totals (%) (n=294)
Under 20	8	1	1	1	11 [04%]
21 – 25	28	13	5	8	54 [18%]
26 – 30	41	19	4	11	75 [26%]
31 – 35	35	16	7	11	69 [23%]
36 – 40	18	8	6	3	35 [12%]
41 – 45	5	5	4	9	23 [08%]
46 – 50	4	4	5	0	13 [04%]
50+	6	0	2	1	09 [03%]
Unknown	2	3	0	0	05 [02%]

## Education, income and employment status

Women were poor, with the majority having no access to any sort of income on their arrival at the shelter. Of the 140 women (48%) who were recorded as having access to some sort of income, 49% obtained money from full- or part-time work or an income generating project. A not-dissimilar percentage (41%) had access to a state grant (usually the child support grant), while a very small number (8) received maintenance from their intimate partners or were supported by their families (4). Almost two-thirds of the women (177 or 64%) were not employed when they first entered the shelter.

2/3 of women entering shelters had not completed high school. Of the small number of women (9) in this group with primary school education or less, all but one were located in Mpumalanga shelters. Sixteen percent of women had matriculated and 21% had obtained some form of post-school qualification in the form of a diploma or university degree. Given the rates of unemployment reported in this sample, it is likely that the missing data would confirm that the majority of women had a matric certificate or less.

### Legal and practical assistance

Almost one in five women (19%) required help with applying for a protection order and some one in eight (12%) assistance with obtaining maintenance. Other legal assistance provided by shelters included divorce (8%) and custody applications (3%), as well as reporting the violence, following up on the criminal case and preparing for trials (9%). In addition, women were helped to obtain identification documents and birth certificates; put their children up for adoption; apply for grants; open bank accounts; and develop their curriculum vitae. Shelter workers also provided access to newspapers, the internet and telephones to enable women to seek and apply for work; liaised with local schools to accept children and obtain new school uniforms; and conducted training/skills programmes. In Mpumalanga in particular, where 18% of residents came from outside of South Africa, shelter staff also assisted women with a range of issues related to their migration.

### Health needs

Women presented with a range of different health needs, although these varied across shelters and provinces. While no women in Mpumalanga were pregnant during their stay at the shelter, two women still required pregnancy-related care – one woman had given birth a week before entering the shelter while another had suffered a miscarriage just prior to entering the shelter. In KwaZulu-Natal, 6% of women were pregnant at the time of their stay in the shelter, with the percentage of pregnant women rising to 13% in the Western Cape and 18% in Gauteng. HIV, by contrast, affected one in three women in the five Gauteng shelters but 13% of women in the Western Cape. In KwaZulu-Natal three of the 34 women were HIV-positive, and five of the 44 women in Mpumalanga. Other chronic conditions included hypertension, arthritis, diabetes and asthma. Abuse-related injuries affected just over a third (34%) of women housed in Mpumalanga shelters, 21% of KwaZulu-Natal shelter residents, 13% of Western Cape residents and 5% of women in the Gauteng sample. Mpumalanga reported not only the greatest proportion of abuse-related injuries but also the most severe injuries, including fractures, burn and stab wounds. These physical injuries had resulted in some degree of physical impairment for two women.

Many shelters exclude women with substance abuse problems (unless they are already in treatment). Nonetheless, 17% of women in the Western Cape were reported as having difficulties with substance abuse, dropping to 7% of women in Gauteng and just one woman in KwaZulu-Natal. Substance abuse was not reported in Mpumalanga. Even though women with the most serious psychiatric disorders are also excluded (unless these are managed by medication), mental health concerns featured consistently and more frequently than most other health needs. **Depression, anxiety and suicidal ideation were reported to affect 20% of Gauteng shelter residents, 23% of women in Mpumalanga, 24% of KwaZulu-Natal women and almost one-third (32%) of women in the three Western Cape shelters.**

### Therapeutic and other support

All women in the shelter sample appeared to have received individual counselling from the social worker and, less frequently, group counselling and assistance with parenting skills. Other less common interventions were family reunification services and couple counselling, as well as mediation (this was very infrequent). The frequency of these different sessions was not recorded however. To gain some insight into this, data was requested from organisations regarding the last five women who had left the shelter prior to the October workshop, with two shelters supplying this information.

St. Anne's Home records suggested the frequency of individual counselling to be as follows:

- Woman A: 35 sessions over 25 weeks, averaging 1.4 sessions/week
- Woman B: 26 sessions in 25 weeks, averaging 1.04 sessions/week
- Woman C: 14 sessions over 19 weeks, averaging 0.7 session/week
- Woman D: 11 sessions over 10 weeks, averaging 1.1 sessions/week
- Woman E: 34 sessions over 36 weeks, averaging 0.9 session/week

The overall average per client at St Anne's was approximately one counselling session per week. Workshop participants suggested that women's length of stay also affected the number of individual counselling sessions required. According to the group, most women arrive at the shelter in a state of crisis and initially require a number of sessions of psychological first aid (or containment counselling) to help them adjust to their new circumstances. Women may see the social worker up to three times per week and up to 90 minutes at a time. Participants perceived both the frequency and intensity of this need to taper off after about a month, with women typically requiring only weekly counselling thereafter. Some support for this perception was offered by the second shelter's information whose last five clients had stayed between three days and two weeks. On average, women saw the social worker twice during their stay.

The range of other services and programmes made available to women are as extensive or minimal as the resources available to any particular shelter. St. Anne's Home, the shelter whose range of programmes comes closest to meeting the 2004 minimum standards' requirements, provided detailed information regarding their services and programmes for residents. These included individual counselling; family/couple counselling; group counselling in the form of both a support group, as well as a structured programme; parenting skills; sessions with a psychologist; and a range of programmes designed to provide women with skills in different crafts, as well as prepare them for obtaining a livelihood. (A detailed outline of the range of services and programmes offered to the last five women who had left the shelter prior to the October workshop is attached as Appendix B.)

## Assisting children

Two hundred and sixty-seven women (or 91% of the 294 women in the sample) had children, amounting to 564 children in the sample. (Unlike the other provincial studies, the Mpumalanga study excluded adult children so it possible that that this number may be higher. For the most part, the KwaZulu-Natal study also adopted a similar approach). On average then, women had two children each. Data were available for the ages of 373 (66%) children, showing more than three-quarters of this group to be under the age of 11 years.

**Table 6: Age range of children in shelters, by province**

Age Range	Gauteng (n= 234)	Western Cape (n=57)	KwaZulu-Natal (n=34)	Mpumalanga (n=47)	Totals (%) (n=372)
Under 1	0	9	2	4	15 [04%]
01 – 05	128	37	15	22	202 [54%]
06 – 10	54	6	6	13	78 [21%]
11 – 15	21	3	5	6	35 [09%]
16 – 20	20	2	5	2	30 [8%]
21+	11	0	1	0	13 [03%]



Not all children accompanied their mothers to the shelter however. Differences in methods of calculating the number of children who remained apart from their mothers means that data for Mpumalanga, KwaZulu-Natal and the Western Cape must be presented separately to that from Gauteng. In the first three provinces the number of children living separately from their mothers was counted, while in Gauteng this was reversed and the number of mothers without their children counted instead.

