

Framing the Future

An Integrated Strategy to Support
Women's Community and Voluntary Organisations

Commissioned by
The National Women's Council of Ireland
(Comhairle Náisiúnta na mBan in Éirinn)

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A Report by

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Glossary of abbreviations for organisations.

Local Groups and Organisations

Banúlacht:	women's group involved in development education
DRCC:	Dublin Rape Crisis Centre
DWWG:	Disabled Women's Working Group
Glen:	Gay and Lesbian Equality Network
ICA:	Irish Countrywomen's Association
ICON:	Inner City Organisations Network
IDWG:	Irish Deaf Women's Group
ITM:	Irish Travellers Movement
INWA:	Irish National Widows' Association
LOT:	Lesbians Organising Together
LY&CS:	Lourdes Youth and Community Service
MWRSS:	Mayo Women's Refuge and Support Services
NTWF:	National Traveller Women's Forum
NWWC:	North Wall Women's Centre
NWICWN:	North West Inner City Women's Network
PARC:	Parents Alone Resource Centre
PwDI:	People with Disability in Ireland
SAOL Project:	Seasamhacht (stability), Ábaltacht (ability), Obair (work), Leann (learning)
SRC:	Sneem Resource Centre
SKWA:	South Kerry Women's Association
TWRC:	Tralee Women's Resource Centre
OWNI:	Older Women's Network, Ireland
WILD:	Women in Local Development

Funding agencies and schemes

ADM:	Area Development Company
Aontas:	National Association for Adult Education
BRL:	Ballymun Regeneration Ltd
CCDP:	Community Development Programme
CPA:	Combat Poverty Agency
CDP:	Community Development Programme/Community Development Projects

CE:	Community Employment scheme
EAPN:	European Anti-Poverty Network
EELI:	Education and Equality Initiative, which replaced the WEI, targets disadvantaged women and men.
ESF:	European Social Fund
FAS:	Foras Áiseanna Saothar, the State training agency
Horizon:	Part of the EU employment initiative. Horizon aims to promote the integration of people with disabilities into the labour market
ICOS:	Irish Co-operative Organisation Society
ICTU:	Irish Congress of Trade Unions
Integra:	An EU programme whose central aim is to combat social exclusion
Leader:	An EU programme focusing on the development of disadvantaged rural areas of the EU
NALA:	National Adult Literacy Association
NCVA:	National Committee for Vocational Awards
NWCI:	National Women's Council of Ireland
NOW: defunct.	New Opportunities for Women, an important source of EU funding now
OPEN:	One Parent Exchange and Network - national network of lone parent self-help groups
SPICE:	Single Parents Initiative for Creativity and Equality
Teagasc:	Agriculture and food development authority
VECs:	Vocational Education Committees
WEI:	Women's Education Initiative (1998-99), jointly funded by the Department of Education and Science and the European Social Fund
NESC:	National Economic and Social Council
NESF:	National Economic and Social Forum
NSSB:	National Social Services Board, now Comhairle, the national support agency responsible for the provision of information, advice and advocacy to members of the public on social services. Comhairle was set up in June 2000 and combines all aspects of the work of the NSSB and the relevant information functions of the National Rehabilitation Board (NRB). It comes within the remit of the Department of Social, Community & Family Affairs.
LINKup:	Sponsored by the Deaf Society and part of the Women's Education Initiative trains deaf tutors to teach literacy using Irish Sign Language
WENDI:	Women's Education Network and Development Initiative

The National Women's Council of Ireland

(Comhairle Náisiúnta na mBan in Éirinn) is the national representative organisation for women and women's groups in Ireland and was founded in October 1972 as the Council for the Status of Women. It is a non-governmental organisation which has grown rapidly and includes more than 150 affiliate members, drawn from women's organisations and groups throughout Ireland.

The NWCI's vision is the creation of a society in which all women and men can participate with equal effectiveness as full citizens and in which the independence of women is determined as of right. Through lobbying, campaigning and negotiating, the NWCI, in partnership with affiliate organisations, seeks to empower women to reach their full potential and celebrate their differences. The NWCI's core objectives are to:

- ▶ Develop as a dynamic and effective representing body for women's groups subscribing to a common vision;
- ▶ Represent the interests of affiliates to Government, the Irish public, the European Union and the United Nations;
- ▶ Be a source of strength to its affiliates, providing them with valued and quality supports and services, particularly information, research and training;
- ▶ Foster communication and co-operation with women's groups in Northern Ireland;
- ▶ Act as a voice and catalyst for change, encouraging Irish women to organise and work together to realise their common vision, while preserving the richness of their diversity.

The NWCI is a social partner and has played a key role in negotiations leading to two national

agreements, Partnership 2000 for Inclusion and Competitiveness, which came into force in 1997, and the current agreement, Programme for Prosperity and Fairness (PPF). It is an active member of the National Economic and Social Council (NESC) and National Economic and Social Forum (NESF).

kelleherassociates is a research consultancy firm established in 1986 by Patricia Kelleher (PhD) and Carmel Kelleher (M. Soc. Sc.). The firm has specialised in the areas of evaluation research and community consultation and it has extensive experience working with the voluntary and statutory sectors to develop inter-agency policies and strategies.

Research undertaken by **kelleherassociates** includes projects on women's issues, disadvantaged youth, homelessness, community development, voluntary organisations and rural development. Universities, public institutions, private organisations, voluntary groups and the European Commission are among its clients.

Publications include:

Left Out on their Own: Young People Leaving Care in Ireland, Oak Tree Press, 2000.
A Review of the Social Impact of Locally-based Community and Family Support Groups, Department of Social, Community and Family Affairs, Dublin 2000.
Safety and Sanctions: Domestic Violence and the Enforcement of Law in Ireland, Women's Aid, Dublin 1999.
Focus on Young People in the South West Inner City, Focus Ireland, Dublin 1996.
Making the Links, Women's Aid, Dublin 1995.
Focus on Hostels: Patterns of Hostel Use in Dublin, Focus Point, Dublin 1992.
Dublin Communities in Action, Community Action Network and Combat Poverty Agency, Dublin 1992.
The Voluntary Sector and the State, Conference of Major Religious Superiors and Community Action Network, Dublin 1993.
To Scheme Or Not to Scheme? Community Groups and State Employment Schemes, Independent Poverty Action Movement (IPAM), Dublin 1986.

Executive Summary

This study is centrally concerned with the women's community and voluntary sector. More specifically, it is concerned with identifying a strategy for supporting the sector. Many locally-based women's organisations were established to promote women's community education. Local women's groups also evolved as part of local family resource centres and community development projects.

Women's organisations, in both rural and urban Ireland, are the fastest growing component of the women's movement today and are highly significant for its future development. The former President of Ireland, Mary Robinson, understood the significance of locally-based women's organisations. During her presidential campaign, she pointed to their decentralised style of organising and to their potential to be transformative at local neighbourhood and parish level. She perceived these groups as a new social force in Ireland, but noted they were not sufficiently heard by people with power and influence.

The women's community and voluntary sector is significant in size. It serves the needs of a diverse range of women including urban women, women living in rural areas, disabled women, women experiencing violence, lone parents, lesbians, minority ethnic women, Traveller women, widows and older women.

The national database compiled for the present study indicates that the women's community and voluntary sector is significant, accounting for 2,631 organisations. These organisations cater for up to 75,000 women annually. The number of organisations in the sector has increased significantly in the last 10 years, with

43 per cent of organisations established in the last five years and 60 per cent established in the last 10 years. If the guilds of the Irish Countrywomen's Association (ICA) are excluded, 76 per cent of organisations were established between 1990 and 2000.

Four study areas were selected to develop a more comprehensive profile of women's organisations. Areas selected were counties Mayo, Galway, Kerry and north Dublin. Together they comprise one-fifth of the population of the 26 counties of Ireland. Using key informants, standardised data was collected on the 532 women's organisations in the four areas. In addition, women from 50 organisations were interviewed. Organisations also provided documentary material to the researchers.

Several broad organisational types were identified in the present study. These included:

- ▶ Locally-based women's groups;
- ▶ Community-based women's projects and women's centres;
- ▶ Local and regional women's networks;
- ▶ Service-providing organisations;
- ▶ National umbrella organisations.

There are big differences in scale in the sector. Organisations range from small, locally-based women's groups where the average number of members is 19, to networks and projects, which cater for hundreds of women. The ICA plays an important role, with its guilds making up 28 per cent of all locally-based women's groups. Such groups have a small income and most do not employ staff.

This study provides a wide range of documentation on the work and activities of

women's organisations. This includes their role in information giving, supporting and accompanying women to State organisations and professional agencies, hosting training and work programmes and campaigning at a broader level. Illustrations are provided of where organisations have become a driving force for change and a catalyst for new approaches to service delivery.

Many are in areas which experience grinding poverty. Illustrations are presented throughout the study of women's organisations specifically created to meet previously unmet needs and which address issues relating to persistent poverty and social exclusion such as homelessness, prostitution, drug abuse, and domestic violence and issues relating to physical and mental health. Women's organisations are also playing an important role in rural areas where they are helping to combat isolation and assisting women to access vital services.

Most importantly, the study documents how women, when provided with a supportive, safe environment and facilitated to engage in an educational process, begin to name their experiences and to "name their world". Through women's community education and the democratisation of knowledge women begin to develop leadership skills and to gain a political voice.

Building connections between women and between women's organisations is very much part of the way women work. Examples are provided throughout the study of where organisations, with diverse origins, locations and target groups are coming together to pursue common aims. Rural and urban groups have joined up to undertake research on women's

access to power and decision-making. Traveller women have joined projects concerned with women and violence and other projects to pursue a human rights agenda. Women's organisations in many local communities join forces to combat racism. At a more formal level, within the statutory sector, such groups are participating in forums at regional and national levels to address policy issues.

The support and policy influencing work of women's networks is highlighted in Chapter Three. The role which national organisations play in representing various sectors is presented in Chapter Five. Some sectoral interests are highly articulated at national level while others are weakly organised. The substantive issues affecting women, children and families which are being addressed include: housing and accommodation, transport in rural areas, women's health issues, education and training, child care and violence against women. The sector's capacity needs to be strengthened to address these issues at local, regional and national levels.

The funding and technical support framework for the sector is outlined in Chapter Two. The Department of Social, Community and Family Affairs is the major funder. In 1999, it provided part funding for 24 per cent of women's organisations. The extent, however, to which women's organisations, networks and strands within the sector are being supported is uneven and needs to be strengthened.

The report documents that the sector is highly diverse. Development within the sector is also uneven. The National Women's Council of Ireland (NWCII) intersects with the sector because a large proportion of the organisations

in the sector are either directly, or indirectly through women's networks and national umbrella organisations, affiliated to it. It is the main organising body recognised by the Government for the women's sector. The NWCI's strategy for supporting the sector needs to be underpinned by a vision and principles which embrace values of inclusiveness, diversity and respect and which supports the coalition building capacity of the women's community and voluntary sector.

The Government's strategy for supporting the sector needs to be based on the principles of partnership. It must be comprehensive and specific and target the range of organisational forms existing in the sector. This should include:

- Clarifying particular aspects of the programme of assistance for locally-based women's groups sponsored by the Department of Social, Community and Family Affairs;
- Outlining a defined scheme of assistance for supporting women's networks;
- Recognising the important role of women's centres and defining a scheme of assistance for supporting women's centres;
- Outlining a defined scheme of assistance for supporting women's national umbrella organisations and other organisations concerned with sectoral interests
- Providing cross-departmental funding for women's organisations whose activities span the briefs of several Government departments and agencies
- Providing cross-departmental funding for coalition building between women's organisations in different communities;
- Strengthening the support role of the NWCI.

The integrated strategy is discussed in Chapter Seven under three headings:

- ▶ The role of Government departments and agencies in providing integrated funding and supports;
- ▶ The NWCI's role in supporting the sector;
- ▶ Substantive issues being addressed.

I: Introduction

Over the last century the women's movement in Ireland and in western industrial societies, has through the political mobilisation of women, challenged the subordination of women to men. Women have campaigned for full political, economic and social rights and in doing so have created a consciousness about the role and rights of women in society. At a formal level, they now have political rights equal to men. Through greater participation in the labour market, some women have increased their economic independence. Women also have greater control over their fertility and the reform of family law has, to a large extent, given formal recognition to equality between men and women within the family. Despite these major achievements, O'Connor (1998) points to the persistence of patriarchy in Ireland which she describes as "a system of social structures and practices in which men dominate, oppress and exploit women".

Galligan (1998) notes that women occupy only 12 per cent of the seats in Dáil Éireann and 15 per cent of seats in local authorities. A study undertaken by the National Women's Council of Ireland (1997) documented that although the Government had agreed a 40 per cent quota for women, the percentage of women on State boards in 1997 was only 29 per cent. In addition, men occupied the important position of chairperson in 82 per cent of cases.

In terms of employment, men are significantly over-represented in senior positions across different sectors of the economy (Ruane & Sutherland 1999). By contrast, 70 per cent of part-time workers are women (Nolan & Watson 1999) and women are much more likely than men to experience poverty (Nolan 2000).

Within the family, housework and caring responsibilities are for the most part the responsibility of women (Kiely 1995). The extensive level of domestic violence within the family, perpetrated by men in most cases, is an indication that men still feel they have the right to control female partners, (Kelleher Associates & O'Connor 1995). Organisations which address violence against women are concerned about increasing violence against prostitutes, an increase in violent rape, the increase in sex trafficking and the impact of pornography.

Alongside patriarchal power, there are the issues of class, ethnicity, race, age, disability and sexual orientation which also determine a person's place in society. In other words, not all women are poor, lack resources or are excluded from decision-making to the same degree.

Discrimination and prejudice based on a diverse range of oppressions keep some women poorer and more disadvantaged. A major challenge of the women's movement today is to understand the diverse range of discriminations experienced by different categories of women in a fast changing society and to understand how these discriminations interact within their lives.

1.1. Background to Study

- ▶ The background to the women's movement in Ireland;
- ▶ The background to the women's community and voluntary sector;
- ▶ The policy context in which the voluntary and community sector relates to the State;
- ▶ The role of the NWCI;
- ▶ The terms of reference of the study.

1.1.1 Background to the Women's Movement

This study is centrally concerned with the women's community and voluntary sector. This

sector is an important part of the women's movement in Ireland today. The origins of the women's community sector in the form of the Irish Countrywomen's Association (ICA) go back to the turn of the century. The ICA was preceded by women's organisations involved in the struggle for nationalist independence and Irish cultural revival. These included the Ladies Land League founded in 1881 (Parnell 1986; Hearne 1986; Ward 1983; Cote & Hearne 1995); Inghinidhe na hÉireann founded in 1900 (Ward 1983) and the suffrage movement, which began in the 1870s, and campaigned for equal voting rights for women. At this time, voting rights were based on property rights. The suffrage movement included the sisters Countess Markievicz and Eva Gore-Booth, Hanna Sheehy-Skeffington, Louie Bennett and Helen Chenevix. The movement adopted militant tactics during 1912-14, there were 36 convictions of Irish women for militant activities, many of whom served time in jail and went on hunger strike in support of their demands (Ward 1983; Ward 1997; 1995; Cullen-Owens 1984).

The United Irishwomen (now the ICA), founded in 1910, was closely linked to the Irish co-operative movement and aimed to build a rural development movement in which women played a major role (see Section 3.2.1). Coulter (1993) says the emergence of organisations such as the ICA and the Irish Housewives' Association (IHA) in traditional patriarchal societies was highly significant. In societies where the public domain was hostile to women, these organisations extended legitimate space for women and broadened the range of activities they could get involved in civic life. At a minimum, women were given a confidence and a belief in their own self worth which was passed on to their daughters and future generations.

Such organisations were potentially subversive and a site of resistance to patriarchy. Radical transformation, however, as Coulter points out, was difficult to realise in the newly formed church-led, patriarchal State of post-colonial Ireland, where there was little encouragement to women to participate in civic or political life. As this study points out (see Section 3.2.2), the ICA nevertheless made a substantial contribution.

Irish Women Workers' Union

Women in the trade union movement played a key role in the struggle for equality. The Irish Women Workers' Union (IWWU) was founded in 1911 by Jim Larkin and Delia Larkin and was reorganised in 1916 by Louie Bennett who became its general secretary. The IWWU, the only "woman-only" union in Europe, organised ordinary working women in the printing trade and later women in the laundry industry, the domestic service trade and the Irish Sweepstakes. Helen Chenevix was also a key player in the IWWU. She and Louie Bennett were suffragettes. A major achievement of women trade union activists was the victory which resulted from the Irish Women Laundry Workers' Strike in 1945 (Cullen-Owens, 1984; Tweedy 1992). This set general precedents for workers, with the State recognising that they had a right to a tea break and two weeks holidays a year. The laundry workers strike lasted 14 weeks, costing the union £7,000. The strike, however, won public sympathy and workers returned to work having won a major victory. In the 1980s the IWWU became part of the Workers Union of Ireland (now part of SIPTU). Its last general secretary was the highly respected Pádraigín Ní Mhurchú.

Middle Decades

The middle decades of the 20th century witnessed a setback for women's rights in

Ireland. In 1927, the Cumann na nGaedheal Government removed women's right to sit on juries. In 1932 women were barred from holding permanent positions as teachers or civil servants and in 1934 contraception was banned. The Irish Constitution of 1937 was seen as a retrograde step for women's rights as it sought to confine women to the home.¹

Several women's organisations were active in this period, including the Irish Women Citizens' Association (set up in 1923 to carry on the work of the suffrage movement), the Joint Committee of Women's Societies and Social Workers and the Women Graduates Association. Later, the Women's Social and Political League was founded by Hanna Sheehy-Skeffington to monitor social and political legislation. At this time also, the Soroptimists, an international service organisation working to improve social conditions for the under-privileged, was founded in Ireland in 1938. The IHA was established in 1942 by André Sheehy-Skeffington and Hilda Tweedy. The IHA, as well as addressing women's issues, played a major role in consumer affairs and in monitoring price control (Tweedy 1992). The IHA also supported the Irish Women Laundry Workers' Strike of 1945. The Irish Women Citizens Association was incorporated into the IHA in 1947. Many of these networked at international level and were aware of how women were organising internationally.

MacCurtain (1992) acknowledges the contribution made by women members of the Church of Ireland and the Society of Friends and pupils from Alexandra College in defining Irish feminism, particularly during the first wave of the feminist movement and during the middle decades of the 20th century.

Despite the key role played in the early part of the century by women trade unionists, there was little consciousness as the century progressed of the rights of women workers and the movement remained male dominated. It colluded with a separate rate of pay for women and men (Heron 1993). When, however, it agreed to exclude women from receiving the basic male increase in a wage round in 1964, a major protest erupted among women trade unionists and gave rise to a Committee on Equal Pay in the Irish Congress of Trade Unions (ICTU). This was significant and in 1968 the committee's brief was widened to look at the whole question of women's work and it was this committee that was responsible for ICTU's submission to the First Commission on the Status of Women (Heron 1993).

The late 1960s witnessed a major breakthrough in getting the Government to take women's unequal position in society seriously. The United Nations Commission on the Status of Women was the catalyst for galvanising the energy of Irish women. It issued a directive to all its member non-governmental organisations (NGOs) to encourage their Governments to examine the status of women in their own countries and to set up a national commission on the status of women.

National Commission on the Status of Women

A special meeting was organised by the IHA and the Business and Professional Women's Clubs, both of which had been given the directive and an ad hoc committee, chaired by Hilda Tweedy, was formed in 1968 to research the need for a national commission. The ad hoc committee studied the United Nations Declaration on the Elimination of Discrimination Against Women and the United Nations Declaration of Human

1. Hilda Tweedy, *A Link in the Chain*, Attic Press (1992), graphically portrays this period of the women's movement in Ireland.

Rights adopted in 1948. This latter declaration recognised the principle of equality between men and women and contained a clause that stated everyone, without discrimination, had a right to equal pay for equal work. This section had not been accepted in Ireland's ratification of the declaration.

Issues identified by the ad hoc committee included equal pay, training and re-training for women in employment and access for girls to science and higher maths subjects. Pressure from women trade unionists² succeeded in having a motion passed at ICTU to set up a national commission for the status of women and the ad hoc committee also pressurised the Government to establish a national commission. This was established in 1970, chaired by Thekla Beere, then secretary of the Department of Transport and Power and the first woman secretary to any Government department.

The commission's final report, published in 1972, had 49 recommendations on a broad range of issues including equal pay, the removal of the marriage bar, equal representation of women on juries, family law, taxation, social welfare, and a recommendation that more women should be appointed to State bodies. The most controversial issue was family planning. In line with United Nations policy,³ the commission's report outlined that information and expert advice on family planning should be available through medical and other appropriate channels to families throughout the Republic. The Council for the Status of Women could not endorse this

recommendation, as there was no consensus on family planning among members. This embarrassed the executive, as the council saw its role as lobbying for the implementation of the recommendations of the commission's report (Tweedy 1992).⁴ The commission's report also suggested that a single body representing women's organisations be established to monitor its recommendations and to liaise between Government and the various organisations.

The Council for the Status of Women

The Council for the Status of Women came into being in October 1972 to press for the implementation of the report of the commission's recommendations. It was made up of 17 women's organisations.⁵ In 1978, it took over the task from the Women's Representative Committee⁶ of monitoring the implementation of the recommendations of the commission. The coming together of 17 women's organisations was a major achievement. The connections which organisations had with international organisations, such as the IHA's link with the International Alliance of Women, proved invaluable as it familiarised women with international thinking on women and the important role of the United Nations. The rapport and trust between women's organisations and trade union activists was also important as it allowed dialogue around issues of central concern to women, such as equal pay and maternity leave.

Important legislative reforms took place in the 1970s relating to family law, the removal of the marriage bar, provision for maternity leave and

2. *Mainly two women officers in the Irish Congress of Trade Unions.*

3. *At the United Nations Conference on Human Rights in Teheran in 1968, a resolution was passed giving couples the right to information and advice to determine the number and spacing of their children. Ireland voted for the resolution.*

4. *It was not until 1985 that the sale of contraceptives without prescription to over 18s was legalised in Ireland.*

5. *The Council for the Status of Women included: AIM, Altrusa, Association of Women Citizens of Ireland, Business and Professional Women's Clubs, Chartered Society of Physiotherapists, Cork Federation of Women's Organisations, Dublin University Women Graduates Association, Irish Countrywomen's Association, Irish Association of Dieticians, Irish Housewives' Association, Irish Widows' Association, National University Women Graduates' Association, Soroptimists Clubs of Ireland, Women's International Zionist Organisation, Irish Women's Liberation Movement, Women's Progressive Association (later Women's Political Association) and ZONTA.*

6. *The Women's Representative Committee was restructured to form the Employment Equality Agency (EEA).*

measures to introduce equal pay. Twenty years after the establishment of the First Commission, a Second Commission was established in 1990 chaired by Mrs Justice Mella Carroll, a High Court judge. Its report, published in 1993, has 210 recommendations to be implemented over 10 years.

Radical Feminism

Alongside the Council for the Status of Women, other groups with defined agendas were mobilising and there was considerable tension between these and the council. Groups included the Irish Women's Liberation Movement (IWLM) which was established in 1970.⁷ With the publication of its manifesto, *Chains and Change*, the IWLM sought to raise women's consciousness about the role of women and adopted new ways of organising. Their members travelled to Belfast and brought back contraceptives illegally through the customs. They appeared on the *Late Late Show* in 1971, shocking the State with details on how patriarchal structures of church, State and private industry affected the lives of women. They held a meeting in the Mansion House in Dublin attracting more than 1,000 women. The IWLM was confronting public consciousness with the facts that: marriages were breaking down, women needed contraceptives, women in the social welfare code should not be categorised as dependent on men, women should not be forced to submit to their husbands and had the right to refuse sex, and the needs of lone mothers should be recognised.

With the demise of the IWLM, Irishwomen United (IWU) was formed in 1974. IWU had a charter of women's rights and published a journal, *Banshee*. Its membership was diverse and

comprised active trade unionists, libertarians and republican socialists who were actively involved in the "nationalist struggle". The work of IWU centred around three core areas: contraception, social welfare and equal pay. Like the IWLM and the suffragettes, the organisation was also involved in direct action tactics. Members invaded all-male preserves such as the Fitzwilliam Lawn Tennis Club, the Forty-Foot swimming area in Sandycove, Dublin, and all-male pubs. They occupied the offices of the Federated Union of Employers over the refusal of the Government and employers to implement the 1975 EC directive on equal pay. When *Spare Rib*, the English feminist magazine, was banned, members of IWU sold it openly. A member of IWU, Marie McMahon, was imprisoned in Mountjoy Prison for refusing to sign a peace bond for defying the ban. The control of the Catholic Church was also highlighted and members staged candlelight processions outside the Archbishop's House in Dublin, chanting: "Not the Church, not the State, women will decide their fate".

Although the IWLM and IWU were short-lived, they broadened CSW's agenda, giving rise to a new questioning on previously taboo issues. Despite disagreements over strategy and tactics, radical feminists had a lot of respect and admiration for the CSW. Radical feminism of the 1970s spawned a proliferation of self-help groups and organisations, dealing with health, pornography and male violence.

Organisations of the late 1970s and early 1980s included the Contraception Action Programme (CAP), the Rape Crisis Centre, AIM, which provided information and advice on family law, the Well Woman Clinic, concerned with women's

7. Although the Irish Women's Liberation Movement was a member of the CSW, it was a critical voice within the council.

health, and Women's Aid, concerned with women who had experienced violence. Irish Feminist Information (IFI) was established in 1976 and produced a women's wall calendar outlining the main events of the women's movement over the previous decade. It published an annual diary and guidebook and hosted Women in Publishing Courses. The publishing courses in turn gave rise to two women's publishing houses, Women's Community Press and Attic Press. Along with Arlen House, these presses made a major contribution to raising consciousness about the role of women in Irish society.⁸

In the 1970s, the power of the patriarchal Christian churches were also being confronted by radical feminist theologians. These thinkers were encouraging a critical feminist perspective on theology, religion and politics and were making an important contribution to the ethical debates being discussed and legislated for within Ireland. Important in this regard was the Student Christian Movement (SCM) and its journal, *Movement*, published in Ireland in 1975-79. The journal brought a critical feminist perspective to bear on abortion, the subordinate position of women within the churches, the intersections of race, sex and class and the position of the churches on homosexuality. It also introduced the thinking of leading feminist theologians to Ireland, such as Mary Daly⁹ and Rosemary

Radford Ruether. Later in the mid 1980s, a feminist collective published *Womanspirit*, an Irish journal of feminist spirituality promoting a feminist perspective on theology, ethics and spirituality. It was important in deconstructing Irish patriarchal religious thought and in liberating Irish women from a male-centred religions.

Although the right to free, legal and safe abortion was an IWU demand, it was not vigorously campaigned for, as the right to contraception remained unresolved. The SCM in 1975 was one of the first organisations to debate abortion publicly in Ireland (Condren 1975). At a later stage, in 1979, the Women's Right to Choose Group, a group of radical feminists was founded. Its aim was the decriminalisation of abortion and the establishment of a feminist counselling service for women in crisis. However, despite two referendums, abortion and the right to choose remain contested today.¹⁰ The current situation is that constitutionally, termination of pregnancy is not legal in the Republic unless it meets the conditions laid down by the Supreme Court, where the mother's life may be at risk, including the risk of suicide. Information on abortion services abroad can be provided and women can travel abroad for an abortion.

More than 6,000 Irish women go to Britain for

8. Arlen House and the Women's Community Press no longer exist and Attic Press is now an imprint of Cork University Press.