Women in shelters in the Western Cape, Mpumalanga and KwaZulu-Natal accounted for 279 children, with 158 (56%) residing at the shelters and 114 (44%) living apart from their mothers. The greatest proportion of this group (27 children, or 24%) had remained with their fathers while 25 (22%) were living with maternal family members. Another 16 children (14%) had either been adopted or were in foster care or places of safety, while 17 (15%) were living with paternal family members. Eight (7%) children were adults living independently while another 21 children (18%) were either living with neighbours or in other, unspecified circumstances.

In Gauteng 132 women had children, of whom half (66 or 50%) had all their children with them at the shelter. Twenty-five women (38%) left their children in their family's care, while another 18 women (27%) left the children with their fathers. A further seven women had children who were either in places of safety or foster care, while five had children who were adults living independently. A very small number of women (2) had children who were being cared for by their paternal family members. As in the Western Cape and KwaZulu-Natal, a few children (8) were either living with neighbours or in other unspecified circumstances.

Information was sometimes available regarding the circumstances under which women left children in the care of their fathers or other family members. Some women were evicted from the shared household (along with some of the older children), and others forced to flee at short notice, or prevented from taking the children when they left. Others said they lacked the means to take care of their children, while a few women considered themselves incapable of caring for their children. In a few instances, children chose to remain with their fathers, or were already living apart from their mothers. There was only one case where an adolescent boy was living separately from his mother due to the shelter's policy around not accepting older boys.

Very limited information was available about children's health. **What could be found indicated that some children, like their mothers, had also been admitted with abuse-related injuries.** A small number of children required help with speech and hearing difficulties, as well as psychological disorders such as schizophrenia and mental disabilities.

As with women, programmes for children were highly dependent on available resources. Creche and childcare facilities were sometimes available at shelters (some of which offered creche facilities to the community more broadly). Where they were not, either women or the shelter paid creche fees. Some shelters were also able to occasionally take children out on educational excursions. Shelters also paid for the costs of children's travel to school, school books and stationery, and school uniforms in some instances. Shelters also assisted children to change schools. (The frequency with which they did so could not be calculated however, due to incomplete records.) In KwaZulu-Natal one shelter had received training from the Department of Basic Education to provide home-schooling – although this did not appear to have been applied in practice.



## Current shelter expenditure and the hidden work of services

To gain some insight into the funds currently available to shelters, workshop participants were asked to provide an overview of their expenditure for the past twelve months. These costs, which were for all women and not just those admitted on the basis of intimate partner violence, illustrate significant disparities in what is available to shelters for the crafting of their services. Such variability will affect the range and nature of those services, as well as their quality and likely effectiveness.

- Shelter A – housed 54 women and 74 children in one year at a cost of R2 377 596.00
- Shelter B – housed 34 women and 43 children in one year at a cost of R963 184.00
- Shelter C – housed 88 women and 88 children in one year at a cost of R1 424 521.56
- Shelter D – housed 67 women and 39 children in one year at a cost of R316 989.06
- Shelter E – housed 48 women and 47 children in one year at a cost of R311 500.00
- Shelter F – housed 128 women and 52 children at a cost of R256 856.67

A seventh shelter did not provide a detailed break-down of their expenditure but reported a budget of R256 000 which had contributed to accommodating 37 women and children over the last twelve months. This budget did not allow for staff dedicated to the shelter service alone.

None of these amounts accurately reflects the true costs of sheltering. Some shelters form one part of a larger ensemble of services provided by the organisation, with the result that a portion of their costs is shared, rather than carried by the shelter in full. The shelter described in the previous paragraph, for example, was managed by two social workers in the organisations (one of whom had graduated very recently) who also **split their time between walk-in psycho-social services for the local community, as well as follow-up and awareness services**. Thus, in one month, these two members of staff provided counselling and support to 36 individuals, admitted four women and their children to the shelter and ran an awareness campaign for 83 people.

The value of goods donated to shelters will also not be captured in these amounts. Further, given that shelter staff earn salaries below the market rate (and sometimes even below the minimum wage determined for farm workers) (Vetten, 2016), these amounts also underestimate labour costs. **A great deal of other helping work undertaken at shelters is 'hidden' – and thus uncoded – because performed by volunteers who, for the most part, receive little to no compensation for their efforts.** Without their contribution, shelters would accomplish less than is currently reported.

Review of the four shelter studies found a range of different forms of work to have been 'donated', or performed on a voluntary basis, particularly in relation to skills and other livelihood-related training and support. Counselling, as well as the running of the service after hours, was undertaken by volunteers while social work students and psychology interns also provided some counselling support, especially to children. A small number of shelters had access to the volunteer services of psychologists while one had been donated the services of three security guards, and another had access to the pro bono services of a psychiatrist. In one shelter with very little funding the manager, intake officer, receptionist and financial administrator were all working on either a voluntary or minimum pay basis.

Yet another form of invisible work was that which went into keeping the shelter running.

DSD's current policy of not funding services in full, places shelters in the position of either providing inadequate services or expending a great deal of effort in raising funds elsewhere. Sisters Incorporated ("Sisters") in the Western Cape provided some insight into the work entailed in securing this additional funding.

Between January to December 2011 the shelter received R285 600 from the DSD and raised another R907 217, giving the shelter a total income of R1 192 817 (which still left the shelter with a deficit of R105 747 for the year). The DSD contribution amounted to almost one quarter (24%) of the shelter's income, with another 23% provided by the National Lottery Development Trust Fund. A further one percent was generated through fees charged by Sisters for accommodation and another one percent through insurance claims received. The other half of the shelter's income was raised by theatre evenings, as well as cheese and wine evenings; breakfast meetings with prominent speakers; street collections; selling items produced through the shelter's skills training centre; and soliciting monthly contributions from companies and individuals. This was in addition to the development of proposals to donor agencies. The shelter also secured donations of clothing and other consumables from Woolworths and Engen garages, as well as private individuals.<sup>11</sup>

Before proposing a set of costs more appropriate to the effective running of shelters and their services, this section of the report concludes by examining what **shelters do accomplish, despite their funding constraints**.

## Leaving the shelter

Follow-up with women after they had left the shelter was inconsistent, seeming to be entirely lacking on the part of the shelters in the Western Cape, occasional in Gauteng and Mpumalanga, and most frequent amongst the three KwaZulu-Natal shelters. Of course, some women may not have wanted to be followed up but this is an area of support that shelters appear to have inadequate resources to provide follow up services.