9. Important works by Mary Daly in 1970s include *Beyond God the Father* (1973) and *GynEcology* (1978).

10. In 1983, following a campaign by the extreme right, an amendment was inserted into the Constitution giving the foetus equal rights to that of the mother. The rise of the extreme right is documented by O'Reilly (1988). In 1992, the Attorney-General, prevented a 14-year-old rape victim from travelling to Britain to seek a safe, legal abortion. The case was upheld by the High Court, but was over-ruled by the Supreme Court. The Supreme Court decided that under the Constitution, abortion is permissible in the State where the continuation of the pregnancy poses a real and substantial risk to the life of the mother and where such a risk could not be averted except by means of an abortion. A substantial risk to the life of the mother includes the risk of suicide. Following concerns raised by the Supreme Court decision and in the light of a ruling by the European Court of Human Rights on the provision of information, amendments were inserted into the Constitution in 1992. In 1992 also, Open Door Counselling and the Well Woman Clinic took a successful case under the European Convention of Human Rights, challenging an injunction which prevented them from disseminating information about abortion clinics outside the State. To deal with the circumstances in which abortion was permissible in the State, and to clarify its position in relation to travel and information, the Government held referendums in 1992. The proposed amendment to deal with the substantive issue indicated that the circumstances necessary to save the life of the mother did not include the risk of suicide. The electorate rejected this proposal. The proposals on the freedom to travel and the right to information were passed.

abortions each year. This means Irish women have later abortions than women in other European countries where the procedure is legal and having an abortion is more traumatic and more threatening to the health of women. Evidence suggests that public opinion on abortion is changing. In a recent opinion poll, carried out in March 2001, 79 per cent favoured the availability of abortion within Ireland in some circumstances, with 41 per cent favouring it when the pregnancy would cause irreparable damage to the woman's health. Only 16 per cent believed abortion should not be available for any reason whatsoever (Holland 2001).

Women on Waves is an international campaign to prevent unwanted pregnancies and unsafe abortions throughout the world. The people involved built a reproductive clinic on board a Dutch ship which travels to countries where abortion is illegal. In Ireland Women on Waves worked closely with the Dublin Abortion Rights Group, the Union of Students in Ireland and the Dublin Council of Trade Unions.

IWU acknowledged the right of all women to "a self-determined sexuality", and many of its members publicly identified themselves as lesbian.¹¹ Discrimination against lesbians, however, was only broached in small group discussions. Lesbians postponed their demands in the interests of issues seen to be of more immediate concern to all women and because of the extensive negativity against lesbianism in Irish society. This study (see Section 5.2.) illustrates that discrimination against lesbians is pervasive in Ireland today. The concerns of disabled women and older women were also inadequately addressed by the second wave of the feminist movement in

Ireland. Even today, these groups feel their voices are insufficiently heard within the women's movement (see Section 5.1 and Section 5.6).

Trade Union Women Activists

Trade union women activists played a major role in raising awareness of women's issues during the "second wave" of the women's movement. There was an overlapping membership between IWU and the Trade Union Women's Forum, an ad hoc group of radical left women existing in 1975–80 and bitterly opposed by the trade union establishment. Republican socialists were also involved in the forum. Despite the animosity towards it, the ICTU nominated a forum member to the Women's Representative Committee, which was initiated to oversee the implementation of the recommendations of the Final Report of the Commission on the Status of Women during 1974–78.

With IWU and the Women's Political Association (WPA), the forum orchestrated a campaign for the introduction of equal pay when the Government derogated from its obligations under the 1975 EC Directive on equal pay. This included, among other activities, the collection of 36,000 signatures in 10 days for the equal pay petition. This campaign played a significant role in heightening public awareness of the issue's importance. A former chairwoman of the WPA, Joy O'Farrell, took the Government to court for its derogation in early 1976. She was represented by Mary Bourke (later President Mary Robinson) and the ruling went against the Government. The ICTU women's committee also played an important role in the struggle for women's

11. It is interesting to note that many activists who played a prominent role in the suffrage movement were lesbian.

rights, and was often in serious conflict with the established trade union movement. For instance, the craft unions opposed the concept of the statutory minimum wage for many years. The committee's work involved making detailed submissions to the Joint Oireachtas Committee on Women's Rights. During the 1970s and 1980s, the ICTU committee played a significant role in lobbying Government for improvements in equality legislation, child care provision, legislation on maternity and parental leave and legislation on the rights of part-time workers. It also campaigned for the introduction of divorce.

One of the women's committee's most important victories within the trade union movement was a commitment to a "positive action" programme for women trade unionists. This involved a campaign for "reserved places" during the 1980s. The women's committee first lost and then won the principle of "reserved places" for women on the executive council of ICTU. The principle of reserved places was extended to the annual conferences and ultimately to the places/nominations which ICTU makes to various national bodies such as the Employment Appeals Tribunal, FÁS and the Equality Authority. While reserving places remains controversial, it has led to many more women being visible at the highest level on the boards of national institutions. Most trade unions are now affiliated to the NWC.

1.1.2 The Women's Community and Voluntary Sector

Locally-based women's groups and projects in rural and urban Ireland are the fastest growing component of the women's movement today

and highly significant for its development.

Although the emergence of community-based women's groups extends back to the beginning of the 20th century, the 1980s and 1990s witnessed a new growth in these groups. Many were established to promote women's community education¹². In the early 1990s about 100 locally-based women's education groups existed (WERRC 2000). These were to the forefront in agitating for women's greater access to education and for demanding that child care be provided. Locally-based women's groups also evolved as part of local family resource centres and community development projects addressing a wide range of issues central to the survival of many communities (Kelleher & Whelan 1992).

The former President, Mary Robinson, understood the significance of these groups, in rural and urban Ireland. During her presidential campaign, she pointed to their decentralised style of organising and their potential to be transformative at local neighbourhood and parish level. She perceived these groups as a new social force in Ireland, but noted that they were paid insufficient attention by people with power and influence (Coulter 1993). Coulter contends that the emergence of such large numbers of locally-based women's groups results from the influence of modern feminism and tradition. The tradition here referred to is our colonial legacy of resistance which predisposed Ireland to a capacity for community development and grassroots organising, a feature often found in other post-colonial countries.

A large proportion of organisations in the

12. The first women's community education group in Dublin was KLEAR (Kilbarrack Learning Education and Renewal) which emerged in 1982. Women's Community education gradually spread throughout Dublin and DATE (Dundrum Adult Training and Education), FAME (Finglas Adult Morning Education), CAME (Clondalkin Adult Morning Education), CAL (Coolock Adult Learning) and the Shanty in Tallaght were among the women's community education groups set up. Women's education groups were also established throughout Ireland and women's networks in particular played an important role in promoting women's community education in urban and rural Ireland

women's community and voluntary sector today are in communities experiencing poverty and cumulative disadvantage. Studies of urban and rural poverty document the critical role of women in managing poverty.¹³ These accounts tell of the daily grind of managing on low incomes and the grief poverty causes to individuals and families. They tell of the battle for basic necessities such as food, health and clothing. Persistent features of poverty include the continuous struggles to make ends meet, never-ending debt, the constant attempt to juggle an unmanageable budget, being watched by officialdom, fear of having one's children taken into care and paying more for goods and for borrowing money. Being poor can mean the destruction of dignity. Being poor can mean powerlessness and exclusion. Being poor can often mean "parenting in public" or proving parenting skills under the gaze of a range of agencies.

In recent years, women's organisations, in addition to addressing women's financial poverty, are responding to drug use, human immuno-deficiency virus (HIV), prostitution, homelessness, domestic violence and poor mental and physical health. The projects also address particular difficulties experienced by women in trouble with the law, disabled women and lesbians.

The exclusion of women in rural areas takes specific forms. Many live in isolated places and farm women in rural Ireland are, for the most part, excluded from inheriting land. O'Hara (1998) outlines the exclusion of farm women: *Although women are the other half of the farm family, they are barely acknowledged and remain hidden in*

its shadows. Officially and publicly, family farming is represented by the male farmer who owns the land, represents the family in farming organisations and is subject to taxation or entitled to social security.

Women's traditional exclusion from the economic base of rural Ireland has been paralleled by the absence of women in decision-making structures locally and regionally. (Wall 1998; Barry & Gibney 2000). Male dominance in the economic sphere has been carried over into the wider rural and local development context where "women continue to be seen in their individual 'private' role of homemakers and carers and are given little encouragement to assume a public role" (Wall 1998). The peripheral position of island communities resulting from their remoteness makes them particularly vulnerable to poverty and exclusion (Mná na nOileán [Women on Offshore Islands] 2000).

Areas with populations of less than 3,000 which are distant from population centres experience disadvantages in access to work and services (Callan, Nolan, Whelan, Whelan & Williams 1996). People in remote rural areas also experience specific difficulties accessing transport, training courses, health services, legal aid and advice and information services which those in towns and cities take for granted. This is acute for women with responsibility for young people and older people.

Although the contribution of the women's community and voluntary sector to the women's movement has yet to be written, women from a diverse range of backgrounds have taken on leadership roles with a strong

13. How women manage poverty, particularly in urban Ireland, is brought into focus in *Pictures of Poverty* (Combat Poverty Agency 1989), *Women and Poverty* (Daly 1989), *Telling It Like It Is* (O'Neill 1992) and the more recently published report *Women and Poverty* carried out by the Economic and Social Research Institute (Nolan & Watson 2000). See also, *Out of Sight: The Hidden Poverty of Women*, NWCI Policy Discussion Paper, Dublin 2000.

political edge. The present study illustrates that rural women's projects and women's networks help to ease the isolation of rural women.

They are making training, education and other services available in many isolated parts of rural Ireland. They are also strengthening the capacity of rural women's organisations to engage in policy-making forums locally and regionally.

In an urban context, the Women Together Against Poverty conference held in 1987 was important. It represented an alliance between Traveller women from the Dublin Traveller Education and Development Group (DTEDG, now Pavee Point) and settled working-class women from KLEAR, an adult education group in Kilbarrack, north Dublin.¹⁴ Its aim was political, emphasising the importance of Traveller women and settled working-class women standing together in their struggle against poverty, prejudice and discrimination. Workshops discussed living on social welfare, accommodation, discrimination and prejudice, young women, health, mental strain, poverty and lack of access to education. This highly significant conference forged links between working-class women and Traveller women. In 1988, the National Traveller Women's Forum (NTWF) was established and Traveller women are highly organised today.

The Women's Education and Training Initiative (WETI), an alliance between working-class and middle-class women using creative drama as an instrument of expression, was formed in 1991. Its members presented *Class Attack*, a drama exploring how working-class women can experience oppression, particularly from the media, the Catholic church and in some

instances from middle-class professional women in community work. *Class Attack* appeared in venues throughout Ireland.

The women's group in St Michael's Estate, Inchicore, Dublin, was a major catalyst for raising consciousness of class issues. In 1992, over 30 working-class women from St Michael's Estate, Inchicore, and Lourdes Youth and Community Services in the north inner city came together to produce work for an art exhibition, *Unspoken Truths*. The support of a professional artist was available to the project. Through painting, drawing, poetry, collage and work with materials and installations, women began to tell their stories and to explore their personal and community histories over several generations. Beneath poverty, oppression and ordinariness, unfolds a rich tapestry of life in working-class Dublin. Women's strength and sensitivity is revealed as such topics as family, home, factory life and unemployment are examined. The Irish Museum for Modern Art and the Education Department of the Arts Council sponsored the project, which was opened by the then President, Mary Robinson. This important project illustrates the power of art in expressing feelings which might otherwise remain unarticulated. It has also opened up the art world to working-class women.

St Michael's Estate Family Resource Centre with Women's Aid has also pioneered a unique community-based approach to violence against women. Based on this work, the centre put on a second exhibition in the Irish Museum for Modern Art, *Once is Too Much*. Through art forms, women showed how men exercise power and control in their lives. A two-day workshop

¹⁴ *The Women Together Against Poverty; The Experience of Traveller Women and Settled Women in the Community (Combat Poverty and Dublin Travellers' Education and Development Group and KLEAR 1988).*

on violence against women was subsequently organised. Along with developing solidarity with Traveller women and women involved in community development in Ireland, St Michael's has also developed alliances with communities in third world countries such as Cuba and Nicaragua. Solidarity and empathy are based on the common experiences of poverty and oppression.

Outside Dublin, working-class women's organisations operating from a class-based perspective have been active in Cork city, most notably the Cork Women's Action Group which has campaigned for welfare rights and women's access to education. More recently, the Coalition of Grassroots Women was established. This involved the Cork Women's Education Initiative, the Ballymun Women's Resource Centre in Dublin and Access 2000 in Waterford. The coalition has focused on the need to recognise community-based women's education. It held seminars and workshops and presented the Minister for Education and Science with a document on women's access to education.

During the 1990s also, working-class women expressed their dissatisfaction over their exclusion from international conferences organised by women's studies departments in third level colleges. They wanted community-based women's groups to be seen as a legitimate part of the women's movement, asserting their right to feminist knowledge and scholarship and inclusion in feminist debate. To a large extent this conflict has been resolved. Links are being forged between grassroots women's organisations and outreach centres in third level

institutions, which have been enormously productive. In many instances, real partnerships have been initiated and creative methodologies developed to bring a gender analysis to Irish society and to accredit women's work. It is important, however, that the community-based movement retain control of this development.

1.1.3 Partnership with the State

In the past decade, the Government has set up an increasing number of mechanisms to promote co-operation between the community and voluntary sector, and the State. The aim is to involve the community and voluntary sector in policy formulation, particularly on poverty and social exclusion. These mechanisms are important to the women's community and voluntary sector since many women's groups, projects and networks are increasingly involved in these partnership structures.

A significant arrangement was initiated in 1992 when the first area-based partnerships were established under the Programme for Economic and Social Progress (PESP). There are now 38 local Area Development Partnerships and 33 area-based community groups operated by Area Development Management (ADM).¹⁵ Thirteen target groups are listed for inclusion in the ADM Programme.¹⁶ ADM has published a manual to help organisations gender-proof local development strategies and plans (ADM 2000).

A range of other social partnerships initiated by the State include 37 approved Leader companies which make funding available to rural groups to implement business plans. The Leader programme operates under the Department of

15. ADM's local development programmes have been supported through the Global Grant for Local Development (1993-95) and the Integrated Local Development Programme (1994-99). Under the National Development Plan (2000-06), ADM has responsibility for implementing the Local Development Social Inclusion Programme.

16. ADM published "Towards Gender Equality Within Integrated Local Development" in 1996. In 2000, it produced, a manual to help organisations gender-proof their work: *Gender Mainstreaming the Local Development Social Inclusion Programme 2000-2006*.

Agriculture and Food. Partnership initiatives include representatives from the established social partners, and from the community and voluntary sector. In nine rural areas the same board implements partnership and Leader programmes. Important also are the County Development Boards, being instituted following the publication of the White Paper on the reform of local Government, *Better Local Government: A Programme for Change*. The boards hope to integrate local Government and local development structures.

At national level, the voluntary and community sector engaged in formal policy discussions with the newly formed National Economic and Social Forum (NESF) in 1993. In 1996, it was recognised as one of the four pillars to national agreements¹⁷ and in 1998 was given representation on the National Economic and Social Council (NESC). NESC is important in that it undertakes reviews of economic and social policy which provide the framework for the negotiation of the national and social partnership agreements.

The National Anti-Poverty Strategy (NAPS), *Sharing in Progress*, published by the Government in 1997, was another important policy initiative to address poverty. NAPS addresses income adequacy, educational disadvantage, urban disadvantage and rural disadvantage. Extensive consultations took place with the community and voluntary sector in developing the strategy. The current national partnership agreement, *Programme for*

Prosperity and Fairness (PPF), includes an undertaking to review NAPS. This will consider expanding the original terms of reference of NAPS to include child poverty, women's poverty, health, older people and housing/accommodation. Other emerging causes of poverty such as racism will also feature.

The equality agenda in Ireland has been broadened with the enactment of the *Employment Equality Act, 1998*. This provides for access to the workplace, working conditions, equal pay, promotion, dismissal and advertisements. The Equality Authority, set up in October 1999, is mandated to combat discrimination and to promote equality under the legislation, which covers nine grounds of discrimination: gender, marital status, family status, disability, sexual orientation, age, religion, race and membership of the Traveller community.

Specific mechanisms to promote women's issues include the national steering committee and regional planning committees on violence against women and children and the women's health advisory committees. The Government has undertaken to compile a national action plan on women's issues as part of its commitment to implement the Beijing Platform for Action.¹⁸

1.1.4 The National Women's Council of Ireland

In 1995, the Council for the Status of Women became the National Women's Council of

17. The Community and Voluntary Pillar is made up of the National Women's Council of Ireland (NWC), CORI (Conference of Religious in Ireland), INOU (Irish National Organisation of the Unemployed), the National Youth Council of Ireland (NYCI), Protestant Aid, Centres for the Unemployed run by the Irish Congress of Trade Union (ICTU), St Vincent de Paul and the Community Platform.

18. In the past 25 years, four United Nations world conferences on women have been held: the first in Mexico City in 1975, the second in Copenhagen in 1980, the third in Nairobi in 1985 and the fourth in Beijing in 1995. In Beijing, 189 Governments agreed on a Platform for Action to achieve equality, development and peace for women in 12 critical areas including poverty, education and training, health care, violence against women, power and decision-making, the environment, child care and the rights of the girl child. In signing up to the Beijing Platform for Action all Governments committed themselves to producing a national action plan to realise the goals and commitments in the document.

Ireland (NWCI). The NWCI is important to the present study in that it is the Government-recognised representative body for the women's sector. It intersects with the women's community and voluntary sector since a large proportion of women's organisations (62 per cent) are either directly, or indirectly through networks and umbrella organisations, council members.

Membership grew significantly in the 1980s and 1990s. In 1988, for instance, membership totalled 65 organisations; in 1990 it increased to 77. In 1996 this had risen to 125. By the year 2000, membership was 150 organisations. NWCI affiliates are diverse and involve university graduate associations, business organisations, professional associations and large voluntary organisations.

Many trade unions are also affiliated to the NWCI, including the main professional and white-collar unions,¹⁹ public service sector unions,²⁰ the four main teachers' unions and the large distribution and transport unions, including MANDATE.²¹ The total number of women represented by trade unions affiliates is about 126,000.

The NWCI, as a member of the Community and Voluntary Pillar, has played a key role in policy discussions within the NESF and the NESC. It was also prominent in negotiations leading up to two national agreements, Partnership 2000 for Inclusion and Competitiveness which came into force in 1997 and the current agreement, Programme for Prosperity and Fairness. The NWCI's participation ensured that women's voices were

heard at national level and established a strong link between partnership agreements and issues raised by women in other forums. The priorities raised by the NWCI in the PPF negotiations in 1999 included women's poverty, child care, educational disadvantage, women's employment and minimum wage, health, violence against women and equality for women.

Within the NESC, the NWCI has focused on measures:

- ▶ To remove women from poverty and to develop indicators on poverty;
- ▶ To promote individualisation of social welfare and taxation;
- ▶ To improve access to the labour market;
- ▶ To support the development of the child care infrastructure and to provide financial assistance towards child care costs;
- ▶ To develop parental and other family leave.

In participating in the NESF, the NWCI has brought gender analysis to the consideration of policy responses in areas such as equality frameworks, lone parents and alleviating labour shortages. It currently participates in NESF project teams on health and prisoners / ex-offenders.

To ground its work in issues of concern to its affiliates, the NWCI has established a panel structure. Panel meetings take place four times a year and delegates participate in one of four panels: health, education, social affairs and work.

The panels are expected to provide an opportunity for affiliates to:

- ▶ Network and exchange information;
- ▶ Receive updates on NWCI activity;

19. Irish Nurses' Organisation, Manufacturing, Science and Finance Union and the ESB Officers' Association.

20. IMPACT, Civil and Public Service Union and Public Service Executive Union.

21. Two of the largest general unions, SIPTU and the Amalgamated Transport and General Workers' Union (ATGWU), however, are not affiliated to the NWCI.

- ▶ Update the NWCI on affiliate activity;
- ▶ Become informed on the theme of each meeting;
- ▶ Participate in the development of NWCI policy;
- ▶ Support NWCI work on areas related to the panel theme.

Themes explored by panel meetings over the past year have included older women, lone parents, minority ethnic women, anti-racism awareness and poverty. Panels are currently contributing to development of the NWCI's strategic plan.

The NWCI has used other mechanisms to involve affiliates on key issues such as:

- ▶ Child care (within the Child care 2000 campaign)
- ▶ Health (within the Women's Health Project)²²
- ▶ Poverty (following consultation with targeted affiliates, a NWCI publication on women and poverty, *Out of Sight: the Hidden Poverty of Women* was presented in 2000)
- ▶ Beijing +5 process - the NWCI is participating in an NGO coalition to monitor the Government's implementation of its commitment to draft a national plan for women (to fulfil its obligations to women under the Beijing Platform for Action, agreed at the UN World Conference on Women in Beijing in 1995 and confirmed at the follow-up conference [Beijing +5] in New York in 2000).

The NWCI was also involved in the Power

Partnership and the Millennium Project:

- ▶ The Power Partnership was a cross-border initiative, which took place in 1997, and was aimed at women with experience of grassroots activism. It included an education programme to assist women to reflect on their own practices. Course modules included sessions on power and politics, citizenship and the State, feminism and the women's movement, gender, economic issues and practical strategies. Twenty-five women participated in the programme. Power was promoted by the NWCI, the Women's Support Network, Women in Politics, the Women's Education and Research Resource Centre (WERRC) and the University of Ulster. It was accredited by WERRC and the University of Ulster.
- ▶ The Millennium Project is a national research, analysis and action programme to build the capacity in NWCI affiliates by training women in a participatory learning and action (PLA) approach. PLA is a two-way learning process and seeks to build bridges between locals at "grassroots" level and policy makers at local, regional and national levels. It aims to help the flow of critical information back to the NWCI for national policy-making as well as ensuring a strong and dynamic link between it and its affiliates. Having received training in a basket of PLA techniques, women from various affiliates undertook research with women on the ground and then fed that research back to the project. The Millennium Project produced seven reports in which the material sent back from around the State is analysed and presented.

22. In 1997, *A Plan for Women's Health* was published. This was preceded by a consultation process over an 18-month period with women's groups. Each health board set up women's health advisory committees to further the plan's implementation. NWCI affiliates were on these committees. To support this process, the NWCI established a women's health project, partly funded by the Department of Health and Children.

As the national support structure for the New Opportunities for Women (NOW) programme, the NWCI engaged in extensive capacity-building work with participating projects, many of which were or became affiliates of the NWCI.²³ This work allowed the NWCI to develop a model of good practice based on four components of support:

- ▶ Technical support, monitoring and intervention;
- ▶ Negotiating with mainstream providers and agencies at national level;
- ▶ Policy development and implementation at national level;
- ▶ Dissemination and publications.

Through its technical support role for the NOW programme and in its project-selection function, the NWCI carried out capacity-building of specialised sectoral women's groups representing issues relating to rural disadvantage, urban disadvantage, lesbian women, Traveller women and violence against women. With EU funding, the NWCI supported some of the women's networks. Without such funding, however, it has been unable to replicate this support on a large scale.

The experience of delivering technical support through the NOW model has enhanced the capacity of the NWCI in its policy and project work. This development has fed into other NWCI project work including the provision of technical support for the Women's Health Project (WHP).

More recently the NWCI has undertaken additional technical support work for two

programmes:

- ▶ In November 2000, it was awarded the technical support contract from the Department of Education and Science to support 18 projects funded under the Education Equality Initiative (EEI). This is composed of single and mixed gender groups tackling a diverse range of educational equality issues and target groups;
- ▶ The NWCI, with ZONTA International, is sponsoring the ZEST Programme (ZONTA Empowering, Self-Development and Transformation). ZEST supports four affiliates to deliver a series of educational or training activities to disadvantaged women in their local areas. The NWCI focuses on building the capacity of EEI and ZEST project promoters by providing support, training and information.

The NWCI has drawn on the policy lessons emerging from its project work and on the expertise of its affiliates to lobby for policy change in areas such as child care, women's poverty and women's access to, and participation in, the workforce. It has emphasised the need to apply a gender analysis to policy formulation to ensure women's issues are on the policy agenda in Ireland.

In recognising the women's community and voluntary sector as an important social force for change the NWCI saw there were insufficient resources and technical supports available to the sector for capacity building and for empowering women. The council believed the sector should be supported to maximise its ability to bring about broad-based, long-term change. This research was commissioned to provide base-line

23. New Opportunities for Women (NOW) was a European initiative (1999-99), to promote equal opportunities for women in vocational training and employment. The NWCI was the National Support Structure (NSS) appointed by the Department of Enterprise, Trade and Employment to provide technical assistance and guidance to individual projects. In all, 104 projects participated in NOW.

information on the numbers and activities of the sector and on how the sector is structured and organised. The research also seeks to document the funding and support mechanisms provided to the sector and to identify an integrated strategy for supporting the sector.

1.2 Study Brief

The brief of the study, as outlined by the NWCI, is to:

Examine the quantity and nature of women's community based and issue-based groups in order to identify a set of integrated strategies and supports for women's empowerment and participation in decision-making, service provision and policy formation at local and regional level.

The more specific objectives are:

- ▶ To audit the nature, activities and aspirations of women's community and issue-based groups throughout the 26 counties of Ireland;
- ▶ To identify models of good practice developed by women's community and issue-based groups;
- ▶ To identify gaps in supports for the development of the work of women's community and issue-based groups;
- ▶ To propose a set of integrated strategies and supports for women's empowerment and participation in decision-making, service provision and policy formation at local and regional levels.

The research methodology involved:

- ▶ Reviewing publications on community-based and women's-based development as well as policy statements by Government on the funding of the voluntary and community sector and, in particular, on women's based development;

- ▶ Developing a database of organisations in the women's community and voluntary sector in the 26 counties;
- ▶ Constructing and filling out a form on the 532 women's organisations identified in counties Mayo, Galway, Kerry, and North Dublin;
- ▶ In-depth profiling of selected organisations, networks and sectors through interviews with women from 50 organisations and reviewing documentary material. An attempt was made to include in the interview sample, the range of organisational forms identified in the first part of the study and a cross section of organisations that would reflect the broad range of issues of concern to the sector.

The present review is not an evaluation of the work of women's organisations. Rather, it is an attempt to map the sector and to illustrate the contribution of the community and voluntary sector. Its contribution is documented, for the most part, from the perspective of women's organisations themselves.

An interactive methodology was used in interviewing women. When the researchers wrote up an overview of the work and activities of organisations, the women interviewed were asked to comment on the written accounts. In some cases where there was little documentation on either the work of the organisation or issues affecting target groups, organisations expended significant energy compiling documentation to the researchers. For instance, the Disabled Women's Working Group undertook a survey of members to identify the issues affecting disabled women. To illustrate particular issues, case studies were compiled by the SAOL project in Dublin's

north inner city and the Ballymun Women's Resource Centre in north Dublin. This approach was considered empowering by organisations as it helped them to articulate their concerns.

This study:

- ▶ Documents the size of the sector;
- ▶ Profiles how the sector is structured;
- ▶ Illustrates the sector's contribution;
- ▶ Outlines how the sector is funded and supported;
- ▶ Identifies six critical substantive issues of concern to the sector;
- ▶ Identifies the gaps in the support structures;
- ▶ Outlines a framework for developing a set of integrated strategies for supporting the sector.

The main fieldwork for the study was concluded in April–September 2000.