Information regarding where women went after leaving the shelter was missing for at least 40 of the 69 women in Western Cape shelters. Of the remaining 29 for whom information was available, six (21%) returned to their partners while 23 (79%) did not. In KwaZulu-Natal 71% of the 34 women did not return to their partners, while in Gauteng 53% did not return. This percentage may be higher for Gauteng taking into account that 11 women in the sample were still resident in the shelter at the time of the study. Data was missing for 18% of the 44 Mpumalanga shelter residents but when available showed 21% of women to have returned to their partners. A further 23% of women found their own accommodation, while 36% of women moved in with other family members.

The three Western Cape shelters recorded 40 of their residents as unemployed. However, by the time of their exit, half of the women (or 20) had found some form of employment. This was considerably better than in KwaZulu-Natal, where shelters found employment for four of the 19 unemployed women, as well as Gauteng where 18 (18%) of 101 unemployed women found some form of employment. In Mpumalanga two of the 17 women who were not employed at the time of their entry into the shelter subsequently found employment.

---

11. Activities of this sort are made considerably more challenging in a province like Mpumalanga, whose population is poorer than that in the Western Cape and which contains fewer companies able to make large donations.

**It is this ability to help women craft new lives for themselves and their children that is the achievement of shelters and what women value about their stay (Baholo et al., 2015).** These benefits are not only to individual women and children but to society more broadly. Enabling women to leave their abusive partners contributes to reducing women's future use of health facilities, as well as their use of court and policing services. By limiting children's exposure to violence, shelters also help reduce the likelihood of children growing up to either perpetrate or experience violence as adults. They provide a training ground for students, as well as an opportunity for people to serve their community. And while shelters cannot be run on a purely voluntary basis, this does not detract from the valuable contribution volunteering makes to social solidarity.

## 4. Actual costs: developing a framework for costing shelter facilities and programmes

The NAWONGO decision ruled that the core costs of services must be funded in full by the DSD except where NGOs are able to raise additional funds elsewhere. According to the court core costs are the reasonable expenses essential to providing services on a sustainable basis and include the salaries of the number of each staff type necessary to provide the service; water and electricity; food supplies; clothing; lease of premises; telephone and other communication costs; stationery; training and staff development; equipment hire; office insurance; security guards; and transport. Taking this outline as its guide, this section first presents a set of core costs applicable to the DSD and then lists further items which, while not classified as core by the NAWONGO decision, remain crucial to the provision of effective services. While the latter are not costed they are included both to illustrate the full range of costs associated with shelters, as well as indicate where policy development is required.

**This costing is based on a model of sheltering that allows for a mix of longer-term stays, ranging from one to six months.** It therefore does not apply to those shelters that only provide emergency and short-term accommodation. Further, because this costing is premised on longer stay sheltering, the unit cost is calculated as a monthly, rather than daily, rate. As its focus is the core service and programme staff, it does not include a full range of support/administrative staff. It does allow for one management position to illustrate what work should not be falling to service and programme staff.

### Variable costs

Many of shelters' variable costs are determined by individual women's circumstances, comprising their employment status, level of education, number of children, health and access to resources (including degree of family support). As the previous section showed, most women are unemployed, possess limited levels of education and have few means at their disposal. Shelters thus need to support most women's needs in their entirety, including toiletries, food, clothing and travel to health and legal services. Travel costs will need to be adjusted according to the shelter's location in either a rural/peri-urban area, or an urban area.

The previous discussion also showed most women to be young and typically caring for two small children. Yet the policy documents and costings reviewed earlier treat individual women as the only beneficiaries of shelter services, overlooking the significant role women play in caring for children. As a consequence of this oversight, an amount that is intended to cover the costs of one person is effectively split between three. To address this, the report proposes a separate variable cost for each child.

As the situation of children in domestic violence shelters is most comparable to that of children in child and youth care centres the report utilises the variable costs calculated by KPMG for the NAWONGO matter. Calculated as R1 788.17 per month per child in 2013, this amount is calculated as R2 324.62 in 2018 to take inflation into account and allocated towards food, nappies, clothing, school uniforms, stationery and school books, and creche fees. The last is crucial to enabling women to attend training, search for work and/or hold down a job.

### Overhead costs: STAFF

Ensuring an effective practice of care requires careful attention to staff-client ratios informed by the glimpse into women's needs provided by the analysis of the secondary data.

One indication of these is provided by the source of referrals to the shelter - 29% from the police and 4% by hospitals – combined with percentage of women arriving with assault-related injuries (ranging from 5% to 21%). While the exact percentage cannot be pinpointed, these data provide some indication of the number of women who may be in a state of active crisis at the time of arrival in the shelter. Thus, in addition to the increased emotional support necessitated during this initial period, women's need of safety and health care may also be greater than usual, requiring additional follow-up visits to the hospital (requiring both time and travel on the part of the shelter staff), as well as applications for protection orders in terms of the Domestic Violence Act, or organising police escorts to fetch clothing and other possessions. Admissions under these circumstances may require a highly intense form of support over a short period of time in order to establish a modicum of routine and predictability for the woman and her children.

While they may not require as much from staff, women entering the shelter under less urgent circumstances also initially require more time from staff than they would later during their stay. This is to allow for the various orientations to a shelter's policy and practices, as well as their own need to adapt to their new circumstances. Once women have settled in the amount of time they require from staff may reduce. However, additional time with staff may be needed again once women prepare to leave the shelter, this being another point of transition and change.

The shelter data also suggests that between a fifth to a third of women experiences particular psychological challenges and may require more intensive, as well as more frequent, therapeutic interventions. These have implications for the time required to support this group of women, as well as the level of skill needed to do so. A further important factor to take into account in determining staff-client ratios is the high proportion of children living apart from their mother and 'missing' from shelter services. This group of children is just as likely to be in need of some form of emotional support as children with their mothers. Not only have they been witnesses to violence (if not also subjected to it) but they are also in the complex position of having been separated from their mothers, with all the feelings of abandonment this may evoke. At a minimum, shelter staff need to investigate the safety of this group of children.

Another group of children identified as living in challenging circumstances are those in foster care or places of safety. Although the shelter studies show a small number of these children to have been in the process of being adopted, it can be crudely estimated that at least one in ten women and their children fall into this category and require additional support. Yet only one record could be found in the four shelter studies of a woman being assisted to engage with her children in foster care – and this was in the form of travel money to visit her children (of course, the extremely limited data in this regard may be an artefact of poor record-keeping on the part of shelters). As it is, both the shelter studies and the two costing exercises suggest that even children with their mothers are being accorded only limited attention in terms of both policy and practice. Staff-client ratios thus need to be substantially adjusted to take into account the needs of children in shelters, as well as those separated from their mothers. They too are beneficiaries of the service, even if the nature of support and intervention differs.

A different form of assistance is required to address women's legal and practical circumstances. Staff may need to accompany women to courts, clinics, police stations and other facilities for purposes of their safety, or because they require the emotional support that accompaniment represents. In other instances, there is no public transport to particular destinations, requiring staff to drive women to services or courts (assuming a vehicle is available for them to do so).

Workshop discussion suggested that while supervision took different forms, it did not require eight hours to be allocated to an individual every month (except perhaps where the social worker was still very new). In the Western Cape supervision is typically outsourced to a third party which provides one hour per month of individual supervision plus two hours of group supervision. In KwaZulu-Natal, the approach is different. If the shelter manager is a social worker then she will provide case supervision and this will include review of case records (or process notes) and the nature of the assistance offered. Where the manager is not a social worker, then a social work supervisor from the district office of the DSD can be contacted as needed. In Gauteng supervision is also kept in-house, with individual social workers being seen for up to two-and-a-half hours per month. Similar to KwaZulu-Natal, cases and their accompanying process notes will be discussed, along with any particular difficulties being experienced by the social worker. In all instances, ad hoc consultation around particular women's difficulties is also available. This suggests that three hours of formal supervision may be appropriate, in addition to ad hoc supervision as and when indicated.

Finally, both educating communities more broadly about domestic violence, as well as securing referrals to and from their facilities entails work on the part of shelters. This includes identifying other points of service likely to be utilised by abused women in the geographical areas served by the shelter, meeting with and maintaining relationships with these various contacts, as well as providing information about domestic violence and the purpose of shelters. This may require different sorts of presentations as well as the development and distribution of promotional materials that are both paper-based and electronic.



Based on this overview the following type and number of staff are proposed:

- **HOUSEMOTHERS** – 3 required, assuming a system of 12-hour shifts in a schedule of four days on and four days off. Housemothers are responsible for:
  - The day-to-day running of shelter, ensuring that everything in the shelter is clean, in working order and maintained/repaired as necessary. This includes purchasing and managing all consumables,
  - Assisting the social worker with the admission of women by preparing rooms and orienting women to the shelter's routines and rules,
  - Assisting women and children with their day-to-day requirements.
  
- **SOCIAL WORKERS** – a social worker- client ratio of one to fifteen is assumed, on the basis that the social worker will spend six hours per month with each woman and her children, on average. It is assumed that the number of women entering the shelter will be balanced to some extent by the number of women already settled in the shelter. It is also assumed that the proportion of women requiring more intensive support will be offset by those needing less support. The social worker will be engaged in the following:
  - Assessment of each woman and her children,
  - Individual counselling to the woman and play therapy with children (where required),
  - Following up on children not with their mother, including liaising with foster care services and places of safety. This may include providing joint sessions of counselling to mother and child(ren),
  - Some family and couples counselling (where requested),
  - Minimum of one follow-up contact with each woman after she has departed the shelter,
  - Facilitating a therapeutic/support group,
  - Supervision of other counselling staff,
  - Administration and maintaining client records,
  - Professional development and training,
  - Networking and development of inter-agency relationships.
  
- **SOCIAL AUXILIARY WORKER** – also working on a 1:15 ratio to ensure clients' health needs are addressed; provide support and practical assistance (court, home affairs, clinic, grants etc); enrol children in new schools where required; provide some limited support and assistance to children; assist with job searches and information sessions (eg. HIV, family planning); undertake community work – workshops, presentations and inter-agency liaison. Women only briefly resident in the shelter could also be assisted by a social auxiliary worker, as well as women needing a lower level of therapeutic support.
  
- **SHELTER MANAGER/DIRECTOR** – responsible for fund-raising and reporting; overall management of the shelter; ensuring the shelter is profiled/publicising issue and organisation's services: writing, design and printing of promotional materials.



Based on this discussion, the core costs for a domestic violence shelter are summarised below, drawing on the costs endorsed by the Free State High Court in NAWONGO. Table 7 presents both the original amounts calculated in 2013, as well as their equivalent in 2018 once adjusted for inflation. We do not use the NAWONGO calculations for staff costs as these do not meet the standard outlined above. On the assumption that NPOs may be able to raise a portion of their costs, staff salaries are calculated at eighty per cent of the equivalent DSD entry level cost of employment (see Budlender, 2017). In the case of the house mother the salary is set at the proposed minimum wage of R20/hour. The 12-hour shift system in use results in approximately 192 hours being worked every month which, calculated at the proposed rate of R20 per hour, results in R1 300 more being earned per month than the current DSD subsidy for this post (Vetten, in progress; see also Lopes and Mpani, 2017b). The centre manager's salary is calculated at eighty per cent of the salary of a centre manager for an older persons' residential facility. Finally, because the NAWONGO shelter costing did not include an amount for cleaning materials we have taken the amount provided for this in the costing for children's homes.

**Table 7: Core costs for domestic violence shelter**

### Variable and semi-variable operational costs for 15 women and 30 children

<b>Variable expenses:</b>	<b>2013</b>	<b>2018</b>
Travel	R153.53	199.59
Water and electricity	395.07	513.59
Food supplies	832.80	1 082.64
Clothing and toiletries	224.15	291.40
Domestic consumables (cleaning materials)	38.74	50.36
Leases	336.08	436.90
<b>Total variable costs for one adult woman</b>	<b>1 980.37</b>	<b>2 574.48</b>
<b>Variable costs per child (1 788.17 x 2)(2 324.62 x 2)</b>	<b>3 576.34</b>	<b>4 649.24</b>
<b>Total variable cost per woman (including children)</b>	<b>5 556.71</b>	<b>7 223.72</b>
<b>Overhead costs: staff</b>	<b>2016</b>	<b>2018</b>
1 shelter manager	16 809.00	17 481.36
1 social worker	14 360.00	14 934.40
1 social auxiliary worker	8 060.00	8 382.40
3 house mothers @R3 840/month each	10 500.00	10 920.00
<b>Total monthly staff costs</b>	<b>49 729.00</b>	<b>51 718.16</b>
<b>Overhead costs: Communication:</b>	<b>2016</b>	<b>2018</b>
Cell phone	348.93	453.61
Telephone/fax	2 209.87	2 872.83
Insurance	120.00	156.00
Internet	465.23	604.80
Security services	14 763.10	19 192.03
<b>Total</b>	<b>17 907.13</b>	<b>23 279.27</b>
<b>Overhead costs in total for 2018<sup>12</sup></b>		<b>74 997.43</b>

12. These figures are taken from data compiled in 2017 and thus reflect subsidies for the 2016/17 financial year, rather than 2013. We therefore do not provide an overall total cost for 2013 as the calculations of staff costs do not match this period.

In 2018 the beneficiary cost per woman and her two children is calculated as R7 223.72. Assuming that the shelter is full each month, this will amount to an annual cost of R1 300 269.60. This figure will, of course vary if the woman brings more, or fewer, than two children to the shelter. With the total annual cost of overhead expenses calculated as R899 969.16, this brings the annual core costs of a shelter to R2 200 238.76. (This amount will obviously also vary according to the number of rooms in the shelter.) Finally, drawing on the 2004 standards, Table 8 sets out the once-off costs required to set up a shelter.