2: Overview of the Women's Community and Voluntary Sector

A national database was compiled to assess the size of the women's community and voluntary sector. Four areas were researched thoroughly to develop a more detailed profile of women's organisations, to examine the structure of the women's community and voluntary sector and to identify the sector's support and funding needs. Together the four study areas comprise one-fifth of the population of the Republic. The selected areas are: counties Mayo, Galway, Kerry and north Dublin.²⁴

Research tasks in the four study areas involved:

- ▶ Identifying and filling out a form on the 532 women's organisations in the study areas;
- ▶ Interviewing women from 50 organisations;
- ▶ Examining documentary material.

2.1. The Size of the Women's Community and Voluntary Sector

The women's community and voluntary sector has grown significantly over the past two decades. This study identifies 2,631 women's organisations nationally, catering for 75,000 women annually.²⁵ This considerably exceeds previous estimates.²⁶ In 1989, Daly (1989) calculated that the sector comprised 166 groups.²⁷ Sourcelines (1997) estimated it increased from 500 to 1,000 in 1990–97, an increase of 100 per cent.²⁸ How a woman's community group or voluntary organisation is defined is central to estimating the sector's size.²⁹

The national database on the community-based women's sector was developed from:

- ▶ Listings of groups and organisations in the community and voluntary sector funded under the Voluntary and Community Service Grants of the Department of Social, Community and Family Affairs;
- ▶ Listings of projects funded under the Community Development Programme (CDP) of the Department of Social, Community and Family Affairs. CDPs were contacted by telephone to verify and

24. North Dublin comprises the postal areas of 1,3,5,7,9,11,13. Together these make up 21 per cent or just over one-fifth of the national population.

25. This includes 908 Irish Countrywomen's Association (ICA) guilds.

26. Daly, Mary, *Women and Poverty*, Attic Press 1989; Mulvey, Chris, *Report on the Department of Social Welfare's Grants Scheme for Locally-based Women's Groups*, Combat Poverty Agency 1990; Sourcelines Consultancy, *Review of Funding Schemes to Women's Groups*, Department of Social Welfare 1997.

27. This was made up of 21 national campaigning groups, 21 service providing groups, 18 special interest groups, eight women's studies groups, and 98 local women's educational and community groups.

28. Previous estimates relied heavily on listings and applications, under the Women's Grants to the Department of Social, Community and Family Affairs.

29. Different definitions may partly explain the difference in size.

- identify women's groups in their areas;
- ▶ Listings from Partnership Companies funded under Area Development Management (ADM). These were asked to provide listings of women's groups in their areas;
- ▶ Directories such as the Administrative Yearbook and Diary published by the Institute of Public Administration;
- ▶ Membership listings of national umbrella organisations, such as the NWCI, the ICA, Aontas, the National Federation of Women's Refuges, the National Network of Rape Crisis Centres, the National Traveller Women's Forum, the Older Women's Network;
- ▶ Membership listings of regional women's networks.
- ▶ Business organisations;
- ▶ Religious organisations;
- ▶ Political parties;
- ▶ Past pupil unions;
- ▶ Professional associations;
- ▶ Third-level colleges³⁰;
- ▶ Youth associations, such as Girl Guide associations.

Lone parents groups are included, even though these groups target men as well as women. Most groups are made up of women and the social and legal reforms they want to have introduced have significant bearing on women's issues. Also where there was a significant caucus of lesbians within a gay and lesbian group, these groups were included.

Key informants in agencies throughout the country were contacted to verify existing groups and to identify those not in listings.

The consultants consider the estimate of 2,631 organisations in the women's community and voluntary sector to be conservative. There is likely to be as many as 3,000 organisations in the sector.

2.2 Defining a Women's Organisation

An organisation was considered to be a women's organisation when specifically concerned with women, and where most members/users were women. Where women were not the main focus, such as in toddler groups or pre-school play groups, these were not included. Excluded in the database are groups established by women but now run by a statutory agency. These include many literacy groups and adult education groups organised by Vocational Education Committees.

2.3 Organisational Types

Faughnan & Kelleher (1993) point out that voluntary organisations are multi-dimensional in nature and that it is important to capture the wide variation of groups in terms of size, focus, organisational type, and activities. In the four study areas (Galway, Kerry, Mayo and north Dublin) 532 organisations were identified. Their distributions are outlined below.³¹

The following sectors were excluded:

Using key informants standardised data was collected on the 532 women's organisations in the four areas.³²

30. Although women's studies departments in third-level institutes provide an important supporting role for the women's community and voluntary sector, they are not included in the database as they are not in themselves community based.

31. Extrapolating from this figure which represents the number of organisations in one-fifth of the Republic, it can be estimated that the State as a whole has 2,660 organisations. This is very close to the 2,631 organisations identified from the database compiled for the study.

32. To maximise the return of forms, key informants were used to fill out forms.

As the table below shows, most (83 per cent or 443) organisations are locally-based women's groups. As well as groups concerned with all

NUMBER OF ORGANISATIONS

Area	Number
Galway	140
Kerry	101
Mayo	133
North Dublin	158
Total	532

women in the community, this category included special interests groups such as lone parents, Traveller women and older women.

Women's projects, women's centres, other service providing organisations³³, women's networks and national umbrella organisations make up the remainder of the women's community and voluntary sector.

2.4 Number of Women Involved in the Sector

On average, 19 women attend locally-based groups in each of the four areas. The total number attending such groups is approximately 8,400.

TYPE OF ORGANISATIONS

Area	Locally Based Women's Groups	Women's Projects	Women's Centres/ Resource Centres	Other Service Providing Organisations	Local and Regional Women's Networks	National Federation/ Umbrella Organisations	Total
Galway	115	6	0	12	4	3	140
Kerry	90	1	4	5	1	0	101
Mayo	125	0	2	4	2	0	133
North Dublin	112	14	5	19	1	7	158
Total	442	21	11	40	8	10	532

The ICA plays an important role in the sector, making up 28 per cent (129) of all locally-based women's groups.

In contrast to locally-based women's groups, women's projects and centres reach large numbers of women with several hundred availing of the services of some centres and projects. It is estimated that in the four study areas there are 79 organisations catering for more than 7,000 women.

AVERAGE NUMBER OF WOMEN IN LOCALLY-BASED WOMEN'S GROUPS

County	Number of Locally-based Women's Groups	Average Number Per Group	Total Number of Women
Galway	116	21	2436
Kerry	92	18	1656
Mayo	125	17	2125
North Dublin	105	15	1575
Total	438	18	7792

This means that about 15,400 women benefited directly from the women's groups, women's centres and women's projects in the four study areas. These areas make up one-fifth of the country's population. Extrapolating from this figure to the State as a whole, it is estimated that 77,000 women benefit directly from the women's community and voluntary sector.

2.5 Year Established and Main Focus

The year groups and projects were established is presented below. Forty-three per cent (228) were established recently between 1995 and 2000 and 59 per cent (314) were established between 1990 and 2000. The majority of ICA guilds were established before 1990. Leaving aside ICA guilds, 76 per cent of organisations were established between 1990 and 2000.

Membership of most organisations (76 per cent) was open to all women in the community. The remainder were concerned with special groups of women such as Traveller women, lone parents and women experiencing violence.

33. Service providing organisations include such organisations as the Irish Hysterectomy Society, Irish Child Birth Trust, Women's Aid and Irish Rape Crisis Centres

YEAR GROUP/ORGANISATION ESTABLISHED

Year	Galway	Kerry	Mayo	North Dublin	Total	Percentage
1995-2000	49	31	86	62	228	42.8
1990-94	20	18	21	27	86	16.2
1985-89	15	8	6	17	46	8.6
1980-84	15	5	0	11	31	5.8
1975-79	8	6	5	5	24	4.5
1960-74	15	9	5	11	40	7.5
1945-59	6	1	2	0	9	1.7
Prior to 1950	4	2	0	9	15	2.9
No Info	8	21	8	16	53	10.0
Total	140	101	133	158	532	100.0

MAIN FOCUS OF ORGANISATIONS

Target Group	Galway	Kerry	Mayo	North Dublin	Total Number	Percentage
Women in the Community	99	86	114	108	407	76.4
Lone Parents	5	2	2	8	17	3.2
Widows	1	1	1	1	4	.7
Mothers	3	1	0	8	12	2.2
Lesbians	4	1	1	5	11	2.1
Traveller Women	6	4	6	5	21	4.0
Women Experiencing Violence	7	2	2	5	16	3.0
Disabled Women	3	1	0	1	5	.9
Women Recovering from Drugs/Alcohol	0	0	0	1	1	.2
Women Asylum Seekers/Refugees	10	0	0	0	1	.2
Older Women	2	0	1	0	3	.6
Separated Women	1	0	2	8	11	2.1
Prisoners	0	0	0	1	1	.2
Prostitutes	0	0	0	1	1	.2
Out of Home	0	0	0	1	1	.2
HIV/AIDS	0	0	0	3	3	.6
Other	2	2	2	1	7	1.3
Women's Groups	6	1	2	1	10	1.9
Total	140	101	133	158	532	100.0

2.6 Employment of Staff

Most organisations (80 per cent) do not employ staff. Only 9.6 per cent employ full-time staff

and in 4.6 per cent the full-time staff are supported by Community Employment (CE) workers. Staffing occurs mainly in women's projects, women's centres, women's networks and other service providing organisations and not in locally-based women's groups.

STAFFING OF ORGANISATIONS

Staff	Number	Percentage
Do not employ staff	425	79.6
Employ CE/Sessional Staff Only	7	1.3
Employ CE Staff Plus		
Full-time Positions	24	4.6
Full time Positions Only	25	4.8
No Information	51	9.7
Total	532	100.0

2.7 Income

Most organisations operate on a low income. Sixty-four per cent have an income of less than £1,000 per annum, with only 9 per cent having an income exceeding £100,000. Seventy-nine per cent of locally-based women's groups have an income of less than £1,000.

The distribution of income of organisations in the study areas is outlined below.

INCOME OF ORGANISATIONS, 1999

Current Income	Galway	Kerry	Mayo	North Dublin	Total	Percentage
Less than £1,000	111	80	96	58	345	64.8
£1,000 to less than £10,000	10	5	25	27	67	12.6
£10,000 to less than £50,000	6	1	5	5	17	3.3
£50,000 to less than £100,000	2	2	0	9	13	2.4
£100,000 to less than £300,000	1	2	1	6	10	1.9
£300,000 plus	5	3	2	28	38	7.1
No Information	5	8	4	25	42	7.9
Total	140	101	133	158	532	100.0

2.8 Funding of the Sector

The women's community and voluntary sector is funded by a range of sources. These are outlined below.

The Department of Social, Community and Family Affairs; The Department of Social, Community and Family Affairs has a framework for grant-aiding the voluntary and community sector:

Level 1: funds

- ▶ Equipment and premises;
- ▶ Management training;
- ▶ Courses and service activities for the member/target group or the wider community.

Level 11: provides multi-annual funding for management training and for courses and service activities for the member/target group or wider community. Multi-annual funding allows for greater continuity and planning for local groups.

Level 111: Provides three-year core funding for men's groups, women's groups, lone parents and networks.

Level 1V (A): Provides core funding for neighbourhood resource centres under the Family and Community Services Resource Centre Programme. This scheme is specifically designed to provide support for families in disadvantaged areas.

Level 1V (B): Provides core funding for community development projects in

disadvantaged urban and rural areas under the Community Development Programme. It also provides funding for communities of interest such as the Traveller Community.

In 1999, the department was an important source of funding for the women's community and voluntary sector, with about 24 per cent (125) of women's organisations receiving partial funding in the four study areas.³⁴

- ▶ Ninety (21 per cent) locally-based women's groups in the four study areas got a small grant in 1999. Some groups received more than one small grant (Level 1);
- ▶ Nine projects³⁵ got core-funding (Level 11);
- ▶ Three projects (North Wall Women's Centre, Parents Alone Resource Centre and Lourdes Youth and Community Services received direct funding under the Community Development Programme (CDP) (Level 1V);
- ▶ A further 23 women's organisations received some funding from local CDPs. This tended to be small.

The CDP was established in 1990. By 1999, there were up to 90 CDPs nationally. Such programmes operate in disadvantaged communities and are concerned with groups and individuals that experience social exclusion, such as Travellers and disabled people. Women who lack opportunities for their own development come into its remit. There were 21 CDPs in the areas under study plus three women's organisations specifically funded as CDPs.³⁶ Most projects undertake work with women. Women interviewed said CDPs tended to employ women and work with women,

34. The following statistics relate to the year 1999, the last year for which a list of funding was available.

35. Claremorris Women's Project, Irish National Widows' Association, Lesbians Organising Together, National Traveller Women's Forum, North West Inner City Women's Network, South West Kerry Women's Association, Tralee Women's Resource Centre, Western Women's Link and Women of the North West.

36. These were Lourdes Youth and Community Services; the North Wall Women's Centre and Parents Alone Resource Centre.

while Partnership Companies, Enterprise Companies and Leader tended to be dominated by men. Despite this, however, it was felt that the broader issues affecting women have not been taken up by the CDP and pursued at a policy level.

Smaller funding received by 21 per cent of women's organisations was granted for a variety of purposes. Thirty-four groups (38 per cent) received grants for either computer training or computers. A further 21 (23 per cent) received grants for personal development and assertiveness courses.³⁷ Grants were also received for courses on:

- ▶ Parenting;
- ▶ Arts, crafts and home management;
- ▶ Women's health, first aid, stress management;
- ▶ Community leadership, community development, networking.

Only 8 per cent of ICA guilds received small grant funding in 1999.

Nine organisations received core funding and this varied a great deal. In some cases, it was only sufficient to employ a part-time worker.

In addition, one organisation, Women's Aid, is funded as a specialist support agency by the Department of Social, Community and Family Affairs.

Department of Education and Science

The Department of Education and Science, aided by the European Social Fund, funded the Women's Education Initiative (1998-99). The

programmes supported 13 projects nationally and aimed to combat gender stereotyping and to promote equal opportunities. It was an important source of income for four projects in the study areas. The initiative has been replaced by the Education Equality Initiative (EEI) and mainstreamed by the Department of Education and Science within the framework of the National Development Plan. The EEI targets disadvantaged women and men. The National Women's Council of Ireland is designated to provide support and research to these projects. Local VEC funding is provided to women's groups for adult education. The type of courses VECs fund varies from county to county and women's groups in many instances are uncertain which courses are within the brief of VECs.

Regional Health Boards

Funding and support from health boards varies. The Southern Health Board, for example, provides significant support to women's groups and employs community workers to work with women's organisations. In the Eastern Regional Health Authority, the Women's Health Unit funds an increasing number of women's organisations in disadvantaged areas. Health boards are an important source of funding for projects engaged in combating violence against women and for those addressing the needs of drug users. But some projects are on insecure, annual funding under section 65 grants.³⁸ Most health boards make personnel available to women's groups to discuss topics such as nutrition, stress and menopause.

Women's networks in some cases have played an

37. *Voluntary and Community Services Grants, 1999. In Mulvey's study (1992), groups were most frequently grant-aided for home management (35 per cent) and personal development (28 per cent). In the Sourcelines study (1997), groups for the year 1997 were most frequently grant-aided for personal development activities and crafts.*

38. *Section 65 of the 1970 Health Act empowers health boards to support organisations providing a service similar or ancillary to a health board service. However, there is no definition of what is meant by "similar" or "ancillary". Neither are there indications as to the scale or the form which such support should take. In practice, organisations can receive a block grant, an agreed proportion of overall expenditure or a grant aid based on per capita payments.*

important local role in clarifying which courses come within the remit of health boards and VECs.

Department of Enterprise, Trade and Employment

Through FÁS, some larger women's organisations receive funding under the Community Employment (CE) programme. These make up less than 1 per cent of organisations in the sector. Projects find it increasingly difficult to recruit people with sufficient skill to work in projects. In these circumstances, core funding needs to be increased.

Twelve projects in the four study areas received NOW funding (1997-99), an important source as this programme provided large-scale funding allowing for long-term positive effects on individuals, families and communities. The NWCI was the national support structure for the NOW projects. Eight of the 12 projects with funding were interviewed for this study.³⁹ With the termination of NOW funding, many projects face a crisis.

Teagasc (Agriculture and Food Development Authority)

In many rural areas, Teagasc workers have played a vital role in establishing and supporting women's organisations. Personnel have made themselves available to organisations and presented courses on rural development. Such support is more the result of the commitment of key individuals rather than a stated organisational policy.

Other Sources of Funding

In some situations, youth organisations provide funding for specific activities. In Ballymun, the

Dublin Youth Service funds a young women's project.

There were 10 Partnership Companies and three local community development organisations supported by ADM in the study areas. Partnership Companies tend to support activities relating to women, but for specific activities, such as a training course or to survey women's needs. Some companies however, such as the Dublin Inner City Partnership and Galway City Partnership, provide part funding. Because Partnership Companies operate in a limited number of areas, they have contact with a small percentage of organisations in the women's community and voluntary sector. In the present study, they had contact with less than 2 per cent of women's organisations in the study areas. Indirectly, through their support of women's networks, they supported just less than 10 per cent of women's organisations. Although a commitment to gender equality is part of official policy, some believe the companies have little appreciation of women's specific issues while others show a strong commitment to such issues. There is little evidence that key issues affecting women locally are systematically pursued regionally and nationally.

In addition, some organisations were funded by the Department of Justice, Equality and Law Reform for child care provision.

One national umbrella organisation, OPEN, received core funding as an anti-poverty network from Combat Poverty Agency, which also provides small grants for research.

2.9 Selection of Organisations for Interviewing

Key informants from 50 organisation in the four

39. The eight projects included: SAOL, Tralee Women's Resource Centre, Women of the North West, Muintearas, Leitir Mor, Pavee Point, Lesbians Organising Together (LOT) and Ballymun Women's Resource Centre.

study areas were interviewed to understand their activities and concerns, the supports their organisations receive, the issues arising for women and their vision for the future.

Included in the interview sample was the range of organisational types identified in the initial phases, and a cross section of organisations, which would reflect the broad range of issues of concern.

Organisations interviewed by organisational type are outlined in the following table.

GROUPS INTERVIEWED BY TYPE OF GROUP

Type of Group	Number	Percentage
Locally-Based Women's Group	23	46.0
Women's Project Women's Network/	11	22
Umbrella Organisations	8	16
Women's Centres	4	8
Other Service Providing Organisations	4	8
Total	50	100

Membership of 27 of the 50 organisations was open to all women in the community. The remaining 23 organisations catered for a specific target group of women.

TARGET GROUP BY NUMBER OF GROUPS

Target Group	Number	Percentage
Lone Parents	6	26
Older women	3	13
Lesbian Women	1	4.3
Traveller Women	5	21.7
Women Experiencing Violence	4	17.5
Disabled Women	2	8.7
Women Recovering from Drugs/Alcohol	1	4.4
Widows	1	4.4
Total	50	100

Groups and projects interviewed were distributed throughout the four areas as is outlined below.

ORGANISATIONS INTERVIEWED BY COUNTY

County	Number	Percentage	Number of Organisations Interviewed Per 100,000 Population
Mayo	10	20	8.9
Galway	7	14	5.3
Kerry	10	20	7.9
North Dublin	23	46	5.7
Total	50	100	

The issues raised are dealt with in the following sections.

2.10 Conclusions

The women's community and voluntary sector accounts for 2,631 groups and organisations, catering for about 75,000 women annually.

Several organisational forms were identified. These are locally-based women's groups, women's centres, women's projects, women's networks, other service providing organisations and national umbrella organisations. Their individual roles within the women's community and voluntary sector is examined fully in the following chapters.

Locally-based women's groups make up a large segment of the sector. These tend to be small, with a low income and no paid staff. In contrast to locally-based women's groups, women's centres and women's projects reach large numbers of people and are better funded.

The most important source of funding for women's organisations in 1999 was from the Department of Social, Community and Family Affairs. Other sources included the Department of Education and Science and Vocational Education Committees, Department of Health and Children and health boards, the Department of Enterprise, Trade and Employment and EU

funding under the NOW programme.⁴⁰

The following chapter profiles the role and contribution of locally-based women's groups and women's networks.

3: Locally-Based Women's Groups and Women's Networks

3.1.1. Overview of Locally-based Women's Groups

This study has identified 443 locally-based women's groups and nine women's networks in the four study areas. Just less than 55 per cent of locally-based women's groups are members of networks. Excluding ICA guilds, less than one-third of locally-based women's groups are linked to networks.

Locally-based women's groups tend to be small, catering for an average of 19 members. Most rely on fund-raising and members' fees for their income. In 1999, 20 per cent (90) of locally-based women's groups had small grants from the Department of Social, Community and Family Affairs.

Membership tends to be open to all women in the community. Some, however, are specialist and cater for specific groups, such as, Traveller women, lone parents, older women and lesbians. Women from 23 locally-based women's groups were interviewed for this study.

Locally-based women's groups respond to:

- ▶ Women in communities who want contact with other women;
- ▶ Women who return from abroad to live in rural Ireland;
- ▶ Women who marry into isolated rural areas;
- ▶ Other women living in isolated rural areas who have traditionally been excluded from

participating in farming and community organisations;

- ▶ In large towns women's groups can link newcomers to networks of support. They are places where women from different income groups and social classes can meet to pursue common interests⁴¹;
- ▶ In city/urban neighbourhoods, women's groups can provide a forum for women to discuss personal, family and community issues.

Locally-based women's groups provide an important space where women are acknowledged and heard, find mutual support, build relationships, develop confidence and encourage and motivate each other. Their informal, non-threatening and non-judgmental ethos contrasts with the experiences many women have in society where the work of "caring" is not acknowledged or valued. Recognition of the complexity of a woman's world and the support they get from belonging to a group is summarised in the following quote:

In a women's group, you learn to sit and listen. You are able to talk in private. You can talk about anything, which you would not talk about anywhere else or in a mixed group. You get help and support from the group when things are not going right at home. If you have problems with your children, you can talk about them. You know that they are talking to you as a person. There are no judgements made. You can get great relief from talking to others.

One woman from St Pappin's Ladies' Club, Ballymun, Dublin, explained the important role of the women's group in helping women to settle in Ballymun when it was first built in the early 1960s. Ballymun was built to alleviate overcrowding and make way for slum clearance in inner city Dublin. A founding member of the

40. The NOW Programme ended in June 1999.

41. The Claremorris Women's Group is a good example of this.

group, established in 1966, explained:

We came from all over Dublin - Pearse House, East Wall, Iveagh buildings, Séan McDermott Street. People were traumatised by the change. When we came out here, we had no extended families to support us. We used to go home every Sunday. The St. Pappin's Ladies' Club brought us together. Talking to other women gave us the courage to make a home in Ballymun. Instead of thinking about home being in the inner city, we said to ourselves, this is our home here in Ballymun.

In women's groups, women find support to name and understand their world:

Men are considered the breadwinners. It is the woman's role to look after the children. Men are in the jobs. It is women who have to worry about household management and child care. Discussing these issues with women who understand can help.

Women's groups help women to overcome low self-esteem, lack of confidence, depression and loneliness:

Low self-esteem is the biggest obstacle which women have to overcome. Gradually, however, in a women's group women get the confidence to speak out.

It helps you get over the loneliness and isolation. The group is a lifeline.

The group has given us as women the confidence to speak out. Women were afraid of being laughed at. We lack trust in our ideas. We have gradually got a bit more confidence each year.

Women were afraid to participate in the computer course in the VEC. Through being introduced to

computers in the women's group we have got the confidence to attend and not to be intimidated.

The social aspect of women's groups is important:

For me it means a break from home, meeting friends and if we get a bit of self confidence, social awareness along the way, that is brilliant too.

Our group travelled to the Point Depot to see Les Miserables. It was a great night out and we really enjoyed ourselves.

We went on an outing to Bunratty Castle and the Aillwee Caves

In some rural areas, it can be difficult for founding members of women's groups to establish and sustain the group. Its existence and visibility can be seen as a threat, in the words of one woman, "anti-man". In some contexts, women themselves can lack the confidence to participate in a woman-only group.

In this context, support from an outside source can reinforce the idea that having a women's group is worthwhile and can contribute not only to the enhancement of the women themselves, but also to families and communities:

The existence of a woman's group can be seen as radical. Women are afraid of being laughed at. They have a lack of trust in their own ideas. It can help if a FÁS or Teagasc person supports the group.

Mary Robinson did wonders for women in rural Ireland. Her very presence in a group made them feel important.

The importance of women's groups in rural

Ireland was illustrated by one woman:

Women in farming communities are often invisible, as their work traditionally has not been recognised. The existence of a women's group makes women visible. This is important in our area where many women live in very isolated places.

A key feature of locally-based women's groups is the personal support which women receive. In addition, locally-based women's groups provide access to a broad range of information, knowledge and skills. Women's groups provide a broad range of activities in the following areas:

- ▶ Women's community education;
- ▶ Health and nutrition;
- ▶ Creative arts.

How sessions are organised is as important as what is organised. Many women have negative experiences of formal education. Locally-based women's groups adopt styles of learning that enable participants to define their own needs and engage in the self-management of courses. Mutual respect is encouraged between participants and tutors. Non-conventional creative learning and experiential learning techniques are also a feature of the methodologies used. These include drama, dance, creative writing, body work and art. This form of learning in women's groups is known as women's community education.

Education and Training

Many women's groups aim to help women to develop skills in information technology and computers and a large percentage of funding from the Department of Social Community and Family Affairs was computer training.

Some locally-based women's groups emphasise second chance education. An example of such a

group is Mná Uaillmhianach (ambitious women) based in Tralee, County Kerry. The group consists of 14 women from all parts of Tralee. An ambition to further both their formal and informal education was the main reason the group came together. Their "thirst" and "craving" for knowledge is expressed in their mission statement which reads "to fill our lives with as much knowledge and skills to the best of our ability". The project was established in 1997 following a pre-skills training course run by the Tralee Women's Resource Centre. The group was formed as a self-help group to support, encourage and build the self-esteem of members. The group meets twice weekly. Several members have completed computer training and have received the European Computer Driving Licence.

Prussia Street Women's Group in the north-west inner city of Dublin was founded in 1988 as an informal group interested in pursuing adult education. It now provides a range of beginner and taster courses in English, French, German, Irish, geography, music appreciation, psychology and history. Over 100 people attend these courses each year. Many women are early school leavers and many progress to second- and third-level education and/or take up work in mainstream employment. The group has no premises and its activities take place in premises provided by the parish on a sessional basis.

Muintearas in Leitir Mór, in Connemara, County Galway, explored a flexible distance learning approach to enable women in Gaeltacht areas to participate in an accredited training programme based on traditional crafts. This programme was undertaken in partnership with Galway/Mayo Institute of Technology. It is an example of how distance learning can give

women in remote rural areas access to accredited training.

Health

There is a huge interest in women's health and the health of their families. Women are interested in both conventional and complementary health to help them to take more control over their lives. Areas of concern they highlighted include:

- ▶ Pre-menstrual syndrome;
- ▶ Nutrition;
- ▶ Stress management;
- ▶ Menopause;
- ▶ Osteoporosis;
- ▶ Arthritis;
- ▶ Common family ailments;
- ▶ Home remedies;
- ▶ Alcohol and drug abuse;
- ▶ Depression;
- ▶ Children's health, for example, asthma, hyper-activity and attention deficit disorder (ADD).

Women organise sessions on the above topics using both mainstream health practitioners and practitioners from complementary therapies.

Many women are using complementary therapies, such as aromatherapy, reflexology, homeopathy, bio-energy and shiatsu for stress management and relaxation. Women interviewed explained how complementary therapies gave them increased knowledge, helped them to take more control over their lives and increased their sense of mental and emotional well-being. Women spoke of how various therapies could transform, helping to relieve fears, anxiety and pains. Sessions on mental health are popular. Many topics discussed such as depression, drugs and

stress are sensitive and need to be dealt with in a non-threatening way as they can trigger distressing memories for participants. These sessions, together with sessions on complementary health, help women to take better care of themselves:

The stigma around depression needs to be lifted.

Homeopathy has helped me a lot. I no longer now take prescription drugs.

I was fed up taking pills. I get reflexology every second week.

If I did not attend the group I would be in the house depressed.

I was suffering badly from ante-natal depression.

Homeopathy has helped me a lot.

Locally-based women's groups need resources to continue to explore an holistic understanding of health and to access courses on a range of therapies.

Creative Arts

Expression through music, painting, dance, body work, creative writing, local radio, photography and drama are increasingly being used by women's groups to examine and express their identities and concerns, to celebrate their history and achievements and to encourage personal creativity.

They are also used to explore equality, gender and racism. Through creative drama and role-play, women in the Tuam Women's Group, County Galway, depicted the changing role of women over several generations in a drama entitled, *Only a Woman*. This gave them more of a conscious understanding of the role of women over time and a basis to reflect on the

positive and negative aspects of women in different generations. This group also, through creative drama, expressed the trauma of women who experienced domestic violence. The drama was performed for local people as well as for key personnel from State agencies. It helped to raise awareness of domestic violence from the point of view of women and stated that domestic violence was not acceptable. Using local radio as a medium, domestic violence was also successfully highlighted by the Letterfrack Women's Group in Connemara.

Environment

The work of the Castlecove Women's Group, in the Ring of Kerry, illustrates the role played by a women's group in enhancing the environment. The group's work is based on the principles of sustainable development and its motto "think globally, act locally". All age groups in the community are involved in the project.

The project included the building of 160 bird-nesting boxes, one for everyone in the community, native tree planting, including species that encourage bio-diversity, the creation of an apple walk to help to ensure that Kerry's native strain of apples survives, stonewalling and the planting of a wildflower meadow.

Recycling and waste management to ensure that organic material is not put into the landfill dump were also part of the project. The cleaning up of beaches, littered with plastic waste from trawlers, is done regularly. The young people plan to make a film on litter control.

International Bat Night is also celebrated, as bats are an endangered species. Bat roofs have been

erected for bats to rest on.

A place-name project, which researched the Gaelic origins of the anglicised version of townland names, was also undertaken and some original place names are being carved and erected on traditional stone. Researching place names deepened understanding of place.

The Castlecove Women's Group won first prize at the world's environmental competition, known as the Nations in Bloom Competition, for the category of town of less than 10,000 people. The award was presented in February 2000 in Japan.

The group is a member of the South West Kerry Women's Association, which is a network of 20 groups and an affiliate of the NWCI. The group has benefited from the information and activities of the association.

Castlecove Women's Group is run by a voluntary management committee, assisted by two CE workers. From time to time, it has received funding under the small grants programme of the Department of Social, Community and Family Affairs. The continuance of CE schemes and finance from the department are both uncertain. Ideally, the group would like to be core funded by the department.

3.1.2 Conclusions

Grassroots women's groups are creating empowering, supportive and flexible ways of working. They provide information and knowledge and through a variety of activities and creative expressions, women develop confidence and self-esteem, begin to name their world, take control of their lives and participate actively in shaping their future. Creative

education, creative art and complementary therapies give women opportunities to develop skills, explore their creative potential and reflect on their identity as women. Key concerns to women's groups are ensuring access to:

- ▶ Education;
- ▶ Women's health services;
- ▶ Child care;
- ▶ Public transport in rural areas;
- ▶ Access to job opportunities;
- ▶ Domestic violence.

Other issues of concern are highlighted in the following section on women's networks and in Chapter Five on sectoral interests.

Women's networks and organisations representing sectoral interests articulate issues raised by locally-based groups at regional and national levels. The extent to which these issues are expressed is uneven and there is need to strengthen technical supports to the sector to engage in policy development and policy influencing work at regional and national levels. How this could be achieved is addressed in Chapter Six.

The following funding and support issues were raised by women's groups:

- ▶ Small grant funding from the Department of Social, Community and Family Affairs is highly valued. A relatively small grant, can, in some cases, make a major contribution to the work of the group;
- ▶ Many groups, particularly those in remote rural areas, have difficulty accessing tutors and/or keynote speakers;
- ▶ Many locally-based women's groups are unhappy that groups sanctioned to receive small grant funding from the department did

not receive the grant until December. This meant some groups having to get a bridging loan to allow them to begin programmes in September. The department should consider issuing the grant in September;

- ▶ Many groups were also not aware that multi-annual small grant funding is available from the department. Access to this funding would enable groups to engage in more long-term programme planning. Eligibility criteria for multi-annual small grant funding should be clarified and publicised;
- ▶ In some regions, it was felt that regional officers of the department did not fully understand the role of women's groups and the hidden nature of poverty in rural Ireland. Rural poverty and issues concerning rural women should form part of the officers' in-service training ;
- ▶ The small number of ICA guilds receiving small grant funding is a cause for concern to ICA. It is unclear to the ICA in some regions whether or not its guilds are eligible for department funding and, if so, the criteria for funding guilds. This needs to be clarified;
- ▶ Support from VECs and health boards varies across regions and counties. It is important that these agencies clarify what supports are available.

3.2 Local and Regional Women's Networks

The Combat Poverty Agency acknowledged the importance of women's networks in 1993 when it initiated a pilot programme for such networks. These were seen as important in supporting and resourcing local women's groups and in raising awareness of the nature and causes of women's poverty. The pilot programme was evaluated by Boyle (1995) who documented the wide range of network activities such as information dissemination, publications,

seminars, research and lobbying. She said networks could be an effective representative voice for member groups.

Year Established

Nine women’s networks were identified in the four study areas. These networks are geographically based and cover part of a county, part of a city or an entire city. One network crosses the boundaries of several counties.

The year the networks were established and the areas they cover are outlined below.

NETWORKS BY YEAR ESTABLISHED

Name of Network	Year Established	Geographical Remit
Irish Countrywomen’s Association (county networks)	1910	All Ireland, with County Structure
Irish Federation of Women’s Clubs	1965	Dublin
Forum Network	1986	Part of West Galway
Western Women’s Link	1991	Parts of Galway, Sligo, Roscommon
North West Inner City Women’s Network	1992	North west Inner city
South West Kerry Women’s Association	1993	South-west kerry
Women of the North West	1994	North-west Mayo
Tochair Valley Network	1998	Part of East-mayo
Galway City Network	1999	Galway City

The ICA operates throughout the country. For the purpose of this study, it is categorised as both a women’s network and a national umbrella organisation. It is by far the country’s longest established network.

The Irish Federation of Women’s Clubs was established in 1965 and operates throughout Dublin county and city.

Aside from these two networks, Forum Women’s Network in Connemara, Galway, is the longest established network. Established in 1986, it was supported by the Forum Community Development Project, which was part of the Second EU Programme to Combat Poverty (1985–90).

The remaining six networks were established in the 1990s.

Women’s networks link local groups. Seven of the nine networks are in turn part of the national umbrella organisation for adult education, Aontas, and are also affiliated to the NWCI.

Funding and Membership

Four networks (North West Inner City Women’s Network, South West Kerry Women’s Association, Women of the North West and Western Women’s Link), are core funded by the Department of Social, Community and Family Affairs. The ICA receives core funding from the Department of Education and Science, Forum Women’s Network is part-funded by the Forum Community Development Project and Galway City Network is part funded by the Galway City Partnership.

Just less than 55 per cent of locally-based women’s groups are members of networks.

A large number of groups (122) are linked to the ICA. Excluding the ICA network, only 37 per cent of locally-based women’s groups in the four study areas are linked to networks.

Aontas, an umbrella organisation for adult education, has been particularly active in recent years in supporting women’s networks under the Women’s Education Network Development Initiative (WENDI), funded by the EU and the

Department of Education and Science (1998–2000). Aontas now receives three-year funding from the Department of Social, Community and Family Affairs to continue its support for 14 women’s networks. Aontas is an NWCi affiliate.

MEMBERSHIP OF NETWORKS

County	Number of LBWG ⁴²	Number of LBWG linked to a network	Percentage linked to networks
Galway	116	82	70.7
Kerry	90	71	78.8
Mayo	125	57	45.6
North Dublin	105	29	27.6
Total	436	239	54.8

NUMBER OF GROUPS IN NETWORKS EXCLUDING THE ICA

County	Number of locally-based women’s groups	Number in networks	Percentage in networks
Galway	77	43	55.8
Kerry	43	24	55.8
Mayo	106	38	35.8
North Dublin	88	12	13.6
Total	314	117	37.3

Political Voice

The women’s network, as an organisational form, is an important tool through which women’s voices can be heard regionally and nationally. The collective voice of a network can, in some instances, command respect, recognition and a status that individual groups may not. The North West Inner City Women’s Network, for instance, feels that women’s issues and concerns are being taken seriously as a result of the visibility of the network and its activities. Women of the North West has enhanced the status of women in Mayo. It has highlighted the under-valuing of women’s work and the fact that only a few farm women own

the farm or have a herd number. Many who participated in training run by Women of the North West are now participating in regional partnership structures and, despite some resistance, are making women’s voices heard. To illustrate the work, contribution, and the support and funding needs of women’s networks, four networks were interviewed for this study. Documentary material was also provided. Information sought from the networks included:

- ▶ Year established;
- ▶ Funding and staffing;
- ▶ Work and activities;
- ▶ Substantive issues of concern to women
- ▶ Difficulties relating to the support and funding of networks.

3.2.1 The Irish Countrywomen’s Association (Bantracht na Tuaithe)⁴³

The organisation (ICA) has made a difference – a profound, measurable and marvellous difference – to the way generations of Irish women live their lives. The ICA was central to the setting up of the co-operative movement ... At its simplest – and most effective – the ICA provided a forum for women to talk to each other about their needs, hopes and dreams. They gained strength from each other and grew together.

Breda Raggett
National President, 2000–

Year Established, Funding and Staffing

The Irish Countrywomen’s Association (originally the United Irishwomen until 1935) is a national organisation founded in 1910. It is the longest established women’s organisation in the country, with its origins closely linked to those of the Irish Co-operative Movement.

42. LBWG refers to locally-based women’s groups.

43. The Irish Countrywomen’s Association is considered as both a network and a national umbrella organisation.

The United Irishwomen was founded against the background of increased migration from the land and intense poverty in rural Ireland.

Heverin (2000) notes that life for rural women was harsh:

The life of an Irish countrywoman was characterised by hardship and deprivation. In fact, she was treated little better than a servant. Her day was spent feeding farm animals, doing physically hard farm work – footing turf, gathering seaweed, carrying large burdens – as well as preparing meals, washing, cleaning and keeping house with no water or electricity. It was customary for men to be fed first, and there was often little food left, resulting in many women being undernourished.

The association is non-party political and women who are members of Dáil Éireann, Seanad or the European Parliament are not eligible to hold ICA office. Discussion of a party political nature is not permitted at meetings.

ICA work is for the most part voluntary and the association is mainly financed through membership fees. A grant of £8,000 from the Department of Agriculture, Food and Rural Development is paid to central funds.

Administration is carried out by a full-time general secretary and staff at the central office in Dublin. One development officer is employed who covers the whole of the Republic. A part-time psychologist/counsellor staffs the help-line and counselling service. This service is part-funded by the Department of Social, Community and Family Affairs. An annual grant of £18,000 from the Department of Education and Science is paid to the Adult Education College (An Grianán) which also receives

sponsorship from the business and commercial sector.

The ICA was a founder member in 1973 of the NWCI (then the Council for the Status of Women). Today, it plays an active role in the NWCI. It is represented on a large number of organisations including Aontas, the National Association for the Mentally Handicapped of Ireland, the Crafts Council of Ireland, Teagasc, Irish Co-operative Organisation Society, National Economic and Social Forum, Foras Éireann, the Irish Osteoporosis Society and the Leader monitoring committee.

Work, Activities and Structure

Over the century, the ICA has addressed problems of the isolation and loneliness of rural women. In its early days it set about improving the rural nursing scheme and addressing problems of nutrition, hygiene and child care. In the 1950s, it campaigned for rural electrification and running water and in the 1980s it played a major role in getting the law of Criminal Conversation abolished. Mamo McDonald, ICA President (1982–85), sums up its contribution (Heverin 2000):

On a practical level, ICA has helped liberate women by helping to get water and electricity in all rural homes, establishing income-generating projects for women, set up farm guesthouses, establish craft and service co-operatives and gain a voice in decision-making bodies. Within the guilds, ICA has provided mutual support and consciousness-raising among women. Members come together to discuss issues relevant to them, clarify their thinking, articulate their ideas and develop the capacity to make judgements. Those who have to cope with tragedy, worry or even the lesser

human problems find consolation, loyalty, friendship and support.

Adult Education

The ICA runs An Grianán (the sunny place), an adult education college set up 1954 and a horticultural college established in 1968, both in Termonfeckin, County Louth. An Grianán was entrusted to the ICA by the Kellogg Foundation for “educational and recreational purposes to promote the health, education and welfare of the people of Ireland”. Over 200 courses on subjects including arts, crafts, cookery, literature, reflexology, stress management, personal development, public speaking and effective communication, communication skills, computer skills and music. An Grianán has played a key role in keeping many traditional crafts alive such as basketry, crochet, Carrickmacross and Limerick Lace, rushwork, weaving and woodcarving. The college can hold 86 people on a residential basis. In 1998, six self-catering bungalows, known as “the sanctuary”, were opened. The horticultural college caters for up to 60 students each year where students study for certificates and diplomas awarded by the NCVA.

Local Guilds

The guild is the ICA’s basic unit or branch, of which there are about 900 comprising 20,000 members throughout the Republic. The guild allows women to discuss topics of mutual interest and to be informed on matters of local and national importance. Features of good guild practice are: broad educational activities, social and recreational activities and competitions and community involvement.⁴⁴ Educational activity can involve a guest speaker on such topics as health, money management and law. Guilds also run short courses on computer skills, parenting,

family relationships, sports and leisure activities, assertiveness and return to work.

The ICA’s constitution is based on organisational principles to encourage local guild members to participate in decisions of the organisation.

County Federations

The guilds in each county form a county federation which meets quarterly with each guild represented by its appointed delegate. Meetings are open to all members.

National Structure

The council is the ICA’s governing body. It consists of the national president, the honorary offices of the association, and one voting delegate from each guild. The national council meets three times a year, and all ICA members may attend and take part in the discussions.

The national executive undertakes the administrative work and the executive committee consists of the national president, the honorary secretary, the honorary treasurer, the national vice-presidents, the *buan cáirde*, the presidents of the federations and eight members of the association, two from each province.

Committees

The ICA services the members through a range of national decentralised committees, which act as a resource to the national president. These include:

The education committee which has, among other things, produced a handbook for parents and children on the transition from primary to post-primary school; campaigned for the integration of disabled children into mainstream

44. *Irish Countrywomen’s Association Handbook*.

classes and for the abolition of all fees for adult education. This committee is also responsible for promoting the Irish language within the ICA. It has also undertaken a campaign for all circular letters from Government departments to be issued in both Irish and English.

The health and social affairs committee has been involved in the national health consultations and has participated in the regional committees organised by the health boards on women's health and on violence against women. It has also taken up issues on child care and has been involved in developments to implement a national breast screening programme. The committee is responsible for preparing the ICA's pre-budget submission.

The consumer committee is examining GM foods, labelling in supermarkets, food safety, technology and internet education and early education for young consumers.

The agriculture, rural development and environment committee studies legislation, including Bills from the Department of Agriculture, Food and Rural Development and the Department of Environment and Local Government and advises members accordingly. The committee has concentrated on food production and new technology policy, food safety, health and safety on the farm, waste management and litter, and tourism, among others.

The international committee promotes international affairs within the ICA and organises a European awareness week at An Grianán. The ICA works closely with the Federation of Women Institutes in Northern

Ireland and internationally with COFACE (the Confederation of Family Organisations in the EU). The association was one of the founder members of ACWW (the Associated Countrywomen of the World). ICA members are involved with many exchanges with women from other countries.

Other committees are the arts, crafts, and sports committees.

Helpline and Counselling

The helpline and counselling service was established in 1988 and is available for members and their families. Relationship problems between spouses account for the highest proportion of calls. Where appropriate, clients are also accompanied to courts when they are applying for protection or barring order or judicial separation. The service is part-funded by the Department of Social, Community and Family Affairs.

Funding and Support Needs

Lack of funding for operational expenses is seen as a serious issue for the ICA, from guild to national level. At national level, more resources are considered necessary to employ additional development officers, engage researchers and obtain expert economic advice when necessary.

At county level, the ICA needs funding for operating expenses.

Presidents from three county federations (Kerry, Mayo, Dublin) contacted for this study were concerned at the low number of small grants available from the Department of Social, Community and Family Affairs to local guilds. The ICA's eligibility for small grants from the department urgently needs to be addressed.

3.2.2 North West Inner City Women's Network, Dublin city

Year Established, Funding and Staffing

The North West Inner City Women's Network (NWICWN), set up in 1992, comprises 11 women's groups, in north-west Dublin in Smithfield, Stoneybatter, Manor Street, the Markets, O'Devaney Gardens, Montpellier and Drumalee Estate.

It receives core funding from the Department of Social, Community and Family Affairs and funding for part of a salary comes from the Dublin Inner City Partnership. The network employs a co-ordinator, a part-time administrator and a part-time development worker.

The NWICWN is a member of Aontas and the NWCI.

It is represented on the Inner City Child-care Forum and the North West Inner City Area Network.

Work and Activities

NWICWN's work is underpinned by community development principles. It provides support, information, training and advice to its member groups, shares ideas and resources, liaises with other networks and lobbies to influence policy at local, city, regional and national levels. It uses a variety of methodologies, such as research, and creative drama and arts to build the capacity of member groups and to promote awareness of particular issues affecting women.

In recent years, NWICWN has provided member groups with training in:

- ▶ Assertiveness;
- ▶ Funding applications;
- ▶ Myers Briggs personality framework;
- ▶ Voter education;
- ▶ Basic computer training.

In 1998, it held a seminar on violence against women and subsequently Women's Aid undertook training with NWICWN on the issue of violence against women. As a way of developing the issue, it was decided to make a quilt where each square portrayed the reality of abuse against women. The poet, Paula Meehan, launched the quilt at a seminar organised to link the project to Women's Aid's 16 days of action against violence against women. The NWICWN aims to undertake research on the potential of a community-based approach for responding to violence against women and how best an integrated response can be made once a woman reports a violent incident.

An objective of the network's three-year plan is to link up with the two women's hostels in the area, the Regina Coeli and Haven House. Many in these hostels have experienced violence from men and the network aims to identify their training and educational needs.

Banúlacht, an organisation concerned with development education, delivered a series of workshops to the NWICWN exploring reasons why refugee asylum seekers leave their own country. Workshops helped participants to reflect on their own prejudice and attitudes. The network intends to provide training on racism for all staff and members of the management team and to create a forum for member groups where issues and fears can be addressed. Along with other women's networks, the NWICWN assisted Banúlacht to organise a

conference on Women's Networks and the Wider World.

The NWICWN has highlighted that women lack adequate information, knowledge and services on women's health. It also recognises that women in the area have diverse health needs. For instance, grandmothers caring for grandchildren, young mothers and refugee women have different needs. With other agencies, the network will create a community health platform to promote:

- ▶ A better health service;
- ▶ Easier access to health information;
- ▶ Holistic health care and counselling;
- ▶ Stress management information/training.

The platform will also commission research into women's health needs.

The network was the promoting organisation for a NOW project, which during 1997-99 organised specifically designed pre-employment courses for women.

The NWICWN was part of WENDI, a project organised by Aontas under WEI, funded by the Department of Education and Science during 1997-99⁴⁵. This helped the network to reflect on its work in women's development and to share information and knowledge with other local and regional networks.

Issues Identified and Support Needs

The network has prioritised four areas of work in its recent three-year plan:

- ▶ Violence against women;
- ▶ Women's health;

- ▶ Adequate child care provision;
- ▶ Non nationals and homeless women.

The NWICWN premises is considered inadequate and it intends to acquire a premises and establish a women's centre accessible to all women in the community.

3.2.3 South West Kerry Women's Association, County Kerry

Year Established, Premises, Funding and Staffing: The South West Kerry Women's Association (SKWA) is a network of over 20 local women's groups, established in 1993 following a programme on leadership development, hosted by the local Partnership Company and the St Vincent de Paul and funded by the Combat Poverty Agency.

SKWA is based in the O'Connell Centre, Caherciveen, which is a co-operative venture designed to maximise community and business participation in the development of lifelong learning opportunities through continuing adult education. The centre is underpinned by community development principles and an holistic approach to education, training and personal development. The roles of education and information technology are considered central to the region's economic development. SKWA considers the centre an ideal location.

The network receives some core funding from the Department of Social, Community and Family Affairs which allows it to employ a part-time co-ordinator. SKWA was funded by the WEI which is terminated. It is now funded by the Education Equality Initiative (EEI) funded by the Department of Education and Science.

45. The aims of WENDI were to develop regional support for women's education networks, deliver training programmes for staff and committees of local and regional groups and to develop links between voluntary and statutory providers. Aontas has been funded by the Department of Social, Community and Family Affairs to continue this work over a three-year period.

SKWA is a member of Aontas, Banúlacht and the NWCI.

Work and Activities

Support to Member Groups

SKWA co-ordinates training programmes for member groups and helps to articulate broader policy issues. It helps groups to plan an annual programme. To this end, a database has been compiled of 93 tutors and facilitators available to work with women's groups in the area. Sessions include woodwork using bog oak, personal development and stress management. The network disseminates information from Government agencies through its regular newsletter.

SKWA provides support to members, the importance of which is articulated thus:

The local network provides us with a list of facilitators in the area that we can call upon. This is of great assistance. The worker also calls to the group at the beginning of the year and helps with the planning. This is a great help in motivating the group. We know that we are not alone.

We benefit a lot from our participation in the network. We get ideas about what activities to run. Meeting other groups is energising.

Education and Training

The network was part of the NOW programme 1995-97 and 14 women graduated with a diploma in women in the community.

In Caherciveen, at the remote end of the Iveragh Peninsula in north-west Kerry, 36 women from 20 separate groups participated in a Certificate in Women's Studies organised by the SKWA and University College Cork. The course included sessions on women in literature, law, history and art. Women ranged in age from

16 years to 80 years. Attendance was high and participants rated the course highly.

IN 1999-2000, 11 women completed a business and information technology course hosted by SKWA and the Institute of Technology in Tralee, held in Tralee and Caherciveen. The Tralee course was simultaneously relayed by a video conferencing link to Caherciveen 70 miles away. Interactive opportunities were provided for participants in Caherciveen to talk with the lecturer in Tralee. An unanticipated feature of the course was that participants in Caherciveen learned about video conferencing equipment and the technical aspects of video conferencing, such as the correct siting of the camera and microphones, and how to maximise sound quality. Participants rated the course highly. This project illustrates the potential of technology to bring learning opportunities, including accredited learning, to people living in remote areas of rural Ireland.

Aontas and Banúlacht have provided training for SKWA in management and community development and development education. These organisations have also brought SKWA into broader policy debates; an example of this is the dissemination of information by Aontas to local women's networks on the Green Paper and White Paper on adult education.

Aontas have played a major role in promoting adult education, particularly among women's groups. They were great at disseminating information on the Green Paper and the White Paper. They are very committed. It is more than a job for them. They are also very skilled.

The White Paper is excellent. Aontas deserves some of the credit. They had a big influence in getting the issues taken up. I have every

confidence that they can translate the White Paper into action.

Issues raised by SKWA include:

- ▶ The lack of public transport;
- ▶ Inadequate access to health services;
- ▶ Inadequacy of carers' allowance;
- ▶ Lack of resources for child care;
- ▶ Inaccessibility in some areas to a bank or an ATM machine.

Women interviewed for this study explained the implications of the absence of transport:

The hospital is 60 miles away. CI... does not come into our area. Women who don't drive are absolutely lost. First of all you have to get to the nearest bus which is 15 miles away. A bus goes there twice a day. It leaves at 8am which means that you will get there by 10.30. People at the hospital do not understand where we are coming from and tell you to be there at 9 am.

My father-in-law had to attend hospital for dialysis three times a week. He had to get a taxi the 70 miles. There was no way neighbours or relatives could drive him there. The taxi cost £70 per trip. When an infant is sick you need to move fast. If you do not have a car you are lost.

Accessing a chemist can also be a difficulty:

The nearest chemist is 25 miles away

Public transport, even when it operates, does not cover the distances people need to travel daily, for instance to get to and from after-school activities, shopping or to get to the local doctor. One woman stated:

The reality is that if you do not have a car, you are really stuck. One car for a family is often not

sufficient. If one person in the house is working, the car can be gone all day. If you have no transport in a rural area, the children lose out on after-school activities such as drama, football and basketball. Also the nearest supermarket is 22 miles away.

Public transport does not come into the area. There is only one car in most families. If the man takes the car to work, the woman is stranded.

SKWA was funded by the WEI which is now terminated. SKWA receives some core funding from the Department of Social, Community and Family Affairs, which allows it to employ a part-time development co-ordinator. To fully develop the network, funding for 11/12 employment positions is needed. Networks operating in rural areas also require funding for travel to provide support for their member groups.

3.2.4 Women of the North West, County Mayo

Women of the North West (WNW), established in 1994, is a network of 26 women's groups. The network in Moygownagh Community Centre, 13 miles north-west of Ballina, County Mayo, covers a large mountainous rural area with a low population density, with only one urban centre. It has a population of just over 35,000 people with 8,800 women in the catchment area. Network activities are open to all these women.

The number of women ranges from 15 to 25 women per member group with about 400 women involved in the WNW as a whole. Many groups are relatively recent in origin with half set up in the past five years. Only three groups employ staff. One group employs two full-time staff members and two groups employ CE workers only.

WNN is affiliated to the NWCI and Aontas. At

international level, through its involvement in EU programmes and inter project visits, WNW has developed links with a range of rural projects in Spain, Sweden and Italy. It was represented at the World Conference of Women in Beijing in 1995 and took part in an education trip to Tanzania.

Support to Member Groups

WNW aims to build confidence and to empower local women. In addition, it seeks to have the work and role of women valued and to give them visibility. At a broader level, the network promotes the economic and social development of women so they can participate equally in decision-making structures locally, regionally and nationally.

The work of WNW is underpinned by the principle that women as citizens have the right to participate equally with men in the economic and social structures of their communities. In this context, WNW seeks to develop ways in which women can participate in decisions affecting the life of their community at local, regional and international levels.

Member groups are involved in:

- ▶ Personal development;
- ▶ Adult education;
- ▶ Health;
- ▶ Arts and crafts;
- ▶ Community development;
- ▶ Economic development;
- ▶ Work with older people.

WNW provides management training and assists groups with funding applications, particularly funding under the small grants programme of the Department of Social, Community and Family Affairs. The network also helps community groups to plan and develop their

work. A rural enterprise adviser employed by Teagasc has provided consistent support to the network.

WNW has been instrumental in assisting member groups to bring about practical interventions in local areas. For instance, it assisted one group to get a kitchen built in a community centre to respond to the needs of older people. Another group was helped to establish and open a community arts centre.