**Table 8: Once-off costs of establishing a shelter**

ONCE-OFF COSTS	COMMENTS
<p><b>Design/renovation</b></p>	<p>The extent of these will depend on the building's original design. Costs should be geared towards the habitability and accessibility of the building.</p>
<p><b>Safety and security</b>            closed circuit television            electric fence/wall            safety gates (remote controlled)            panic button            burglar bars            fire extinguisher and smoke detector            first aid kit</p>	<p>Although largely once-off costs, these items require annual maintenance.</p>
<p><b>Shelter</b>            Maintenance of building            Gardening equipment            Play equipment</p>	<p>A portion of budget will need to be allocated towards the maintenance and replacement of these items annually.</p>
<p><b>Furnishing of shelter</b>            2 children's beds/room            2 cots/shelter            1 adult bed/room            1 set of lockable cupboards/room            1 set of curtains/room            Bedding, pillows, linen and towels for each room</p>	<p>An estimated 20% - 30% of these items will require replacement or repair every year, with the exception of the furniture.</p>

ONCE-OFF COSTS	COMMENTS
heater fan 2 fridges freezer washing machine stove kettle, iron and toaster microwave crockery and cutlery television radio Lounge suite tables and chairs for eating area tables and chairs for study/homework area Computers, software, printers Office furniture, including lockable cabinets for client records	

# CONCLUDING RECOMMENDATIONS

Shelters and their services ought to emerge from a close conversation between policies and budgets, with this dialogue rooted in close attention to abused women's needs and rights. Yet the policy and budget analysis offered by this report neither suggests such coherence nor provides evidence for the progressive realisation of shelter services to women in abusive relationships. Indeed, where advances have been made over the last decade these have occurred in relation to facilities which, even on the department's own definition, do not qualify as shelters. Addressing this stagnation requires revision of all the policy documents reviewed in this report to take the following into account:

- The shelters described by this report are women's shelters – and, in a few instances, not even that. While mixed-sex shelters are not recommended, the effects of transforming what were domestic violence shelters into generic women's shelters requires further investigation. If this approach is of benefit to all then policies, standards and strategies must be revised to address the full diversity of women housed by shelters, with these revisions informed by investigation into the needs of those women resident in the shelter for reasons other than domestic violence.
- Comprehensive policy is required around sheltering women escaping domestic violence. This needs to elaborate the spectrum of help available, ranging from 'victim safe spaces' to emergency and longer-term shelters, as well as how these may be linked to permanent housing. Each form of assistance must also include minimum standards around the provision of the service.
- Current policy does not provide adequate guidance around services to children to shelters. Appropriate programmes and interventions must be developed for future shelter policies and strategies.
- The 2013 – 2018 strategy is in its final year. The next five-year strategy must set out a comprehensive plan for progressively increasing funding to shelters and strengthening their services over time. This plan must ensure equity both within and between provinces and include standards, targets and indicators that measure the DSD's progress.
- Policy development must involve departments other than the DSD, especially in relation to assisting women to obtain a livelihood. Although the DSD standards and 2013-2018 strategy reflect an expectation that women will be trained around entrepreneurship and other skills designed to increase their employability, this is not feasible, nor is it funded. Social work training does not focus on the development of these capabilities, making it unlikely that social workers will be particularly successful in this regard – especially with a group of women as disadvantaged as those in the four shelter studies. While the DSD and social work staff may not be the most appropriate source of this training, this does not mean it should not be offered by shelters. Indeed, given how women's economic dependence can trap them within abusive relationships, training to provide women with livelihoods is a crucial component of shelter services. The Departments of Labour and Trade and Industry, as well as the relevant Sector Education and Training Authorities must play a role in providing skills, training and employment programmes to women in shelters.

- Women's current access to psychological and psychiatric services is limited. Waiting lists in public health facilities for such services run into weeks – if not months – and women may have already left shelters by the time appointments become available. Further, when psychotropic medication is prescribed, its efficacy and side effects will initially require some monitoring. The Department of Health must consider how to make mental health services more accessible to shelter residents.

To conclude: **S v Baloyi** argued that when the state failed to fulfil its obligations in relation to domestic violence, this intensified victims' subordination and helplessness and sent "an unmistakable message to the whole of society that the daily trauma of vast numbers of women counts for little. The terrorisation of the individual victims is thus compounded by a sense that domestic violence is inevitable. Patterns of systemic sexist behaviour are normalised rather than combatted."<sup>13</sup> These words should inspire the changes proposed by this report.

---

13. S v Baloyi and Others 2000 (2) SA 425 (CC) at 12.

## APPENDIX A

### DSD AND KPMG SHELTER COSTINGS

#### Department of Social Development

This costing framework was contained in the 2003 document entitled Policy framework and strategy for shelters for victims of domestic violence in South Africa. Its figures were arrived at following a rapid appraisal undertaken by the DSD in June 2000, as well as a business plan submitted by the Emnambithi office of DSD in KwaZulu-Natal. A further source for the budget was a United Nations HIV/AIDS project proposal.

Cost item	Model A (10 beds)	Model B (15 beds)
Domestic appliances and hardware	15 000	15 000
Audiovisual requirements	4 000	4 000
Beds and bedding	20 200	30 300
Furniture	12 000	30 000
Vehicle	100 000	100 000
Office equipment (fax, computer, photocopier)	15 000	25 000
Security	5 000	5 000
Playground equipment	6 000	6 000
<b>Total</b>	<b>177 200</b>	<b>215 300</b>

Cost item	Model A (10 beds)	Model B (15 beds)
Manager/caregiver (total package)	121 352	148 880
Secretary/general assistant (total package)	47 214	50 896
Book-keeper (total package)	47 214	50 896
Social worker (total package)	100 992	121 352
Child care worker/house mother (total package)	55 998	62 843
Counsellors (3 volunteers calculated at R500/month)	18 000	18 000
<b>Sub-total</b>	<b>390 770</b>	<b>452 867</b>
Entertainment allowance	1 000	1 500
Public transport	6 000	12 000
Staff travel	12 000	12 000
Air tickets	10 000	10 000
Cell phone costs	3 600	3 600
Postage and post box rental	1 200	1 200
Radio and television licences	220	220
Training and seminars	8 000	8 000
Gifts	5 000	5 000
Incidental expenditure	1 000	2 500
Toll road fees	1 000	1 000
<b>Sub-total</b>	<b>49 020</b>	<b>57 020</b>



Cost item	Model A (10 beds)	Model B (15 beds)
Food	60 000	120 000 <sup>14</sup>
Petrol	12 600	21 600
Publications	57	57
Protective clothing	5 000	15 000
Stationery	5 000	5 000
Printing	5 000	15 000
Servicing of vehicles	3 000	3 000
Building rental	48 000	84 000
Cleaning material	2 400	2 400
Special speakers	3 600	3 600
Security costs	3 600	3 600
Electricity and water	24 000	24 000 <sup>15</sup>
Recall salary: bank	300	300
Inter/national organisations' membership fees	500	500
Advertisements	7 000	7 000
Audit fees	3 000	3 000
Courier services	1 000	1 000
Telephone and fax	6 000	6 000
<b>Sub-total</b>	<b>187 057</b>	<b>315 057</b>
	<b>626 847 (5 224)</b>	<b>824 944 (4 583)</b>

(Source: DSD 2003, Annexure G)

14. Although the original breaks down this amount as R10 000 x 12 months the total is incorrectly calculated as R100 000 in the original. The calculation is corrected in the table.