Undervaluing of Women's Work

WNW has highlighted that women's work is undervalued or not valued at all. The Moygownagh Women's Group, a member group of WNW, carried out a research study, *Putting a Value on Women's Work* in 1995-96. Twelve CE scheme participants conducted the research with the support of personnel from University College Galway. The report highlights that farm women's work inside and outside the house is undervalued. It also documents that only a few farm women own the farm or have a herd number. The report recommends that it should be a legal requirement that the farm herd and the farm be jointly owned.

Education and Training

In response to the dependent economic and cultural position of rural farm women, WNW has assisted large numbers of women to access personal development courses, training and work opportunities. The organisation liaises with and consults FÁS, County Mayo VEC and Teagasc. Courses have been hosted on women in farming, information technology, leadership, and community development.

The Moygownagh Women in Community Leadership course was funded by the EU

Commission through the EU Equal Opportunities Programme (1997 to 2000). It aimed to provide training to build the confidence, develop solidarity, increase awareness of how power and influence are exercised and enhance the political and lobbying skills of women, thus enabling them to have a voice in local decision-making structures. An independent evaluation indicates the programme was highly successful. Women were exposed to new ideas and skills, such as information technology skills, social analysis, gender awareness, organising skills and writing skills. Solidarity was strengthened and women gained confidence to participate more fully in community development activities and community organising. A second EU Equal Opportunities Programme began in 1999.

Between 1998 and 2000, WNW promoted a NOW project focusing on information technology skills training. Participants also acquired skills in bookkeeping, maths, business planning, the development of curriculum vitae, career planning and job preparation. Thirty-three women, 27 of whom were farm wives, attended. The Galway/Mayo Institute of Technology and WNW delivered the programme. All 33 women completed the course and received accreditation from the NCVA and from the Galway Mayo/Institute of Technology. The NOW programme enabled women to take up enhanced work opportunities, further training and education and also increased their involvement in community development activities. The combined impact was to put a greater value on women's worth and to give them greater visibility.

The training aspect of the NOW project was delivered in Moygownagh Community Centre

and in Castlebar. Finance was provided for travel and child care expenses. There was also an outreach centre in Glenamoy in the Erris region of west Mayo (40 miles from Moygownagh). Computers were provided by the VEC in Rossport in west Mayo where women could put into practice what they had learned.

Evaluation indicated the programme was highly successful. There was 100 per cent completion rate and participants were very satisfied. The following factors were central to its success:

- ▶ The programme was specifically designed to meet the requirements of women with responsibilities for running a home and for caring for others;
- ▶ Child care costs were covered;
- ▶ Travel costs were covered;
- ▶ High quality tutors were employed;
- ▶ A supportive group atmosphere was generated where participants were committed to each other and to each other's learning;
- ▶ A financial incentive was provided to women to attend;
- ▶ Computers were made available to participants in the outreach centre.

Finally, the role of course co-ordinator and administrator was highly valued. Women were supported and given the confidence to take on and complete new challenges. The NOW programme has terminated and this has left WNW seeking funding for training and education elsewhere. This absorbs a lot of its energies.

Health

WNW is represented on the Western Health Board's women's health advisory committee. Consultations with women highlighted an

uneven distribution of health services in the region. Many rural women living in isolated areas, have limited access to transport and find it difficult to access health services, particularly Castlebar or Galway city. All women are given the same appointment time, which often does not coincide with public transport schedules. Women spoke of the lack of privacy in health clinics and a lack of respect by some professionals. Many availed of complementary therapies, but could not disclose this to some professionals for fear of disapproval. Women requested that service providers take account of the whole person, including psychological as well as physical make-up. There is need for the health services to adapt to the needs of women and their families and to take account of the factors affecting health, such as stress, poverty, violence and bereavement as well as access to transport. Counselling should be available at primary care level.

Since the Western Health Board Plan for Women's Health, 1998-2000, was finalised, women in the region may choose to attend a woman general practitioner and access to cancer screening services has improved. Osteoporosis screening has also been provided on request and brochures have been printed on a series of relevant topics.

In further consultations with women in June 2000 additional needs were identified:

- ▶ The appointment system has only changed in some sections of the Castlebar Hospital and appointments do not consider the distances which many people have to travel;
- ▶ There is no financial assistance for travel and people living 70 miles away from Castlebar are paying as much as £80 for a taxi;
- ▶ The criteria for a medical card need to be reviewed to take into consideration the distance a person has to travel for services;
- ▶ Dental services are inadequate in north-west Mayo and only school children under 14 years are entitled to free dental treatment. There is a five-year waiting list for orthodontic treatment;
- ▶ There is a one-year waiting period for gynaecological services. In addition, there is a lack of privacy in the clinic;
- ▶ The breast cancer clinic in Castlebar should be upgraded.⁴⁶ The clinic is overcrowded, leading to a long waiting time which in turn leads to stress. The mammogram and cell biopsy should be done on the same day;
- ▶ Breast and cervical screening should be available in a women's health clinic in the nearest town. The service could be made available in isolated rural areas through a mobile health clinic. At present, some women have to travel 70 miles to the nearest hospital for breast screening and screening for cervical cancer. What women really want is access to local women's health clinics and mobile clinics;
- ▶ The maternity hospital is 70 miles from some areas;
- ▶ There is a lack of access to GPs at weekend. There are four GPs in an area with a population of 9,000, at the weekends only one is on call. In these circumstances, it is difficult to get the doctor to make a house call. If a person has no access to a private car, she or he must hire a taxi, which could cost £20-£30. The lack of access to a GP is particularly serious for people who need a GP to authorise their admission to hospital;
- ▶ An air ambulance is needed;
- ▶ It is difficult and expensive to access counselling service.

46. Since the consultation a decision has been taken to close down the clinic in Castlebar.

In discussions with women from member groups of WNW, one woman outlined the costs of accessing medical services:

It costs a day's wages to get to the doctor. Even if an elderly person's nephew or relative drives the person to the doctor, you cannot expect him to do it for nothing.

The expense of accessing doctors and hospitals leads many people to put up with the sickness. One woman stated:

It does not do to be sick. If you are, you put up with it.

Women felt that although mainstream medical services were inaccessible and expensive, there was little attempt to make counselling and other services available:

If it were not for counselling, I would not be here. We are however never referred to counselling.

One woman felt many doctors were influenced unduly by pharmaceutical companies:

They (doctors) have Prozac biro and Prozac notepaper. It is no wonder they prescribe them so freely. I am fed up taking pills. I use reflexology and aromatherapy.

I told the doctor that I was having difficulty with the menopause. He did not look at me, gave me a leaflet and muttered something. He quickly let me out.

Issues identified by WNW include:

- ▶ Women's lack of access to positions of power and influence resulting in a continuous challenge to have their issues raised;
- ▶ Lack of access to mainstream health services, to women's specific services such as gynaecological services, breast and cancer screening;
- ▶ Lack of access to counselling and complementary therapies;
- ▶ Inadequate public transport in a large part of the region;
- ▶ Lack of progression routes to training and education for women living in isolated rural areas;
- ▶ Lack of child care provision and/or financial assistance for child care;
- ▶ Lack of elder care provision and lack of financial assistance for care of older people;
- ▶ Lack of access of women to the live register and consequently accessing training and work.

Many women in remote areas do not have access to adult education and/or training. WNW believes it has demonstrated it has the capacity to deliver training and educational programmes and that mainstream funding should be provided for such work. The terms of reference for such funding should be broader than those of the NOW project, which were strongly related to providing opportunities for women to access the labour market.

3.2.5 Conclusions

Nine women's networks were identified in the study areas. These are geographically based and cover part of a county, part of a city or an entire city. In one case, the network crosses the boundaries of several counties.

Just less than 55 per cent of locally-based women's groups are members of networks. Excluding ICA groups, less than one-third of locally-based women's groups are linked to networks.

Key features of women's networks are their

capacity to:

- ▶ Support the development of locally-based women's groups;
- ▶ Co-ordinate activities for member groups, such as the provision of training and the dissemination of information;
- ▶ Provide a collective voice for women.

Strengthening locally-based groups is a key aspect of the work of women's networks. They assist groups with funding proposals and management training. Being a member lessens the isolation of individual groups, giving a sense of collective empowerment. Inter group activities organised by networks, such as seminars and training courses, energise member groups.

New models of training, particularly on distance learning and video conferencing have been piloted by rural women's networks.

Women's networks and umbrella organisations give expression nationally and regionally to issues raised by locally-based groups. The extent to which these issues are articulated is uneven. Many groups are not in networks and many networks are insufficiently funded to undertake this work. In addition, as we shall see in Chapter Five, sectoral interests are unevenly organised and need to be strengthened if issues identified at grassroots level are to be articulated widely.

Key issues of concern to networks are:

- ▶ Inadequacy of transport in rural areas;
- ▶ Inaccessibility to appropriate health services in rural areas;
- ▶ Inaccessibility to training and adult education in rural areas;
- ▶ Lack of access to child care and elder care;
- ▶ The need for greater acknowledgement of women's voices in local decision-making

structures;

- ▶ The need for greater awareness of domestic violence.

Women's networks receive funding from a variety of sources. The Department of Social, Community and Family Affairs provides "core funding" to four networks. Funding varies a great deal and is not sufficient to provide a full-time worker in some cases. One network receives part funding from the Local Development Partnership and one network receives part funding from the local CDP. The ICA receives part-funding from the Department of Education and Science and the Department of Agriculture, Food and Rural Development. The ICA funding is totally inadequate to finance ICA operations. Two networks have no statutory funding. Given the variation of funding sources, a programme of funding for women's networks needs to be addressed. Chapter Four examines the role of women's projects and women's centres.

4: Women's Centres and Women's Projects

Profiles of three women's centres and two women's projects are outlined below. During research information was sought on:

- ▶ Background to the organisation and/or area;
- ▶ Year in which organisation was established;
- ▶ Staffing and funding;
- ▶ Work and activities;
- ▶ Main issues to be addressed;
- ▶ Support and funding issues.

4.1 Ballymun Women's Resource Centre, Ballymun, Dublin 9

Ballymun, with a population of 17,000, is on Dublin's northside. Its predominant feature is high-rise tower buildings, constructed in the late 1960s. In addition, 1,800 two-storey family

homes were built in the 1970s.

Ballymun residents face considerable upheaval. In 1997, a decision was made by the Department of Environment to demolish the tower blocks due to their “structural deficiencies” and to undertake a radical redevelopment of the area. Existing neighbourhoods will change as tower blocks disappear and new housing appears. In 1997 Ballymun Re-generation Ltd (BRL), a subsidiary of Dublin Corporation, was established and made responsible for the planning and design phase of the regeneration.

Year Established, Staffing, Funding and Premises: The Ballymun Women’s Resource Centre (BWRC) was set up in 1995 and operates out of three local authority flats made available by Dublin Corporation. In 1999, its main funding came from:

- ▶ EU NOW programme;
- ▶ City of Dublin Youth Services to work with young mothers and young women at risk of drug abuse, homeless women and women involved in prostitution;
- ▶ Department of Justice, Equality and Law Reform for child care for 70 children;
- ▶ Department of Enterprise, Trade and Employment for CE and jobs initiative programmes.

Twenty-three women were employed by the BWRC, 17 of whom are funded by FÁS on the new jobs initiative and CE schemes.

The BWRC is a member of the NWCI.

Work and Activities

The BWRC provides a broad range of services for women and women’s groups which include:

- ▶ Information and advocacy;
- ▶ A meeting place for local groups;
- ▶ Capacity building of local groups;
- ▶ Education and training;
- ▶ Child care provision for 70 children;
- ▶ Research and policy development.

Information, Advocacy and Supports for Local Groups

In 1998, more than 2,300 advice visits were made to the drop-in advice and information service. Advice and information were delivered on violence against women, family access to children, custody of children, difficulties arising from anti-social behaviour, separation and divorce, social welfare and support for people attending psychiatric services among others.

The BWRC sees one of its main roles to “disentangle the complex information systems on the social services”. In responding to individual needs, the BWRC has assisted women applying for social welfare allowance, filling-out job applications, accompanying women to court, negotiating with social workers on children being taken into care, providing advice to young women at risk of drugs and prostitution and supporting women who have experienced domestic violence.

The following case study, which focuses on a woman threatened with having her child taken into care, illustrates the role of the resource worker in empowering women:

One mother with two children under the age of six years was attending a youth training programme in Ballymun. Her children, who were attending the crèche, were considered to be “at risk” and her case was listed as a “priority” case by the social services. The BWRC counted 20 workers from different

agencies involved in her case. This resulted in a highly fragmented approach to her case and in many instances she experienced these interventions as not woman-friendly and in some cases undermining what little confidence she had.

A resource worker was appointed to work with the mother as a “mentor” and “social mediator”. (Mentoring refers to personal support work and social mediation refers to assisting in negotiating with agencies.) The worker made informal and sensitive contact with the woman and offered her support and a safe place to reflect on her situation. It became clear to the support worker that the woman was not fully aware of the gravity of her situation. A lot of the woman’s time was taken up dealing with, and responding to, demands for information from the various agencies involved in her case. The support worker challenged her to look at her strengths, weaknesses and behaviour and supported her to develop a plan to cope with her difficulties. She was encouraged to look at the role of the various agencies in her case and to examine their interpretation of her case. In turn, the support worker encouraged all agencies to participate in regular reviews of the case and to make appropriate supports available to the woman and children. The support worker believes that the woman as a result of the intervention of the BWRC is gaining in confidence, responding more effectively to the needs of her children and the children too are more content. Without the intervention of the BWRC it is likely that her children would have been taken into care.

The public health nurse working on this case was satisfied with the way it was dealt with by the BWRC and said it signalled a new way of working with vulnerable women and children. The critical point emphasised by the BWRC is that if mothers received more support, fewer children would be taken into care. It would like to see a parents’ forum to support parents with

children in care or being taken into care.

The BWRC supports a range of local groups including the Ballymun Ladies’ Club, the Older Women’s Group, the Ballymun Active Disability Interest Group and the Young Women’s Development Group. Support means assisting them to apply for funding, develop strategic plans; and to have their voices heard in public consultations.

Education and Training

During 1997-99, the BWRC promoted an EU NOW project. In March 2000, 12 women graduated with a two-year Certificate in Neighbourhood Planning from the National College of Ireland. The training programme aimed to build new models of consultation on the redevelopment of Ballymun and to build the capacity of women to participate in this redevelopment. The programme included modules in architectural planning and design, social policy, estate management and the environment. Twelve women who completed the course have secured jobs, are in further education or are actively working in the voluntary sector. One is employed as a neighbourhood facilitator by the Ballymun Housing Task Force and a second is employed by Dublin Corporation. The task of both women is to help neighbourhood groups to respond to the developments in the area. Critical to the success of the NOW programme was the mentoring programme provided by staff in Dublin City University who assisted participants free of charge with their studies.

The NOW programme raised the profile of women, in the broader community sector and State agencies. It provided them with specific knowledge of the planning process:

We now know what the architects, planners and surveyors are talking about.

When they talk about the technical side of a building we can hold our own and we can look at drawings and understand what is involved, so that when we have a point of view to express we are on a more equal footing.

As well as the NOW project, the BWRC is engaged in specific training for young teenage mothers. It also provides NCVA⁴⁷ Level 2 accredited child care training.

Research

The local authority flats which house the BWRC are to be demolished. The project saw this as an opportunity to identify and to plan for the needs of women in the new Ballymun. BWRC sponsored research into the feasibility of establishing a multi-purpose women's resource centre in Ballymun (McCamley 2000). The researcher consulted local women on the need for a women's centre and on the services it would provide. Women were enthusiastic about the idea. They cited women's safety, service accessibility and the need for a woman-centred approach as the main benefits of such a centre.

The proposed services for the centre are:

- ▶ Health services;
- ▶ Information and advice;
- ▶ A place of safety;
- ▶ Counselling;
- ▶ A place to meet other women and share experiences and support each other;
- ▶ Education and training opportunities.

BRL has committed itself to providing a site on which to build the women's centre.

Since 1997 the BWRC has worked with the Women's Health Coalition which consists of the Coolock Well Woman Clinic, the Dublin Rape Crisis Centre, Women's Aid, Sonas and local general practitioners. It aims to ensure that women's health services and services for women experiencing violence are available in the centre.

In 1999, BWRC was instrumental in establishing a consortium named WILD (Women in Local Development) which comprises four NOW projects: BWRC, Muintearas, Leitir Mór, Galway; Cork Women's Poetry Circle, Cork City; and Longford Irish Countrywomen's Association. The consortium was inspired by the campaign of the BWRC to have representatives on the board of BRL (see below). The WILD⁴⁸ consortium commissioned research into:

- ▶ The extent of women's participation in local development structures;
- ▶ How participation rates might be increased.

Ballymun Re-generation

Despite its expertise in policy influencing work, the BWRC has had great difficulties being heard by BRL. This is in part the result of a debate over the meaning of "consultation" and democratic participation. Murray et al (1995) claim that that two competing paradigms of democracy are being contested. Representative democracy is the model most closely adhered to by BRL while local groups are striving to have the principles and mechanisms of "participatory democracy" implemented.

The BWRC says representatives from Ballymun on the BRL board, appointed by Dublin Corporation, are all elected local representatives.

47. National Committee for Vocational Awards

48. WILD is also the name of a local Ballymun group referred to below.

The board also includes local TDs and representatives of the Ballymun Partnership, Northern Area Health Board, the private sector and Dublin City University. In addition, the BRL model gives central priority to the views of experts, such as architects and urban planners, whereas the BWRC emphasises the importance and the necessity of talking to local people.

Not one woman was appointed to the board and the BWRC set up the Women in Local Development (WILD) to campaign to have a woman on BRL. NWCi supported WILD in this campaign and two women were appointed to the board of BRL. It is the experience, however, that having women represented on BRL is not sufficient to have women's voices heard and acknowledged, and the BWRC is striving to redefine the whole concept of consultation.

McCamley (2000) claims local community structures are undermined by the imposition of BRL structures. As a result, community organisations have no confidence in the Master Plan developed by the BRL. In addition, there is no strategy to respond to the need for resources and premises for locally-based community groups.

BWRC believes women and the community sector in general were "sidelined" and not adequately consulted when BRL was developing its Master Plan for the area. In its view the process involved a "top-down, expert-led" approach which was not transparent and not in keeping with the principles of "participatory democracy" (Murray et al 1995).

The experience has led BWRC to believe

intermediary groups and organisations at local and regional level, when not operating from an empowerment philosophy, become "gate-keepers" of working-class communities. In taking on this role, they undermine the work of grassroots community groups and organisations.⁴⁹ It claims this points to the need to directly fund local groups rather than to provide funding to them through intermediaries such as Local Partnership Companies.

The BWRC has provided leadership and changed attitudes to the meaning of consultation. It is raising issues regarding "the vision" for the new Ballymun. It is striving to ensure that the vision includes a response to a broad range of needs, including the needs of women, children, older people and disabled people and that these needs become central to the design policies of the new Ballymun. It is also asking that supports be put in place to realise this vision.

Support Needs and Issues Identified:
BWRC sees the need to build strategic coalitions with women in other working-class communities and disadvantaged rural communities in order to respond to emerging needs. Such initiatives need to be resourced. An example of such an alliance is the WILD initiative, resourced by the NOW programme and which focused on the exclusion of women from decisions relating to local development. The impetus for WILD resulted from local women's voices not being taken seriously.

BWRC values the funding framework put in place by the Department of Social, Community and Family Affairs to fund community development. It would, however, like to see

49. This thinking is consistent with views expressed in the White Paper, Supporting Voluntary Activity, which states that both statutory agencies and local development organisations must become "enablers" of grassroots development.

funding provided for developing alliances and coalitions between women's community organisations.

BWRC activities span the briefs of several Government departments. Accessing such funding is time consuming and absorbs a lot of energy. The BWRC would like to see one Government department take a lead role and co-ordinate the funding arrangements for the centre across Government departments.

The BWRC has identified the following key issues:

- ▶ Women's community education and training;
- ▶ Women's health;
- ▶ Child care
- ▶ Issues facing young women, such as sexuality and teenage motherhood;
- ▶ The implementation of the anti-social behaviour legislation by Dublin Corporation.

Issues which BWRC needs to address include:

- ▶ Outreach to women and families experiencing poverty who are isolated in their homes and do not venture out due to depression, low self esteem and inability to cope. There is also need to respond to the needs of the children of these families;
- ▶ The needs of young women at risk of homelessness, drug use and prostitution;
- ▶ Housing and accommodation needs of vulnerable women. There is also a need to research the impact of anti-social legislation on mothers, young people and families;
- ▶ The establishment of a parents' forum for parents whose children have been taken into the care of the State and the need to research the needs of these parents.

4.2 North Wall Women's Centre, Dublin I

The North Wall community lies in the heart of

the north inner city of Dublin and has a small population of 2,000. Many families in the area are related, with family and neighbourhood traditions extending back over generations. The area has strong literary, song and sporting traditions with many famous names associated with it such as Luke Kelly, the Sheridan brothers and Don Baker. The North Wall community has traditionally been associated with the Dublin docks. Almost all families had members who worked on the docks. The "button" which entitled a man to take up work as a docker was passed on through generations.

The Dublin docklands has changed dramatically in the past three decades. The movement of manufacturing capital out of inner city areas in the 1970s and 1980s displaced large numbers of families from the workforce. In addition, traditional docks-related employment was being drastically cutback as containers introduced as a means of transporting cargo meant less need for docks-related jobs. These processes led to unemployment in the area.

In the past 10 years, the area has begun to be redeveloped and financial services companies are moving in. The development of the Irish Financial Services Centre is central to this process. Unemployment among the local community remains high, however, and the problems are manifested in a range of problems such as high levels of early school leaving, teenage pregnancy, drug abuse and depression.

The Dublin Docklands Development Authority has specific responsibility for the development of the area. The North Wall community won a major victory when, in the early 1990s, Dublin Corporation planned to demolish Sherriff Street local authority flats and move almost 400

families into other areas. Under pressure from the North Wall Development Association and the local women's group, Dublin Corporation agreed to rehouse the families locally.

Year Established, Staffing, Funding and Premises

The North Wall Women's Centre (NWWC) was established in 1985 by a group of local women who saw the need for a place where women could meet, share experiences, make connections and grow together. It was one of three women's projects to receive two-year funding under a pilot scheme sponsored by the Combat Poverty Agency (Hayes 1990). Since 1993, it has had funding from the CDP of the Department of Social, Community and Family Affairs. Women of all ages use the centre.

The NWWC initially operated from a two-bedroomed flat in Sherriff Street. As part of the re-generation programme, a purpose-built women's centre was completed and opened in 1995. The management board went through a major transition in 1999 and was strengthened, an "open door" policy where every woman was welcome was developed for the centre and an outreach programme put in place. An external consultant assisted NWWC in this work.

The NWWC has a board of management of 11 members which employs seven full-time staff, four part-time staff and 20 workers on CE schemes. Training for management and the implementation of a staff development policy has been a key concern.

The NWWC aims to redress the problems created by social exclusion. Local women are encouraged and supported to take control of their lives:

We encourage and support local women to take control

of their lives and use their resources as a means to action.

At a broader level, the NWWC aims to bring about social change to improve the life of the neighbourhood.

The NWWC is a member of Inner City Organisational Network and Aontas.

Work and Activities

The NWWC is involved in a broad range of activities:

Re-development of the Area

The NWWC joined in the protests over the redevelopment of nearby Spencer Dock. The redevelopment involved plans to build a national conference centre and high-density, high-rise buildings, due to begin in early 2000. One woman from the centre was a spokesperson for the area. An Bord Pleanála turned down the high-density element of the plan. The refusal has given the local communities objecting to the plans a real sense of achievement. The media acknowledged local input was crucial to victory.

Volunteers

The NWWC has developed a framework for supporting the work of volunteers who provide informal, friendly support to women, plan centre activities and provide services such as child care. In recognition of centre volunteers work, a "volunteer policy" was developed to ensure as far as possible that volunteers are supported to make a meaningful contribution and to benefit from their voluntary work. The policy covers the definition of a volunteer, eligibility, recruitment, induction, support, supervision and training. In addition, there is a "volunteer agreement" between the centre and

the volunteer detailing the terms and conditions of the relationship.

Education and Social Programmes

The NWWC provides educational, recreational and social programmes, including Junior Certificate English and maths, computer training, gardening and pottery. The CE scheme plays a vital role and offers local women a pathway to develop skills and confidence in seeking further employment or education. Each CE participant is given valuable certified training in a specific area. Some successfully sat their Junior Certificate in English, others developed literacy skills and some women learned how to drive a car. Others seeking NCVA accreditation in child care are working as child care assistants within the centre and as classroom assistants in the local schools.

Women's Health Programme

There is a weekly women's health group which uses relaxation techniques such as meditation, yoga and shiatsu to maintain health. Participants exchange information on ways of managing health and on their experience of the use of home remedies from the kitchen cupboard to relieve common ailments such as coughs and sore throats.

Young Mothers' Programme

The NWWC runs a young mothers' programme to provide progression training and work experience for young women who have left school early and who want to enter the workforce. It is a one-year programme for 15 young mothers aged 16–21, who have left school early, are too young to participate on FÁS programme CE schemes and cannot get places in community training workshops

(CTWs) due to the lack of child care.

Drama

Two successful drama groups, the Balcony Belles and the Sherriff Youth Drama Group, are supported by the NWWC. These have written their own plays, which have been performed in the City Arts Centre and in other venues.

Child care

The NWWC has operated a child care service from the outset and provides community-based child care facility for 58 children aged two months to four years. The service aims of the child care service is to provide care and education for children and adopts an holistic approach to the development of each child. The service is provided through the CE scheme and by volunteers. One drawback to using CE schemes to provide child care is the high turnover of staff.

To comply with the child care regulations as outlined in the Child Care Act, 1991, it was necessary to extend the child care service area. The NWWC also wished to expand its child care services and it was decided to build a purpose-built crèche. A working group on child care planned and oversaw its construction.

Almost £200,000 was fund-raised from a combination of sources including ADM, the Department of Social, Community and Family Affairs, Dublin Corporation, Dublin Docklands Development Authority, East Link Funds and International Funds of Ireland. The Irish Financial Services Centre contributed £25,000 to employ a child care manager. A survey was undertaken to identify how best the new child care centre could respond to the needs of residents of the North Wall Community (McCloy 2000).

Community Development and Community Networking

The NWWC through its involvement in community networking:

- ▶ Has been instrumental in establishing a North Wall Community LINK Network, a mechanism by which local groups can meet and share information. It is also a forum to discuss local social issues such as decisions which affect the area's regeneration;
- ▶ Is making contact with refugees and asylum seekers in the area. This is a slow process as there are major cultural differences between groups. Nigerian women and women from the Bosnian Community Development Project and Access Ireland have been invited to the centre during One World Week;
- ▶ Is establishing links with women's centres in other areas to share information and good practice models and also to reflect on obstacles affecting the development of women's centres. In November 2000, it hosted a seminar, "Women in the New Millennium", to facilitate women to reflect on the changing role of women's centres. It also focused on the ways women's centres could support each other, learn from each other and link with each other to influence policy;
- ▶ Aims to strengthen links between the NWWC and the National College of Ireland which plans to open a new campus in North Wall. Also, links are being developed with the Irish Financial Services Centre and the Dublin Docklands Development Authority. The centre plans a joint initiative to provide accredited information technology training to support

local people to access employment opportunities in the Irish Financial Services Centre.

Support Needs and Issues Identified:

Key issues identified which the NWWC has addressed include:

- ▶ Women's community education and training;
- ▶ Women's health;
- ▶ Child care
- ▶ Work with refugees and asylum seekers;
- ▶ Poverty.