15. The original document breaks down this amount as R200 x 12 months but incorrectly calculates the total as R2 000. The calculation is corrected in the table.

## KPMG COSTING, 2013

In 2013, the acting head of the Free State DSD submitted an affidavit to court setting out the core costs of 34 different welfare services and programmes, as calculated by KPMG in discussion with the various role players. DSD in the Free State ranked domestic violence Shelters as 18<sup>th</sup> in order of priority.

**Number of beneficiaries = 20**  
**Cost per beneficiary R5 219.49/month (R1 252 677.60/year)**

<b>Variable expenses:</b>	
T&S without operator	153.53
Water and electricity	395.07
Leases: dwellings	336.08
Food supplies	832.80
Clothing	224.15
<b>Total variable costs</b>	<b>1 942.32</b>
<b>Overhead costs</b>	
2 Social auxiliary workers grade 1, notch 1	16 384.50
2 housemothers	16 060.50
<b>Employer contributions</b>	
UIF	324.45
Worker's compensation	129.78
Pension fund	433.38
13th cheque	703.75
Medical aid	000.00
Housing	600.00
<b>Communication:</b>	
Cell phone	348.93
Telephone/fax	2 209.87
Insurance	120.00
Internet	465.23
<b>Security services</b>	<b>14 763.10</b>

(Source: Supplementary affidavit, JMW Linstrom 2013: Schedule 2, page 26)

# APPENDIX B

## Psycho-social support services, St. Anne's Home

SERVICES RECEIVED	CLIENT 1 25 weeks	CLIENT 2 25 weeks	CLIENT 3 19 weeks	CLIENT 4 10 weeks	CLIENT 5 36 weeks
Healthcare required	N/A	Pap smear	Pap smear	Ante-natal care ARV medication	Anti-depressant medication, accompany client to hospital for 72 hr observation 1 session eye screening
Individual counselling	35 sessions	26 sessions	14 sessions	11 sessions	34 sessions
Group counselling	10 sessions Restoration & Healing	12 sessions Restoration & Healing	5 sessions Restoration & Healing	4 sessions Restoration & Healing	15 sessions Restoration & Healing
	5 sessions support group	6 sessions support group	6 sessions support group	4 sessions support group	5 sessions support group
Counselling for children	N/A	7 sessions	N/A	N/A	N/A
Family/couple counselling	N/A	N/A	2 sessions	N/A	2 sessions
Any other counselling/ support intervention	4 sessions (Psychologist)	Cape Town Drug Counselling Centre (6 weeks)			6 sessions
	1 session parenting skills	3 sessions parenting skills	1 session parenting skills	6 sessions parenting skills	4 sessions parenting skills 1 session attachment workshop
Skills training/ income/ livelihood support	1 session candle making	N/A	N/A	3 sessions candle making	5 sessions candle making
	3 sessions jewellery making	2 sessions jewellery making	N/A	4 sessions jewellery making	12 sessions jewellery making
	N/A	1 session crochet & knitting	N/A	1 session crochet & knitting	3 sessions crochet & knitting
	8 sessions job readiness	10 sessions job readiness	14 sessions job readiness	10 sessions job-readiness	17 sessions job-readiness
	N/A	1 session coaching	N/A	1 session coaching	Coaching
	5 sessions Project Abroad	3 sessions Project Abroad	3 sessions Project Abroad	N/A	12 sessions Project Abroad
1 session Shine Course	N/A	N/A	N/A	4 sessions Shine Course	

**APPENDIX B: Continues ...**

SERVICES RECEIVED	CLIENT 1 25 weeks	CLIENT 2 25 weeks	CLIENT 3 19 weeks	CLIENT 4 10 weeks	CLIENT 5 36 weeks
	Grow Course	Grow Course	Grow Course	Grow Course	Grow Course
	Sexually transmitted diseases	Sexually transmitted diseases	Sexually transmitted diseases 1 session family planning 3 Sessions HIV/AIDS	Sexually transmitted diseases	Sexually transmitted diseases 1 session family planning
	Water breath sound	Water breath sound	Water breath sound	Water breath sound	Water breath sound
	Self-development	Self-development	Self-development	Self-development	Self-development
	Human trafficking	Human trafficking	Human trafficking	Human trafficking	Human trafficking
	Music therapy	Music therapy	Music therapy	Music therapy	Music therapy
	N/A	N/A	N/A	N/A	4 sessions mindfulness
	N/A	N/A	N/A	N/A	1 Sexual Harassment in the workplace
	N/A	N/A	N/A	N/A	1 Session Stress Management
Childcare costs		R3 500			
Travel required	R185,00	R535,00	R162,00	R130,00	R310,00
Any other assistance required while in shelter	ID application	4 Drug Tests	Bursary holder for Matric	N/A	Late registration of birth certificate application, re-issue of marriage certificate,
Any follow-up assistance required after leaving	2nd stage accommodation Crèche Support services	2nd stage accommodation Crèche Support services	Assisted client with travelling costs after discharge. SW will follow-up, check-in with client.	Client left before her programme was completed. SW will follow-up, check-in with client.	Provide 4 further sessions with psychologist. Follow-up and check-in with client.

## APPENDIX C

## EXPENDITURE FOR SIX SHELTERS

COSTS IN LAST 12 MONTHS	SHELTER A	SHELTER B	SHELTER C	SHELTER D	SHELTER E	SHELTER F
Total number adult women accommodated in last 12 months	54	34	88	67	48	128
Total number children accommodated in last 12 months	74	43	88	39	47	52
Total, all-inclusive cost of running the shelter in last 12 months	R2 377 596	R1 065 846	R1 424 521.56	R316 989.06	R311 500	R256 857.67
<b>DIRECT, TANGIBLE COSTS (LAST 12 MONTHS)</b>						
Number of rooms providing accommodation alone	11	5			9	4
Total expenditure on rates and taxes	12 640	72 000	26 000	14 295.24	None	
Total expenditure on maintenance/repairs and rent	98 617	57 000	1 000	14 980.25	15 500	35 000
Total expenditure on security equipment (excl. personnel)	45 628	5 000	5 000	10 628.24	None	
Total expenditure on food	104 280	115 000	55 000 over 3	26 787.25	9 000	55 000
Total expenditure on client care	46 862	donated	months	3 600	105 000	
Total expenditure on cleaning materials (e.g. dishwashing liquid, washing powder)	39 900	20 000 15 000	1 000 2 000 over 3 months	3 000	8 500	
Total expenditure on household goods/furnishings			20 000	4 800	6 000	
Furniture		10 000	15 000	2 400	none	
Crockery		20 000	7 500	1 800	10 000	
Residents' toiletries		35 000	Incl. food	1 800	45 000	
Toys/play equipment			20 000	2 400	3 500	
Total expenditure on transport costs (petrol & oil)	35 650	15 000	5 000			10 750
Total expenditure on Insurance	34 150	24 000				
Total expenditure on Vocational Skills (sewing, jewellery making, candle making, knitting)	10 500					
Total expenditure on municipal services	113 800					
Total expenditure on residents' travel	6 326	15 000		3 600	4 909	
Total expenditure on residents' health care/medications	3 000	6 000	1 000		2 500	
School fees			5 000		None	
Total expenditure on childcare/parenting	44 270					
Total expenditure on telephone	51 035	5 500	36 000	6 000	6 000	5 500
Total expenditure on audit fee	15 650					4 500
Total expenditure on office stationery & printing	39 700	10 000	15 000	600	12 000	5 500
Total expenditure on computer equipment	31 755	6 000		1 800 (+40 000)	None	
Total expenditure on Bank charges	12 425					3 500
Total expenditure on Education & Training	21 800					
Total expenditure on Salaries & wages	1 590 708	635 346			60 000	97 108
Total expenditure on Honorarium (support staff)	18 900					

## REFERENCES

- Abrahams, N, Mathews, S, Martin LJ, Lombard, C. and Jewkes, R. (2013). 'Intimate Partner Femicide in South Africa in 1999 and 2009.' *PLoS Medicine* [Online] 10(4): e1001412. doi:10.1371/journal.pmed.1001412. [Accessed 25 January 2018].
- Baholo M, Christofides N, Wright A, Sikweyiya Y and Shai NJ. (2015). 'Women's experiences leaving abusive relationships: a shelter-based qualitative study' *Culture, Health & Sexuality*, 17(5): 638–649.
- Bhana K, Vetten L, Makhunga L and Massawe D. (2012). *Shelters housing women who have experienced abuse: policy, funding and practice*. Johannesburg: Tshwaranang Legal Advocacy Centre.
- Bhana K, Lopes C and Massawe D. (2013). *Shelters housing women who have experienced abuse: policy, funding and practice. Profiling three shelters in the Western Cape*. Cape Town: Heinrich Boll Foundation and Tshwaranang Legal Advocacy Centre.
- Budlender D. (2017). *Post subsidies in provincial Departments of Social Development*. Report prepared for the Shukumisa Coalition.
- Commission for Gender Equality. (2013). *Combatting domestic violence against women and children in the Western Cape by increasing access to shelters and improving the Quality of Services*. Policy Brief submitted to the Department of Social Development for the Republic of South Africa, Department of Social Development for the Western Cape, and Department of Treasury for the Republic of South Africa.
- Creative Consulting & Development Works. (2015). *An Evaluation of Shelter Services for Victims of Crime Violence in the Western Cape*. Report commissioned by the Western Cape Department of Social Development.
- Kaminer, D, Grimsrud, A, Myer, L, Stein, DJ. and Williams, DR. (2008). 'Risk for post-traumatic stress disorder associated with different forms of interpersonal violence in South Africa.' *Social Science and Medicine* 67: 1589 – 1595
- Lopes, C. and Mpani, P. (2017a). *Shelters housing women who have experienced abuse: policy, funding and practice. Profiling shelters in Mpumalanga*. Cape Town: Heinrich Böll Foundation.
- Lopes, C. and Mpani, P. (2017b). *Shelters housing women who have experienced abuse: policy, funding and practice. Profiling shelters in KwaZulu-Natal*. Cape Town: Heinrich Böll Foundation.
- Park, YJ, Peters, R and De Sa, C. (2000). 'More than Simply a Refuge: Shelters for Abused Women in South Africa' in YJ. Park, J. Fedler and Z. Dangor (eds). *Reclaiming Women's Spaces*. Lenasia: Nisaa Institute for Women's Development.
- Ramagoshi, M. (1997). 'National network bridging the gap.' *Agenda* 36: 40-44.
- Statistics South Africa. (2017). *South Africa Demographic and Health Survey 2016: Key Indicator Report*. Pretoria: Statistics South Africa.



Vetten L. (2013). Deserving and Undeserving Women: A case study of policy and legislation addressing domestic violence. Unpublished dissertation submitted in fulfilment of a Master's Degree in Political Studies. Johannesburg: University of the Witwatersrand.

Vetten L. (2016). 'Unintended complications: preventing violence against women in South Africa', *Gender & Development*, 24(2): 291-306.

Watson J and Lopes C. (2017). Shelter Services to Domestic Violence Victims – Policy Approaches to Strengthening State Response. National Shelter Movement and Heinrich Boll Stiftung, Policy Brief 1, September 2017.

### Policy documents, Annual Reports and parliamentary minutes

Department of Justice and Constitutional Development. (2016). Annual Report 2015/16. Pretoria: Department of Justice and Constitutional Development.

Department of Justice and Constitutional Development. (2017). Annual Report 2016/17. Pretoria: Department of Justice and Constitutional Development.

Department of Social Development. (2001). Minimum Standards on Shelters for Abused Women. [Online] Available at:  
[http://www.endvawnow.org/uploads/browser/files/minimum\\_standards\\_southafrica\\_2001.pdf](http://www.endvawnow.org/uploads/browser/files/minimum_standards_southafrica_2001.pdf)  
[Accessed 18 December 2017].

Department of Social Development. (2003). Policy framework and strategy for shelters for victims of domestic violence in South Africa. Pretoria: Department of Social Development.

Department of Social Development. (2004). Minimum Standards for Service Delivery in Victim Empowerment (Victims of Crime and Violence). [Online]. Available at:  
[https://www.westerncape.gov.za/assets/departments/social-development/minimum\\_standards\\_for\\_service\\_delivery\\_for\\_victim\\_empowerment\\_victims\\_of\\_crime\\_and\\_violence.pdf](https://www.westerncape.gov.za/assets/departments/social-development/minimum_standards_for_service_delivery_for_victim_empowerment_victims_of_crime_and_violence.pdf)  
[Accessed 18 December 2017]

Department of Social Development. (2010). Social Development Guidelines on Services for Victims of Domestic Violence. Pretoria: Department of Social Development.