The NWWC has made important contributions to women's education and development. Women have had opportunities to participate in formal education and training. To develop progression routes for members, the NWWC will strengthen links with the National College of Ireland and the Irish Financial Services Centre, both of which are nearby.

There are difficulties using CE participants to staff child care services.

There is also need for the NWWC to undertake more outreach work to vulnerable women and families, many of whom are in extreme poverty.

4.3 Sneem Resource Centre, County Kerry

Sneem, 15 miles from Kenmare and 28 miles from Killarney, is a village with 700 people. There is no public transport for most of the year and a bank sub-office is open for a few hours a week. Most people there own land and farming is the main occupation of local families. During summer, many earn additional income from tourism.

Staffing, Funding and Premises

The Sneem resource centre (SRC) was established following a course on personal development funded by County Kerry Vocational Education Committee (VEC). Participants remained together as a group and, following broader consultation with women in the area, they decided to establish a resource centre. In 1995, a suitable premises with direct street access was identified and a three-year rental lease was signed.

The SRC has no full-time paid staff but 30 people are involved in running its activities. Volunteers are assisted by a CE worker. About 130 women, 70 men and 60 children use the SRC each month.

The group has received funding under the Department of Social, Community and Family Affairs small grants scheme since 1993, from £600 to £1,000. The Combat Poverty Agency has grant-aided SRC to provide management training for the management committee and the Katherine Howard Foundation has provided funding for a library. The group has also received grants from the South Kerry Partnership. The SRC, however, has no core funding.

Work and Activities

Since its establishment, the SRC has developed a broad range of services:

- ▶ A library with 4,500 books;
- ▶ An information centre where leaflets are available on a broad range of topics, especially those of interest to women;
- ▶ A clothes section;
- ▶ A photocopying service;
- ▶ A computer and typing service;
- ▶ Meeting rooms;
- ▶ A drop-in room.

Activities include:

- ▶ Nutrition;
- ▶ Interior design;
- ▶ Colour appreciation;
- ▶ Women and the law;
- ▶ French and German languages;
- ▶ Personal development;
- ▶ Yoga, relaxation, Bach remedies, aromatherapy;
- ▶ Stress management;
- ▶ Coping with bereavement;
- ▶ Basic computer skills.

The Sneem Women's Resource Group hosts an annual Christmas Craft Fair in Sneem Community Centre where 30 people exhibit their crafts. The fair has become an annual event and is well attended. Up to £1,000 is raised annually at the fair, which goes to fund the centre. Sneem hosts "A Welcome Home Festival" in the summer for returned emigrants. Sneem Women's Resource Group organises a barbecue which is great craic.

In 1993, the Sneem Women's Resource Group was a founder member of the South Kerry Women's Association, a women's network involving over 20 groups. The group is actively involved in the association and played an important role in assisting it to access NOW funding in 1995.

Support Needs and Issues Identified:

Key issues identified by the SRC include:

- ▶ The isolation of women in rural areas;
- ▶ Lack of access to adult education and training programmes;
- ▶ Women's health and the need for access to counselling.

The SRC has difficulties with running costs.

Finance received from the Department of Social, Community and Family Affairs is targeted for specific activities and does not cover running or development costs. The SRC would like core funding to employ a development worker and to cover running costs.

4.4 Tralee Women's Resource Centre, Tralee, County Kerry

Year Established, Staffing, Funding and Premises: The Tralee Women's Resource Centre (TWRC), originally the Tralee Women's Forum, was set up in 1986. The seminar, "The Changing Role of Women in Irish Society" organised by the County Kerry VEC and Aontas, led to its formation.

The TWRC receives core funding from the Department of Social, Community and Family Affairs and it employs one part-time worker.

It is a member of Aontas and the NWCI.

Work and Activities

The TWRC is a hub of activity. Its work includes:

- ▶ Providing an information and advocacy service;
- ▶ Hosting seminars and workshops;
- ▶ Publishing a monthly newsletter which has a print-run of 1,000 copies. The newsletter is an important tool for disseminating information between local groups and between local organisations and national agencies;
- ▶ Supporting the annual Women's Aid 16 days of action campaign which highlights women and violence;
- ▶ Providing women who are transition year students, women interested in entering/re-entering the labour market and third-level

students with quality work placements;

- ▶ Supporting local women's groups.

In 1993-94, the TWRC participated in the Aontas/NOW programme and 15 women completed the Certificate in Women in the Community, accredited by University College Cork.

The TWRC promoted the NOW project (1997-99), Mná ag Fás, where 25 women completed requirements for Level 2 of the NCVA in horticulture. Child care was provided, training times were scheduled to suit women's responsibilities and, where required, personal support was provided to assist learning. Most participants are now self-employed, have taken up other employment or have moved on to higher education.

Following the regional health consultations, the TWRC is compiling two directories on health services in the Southern Health Board: one is on mainstream women's health services and covers mental health, domestic violence, reproductive health and services for breast and cervical cancer; a second directory is on complementary therapies and counselling services.

The TWRC celebrates International Women's Day with a public event each year. In 1999, it held a two-day conference, "Parity of Participation into the New Millennium". Sessions included "Women on the Margins", "Women in the Labour Market", "The Politics of Change" and "Perspectives on Gender". Special interest workshops included shiatsu massage, reflexology and healing with voice. The conference was closed with a session on Irish sacred music. The considerable work and planning resulted in a conference judged to be very successful.

To celebrate the year 2000, the TWRC published a women's calendar, *Mná na hÉireann Calendar*, which celebrates the achievements and contributions of 12 outstanding Irish women, past and present.

Support Needs and Issues Identified

The TWRC has identified several issues:

- ▶ Women's health;
- ▶ Support needs of women in accessing adult education and training;
- ▶ Information and advocacy needs of women.

The TWRC has insufficient funding to employ a full-time worker. It sees the need for its funding to be increased. Furthermore, its premises do not meet its needs. It is not a shop front premises and is not accessible to disabled people. An appropriate premises is urgently required.

4.5 The SAOL Project, Dublin I

SAOL⁵⁰ is a community-based woman's project established in 1995 in Dublin's north inner city. SAOL addresses the needs of stabilised women drug users who are taking prescribed, consistent doses of methadone under the supervision of the city clinic, a drug treatment service run by the Northern Area Health Board. Methadone is a heroin replacement for people who are addicted.

The reintegration of women drug users into family, local community and broader society is SAOL's main aim. Programmes are run over a two-year period and post programme support is also provided. Most women who attend SAOL are lone parents with two children and, for the most part, they are unsupported in their parenting role by the fathers of their children.

The length of time women participants in the SAOL project were using heroin ranged from four years to 18 years. Ten-and-a-half years was average for participants using heroin. While attending the SAOL project, participants reduced their methadone intake by an average of 66 per cent,⁵¹ a remarkable achievement by any standards.

SAOL is funded by the Northern Area Health Board and FÁS. In 1996 and 1997 it received funding under a special programme operated by the European Commission for projects targeting social exclusion. It was funded under the NOW Community Initiative project (1997-99).

At a national level, SAOL is a member of Aontas, the European Anti Poverty Network and the National Adult Literacy Association.

Work and Activities of SAOL

SAOL engages in:

Multi-Dimensional Nature of Drug Use

Recognising the multi-dimensional nature of drug use is central to SAOL. Women on the programme come from situations of extreme social and economic disadvantage. Difficulties they encounter include serious ill health (hepatitis B and C, stress, nutrition and HIV), low educational achievement, low self esteem, domestic violence, problems with the law, severe poverty, and accommodation difficulties, including low standards of accommodation and intermittent homelessness. Many drug users have experienced childhood trauma such as death or separation from a parent and/or childhood sexual abuse. For many, the trauma has been unresolved and the daily life of many continues to reflect past trauma. Emerging

50. SAOL stands for *Seasamhacht (Stability), Ábaltacht (Ability), Obair (Work) and Léann (Learning)*

51. These figures relate to participants on the first programme, 1995-97.

European research reveals that 60 to 80 per cent of women drug misusers have experienced some form of sexual, physical, emotional or psychological abuse in childhood (Wilson 2000).

SAOL recognises the delivery of an effective programme requires an appropriate assessment of individual needs. Based on the assessment, individual action plans are developed to identify achievable goals and to link individual women to a range of services. These span the brief of many agencies such as drug treatment services, counselling, advocacy services, personal development work, education, work experience, accommodation, family planning services, child care and the family court services. The delivery of an integrated service requires that these services be available to SAOL participants and that there be a high level of co-ordination between services.

Women's Community Education

A primary focus of SAOL is to encourage women to undertake basic education and training. Many newcomers on the programme are unable to read or write and SAOL has been particularly successful in encouraging women to acquire reading and writing skills and to undertake the Junior Certificate English and Leaving Certificate English.

Women in the project may opt to study for the Certificate in Women's Studies. The module was developed by SAOL, with the Adult Education Department, University College Dublin.

SAOL participants submit portfolios, which are accredited with the NCVA Level 1 or Level 2.

Creative Arts

As well as adult education, group work, advocacy and humanistic counselling are used. Developing creativity through the creative arts is also central. The following are some examples:

- ▶ Developing a mural in conjunction with a group of Mexican Indian women. The mural is a solidarity mural, expressing mutual empathy between the two groups. The mural received two awards: the first prize in the Community Video Section by the Arts Council; and a prize for best use of music by the Jesuit Communications Centre;
- ▶ The SAOL participants also wrote and recorded songs which they produced on a CD. *I'm a Stronger Woman Now* and *There is No Turning Back* expresses the struggle of SAOL women to regain stability as they reintegrate into everyday life;
- ▶ Creative writing is another important feature. The project has produced several publications including a booklet of short stories and poems, *Resolute Women Recite*, which was published in March 1996 and in November 1996 *Powerful Women Recite*. *Women in Action*, was published in 1998 and the project is also working on an international anthology with its German sister group in Berlin;
- ▶ Art therapy for children is also valued. Creative techniques are used to encourage relationship rebuilding between mothers and their children. This work is done in a residential setting in the Irish countryside and is an opportunity to have a much needed break away from the city.

Health

Many women have serious health problems and developing their health management skills is

crucial. A range of techniques including complementary therapies, such as shiatsu, Swedish massage and aromatherapy are available to them. Participants are in the process of doing a peer education health information brochure providing essential information on hepatitis and other related illnesses.

Post Programme Support

The SAOL project believes a two-year time-span for each programme is insufficient to meet rehabilitation needs. The time it takes to recover from addiction varies. Women recovering from drug use need support for up to five years. The SAOL project has put in place a mentoring programme to support post programme needs. The project is negotiating for inter-departmental funding for participants on post programmes.

Community Development

The SAOL project locates an individual drug problem within individual, family, community and societal contexts. Central to its ethos is an understanding of the social, economic and cultural environment of the north inner city, together with family and neighbourhood networks. SAOL works closely with other community-based projects in the north inner city and links participants to other community-based services there, such as after-school care for children and the mentor programme for adults.

Policy Influencing Work

SAOL has helped to develop a new discourse on social policy and drug use. It has drawn attention to the specific needs of women drug users and has emphasised the class-based nature of heroin use. In SAOL's analysis, heroin use

stems from a fundamental inequality in society and many users have come from situations of extreme disadvantage.

There is evidence that SAOL already has influenced policy and practice:

- ▶ The first report of the Ministerial Task Force to Reduce the Demand for Drugs (1996) refers explicitly to the SAOL project as an initiative which should be replicated in other places;
- ▶ Influenced by SAOL and the clear benefits of women-specific programmes, several drug tasks forces have incorporated women-specific programmes into their service development plans;
- ▶ SAOL participated in the health board consultative process to establish a blueprint for rehabilitation;
- ▶ SAOL was responsible for establishing the drug service users forum (Uisce) funded through the North Inner City Local Drugs Task Force.

Issues Identified and Supports Needed

SAOL has identified several policy issues to be addressed:

- ▶ SAOL has pioneered a woman-centred, integrated rehabilitation programme. However, there is an absence of a policy framework for such programmes. In many instances, the inter-agency approach is failing as other agencies are not delivering on services, such as appropriate accommodation and health services. Second, SAOL relies on Section 65 funding from the health board.⁵² It also relies on CE schemes to finance the allowance of participants. These forms of finance are unsatisfactory. Section 65 funding

52. Section 65 of the 1970 Health Act empowers health boards to support organisations providing a service similar or ancillary to a health board service. However, there is no definition of what is meant by "similar" or "ancillary". Neither are there indications as to the scale or the form which such support should take. In practice, organisations can receive a block grant, an agreed proportion of overall expenditure or a grant aid based on per capita payments

is insecure and does not give full recognition to the project. There is a mismatch between the time-scale governing CE schemes, which is two years in the case of SAOL, and the time-scale which individuals take to recover can be up to five years;

- ▶ CE lacks a career path and workers have few opportunities to move on and up when the scheme ends. There is need to develop women-friendly progression routes for women who leave SAOL after two years. CE is also unsatisfactory since requirements to focus on training and preparation for work can be difficult to manage in a project designed to work with women in recovery from drugs misuse;
- ▶ The procedures by which children are taken into care need to be reviewed. There is an emerging worry that children can end up in care because of issues related to accommodation and homelessness;
- ▶ Health issues need to be addressed. Women are viewed as drug users and not seen in their own right as women, mothers and people with everyday health concerns. Women would like to be treated without value judgements and not simply as people looking for medication or drugs. Women experience many medical practices, such as urine analysis, as invasive. Women recovering from drug use need access to general practitioners who are woman-friendly and who understand the process of recovery. Finally, a separate detoxification unit is needed;
- ▶ Women in recovery need access to a range of accommodation options, including respite accommodation and support, transitional housing and long-term affordable housing. There is a need for SAOL participants who experience violence to be able to access

emergency refuge accommodation. If accommodation is not available they are at high risk of homelessness, becoming involved in prostitution or remaining in dangerous and abusive relationships. The SAOL project described flats their clients were living in as “rat infested, damp and dangerous with little chance of maintenance. There is faulty wiring, unsafe stairwells and, in one case, a toilet cistern that fell from a height of six feet”;

- ▶ There is need to upgrade the homeless persons unit of the health board, which is housed in an old dilapidated 19th century building. This environment is totally unsuited for a customer service. It should be replaced with a new modern building;
- ▶ SAOL participants want access to counselling that is not linked to methadone maintenance as they wish to be seen as individuals in a context divorced from methadone;
- ▶ The existing family law courts are inadequate, with too few staff and judges to cope with the number of people arriving daily seeking emergency orders. Women often have to bring their children and queue in the street before the service opens to ensure they will be able to see someone. Once inside, there is nowhere to sit or look after the needs of babies or young children. In addition, SAOL participants experience a complete lack of privacy to tell their story to staff who initially assess their needs. The absence of suitable conditions can cause further trauma for women already vulnerable and emotionally fragile.

Issues Identified by Women in SAOL

Recovery from drug use is long and difficult. Women in recovery need support and encouragement. However, many have difficulty

surviving on a daily basis because of the absence of services.

Accommodation

Women recovering from drug use experience serious ill health (hepatitis B and C, stress and nutrition). They need high quality, warm accommodation which is furnished, has a refrigerator for their medicine and washing and drying facilities for their clothes. SAOL believes if appropriate accommodation is not available, women are at high risk of homelessness, of a relapse into drug addiction, of having their children taken into care or, in some instances, of becoming involved in prostitution.

Many women in recovery live in sub-standard accommodation. Unable to get local authority accommodation or affordable accommodation in the private rented sector, they double-up with family and friends. Living in such overcrowded conditions may not last long. With little choice, women and their children at risk may end up in unsafe relationship with partners who are in trouble with the law and/or are violent. When they need to escape from violent relationships and seek accommodation in emergency refuges, they find no refuge places for women in recovery who are experiencing violence. Their only option is to present themselves at the homeless unit of the health board in Charles Street, on the northside of the River Liffey. Here they obtain vouchers for bed and breakfasts or are allocated a place in an emergency hostel.

Joan's case study illustrates the type of difficulties many SAOL participants experience in insecure accommodation in the local authority sector:

Joan is a lone parent and has two children. Joan lives in a flat complex in the north inner city, which is due for demolition. Her flat is damp. She has a problem with rodents and her only means of heat is from an open fire. She has been seeking a transfer from Dublin Corporation and is on the transfer list. Housing officials are unable to give her a date or a timeframe for when she might be transferred or when demolition work will begin on her present accommodation. Living under such uncertain conditions, she is unable to make plans for her future. A choice of accommodation is out of her control. She keeps focused on her recovery. Her partner is in prison but the family is close and the children see their father on a weekly basis. Joan is stable on methadone and being on the SAOL project helps her to feel safe.

Mary's case illustrates the difficulties of living in substandard conditions in the private rented sector:

Mary has two children and was living in the private rented sector. She was in receipt of a supplementary rent allowance from the Community Welfare Service. When the community welfare officer visited the flat, he stated that they could not continue to pay the rent allowance because the flat did not meet health and safety requirements. Mary was given 14 weeks to find new accommodation or the CWS would cut off her rent allowance. Mary made great efforts to find alternative accommodation but without success. Her rent allowance was discontinued. The CWO played no role in helping her to access other accommodation other than to give Mary the telephone number of the homeless persons unit of the health board. Mary and her two children eventually went into an emergency hostel. This was a horrific experience for her. It threatened her recovery. The children were unhappy and felt unsafe living in the hostel. Mary asked her mother to look after her five-year-old son and the younger child, a baby of 16 months stayed in the

hostel with Mary. The baby was unsettled and was continuously crying. A complaint was made about the way Mary was caring for her baby and the social work service became involved in her case. Mary was persuaded to put the baby into voluntary care until she found accommodation. Mary agreed to this because she felt it was better for the baby. She is distressed about it and is finding it difficult to remain focused and stable.

Catherine's experience illustrates the unsatisfactory nature of B&B accommodation: *Catherine is 32 years of age. She has poor health. She does not have children. At present she is in bed and breakfast accommodation five miles from the city centre. People using this facility are expected to leave their rooms between the hours of 9 a.m. and 6 p.m. regardless of the weather or time of year. Bed and breakfast according to Catherine is far from satisfactory. She finds it chaotic and the cooking and washing facilities are very poor. She does not have a lock on her door and feels unsafe when the owner is around. She was very sick recently, with pains in her lungs. She had a temperature and she was coughing badly. Her doctor prescribed medication and told her to keep warm and take plenty of rest. Weather conditions at the time were severe. There were heavy gales and flooding. During the mornings, while Catherine was attending the SAOL project she was warm. She was supported and treated gently as well as being excused from the educational programme. Her problems began after one o'clock when SAOL finished. She was forced to walk the streets because the bed and breakfast owner did not allow people to return home during the day. She spent her time walking around town, counting the hours until she could go home. "I went into coffee shops and had tea, but after a while they move you on. How can I get better if I can't stay dry or get any rest? How can I heal myself if I have nowhere to call my own?" She is afraid to complain, however, because she is aware that she could end up in*

an emergency hostel with even fewer facilities or be forced back onto the streets to sleep rough.

The above case studies illustrate the overall lack of an inter-agency approach to drug rehabilitation. Joan, Mary and Catherine lack basic accommodation even though they have agreed to participate in, and were doing well on, a drug rehabilitation programme.

Routine Discrimination

Women recovering from drug use encounter prejudice routinely as this case study shows:

Joan feels that every time she goes shopping she has to choose her shops carefully because most of the "bouncers" (security staff) know her from her past. This kind of discrimination also extends to leisure outlets in the city where she is also often refused entry. The "bouncers" pass on information to each other. Joan is realistic about this aspect of her life and understands why the security staff act in the manner they do.

The discrimination she experiences, however, from the health services makes her feel very angry. When she looks for medical advice from either her general practitioner or from a hospital service she is viewed as a "drug addict". "One of the things that annoys me most is that nobody in the medical system ever gives me credit for being stable and they never, ever give me a second chance or the benefit of the doubt." Joan feels that she is making huge efforts to remain stable on methadone. She does not take any other tablets and she is doing her best to provide a stable family environment. "If I was in prison I would have repaid my debt to society, but as far as the medical people go I will always be an addict." One of the most frustrating things from Joan's point of view is that when she attends a children's hospital her children's files carry a sticker denoting the mother as a drug

user. She feels that the staff continue to view her as a drug addict even though it is many years since she has used drugs. She feels that "nothing that I have done in the meantime counts for anything". She hates the sight of the red sticker on her child's file and she feels that it discriminates against the children as well.

Like many other poor women Joan feels continuously surveyed and watched by the system. Simple childhood complaints and accidents are taken out of proportion and treated with suspicion by hospital staff. "I am tired of feeling nervous every time me or one of the kids gets sick because I know that I have to go through all that suspicion again."

Joan would like people to see her for what she is. Not be suspicious every time she calls out the doctor or visits the hospital. "I am only looking for medical help not drugs or looking for a chance to rob the place. I just want to be treated like a human being, like a mother who is well able to look after her kid."

Joan concluded: "Do I not have enough to do trying to stay stable, dealing with all the crap of addiction, going to NA meetings, bringing the kids to counselling, without having to prove myself over and over again to strangers?"

The following report written by Anna illustrates the devastation drugs have caused an inner city Dublin community:

To Whoever Cares

My name is Anna. I live in the north inner city of Dublin. My neighbour sent in for me just as I was leaving for work. When I went to see what she wanted, she asked me to see if her son, who is on drugs, was dead on the sofa. She had found him stone cold and did not know what to do. She asked me to come in because she knows that I am a former drug user and that I work as a support worker with the SAOL project. I have had a lot of experience in the

drug culture. I knew somewhere deep inside that I was not able for this - to see a dead person - but I knew that I had to do it. I went in and although it was obvious to me that he was dead, I went through the motions of checking for a pulse. I had to tell her that he looked dead to me but that she needed to call an ambulance. So much pain flashed through me. It felt like my heart had shrivelled up and that it was pumping shots of pure pain through my body. It is almost too unbearable.

Can anyone out there who is reading this, please stop for a moment and think about what happened today? A mother wakes up to find her son dead in the sitting room. The same son she gave birth to, the same son she reared for 20 years, the same son who was kind and gentle, the same son who experimented with drugs, the same son who became addicted. For a moment - just a moment - her mind tells her that this cannot be happening. She hopes that it is not true. She needs someone, anyone, to tell her that this is not happening to her. To tell her that he is still alive. To tell her that there is still hope. Please just imagine what that must be like.

This is my experience. Death in our community happens every other day. We have actually come to expect it. It is becoming a 'normal' part of our life. But today made a big impact on me.

Four years ago my own sister died in similar circumstances. I found her dead in her bed. I don't know if you have ever experienced anything like this before and if you have I sincerely sympathise with you. If you haven't, you just cannot know the never ending pain that this brings.

Things have gone so wrong in our community. It is not that parents are being buried by their children - parents are burying their young babes. We have few support systems in the north inner city. All we have is the SAOL project which is for stable and former women drug users. Across the road from SAOL is the city clinic which dispenses methadone. There are at

least 300 to 400 clients attending this clinic which is now overcrowded but they don't turn anyone away. We also have a place called ICON which is a community support group. But I have to say that it is all still only a drop in the ocean.

Is there anyone out there who cares? I am in so much pain writing this letter. I am crying and crying for all the children who are lost to our community, for all the mothers who have buried their babies, for the overwhelming pain that our community suffers. I am angry too though. I want to direct my anger in a positive way - I don't want it to turn on me and destroy me. I want to do something to help our community.

I am ending this letter by pleading with you, the reader, to take a moment and try to put yourself in the position of this mother and many other mothers before her. Don't throw this letter in the bin. My heart and so much pain is in this letter and I am begging anyone who cares to help my community. I won't stop until something is done for us. Please read my letter and let me know if you care by writing back.

Yours most hurt, painful and angry but hopeful

4.6 Sláinte Pobal (Community Health)

Year Established, Funding and Staffing:

Sláinte Pobal (Community Health), was formed in 1989 to provide training for people in disadvantaged communities in preventative health care and stress management. Members of Sláinte Pobal were aware of the link between poverty and disadvantage and ill health. They were also aware of the increasing demand from local communities for courses on holistic health. Committed to working for change in communities, Sláinte Pobal seeks not only to provide participants with the skills and knowledge to cope better with stress and ill health, but it also aims to develop local

community leadership in complementary health.

Sláinte Pobal has no core funding and depends on short term funding for specific projects or activities. All administration for the organisation is voluntary. The Eastern Regional Health Authority, the Combat Poverty Agency, An Foras Áiseanna Saothar (FÁS), the Department of Social, Community and Family Affairs and Partnership Companies sponsored by ADM, have provided funding to Sláinte Pobal for specific activities.

Work and Activities

Sláinte Pobal empowers women who are community leaders to acquire skills in complementary health skills. The aim is to enable women to organise courses and to transfer self-healing knowledge, skills and practice in their own communities, thus enabling local communities to become more self-reliant. The emphasis is on well-being and preventative health care rather than on sickness and ill health. Courses are focused, but flexible and aim to respond to the specific needs of participants and the community. Where possible, Sláinte Pobal employs local leaders or activists to organise and support participants at local level. By assisting participants to run courses in their own communities, Sláinte Pobal facilitates the broader empowerment of the community. The "Taking Control of Your Life" programme has evolved over the last 10 years. It comprises 28 three-hour modulated sessions plus two residential weekends and has been organised in communities throughout the Eastern Regional Health Authority. It is a certificate course, certified by the Sláinte Pobal board, for women working at local community level. Many women who are not in leadership roles but wish

to take control of their own health and well being and that of their families also avail of the course. “Taking Control of your Life” aims to raise awareness, alleviate dependency and develop knowledge and skills. It cover topics such as:

- ▶ Nutrition;
- ▶ Stress management;
- ▶ Relaxation;
- ▶ Shiatsu;
- ▶ Massage;
- ▶ Understanding the body;
- ▶ Group work;
- ▶ Facilitation;
- ▶ Presentation skills.

In the absence of resource material for the community and voluntary sector in community-based preventative health care, members of Sláinte Pobal wrote and published a book, *Taking Control of Your Life* in 1992, with a print run of 1,000 copies. It was reprinted in 1996. Sláinte Pobal has compiled a work manual, *Time-Out For Me*, developed to assist women who have completed Sláinte Pobal courses to plan and organise introductory courses on preventative health.

In addition to organising the “Taking Control of Your Life” course, Sláinte Pobal designs and runs courses on request from special interest groups such as lone parents, Traveller women and stable drug users. In 1999, Sláinte Pobal developed a course “Promoting a Positive Lifestyle” which has been awarded a Level 2 Credit from the NCVA.

Fifty women who participated in Sláinte Pobal courses have now formed a network and are available to work at local community level. The network is a way for women to provide peer

support to each other and to access employment opportunities. To assist members of the network, Sláinte Pobal has developed a support pack. The pack consists of detailed instructions on how to plan, organise and present an eight-week course on holistic health.

Support Needs

Women’s health has become a key concern of the women’s community and voluntary sector. In the consultations with women’s groups and organisations over an 18-month period which culminated in a “Plan for Women’s Health” (1997–99), preventative and complementary health emerged as a priority for women consulted. In addition, the majority of locally-based women’s organisations interviewed for the present study have organised sessions on complementary health. Women use such practices to enhance their own and their families’ well-being. The inadequate access which women have to complementary health has been identified as a major deficit in health service provision. Sláinte Pobal feels it is well positioned to provide specialised support on complementary health to organisations in the women’s community and voluntary sector.

Sláinte Pobal needs core funding for the organisation.