Department of Social Development. (2013). Framework for Social Welfare Services. Department of Social Development.

Department of Social Development. (2016). Comprehensive Report on the Review of the White Paper for Social Welfare, 1997. Department of Social Development.

Department of Social Development. (n.d.). National Strategy for Sheltering Services for Victims of Crime and Violence in South Africa – 2013-2018. Department of Social Development.

Gauteng Provincial Government. (9 June 2016). Green Door Presentation Social Crime Prevention. Presentation delivered at the 7th Regional SADC UNPAN Workshop.

[Online]. Available at:

<http://workspace.unpan.org/sites/Internet/Documents/UNPAN96359.pdf>

[Accessed 18 December 2017].

Parliamentary Monitoring Group. (16 September 2009). Domestic Violence Act, Child Justice Act & Children's Act implementation: briefing by Social Development Department; Department of Health services to victims of domestic violence & abuse. [Online]. Minutes for Women, Youth, Children and People with Disabilities Portfolio Committee available at:

<http://www.pmg.org.za/report/20090916-department-social-development-status-implementation-domestic-violence>

[Accessed 5 December 2017].

Parliamentary Monitoring Group. (4 November 2009). Domestic Violence Act: Responses to public hearings from Departments of Social Development, Justice, Health & SAPS. [Online]. Minutes for Women, Youth, Children and People with Disabilities Portfolio Committee available at:

<http://www.pmg.org.za/report/20091104-domestic-violence-act-responses-public-hearings-departments-social-de>

[Accessed 5 December 2017].

Parliamentary Monitoring Group. (30 August 2011). Domestic Violence Act implementation: briefing by Department of Social Development. Minutes for NCOP WCPD available at:

<http://www.pmg.org.za/report/20110831-department-social-development-implementation-domestic-violence-act>

[Accessed 5 March 2013].

Parliamentary Monitoring Group. (31 August 2017). Chapter 9 Institutions amalgamation; Violence Against Women & Children Programme of Action; Trafficking in Persons SAPS statistics, with Min of Social Development & Deputy Min of Labour. Minutes for Women in the Presidency Portfolio Committee available at:

<https://pmg.org.za/committee-meeting/24912/> [Accessed 16 March 2018].

### Speeches, media articles and websites

Al Fidaa Foundation. 'White Door Centre' [Online]. Available at <http://www.alfidaa.co.za/white-door-centre/> [Accessed 3 January 2018].

Health24. (26 November 2014). 'The White Door centre will offer shelter to abused women in the North West', [Online] Available at: <http://www.health24.com/Lifestyle/Woman/News/The-White-Door-centre-will-offer-shelter-to-abused-women-in-the-North-West-20141126> [Accessed 18 December 2017].

Jeffery JH. (3 March 2017). Keynote Address by the Deputy Minister of Justice and Constitutional Development, the Hon JH Jeffery, MP at the Ministerial Dialogue against Intimate Femicide in South Africa, held at the Protea Hotel, Durban, 3 March 2017. [Online] Available at: [http://www.justice.gov.za/m\\_speeches/2017/20170303-IntimateFemicide-DM.html](http://www.justice.gov.za/m_speeches/2017/20170303-IntimateFemicide-DM.html) [Accessed 18 December 2017].

Western Cape Government. (26 August 2015). 'Khuseleka One Stop Centre launched by Minister Albert Fritz' [Online] Available at: <https://www.westerncape.gov.za/news/khuseleka-one-stop-centre-launched-minister-albert-fritz> [Accessed 3 January 2018].

### Legal documents

Linstrom JMW. (6 September 2013). Supplementary Affidavit and Policy filed in National Association of Welfare Organisations and Others vs member of the Executive Council for Social Development, Free State and Others. Case no 1719/2010, Free State High Court.

National Association of Welfare Organisations and Non-Governmental Organisations and Others v MEC of Social Development, Free State and Others (1719/2010) [2010] ZAFSHC 73 (5 August 2010).

National Association of Welfare Organisations and Non-Governmental Organisations and Others v MEC of Social Development, Free State and Others (1719/2010) [2011] ZAFSHC 84 (9 June 2011).

National Association of Welfare Organisations and Non-Governmental Organisations and Others v MEC for Social Development, Free State and Others (1719/2010) [2013] ZAFSHC 49 (28 March 2013).

National Association of Welfare Organisations and Non-Governmental Organisations and Others v MEC of Social Development, Free State and Others (1719/2010) [2014] ZAFSHC 127 (28 August 2014).

S v Baloyi and Others 2000 (2) SA 425 (CC).

This research was commissioned by the Joint Gender Fund in partnership with the National Shelter Movement of South Africa and the Heinrich Böll Foundation.

**The Joint Gender Fund (JGF)** is a collaborative funding mechanism between Irish Aid, Ford Foundation and Raith Foundation. It was established in 2008 and emerged from a commitment to enhance the impact of funding in the field of gender-based violence (GBV) in South Africa. The Fund facilitates and builds operational and strategic cohesion between donors and aims towards strengthening the sector's response to GBV by contributing towards bolstering the capacity for more integrated, comprehensive and transformative approaches. The Joint Gender Fund is hosted at Hlanganisa Institute for Development in Southern Africa (HiDSA).

**The National Shelter Movement of South Africa (NSM)** was established to be the united voice on sheltering women and their children affected by gender-based violence. NSM is an umbrella organisation that is committed to helping women's shelters throughout the country network and build a collective voice for the protection and safety of women and children. As such, NSM brokers relationships between government and shelters (at provincial and national levels), and host workshops to help shelter leaders improve their operational capacity.

**The Heinrich Böll Foundation** is a publicly funded institution that is affiliated with but independent from the German Green party. The organisation has 30 offices worldwide in addition to its headquarters in Berlin. The Foundation's work in Africa concentrates on promoting civil society, democratic structures, gender democracy and global justice. In South Africa, HBF concentrates on promoting human rights and gender justice, democracy and social justice, sustainable development and the promotion of international dialogue. Together with partners, the Foundation works toward conflict prevention and search for solutions to the challenges of environmental degradation and the depletion of resources. The Foundation aims to provide spaces for constructive dialogue and exchange between non-governmental organizations and democratic institutions.

**Hlanganisa Institute for Development in South Africa (HiDSA)** previously known as Hivos - South Africa, was established in 2006 to seek new and innovative solutions to persistent social challenges. HiDSA is an innovative intermediary grant maker for small community-based organisations aimed at strengthening social accountability, fostering active citizenry and promoting human rights in pursuit of social justice in Southern Africa. Towards this end we engage civil society and communities through capacity building, networking and advocacy.





Co-funded by the European Union

 @info\_hidsa  HiDSA

<http://www.hlanganisa.org.za>

Email: [info@hlanganisa.org.za](mailto:info@hlanganisa.org.za)