4.7 Conclusion

Women’s centres and women’s projects have identified a wide range of concerns:

- ▶ Accommodation, including the need to reform the homeless persons’ unit of the Eastern Regional Health Authority, the unavailability of refuge places for women recovering from drug use, the need for supported accommodation for vulnerable women, the need to monitor the extent to

which the operation of the supplementary welfare rent allowance is making women homeless and the need to monitor the way the anti-social behaviour legislation is implemented by local authorities;

- ▶ Women's health;
- ▶ Child care;
- ▶ Discrimination against some women, such as women recovering from drug use;
- ▶ Violence against women;
- ▶ Difficulty accessing the family law court services.

As with locally-based women's groups, the extent to which women's centres and projects succeed in having issues identified at local level articulated at a broader level is uneven. For the most part, women's projects and centres do not have sufficient resources or skills to undertake this work. An important mechanism for undertaking policy influencing work was developed by the Ballymun Women's Resource Centre which initiated coalition building between four projects in the NOW programme. With the termination of the NOW programme, funding for coalition building between women's organisations no longer exists. How the policy influencing work of women's centres and projects could be strengthened is addressed in Chapter Six.

There is no defined scheme for funding women's centres. The Department of Social, Community and Family Affairs needs to acknowledge women's centres as an organisational form, which can contribute significantly to empowering women, families and communities. The work of many projects and women's centres spans the briefs of many Government departments. In such cases, organisations should be provided with the option of accessing inter-departmental funding.

Chapter Five examines the role of sectoral interests within the women's community and voluntary sector.

5: Sectoral Interests Within the Women's Community and Voluntary Sector

Groups and organisations in the study areas are affiliated to a range of national representative and co-ordinating organisations. In common with women's networks, national organisation, play a key role in building the capacity of members. They provide joint training, disseminate information and represent interests of members at national level. They also represent the sector in national policy debates.

The three main national organisations are:

- ▶ The National Women's Council of Ireland;
- ▶ The Irish Countrywomen's Association;
- ▶ Aontas.

The ICA and Aontas, in turn, are affiliated to the NWCI. About 62 per cent of women's organisations (324) in the four study areas were either directly, or indirectly through networks, affiliated to the NWCI, 23 per cent (122) were affiliated to the ICA and 21 per cent (109) were affiliated to Aontas.

The range of specialist national organisations to which groups affiliate is outlined below.⁵³

They are concerned with the following target groups:

- ▶ Lone parents;
- ▶ Women experiencing violence;
- ▶ Disabled women;
- ▶ Older women;
- ▶ Widows;
- ▶ Traveller women;

53. This list does not include broad-based national organisations, such as the NWCI, Aontas the ICA and the Irish Federation of Women's Clubs.

- ▶ Women concerned with family planning and reproductive rights;
- ▶ Women concerned with childbirth.

Researchers made contact with organisations which, while not affiliated to a national organisation representing their specialist concern, sought to have their interests articulated at regional and national levels. These included disabled women, lesbians and minority ethnic women.

This chapter profiles some sectoral interests identified under a range of themes:

- ▶ The broader context in which women’s organisations operate;
- ▶ Profiles of specific organisations;
- ▶ The identification of issues facing women in the sector;
- ▶ Conclusions.

NUMBER OF GROUPS AFFILIATED TO NATIONAL UMBRELLA ORGANISATIONS

National Organisation	Galway	Kerry	Mayo	North Dublin	Number
Forum for People with Disabilities	1	10	0	1	12
Irish Deaf Women’s Association	1	1	0	1	3
Irish Family Planning Clinic	1	1	1	1	4
Irish Federation of Women’s Refuges	1	1	1	1	4
Irish Traveller Movement	0	5	0	0	5
Irish Widows’ Association	1	1	1	1	4
La Leche	2	1	0	0	3
National Adult Learning Association	0	2	0	4	6
National Association of Widows of Ireland	1	1	1	1	4
National Network of Rape Crisis Centres	1	1	1	0	3
National Network of Women’s Refuges	1	1	1	0	3
National Traveller Women’s Forum	1	2	3	1	7
One Parent Exchange Network (OPEN)	2	3	1	5	11
Older Women’s Network (OWN)	2	0	1	4	7

5.1 Disabled Women

We are not seen as participants, we are not seen as potential workers, potential career women, potential mothers, potential lovers (but) as

passive objects of charity.

Rosaleen McDonagh, “Speaking Personally” at “Making Connections” Conference, Dublin 1992
People with disabilities do not want to be pitied nor do they want their disabilities to be dismissed as of little importance. All that is required is a little respect and basic needs and rights. Surely this is not too much to ask?

A Strategy for Equality: Summary of the Report of the Commission on the Status of People with Disabilities, 1996:

As a disabled woman, I feel devalued within society. I feel betrayed by the women’s movement because they also exclude me.

Survey of Women Members of People with Disabilities Ireland (PwDI), November 2000: Women from People with Disability in Ireland, the Disabled Women’s Working group and the Irish Deaf Women’s Group helped to identify issues affecting disabled women. Key reports on disability were also consulted.

The Context

There are an estimated 36,000 Irish people with a disability in Ireland, or 10 per cent of the population (Report of the Commission on the Status of People with Disabilities, 1996).⁵⁴ The Commission states:

The understanding of a person with a disability adopted by the Commission includes children and adults who experience any restriction in their capacity to participate in economic and social or cultural life on account of a physical, sensory, learning, mental health or emotional impairment.

54. The question of disability terminology is the subject of much debate among the disability community. For those who use the term “people with disabilities”, the importance lies in the word “people” coming first and disability only afterwards. Those who use “disabled people” say this term emphasises that people are disabled by society and use analogies from other minority groups such as “black people” not “people who are black”. In practice both terms are used interchangeably in the Republic.

Disability includes physical, sensory, hidden, mental health or learning disability. The Commission says that disability is not present in equal proportion among all age groups, tending to be more common among older people. It estimates that over half of all disabled people who live in the Republic are aged 60 years and over.

The Commission on the Status of People with Disabilities was formed in 1993. An important feature of its composition is that almost two-thirds of its members have disabilities or are carers of, or members of, families of people with disabilities. It submitted its report to the Government in 1996. This ground-breaking report proposes new ways of thinking about disability and sets out within a rights-based framework, a broad equality agenda containing 402 recommendations. The agenda contrasts with the charity ideology underpinning public perceptions and the medical model framing service delivery.

The report notes that the needs of disabled people are acutely neglected. This restricts their opportunities to work, education, where they live and how and where they socialise. Disabled people encounter daily prejudices and routine obstacles, including no ramps or handrails to access premises, no parking spaces, inaccessible public transport, no lifts and lack of suitable toilet facilities. The unavailability of information in Braille for blind people or in different formats for people with a visual impairment, or sign language interpreters for deaf people or loop systems for people with a hearing impairment is also a major difficulty. The cumulative impact of this neglect is to exclude people with disabilities from activities. It is not surprising that disabled people experience disproportionate poverty and

unemployment (Combat Poverty Agency 1994). Given the clear link between disability and poverty, many disabled people are forced to endure not only the indignity of exclusion because of disability but also the debilitation of severe poverty.

Progress achieved since the publication of the Commission report includes:

- ▶ The Employment Equality Act 1998 came into effect in October 1999 and the Equality Authority was established;
- ▶ The establishment of the National Disability Authority to oversee standards and services. This is responsible to the Department of Justice, Equality and Law Reform. Sixty per cent of the authority board is made up of disabled people or their families;
- ▶ The replacement of the National Social Service Board by Comhairle, which provides information, advocacy and support service from a network of centres nationally. The new body is the responsibility of the Minister for Social, Community and Family Affairs;
- ▶ The enactment of the Equal Status Act, 2000;
- ▶ The formation of, and Government funding for, the Irish Council of People with Disabilities (now People with Disabilities in Ireland [PwDI]);
- ▶ The transfer of primary responsibility for the employment and training policy for people with disability from the Department of Health to the Department of Enterprise, Trade and Employment.

Issues Identified by Disabled Women

The Commission recognises the double disadvantage of disability and gender experienced by disabled women. It finds

Traveller women with a disability experience additional hardships since they endure appalling accommodation conditions and prejudice.

Disabled women living in rural areas can also encounter particular additional problems, for example, isolation, loneliness, lack of facilities and services and transport difficulties. Disabled women interviewed for this study noted that they were only beginning to analyse the specific issues facing them and that it was difficult to get these issues onto the agenda of the disability movement.

Two women from PwDI undertook a telephone survey of 11 of its women members for the present study. Respondents stressed that disabled women experienced similar but additional oppression to disabled men such as negative attitudes and ignorance and lack of physical access to buildings and transport. Obstacles affected women in a more extreme manner, however, since they have less confidence and self esteem than disabled men, just as non-disabled women have less confidence and less self esteem than non-disabled men.

Issues identified by survey respondents include:

- ▶ Disabled women have not been involved in the debate on birth control and reproductive rights. It is often assumed that non-disabled people are best placed to identify the needs of disabled people;
- ▶ It is often assumed that disabled women are not capable of having long-term relationships and will not and cannot have children. Professionals have been known to intervene and prohibit disabled women from having sexual relationships;
- ▶ Disabled women are more likely to be bullied than are non-disabled women. They are also more vulnerable to rape or sexual abuse by both family members and professional personnel than non-disabled women. They are routinely excluded from services for victims of violence by inaccessible buildings or lack of training on the part of staff;
- ▶ Disabled women are not given priority on local authority housing lists;
- ▶ Disabled women have not been encouraged to make their voices heard and have traditionally been excluded from the women's movement. As a result, they been excluded from the general debate about family life and sexuality.

The Report of the Commission makes additional points:

- ▶ Disabled women need access to counselling in sexual and reproductive health;
- ▶ Disabled women need suitable ante-natal and post-natal care;
- ▶ The sterilisation of people with disabilities on the grounds of disability alone should be prohibited. Informed and free consent should always be sought. Although there is no precise information about the extent of sterilisation of people with disabilities, the issue concerns women more often than men;
- ▶ There is evidence of non-consensual use of contraception by women with disabilities. Medical interventions for contraception purposes against the wishes of women with a disability should be prohibited;
- ▶ Sexual abuse involving people with disabilities should be researched and appropriate legislation introduced, if required;
- ▶ Women with disabilities are particularly prone to having their rights to privacy, bodily integrity and dignity infringed. Furthermore, their right to information about sexuality is not fully recognised;

- ▶ There is need to research the extent to which disabled women experience male violence. This study should also document the types of violence experienced by disabled women. The concept of violence should be broadened to include violence from carers.

The Disabled Women's Working Group, formed in 1997, added the following concerns:

- ▶ Disabled women should have a choice of appropriate personal assistants to support them to live independently;
- ▶ Disabled women, particularly lone parents, often feel they are being watched and surveyed and have a great fear that if they step out of line, their child(ren) will be taken into care;
- ▶ Some disabled women in residential care are deprived of the right to privacy and the right to make decisions;
- ▶ Disabled women are under-represented in the decision-making structure of the voluntary sector;
- ▶ Disabled women need access to supported housing;
- ▶ Research grants should be provided to organisations working on behalf of disabled women to conduct research into issues facing disabled women.

The Irish Deaf Women's Group (IDWG) was set up in 1992 and is based in Dublin. It has about 65 individual members, ranging in age from 25 to 55 years. Similar groups have been established in Dublin, Waterford, Cork and Galway. The IDWG plans to encourage the formation of a national network of deaf women's groups.

The IDWG is based on self-help principles, and seeks to provide personal support for members.

It also aims to reform policies affecting deaf women. Part of the group's monthly meetings comprise an education lecture on themes such as finance, health issues, self-defence, rape and sexuality and personal development. Members communicate with each other through sign language. If a non-deaf person is lecturing to the group, an interpreter is needed. The IDWG organises an annual forum, which is an opportunity for all deaf women in the State to come together to discuss ways of improving their lives. Workshops on relevant issues are run throughout the day.

The first language of the deaf community in Ireland is Irish sign language (ISL). Linguists recognise ISL/English as a language in its own right and it has little similarity to spoken English or Irish. Written English is the deaf community's second language. The education system does not take account of this and as a result many deaf women do not have functional literacy.

In terms of good quality access to information, interpreters need to be able to relay two languages, Irish sign language and English. Deaf women see access to high quality information as a human rights issue and information qualities can be seriously compromised when high standard interpreters are not made available. This is the result of lack of finance by the host organisation for interpreters and lack of suitably qualified interpreters.

Other difficulties encountered by deaf women include:

- ▶ Lack of access to information because a large proportion is provided in the printed form or in audio form;
- ▶ The scarcity of qualified interpreters prevents many deaf women from availing of further

education;

- ▶ Many deaf women are mothers and incur additional costs. They have to pay more for specialised equipment such as visual alarms and visual baby alarms. These additional costs should be subsidised by the State.

LINKUP, sponsored by the Irish Deaf Society, was part of the Women's Education Initiative funded by the EU and the Department of Education and Science. The programme trained deaf tutors to teach literacy using Irish sign language, thus making literacy classes available to deaf women in rural areas. This project is now mainstreamed and LINKUP has been awarded funding for five years.

The IDWG wants support to develop a strategic plan for the group and also wants to establish a national network of deaf women's groups. At present, the IDWG receives no Government funding and is run by two deaf women employed on a CE scheme under the sponsorship of the Irish Deaf Society.

The IDWG and the Disabled Women's Working Group are members of the NWCI.

Conclusions

The specific issues encountered by disabled women are only beginning to be named and inserted into the agenda of the women's and the disability movements. This study identifies the following issues which affect disabled women:

- ▶ Disproportionate amounts of poverty;
- ▶ Need for an increased number of qualified interpreters;
- ▶ Additional costs incurred by disabled women;
- ▶ Violence and bullying of disabled women;
- ▶ Health and contraceptive needs;

- ▶ Accommodation and supported housing needs;
- ▶ Counselling needs;
- ▶ Child care needs;
- ▶ Greater choice in selecting personal assistants.

Both groups (the DWWG and IDWG) need funding to employ workers and to develop strategic plans. In doing so they need to consider how the various women's groups within the disability sector could collaborate to maximise the effectiveness of the sector.

Women's organisations must be resourced to undertake a disability audit and to disability proof their services and facilities. Awareness training for non-disabled women also needs to be put in place to help them to reflect on their own attitudes to disability. Finally, women in organisations representing non-disabled women should learn to use sign language.

5.2 Lesbians

Lesbians experience the same difficulties as other women in terms of education, training, employment, reproductive rights and cultural representation, but even within the women's movement, are faced with prejudice and discrimination on the basis of sexual orientation.

Geraldine Moane (1997)

The negative severity of the attitudes is best manifested by the percentage (25.8 per cent) denying citizenship to gay people.

MacGreil (1996)

It (sexual climate) forces you to live in a strange twilight zone - at work when an ordinary conversation crops up, "what did you do at the weekend?" you don't say you were down at the

women's disco, you either lie or are evasive, you're too terrified by people's possible response to trust them.

Melissa Murray (1984)

Women from Lesbians Organising Together (LOT) participated in the present study and helped to identify issues affecting lesbians. Key reports on lesbians and gay men were also consulted.

The Context

Homophobia is widespread in Irish society. This is reflected in the MacGreil survey (1996), *Prejudice in Ireland Revisited*, which found that more than one-quarter of people would deny citizenship to gay people. A Sunday Times survey published in January 2000 found 27 per cent of people interviewed would prefer not to live beside a gay person. The survey comprised 600 men and women aged 30 to 40 years. Given the pervasiveness of prejudice, it is not surprising that large numbers of lesbians and gay men emigrated in the past giving rise to a large population of Irish lesbian feminists in London, Boston and New York.

Although lesbians and gay men have different life experiences, both experience prejudice and discrimination on the basis of sexual orientation (Crone, 1995). Parallels have been drawn with racism, sexism and xenophobia. As a result of societal prejudice, many lesbians and gay men remain isolated, invisible and do not openly disclose their sexual orientation.

There is also evidence that lesbians and gay men experience high levels of poverty. The Glen and Nexus Research Co-operative report (1995), which surveyed 159 lesbians and gay men

residing in Cork city and Dublin city, found 21 per cent of respondents living in poverty.⁵⁵ Discrimination against lesbians and gay men, as outlined by Glen and Nexus Research Co-operative, is pervasive. Eighty-four per cent stated that they knew another lesbian or gay man who had been verbally harassed, threatened with violence or physically attacked because of the assumption that they were gay or lesbian. Respondents experienced these difficulties:

- ▶ 57 per cent experienced difficulties at school;
- ▶ 25 per cent experienced physical assault;
- ▶ 41 per cent experienced threats of violence;
- ▶ 39 per cent experienced discrimination in pubs, restaurants and hotels;
- ▶ 41 per cent experienced harassment at work.

Lesbian Organisations

Although a "right to a self determined sexuality" was incorporated into the charter drawn up by Irishwomen United in 1974⁵⁶ lesbianism as a public issue was taboo. It was only in 1978 that lesbians began to mobilise and in that year the first lesbian conference was held in Dublin. In 1979, Liberation for Irish Lesbians (LIL) was established and the Lesbian Line Collective was subsequently formed to provide a telephone service with non-directive counselling, befriending and an information service (Crone, 1995). Other lesbian lines and support groups were formed and today lesbian telephone lines and support groups exist in many cities throughout Ireland. Lesbian telephone lines tend to be run mainly by volunteers and usually operate only two hours each night.

Lesbians are highly visible on the internet where there are chatlines and mailing lists and

55. The survey is not a random sample. It used a "snowball" technique to identify respondents. It did, however, attempt to include as comprehensive a population as possible.

56. Irishwomen United, a radical feminist organisation, existed from 1974 to 1997. See Chapter One.

inter-linked websites. Email linked to websites is important in that it allows women to make contact outside of the usual service hours. Pink Pages in Dublin and LINC in Cork city provide important on-line services.

Two organisations in Dublin which provide frontline services for lesbians are LOT⁵⁷, formed in 1991, and Outhouse, established in 1995. Outside of Dublin, LINC in Cork city provides important services to lesbians. The role of LOT is particularly important in that on two occasions it was the promoting organisation for EU NOW programmes. It is a member of the NWCi as is the Dublin Lesbian Line Collective.

Issues Affecting Lesbians

The pervasiveness of violence and threats of violence to lesbians was noted by Murray in 1984 who stated that half the women in the Dublin Lesbian/Gay Collective had been attacked or physically assaulted (Murray, 1984). Given the extent of discrimination and the threat of harassment and violence, it is not surprising that many gay men and lesbians do not disclose their sexual orientation. Thirty-nine per cent of respondents in the Glen and Nexus research said they avoided certain categories of work because of the fear of harassment and discrimination. The personal costs resulting from societal prejudice are enormous:

- ▶ Severe psychological and emotional distress is created, which can lead to isolation, depression and poor self-esteem. The shame about sexuality and guilt about identity contributes to poor mental and physical health (Dillon, 1999; Taillon et al, 1999). Prejudice also leads to increased use of alcohol and drugs and a higher proportion

of lesbians inflict self-harm at some point in their lives;

- ▶ The impact on school performance was noted by the Glen and Nexus Research Co-operative report:

A student, who is at risk because of constant psychological strain and threat of physical violence because of others' reaction to their sexual orientation, cannot be expected to participate and compete in an equal way with peers in a learning situation.

- ▶ The cumulative psychological, educational and social impact of being lesbian or gay, together with the fear of ill treatment at work, restricts job opportunities and job promotion.

LOT commissioned research into lesbian health (Dillon, 1999). Dillon notes that homophobia creates psychological stress and increases the likelihood of certain illnesses associated with psychological well-being. Homophobia is a cause of lesbians' reluctance to attend health care services. As a result, lesbians are less likely to have illnesses such as cancer detected at an early stage.

The study notes that the Government policy document, "A Plan for Women's Health 1997-1999" (Department of Health, 1997) contains a section on lesbian women and highlights homophobia as an area requiring special action because of the negative impact on the health status of lesbians:

The most serious health issue identified by lesbian women during the consultative process was the attitudes which they encountered when seeking care from the health services. Lesbian

57. At the time of writing, LOT was restructuring and renaming the organisation.

women are also more prone to stress and depression associated with their sexual identity, particularly during adolescence. The difficulties which lesbian women face in the health services arose partly as a result of lack of knowledge on the part of professionals about the health risks associated with a lesbian lifestyle and partly because of deep-seated attitudes to homosexuality generally. There is clearly an onus on health personnel to be informed about lesbian health issues and to ensure that sexual orientation is not a barrier in accessing services.

The recommendations of Dillon's (1999) study include the need for:

- ▶ Research into lesbian health;
- ▶ Education awareness for service providers on lesbian health issues, lesbian lifestyles, homophobia and heterosexism;
- ▶ Education awareness for lesbians on general health screening and safe sex practices;
- ▶ Monitoring of the implementation of "A Plan for Women's Health 1997-1999" (Department of Health, 1997) both at a national and regional level, with specific attention to the extent to which lesbian health issues are being addressed by the Women's Health Council and the Women's Health Advisory Committees at regional level;
- ▶ A conference to be held on lesbian health issues;
- ▶ The publication of a comprehensive directory on lesbian health, including relevant literature on lesbian health, websites and resource material;
- ▶ The development of primary health care initiatives which should comprise partnerships between health boards and lesbian organisations;
- ▶ Funding for a lesbian health forum and a lobby group on lesbian health.

A major study was undertaken in Dublin on the needs of lesbians and bisexual women (Taillon et al, 1999). Issues identified include:

- ▶ Inappropriate responses from health care professionals, including general practitioners, general hospitals and psychiatric hospitals;
- ▶ Inappropriate responses from psychotherapists and counsellors;
- ▶ Fear of losing custody of children is a major issue for lesbians who are mothers. This fear is increased for lesbians separated from partners and spouses and many keep their sexual identity unknown. Many lesbians are afraid to apply for maintenance payments for fear of exposure in court and losing custody of children;
- ▶ Discrimination against lesbians by private landlords;
- ▶ The need for support for lesbians living in rural Ireland.

The study identified the need to develop the capacity of the lesbian sector so that it could provide effective support services to lesbians and bisexual women. These services should be accessible to lesbian women who are disabled and who need wheelchair access, access to sign language interpreters and to Braille. They should also be accessible to working class women and women of colour who are lesbians. Support services should include:

- ▶ Safe, comfortable, friendly spaces to meet and socialise;
- ▶ Support and social opportunities for young women, older women, lesbian parents, parents of lesbians and lesbians who are "coming out". The isolation of older lesbians was particularly identified as many of the social venues are for younger lesbians;
- ▶ Information and advice on legal rights, such as child custody, housing, legal aid;

- ▶ Appropriate counselling from counsellors who understand homophobia;
- ▶ Support groups to build the self-esteem and confidence of lesbians. Special support groups for lesbians who abuse alcohol and drugs and for lesbians who have experienced childhood sexual abuse;
- ▶ Initiatives to address inappropriate and abusive behaviour within lesbian partnerships;
- ▶ Lesbian health drop-in centre where women can get smear tests and other health screening advice;
- ▶ Social housing and co-operative housing;
- ▶ Information and support for lesbians living in rural areas.

The capacity of the sector must be developed to mobilise politically in order to effect social and institutional change. There is a need to continue to challenge the cultural images which the media portray of lesbians and gay men. Many respondents commented very favourably on the billboard campaign undertaken by LEA/NOW⁵⁸. Work should continue on how services are delivered to lesbians.

Conclusions

Lesbians experience extreme prejudice. The main issues raised by the lesbian community are:

- ▶ Poverty;
- ▶ Isolation and prejudice;
- ▶ Health;
- ▶ Accommodation;
- ▶ Counselling;
- ▶ The specific issues faced by lesbians in rural areas;
- ▶ Information on legal rights in relation to custody of children.

The lesbian community is weakly organised and there is no agreed overall strategy for supporting lesbian organisations. Individual lesbians have made an enormous contribution to the women's movement during the 1960s and 1970s. They set aside their own agenda in the interests of issues deemed of more immediate concern to all women. The failure to acknowledge the discrimination against lesbians publicly further disempowered them (see Chapter One). This forced lesbians to hide their sexual identity which in turn created major difficulties for them to identify and express their interests at a political level.

The broader women's movement needs to reflect on its attitude towards lesbians in a supportive, non-threatening environment, which allows people to express their feelings no matter how politically incorrect they are. It is only when such true feelings are expressed that a shift in attitude can take place.

Paralleling this process, finance needs to be made available to the lesbian community to develop an overall strategy for the sector. This strategy is likely to be de-centralised aimed at strengthening existing organisations. There is no demand as of yet for a national umbrella organisation. How to build the self esteem of lesbians and undertake development work with local groups needs to be central to such a strategy. There is need for clarification on whether or not the Department of Social, Community and Family Affairs considers lesbians part of an excluded group and therefore eligible for funding.

58. Lesbians Educating for Awareness (LEA) was funded under the NOW project.

5.3 Lone Parents

The Context

There are approximately 128,000 lone parents in the State (OPEN, 1997)⁵⁹. Lone parents are a heterogeneous group of men and women of varying ages who are unmarried, separated, divorced, or widowed. The large number of lone parents represents trends in separation and the dramatic increase in births to never-married women.

Most (85 per cent) lone parents are women and an even greater majority (91 per cent) of lone parents with children under 15 years of age are women. About one-third of lone parents were at work in 1997 (OPEN 1997). Most male lone parents with children who are in work are in full-time work whereas most women lone parents work part-time. Given the low proportion of lone parents at work, it is not surprising that lone parent families face a greater risk of poverty. The Review of One-Parent Family Payment (Department of Social, Community and Family Affairs 2000) found 30 per cent of lone parent families living below the 50 per cent relative income poverty and 47 per cent of lone parents have no formal education or primary level only. Again, female lone parents are more likely to experience poverty than male counterparts. One in three lone mothers are at risk of poverty compared to one in 10 lone fathers (Nolan & Watson, 1999).

The high level of poverty among lone parents results from factors such as low educational levels, costs and availability of child care, difficulty accessing flexible employment and lack of family-friendly policies in the workplace (Ralaheen Ltd, 1999). The Commission on the Family says that although lone parents have

similar difficulties as two-parent families, they also have different needs since there is only one parent to carry the child care responsibility as well as being the breadwinner. OPEN has said that the retail sector is an important source of work for women lone parents as it provides flexible hours of employment. However, for the most part, this work is low paid.

Community Employment is an increasingly important source of income for lone parents. In 1994, just 4 per cent of CE participants were lone parents. This rose to 9 per cent in 1995 and to 40 per cent in 1997. The increase is partly due to the introduction of the One Parent Family Payment in January 1997 which increased the money which lone parents were permitted to earn without affecting their payment.

McCashin's (1996) study of young single mothers is one of the few qualitative studies of lone parents in Ireland. McCashin found most single mothers in his study were in steady relationships when they became pregnant. Fathers, however, even if they remained involved in the relationship were peripheral to parenting. Indeed, the study found it was not fathers, but mothers of lone mothers who were crucially important in enabling young lone mothers to take care of their children.

The lone parent organisations interviewed for this study were:

- ▶ New Beginnings, Claremorris, Mayo;
- ▶ SPICE (Single Parents Initiative for Creativity and Equality), Tralee, County Kerry;
- ▶ Parents Alone Resource Centre (PARC);
- ▶ One Parent Exchange and Network (OPEN).

59. This figure underestimates the number of lone parents as many are living outside other family units and may not be included.

Key documents on lone parents were also consulted.

New Beginnings was established in 1995 in Claremorris, County Mayo, and SPICE was formed in 1995 in Tralee, County Kerry. Both are locally-based lone parent groups and are members of OPEN, the national umbrella organisation for lone parents. OPEN provides technical support and is highly valued. SPICE is also supported by the local Community Development Project (CDP) in Tralee while New Beginnings is supported by the Claremorris Women's Centre. Membership of groups ranges from five to eight lone parents.

PARC, a lone parent project, and OPEN, the national umbrella body for lone parents, are profiled below.

Parents Alone Resource Centre

PARC, set up in 1986, was one of the first self-help, community-based, lone parent organisations in the 26 counties. It has been inspirational in encouraging the establishment of lone parent groups and was instrumental in setting up OPEN, a national umbrella organisation which supports one parent family self help groups. It is also a founder member of the European Network of One-Parent Families. Since 1992, PARC operates from purpose-built premises in Coolock in north Dublin and has a catchment population of 50,000.

From its inception, PARC had a clear analysis of gender and class and, in particular, of the low status accorded to lone parents in our society. It understood the hurt, stigma and exclusion experienced by lone parents and encouraged them to share experiences and build their confidence. In its centre, lone parents openly

talked for the first time of the challenges of surviving on low incomes and the difficulties, frustrations and loneliness of parenting alone (Kelleher, 1989). PARC provided lone parents with information, education and training and with critical supports such as child care.

Empowerment and participation have informed the work of PARC. In its first five years, its management was transferred to lone parents. Also in its early years, a time when Ireland upheld traditional views of the family and sexuality, PARC participated in public debates, redefining the "constitutional" concept of the family and challenging prejudices which stigmatised lone parenthood and pregnancies outside marriage.

PARC has been core-funded since 1989 by the Department of Social, Community and Family Affairs as a CDP. It receives funding from the Department of Justice, Equality and Law Reform for child care and from FÁS to employ CE workers and workers on the jobs initiative scheme. It is also funded by FÁS to deliver a life skills training programme. PARC has also participated in several EU-funded programmes. Furthermore, fund-raising and donations from private funders also help to finance PARC.

PARC has 26 workers: four full-time, four part-time, 14 CE workers, a CE supervisor and three full-time workers on a jobs initiative scheme.

PARC is represented on a large number of local organisations including: the Coolock Community Law Centre, the Coolock Joint Care Committee, the Money Advice and Budgeting Service and the Local Employment Services Network. It is also represented on the Northside Partnership.

It is a member of the NWCI, the EAPN, the Irish National Organisation of the Unemployed, the Dublin Employment Pact and TREOIR (the federation of services for unmarried parents and children).

Work and Activities

PARC provides:

- ▶ An open, accessible information service;
- ▶ Support and referral service;
- ▶ A contact point for the local employment service (LES) network;
- ▶ Education, training and mentoring services;
- ▶ Outreach work;
- ▶ Pre-vocational experience through CE;
- ▶ A crèche and after-school service;
- ▶ A child care counselling service which, through art and drama, helps children deal with loss and trauma.

PARC has also commissioned research, *Lone Mothers in Ireland: A Local Study* (McCashin). Published in 1996, this study examines the economic and social circumstances and experiences of a group of lone mothers in north Dublin. It highlights that many lone mothers want to return to work when their children are older. But the lack of affordable, reliable child care and access to flexible training and work are major barriers. The study also points to the high level of poverty of lone parents and the need to increase social welfare payments to families with children. In any one year, PARC receives 3,000 queries. General queries relate to social welfare, legal issues, family law, and information on training, work and child care. PARC provides continuing support to lone parents to develop curriculum vitae and to prepare for work interviews.

Women's training and development are core elements of the centre's work and it has run a

series of training courses. In 1992, 18 women participated in a pre-vocational training course for lone parents, funded through the EU Horizon initiative. A training manual for lone parents (Healy, 1994A) resulted from this.

PARC participated in the EU NOW Programme 1993-94 (Healy, 1994B). The NOW project, Women and Enterprise Network, trained women in enterprise and child care. Women who completed the business skills module received an RSA Small Business Certificate and women who completed the child care training received City and Guilds Certificates.

PARC has participated in two EU Integra programmes. One (1996-97), *Making the Future Work* involved training 63 lone parents in information, mentoring and tracking (Healy 1998). The second (1998-99), *Solas Training for Teleservices*, involved training 34 lone parents for teleservices as an option to return to work. This involved learning a foreign language and going on work placement in an EU member-state outside Ireland.

Developing skills and awareness through the creative arts is a focus of PARC which, with the skills of an outside facilitator, runs regular art workshops. In 1987, PARC made a video film, *Voices of Change*, where people spoke openly of life as a lone parent. During 1993-95, PARC participated in the Creative Arts for Everyone (CAFE)/Combat Poverty Agency community arts pilot programme funded under the EU Horizon Initiative (Healy, 1996). This explored art as a medium of community development and as a means of addressing poverty, disadvantage and social exclusion. Activities involved workshops on movement,

improvisation, story-telling techniques, drama, song-writing, choreography, script-writing, rehearsal and public performance, quilt making, painting, clay modelling, pottery, life modelling, writing, photography and sculpture.

During the programme, a textile wall-hanging was made as was a panel of the Irish One World Quilt⁶⁰ and a mosaic bench, titled Sun Out of Darkness, was constructed which now sits outside the resource centre.

Drama included True Confessions, which examines the influence of the Catholic Church on women's lives in a small working-class community, and a Cry for Help, which deals with domestic violence. PARC participants also participated in the multi-national, multi-media event in Edinburgh, "Mothers, Daughters and Wild Wild Women", where methodologies and information were exchanged between projects and opportunities presented to get in touch with the "wild woman within". The project also explored issues on women's health through multi-media art forms.

Healy (1996) in her evaluation assesses the project positively, emphasising the distinct lack of "victim status" among the images developed by participants.

In 1997, a purpose-built child care facility, Súgradh child care centre was opened and now caters for 33 children. It was selected under the Pilot Child Care Initiative funded by the Department of Justice, Equality and Law Reform through ADM. The project encourages parental participation and organises seminars for parents.

It opened an after-school service in 1999 for 13

school-going children aged four to 14 years.

This service operates from 1.30 pm to 6.00 pm, providing a hot meal for children and a programme of supervised homework.

The importance of therapeutic work with children is increasingly recognised. In 1998, PARC began a child-counselling programme. Art and drama therapy help children to come to terms with loss and bereavement resulting from separation and divorce.

Issues Affecting Lone Parents

Key issues affecting lone parents identified by PARC include:

- ▶ The extreme poverty in which many lone parents live;
- ▶ The low level of formal educational attained by many lone parents resulting in low-paid employment. In the absence of affordable child care, it often does not make economic sense for lone parents to take up work;
- ▶ Social stigma and intolerance persist for lone parents;
- ▶ Housing can be a major issue for those who return to live with their family of origin when overcrowding, tension between families and a breakdown of the arrangements can result. Renting in the private rented sector is expensive and suitable local authority housing is difficult to access;
- ▶ Many lone parents have poor health. It is thus important that stress management and techniques for preventing ill health are available to lone parents;
- ▶ Lone parents need access to information and support on family law, including domestic violence, custody, access and maintenance;
- ▶ Voluntary management committees are under-resourced.

60. The quilt was the outcome of a development education project in which over 50 women's and community groups participated in representing images and views of world interdependence, solidarity, injustice, inequality and other development issues.

One Parent Exchange and Network

OPEN, founded in 1994, is a national network of lone parent groups with a group membership of 70. It is funded as an anti-poverty network through the Combat Poverty Agency and has two full-time workers, one part-time worker and will shortly appoint a policy worker.

OPEN has become a voice at a national level for lone parent groups and is committed to the principle of partnership as a means of change. It is affiliated to the Irish Social Policy Association, the EAPN, the Children's Rights Alliance and the NWCi. OPEN has worked closely with the NWCi in pursuing its policy objectives at national level. At a European level OPEN is a member of the European Network of One-Parent Families.

It is represented on the Community Pillar through the Community Platform, the National Economic and Social Forum (NESF), the National Committee on Volunteering and the Advisory Group to the National Co-ordinating Child Care Committee.

In the year 2000, OPEN began a campaign on family diversity and highlighted the issue in May 2001, the United Nations International Day of Families. The mission statement of OPEN states:

OPEN is the national network of lone parent self-help groups that have joined together to represent the interests of lone parents living in poverty and social exclusion. We will support our member groups to strengthen their capacity to provide services for lone parents living in their communities and will campaign for policy change that recognises family diversity, supports economic independence and improves the

quality of life for lone parents and their children.

OPEN provides member groups with information and support, hosting conferences and seminars and facilitating training workshops. It produces a regular newsletter and briefing papers on child care and family law. It has also produced a leaflet on legislative protection from violence and threats of violence. During 1999-2000, OPEN hosted an EU Employment Integra programme, Moving On Up, involving 45 participants. As part of the programme, OPEN commissioned research on the employment prospects for lone parents with children returning to work (Ralaheen Ltd, 1999).

OPEN has published Your Group Kit, designed for use by a group without the need for a facilitator. It covers a range of areas including setting up a group, fund-raising and organising a campaign. It is used by many groups throughout the State, including lone parents groups, Traveller groups and women's groups.

Conclusions

The lone parent sector comprises locally-based lone parent groups, lone parents' projects and a national umbrella organisation. The policy-influencing work of the sector is highly visible at national level. The main substantive issues facing lone parents include:

- ▶ Accommodation;
- ▶ Child care;
- ▶ Low income and difficulty accessing the workforce;
- ▶ Poverty and stigma;
- ▶ Domestic violence.

Funding problems for locally-based lone parent groups are similar to those of locally-based groups generally. Lone parent projects, such as

PARC are multi-purpose in orientation. Although they are core funded by the Department of Social, Community and Family Affairs, their activities span the brief of several Government departments. Projects like PARC should be provided with the option of accessing integrated funding across departments.

OPEN, the national umbrella organisation, receives funding as an anti-poverty network through the Combat Poverty Agency. It needs increased funding for regional development workers. It also needs funding to carry out additional research on lone parents in areas such as the operation of the family law courts, the feasibility of developing respite child care, the effects of the current accommodation crisis on one-parent families and the contrasting experiences of lone parent fathers and mothers.

5.4 Traveller Women

Traveller women have always played a critical role in their community, something acknowledged in the Report of the Task Force on the Travelling Community published in 1995:⁶¹

Traveller women have played particular and significant leadership roles within their own community and representing their own community. A number of Traveller women have been accorded various national awards and commendations. Traveller women have produced widely acclaimed poetry, art and crafts. However, the central contribution which Traveller women make to the well-being of the Traveller community is largely unrecognised.

Traveller women through the years have had primary responsibility for rearing often large families, except that they had to endure conditions unheard of by most settled women.

Today Traveller women are attempting to make the most of possible avenues for progress that are opening up for all women. Much, however, needs to be done to have their contribution fully acknowledged.

Women from the National Traveller Women's Forum in Galway city, Pavee Point⁶², in Dublin City and the Kerry Travellers Development Group participated in the study and helped to identify issues affecting Traveller women. Key reports on the Traveller community were also consulted.

The Context

The Traveller community is an indigenous ethnic group with a nomadic tradition. Travellers identify themselves as a distinct community and are seen by others as such. They share common cultural characteristics, traditions and values evident in their organisation of family, social and economic life and their own language, Cant.

However, at a time when most Irish people in Ireland enjoy unparalleled prosperity, Travellers are severely disadvantaged and excluded, living in sub-standard accommodation. Many live without water, electricity and basic health care provision. They experience severe forms of racism, at individual and institutional levels (Report of the Task Force on the Travelling Community, 1995).

61. The Report of the Task Force on the Travelling Community marks a shift in the development of policies relating to the Traveller community in that it sets out a broad agenda for Travellers and specifically recognises the importance of their distinct cultural identity.

62. Pavee Point, established in 1984, is a national training and resource agency for Travellers. It also campaigns and works for Traveller rights and networks with other groups at national and international levels. It is funded by the Department of Social, Community and Family Affairs as a specialist support agency to assist Community Development Projects to address issues pertaining to the Traveller community. It is also funded by the Operational Programme for Local Urban and Rural Development to support appropriate inclusion of Travellers in local plans.

Several national and local studies document this acute marginalisation. Of the estimated 4,521 Traveller families in Ireland, just over 1,000 live on unofficial sites or on the side of the road in appalling conditions and are subject to the constant threat of eviction.

The absence of basic accommodation is a major barrier to Traveller children pursuing second level education. Less than 80 per cent of Traveller children aged 12 to 15 years attend second-level schools at a time when the statutory age for terminating full-time education is 15 years. The number of Travellers in mainstream post-primary education aged 15 years or more is negligible. Poor education and prejudice mean few Travellers are employed in the mainstream labour force and they constitute a significant identifiable group within the long-term unemployed.

The absence of clean water supplies, vermin on sites, irregular or no refuse collection and the location of sites adjacent to rubbish tips, canals, railway tracks and close to motorways take their toll on the community's health.

A study (Barry et al, 1989) documents the severe levels of ill health Travellers endure:

- ▶ Travellers have more than double the national rate of still births;
- ▶ Infant mortality rates are three times the national rate;
- ▶ Traveller women live, on average, 12 years less than settled women;
- ▶ Traveller men live, on average, 10 years less than settled men;
- ▶ Travellers' life expectancy is at a point settled people reached in the 1940s;
- ▶ Travellers of all ages have higher mortality rates than settled people;

- ▶ Travellers have significantly higher rates of death from accidents, metabolic disorders in the under-14s, respiratory ailments and congenital problems.

Organisation of the Traveller Community:

The Traveller community is highly organised throughout Ireland with national organisations bringing its interests together. These are:

- ▶ The National Traveller Women's Forum which receives core funding from the Department of Social, Community and Family Affairs;
- ▶ Pavee Point which is funded as a specialist support agency by the department;
- ▶ The Irish Traveller Movement, established in 1990, is a national network representing the Traveller community funded through the Combat Poverty Agency as a national anti-poverty network.

These three are in turn members of key national and regional organisations. At a European level, they are linked to international gypsy and other ethnic groups in Europe.

These organisations operate from a rights-based, anti-discrimination framework and work towards policy change at local, county, regional and national levels.

To assist Travellers to participate in inter-agency work, they have enabled Travellers to develop leadership roles and have provided essential supports for them to engage in these forums. Local projects encourage "peer-led services" which emphasise the transfer of skills among and between Travellers.

Progress on the concerns of the Traveller community has been slow and uneven.

- ▶ The enactment of the Equal Status Act 2000 and the Employment Equality Act 1998 are important measures to combat racism;
- ▶ A major disappointment is the failure of local governments to implement basic recommendations on accommodation as recommended in the report of the task force (1995). The report recommended that 3,100 additional specific Traveller accommodation units be provided by the year 2000. To date 127 units have been provided. This results from local opposition in some areas to sites, bureaucratic inertia and lack of political leadership. Consequently there is an increase in illegal and unofficial sites which causes conflict with the settled community. In spite of this, however, some Traveller accommodation consultative Committees are operating well and all local authorities have a five-year Traveller accommodation plan submitted to the Department of Environment and Local Government. Financial sanctions need to be imposed on local authorities which fail to implement their plans;
- ▶ There is some evidence, however, that primary school enrolment and attendance is increasing and that there is an increase in Traveller girls, in particular, making the transition to second-level. Literacy rates among young women are also increasing (McCarthy, 2000). Reasons for this are complex, but include the Department of Education and Science's investment of additional resources in Traveller education over the past decade. In addition, visiting teachers are establishing mechanisms to engage in dialogue and support parents to encourage their children to remain in education;
- ▶ Many young Travellers are beginning to

access paid employment in the mainstream economy for the first time in the State's history. This reflects the booming economy and increasing self-confidence and self-esteem in Travellers (McCarthy, 2000);

- ▶ The operational programme for local urban and rural development targets EU structural funds in designated areas of disadvantage. The funds support locally defined area-based action plans of integrated socio-economic development. Travellers are specifically named as a target group;

Progress results primarily from capacity building undertaken by Traveller organisations and emerging role models who act as spokespeople for their own community in national forums and in the media. The effects of Citizen Traveller, a positive image-building campaign sponsored by the Equality Authority, is also considered effective.

Work with Traveller Women

The National Traveller Women's Forum (NTWF) is the main organisation representing Traveller women's interests nationally. Formed in 1988, it is an alliance of Traveller women and other organisations North and South with 150 members, comprising 50 Traveller groups, a number of support groups and training centres for Travellers and supportive individuals. It receives part core-funding from the Department of Social, Community and Family Affairs, and is also funded by the Department of Education and Science as part of the WEI during 1997-99. It employs four part-time workers.

The NTWF is represented on a range of policy forums and structures including:

- ▶ The monitoring committee of the task force on the Traveller community;

- ▶ The national Traveller accommodation consultative committee;
- ▶ The National Consultative Committee on Racism and Interculturalism;
- ▶ National youth interim committee;
- ▶ National Traveller health advisory group;
- ▶ The Community Platform;
- ▶ The National Economic and Social Forum.

Leadership Training

The NTWF provides training for local women to become spokespeople or advocates in their local areas and represent women nationally. Most Travellers who take up training and community development work are women and they are increasingly employed as child care workers, development workers and resource workers.

Important projects have been undertaken.

Training in Violence Against Women

During 1997-99, Pavee Point promoted a NOW programme. With the assistance of Women's Aid, 18 women examined the relationship between sexism and violence against Traveller women. The NTWF has developed a policy statement on violence against women.

Health Care Initiative

Health is a major concern for the Traveller community, particularly women. Traveller families have a low take-up of preventative health care services. This is the result of poor access to health information and education materials, which are often difficult for Travellers to read. In addition, since many Traveller families live on unofficial sites they do not have postal addresses to which their appointments can be sent. Ineffective record-keeping between

health boards also results in a particular health board not recognising a medical cardholder and refusing treatment. The unwelcome nature of surgeries and general practitioners' absence from Traveller sites contribute to poor access by Traveller families to medical services.

In recognition of the low take-up of health services, Pavee Point and the Eastern Health Board piloted a primary health care initiative in 1996. Eighteen Traveller women were trained as primary health care workers to work with their own community to improve access to mainstream health services. This initiative is operating in several areas and with health board support, and that of FÁS and the Department of Social, Community and Family Affairs.

Training takes place over a three-year period. Pre-training involving personal development and basic education is the primary focus of the first year. Medical information and knowledge is studied in the second year. Finally, participants take up work as community health workers and are paid under a CE scheme, working 20 hours a week.

The community health workers are key to helping Traveller women to access health services. They also help women to make and keep appointments.

Accredited Training in Community Work

The Kerry Travellers Development Group has developed an innovative accredited training apprenticeship programme in community development, involving both Traveller and people with a disability. Training is delivered over a three-year period and is being accredited by the Open College Network and the Institute of Technology, Tralee. The project is managed

by a consortium consisting of FÁS, Kerry Travellers Development Group, the Department of Education and Science, the Southern Health Board and Leader manages the project. Participants receive a FÁS allowance while training.

Ten Travellers (mainly women) and 10 people with disabilities participate. There is a concentration on literacy and study skills in the first year. Audio tapes are used to overcome literacy problems. This has been a very effective way of learning. With a ratio of one worker to four students, intensive support is provided. Participants are placed in community projects as apprentices and a high level of mentoring is provided.

Issues Identified by Traveller Women

Traveller women experience a treble burden of oppression. As Travellers, they face continued isolation, discrimination and marginalisation. As women they suffer a similar form of oppression to that of all women and, as Traveller women, they experience a combination of racism and sexism ensuring serious disadvantage. This is reflected in illiteracy, poor health, heavy domestic responsibilities and frequently appalling living conditions.

The following issues were identified which affect Traveller women:

Prejudice and Stigma

Anxiety endured from the pervasive prejudice Travellers experience and the lack of basic accommodation provision affects mental and physical health. A recent newsletter of the NTWF outlines women's feelings of worry and fear when they interact with the settled population:

We are forced to be quiet, afraid to draw attention to ourselves.

The uneasiness does not go away. We remain uncomfortable, conscious of being watched.

Traveller Women's Newsletter, 1.2. 2000

Women's Health

Extensive discussions were held with Travellers in developing the Women's Health Plan (1995-97). These raised expectations. Women from Pavee Point interviewed for the present study, however, feel the aspirations of the Traveller community have not been realised and there is an urgent need for the women's sector to reflect on how women's health issues can be moved forward.

Child Care

Many Traveller women are participating in training programmes and/or working as CE workers during the day and need access to child care. Some projects have access to local child care places in crèches run by women from the settled community. Travellers do not trust settled people to look after their children and prefer their children to be looked after informally within the family or by family members. Informal child care needs to be funded. Joint provision of crèche facilities by settled and Traveller women also needs to be put in place. Training programmes on child care need to be provided for Traveller women.

Difficulty In-putting into Local Decision-making Structures

Although Traveller women play a central role in organising their community, they have particular difficulty getting their voices heard by officials. Even though women have the expertise on required size of units in halting sites and the

appropriate lay-out of halting sites, they often feel it is difficult to get their voices heard at meetings where site plans are discussed.

Anti-Racist Training

Women interviewed for this study believe all women's organisations should undertake anti-racist training to avoid even unwitting discrimination against Travellers or other minority ethnic groups. There is also a need for organisations to develop more awareness of the Traveller community as a whole. Travellers have a right to information and knowledge and it is important that at least some leaflets advertising services and events attempt to communicate in culturally appropriate ways to Traveller women with reading and writing difficulties. These Traveller women have developed enormous expertise in analysing racism and can make a major contribution to the women's movement in confronting all forms of racism.

Conclusions

Women play an important organising role in the Traveller community. Although issues encountered by Travellers have been strongly voiced at national level, the community has only partially succeeded in having its demands met. This they attribute to the extreme prejudice they experience in Irish society.

Areas which need to be addressed are:

- ▶ Prejudice and stigma;
- ▶ Accommodation;
- ▶ Difficulty getting their voices heard in decision-making structures;
- ▶ Health;
- ▶ Child care;
- ▶ Poverty;
- ▶ Domestic violence;
- ▶ Need for organisations in the community

and voluntary sector to receive anti-racist training.

Travellers are a key target group of projects funded by the Department of Social, Community and Family Affairs and NTWF receives part-core funding from the department. To employ full-time paid staff it needs an increase in this funding.

5.5. Violence Against Women

Walking into Doors

*She was sick of walking into doors,
And tripping over the cat
That the kids had wanted for years.*

*She was sick of trying to remember
And trying not to forget
What to say, and what not to say.*

*She was sick of worrying about what to cook
And what she should wear,
And knowing she would never quite get it right.*

*She was sick of being awake when she wanted to sleep
Scared of his screams
And her own dark dreams.*

*Sick of crying and worrying about dying
Because he said he would kill her
One of these fine days,
And she believed him.*

*Then one day he left
Just up and left
And she didn't die,
And she knew what to wear
And she started to see the doors,
And the cat never got in her way,*

And the kids started to laugh again.

Mitzi O'Reilly, volunteer with the Mayo Women's Refuge and Refuge and Support Services, March 1996

The Context

The women's movement in the 1960s and 1970s highlighted violence against women in many forms and redefined our understanding of rape and sexual assault, domestic violence⁶³, prostitution, pornography and sex trafficking of women. Male violence against women is understood in the context of the power and control relationships between men and women. This context is particularly important for developing appropriate responses to male violence (Dobash & Dobash, 1992).

The refuge movement and the rape crisis centres developed a self-help mutual aid model of working which sought to counteract women's disempowerment and enhance the sense of self esteem of those who were violated. Women's experience was valued, their stories were believed and, through a non-judgmental approach, women were given the courage to understand their trauma and to make decisions about their future and that of their children. This model of working, based on mutuality and empathy, contrasts with what Baker Miller & Stiver (1997) refer to as a "power-over" model prevalent among dominant groups in patriarchal society.

It has recently been documented that domestic violence against women is an everyday reality in Irish society (Kelleher Associates & O'Connor 1995). Most Irish women (59 per cent) know a

woman who has been subjected to violence by a partner and 11 per cent of women experienced physical violence and/or sexual violence. The Dublin Rape Crisis Centre reports that 80 per cent of clients who sought assistance for sexual assault, were assaulted by men they knew and that 23 per cent of assaults were perpetrated by husbands and boyfriends.

Findings on the prevalence of sexual violence, detailed in 1997 UNICEF report, The Progress of Nations, indicate that between one in five and one in seven women will be victims of rape in their lifetime (UNICEF, 1997). In an Irish context, the Dublin Rape Crisis Centre received 7,243 calls relating to sexual violence between July 1999 and June 2000. Eighty-one per cent of callers were female, 84 per cent of calls were from the Dublin area and 43 per cent of callers reported that they had been raped.

Irish Governments in recent years have made significant responses to violence against women. These include:

- ▶ The introduction of legislation in the form of the Criminal Law Rape (Amendment) Act, 1990, the Criminal Evidence Act, 1992, and the Domestic Violence Act, 1996;

The publication of:

- ▶ The Report of the Task Force on Violence Against Women, April 1997;
- ▶ "The Law on Sexual Offences - A Discussion Paper", May 1998;
- ▶ The Report of the Working Party on the Legal and Judicial Process for Victims of Sexual and other Crimes of Violence

63. The term domestic violence is used in the present study as it is the main term used in Irish legislation and social policy. We accept, however, the criticisms of the term in that it fails to recognise the gender-based nature of the term; and that, in the vast majority of cases, men are the perpetrators and women the victims. It can also assume that violence in intimate relationships takes place in the home, which is not always the case.

Against Women and Children in October 1996, in conjunction with the National Women's Council of Ireland

Other significant measures introduced by the Government include:

- ▶ The establishment of the domestic violence and sexual assault investigative unit in March 1993;
- ▶ The introduction in 1994 (amended in 1997) of the Garda Síochána policy on domestic violence intervention;
- ▶ The establishment of a Task Force on Violence Against Women in October 1996.

To illustrate the contribution of organisations working in the area of violence against women, a profile of the work of Women's Aid, the Dublin Rape Crisis Centre, the Mayo Women's Refuge and Support Services and Sonas Housing is outlined below. Issues which need to be addressed by the sector are also outlined.

Many other organisations interviewed for the study identified violence against women as a concern. Specific responses were made by the Tuam Women's Group in County Galway and the PARC, Coolock in Dublin, both of which developed a creative arts drama around male violence. The Letterfrack Women's Group in County Galway used local community radio to publicise violence against women in the area and that it is not acceptable. They formed a separate organisation, Domestic Violence Response, to provide support to women who have experienced domestic violence in north-west Connemara, County Galway. The BWRC in Ballymun, Dublin has played a lead role in

bringing the Well Woman Clinic, the Dublin Rape Crisis Centre and Women's Aid together to plan an innovative, integrated women's holistic centre. Services for women who experience violence are central to the model.

Women's Aid

Women's Aid was set up in 1976 and defines itself as a feminist, service-based, political and campaigning organisation committed to the elimination of violence against women by effecting political, cultural and social change. It recognises the diversity of women's lives and aims to be accessible to all women. It works from the principles of empowerment, collective action, self-help and mutual aid, inclusion and equality. Women's Aid is a member of the NWCI.

Women's Aid employs 28 full-time workers and seven CE workers, and also has 40 volunteers. Today it provides a broad range of services:

Policy Influencing Work

Women's Aid has been a key player in lobbying for legislative change and policy reform. Its work contributed significantly to the introduction of the Garda Síochána Policy on Domestic Violence in 1994, the Domestic Violence Act in 1996 and the establishment of the Task Force on Violence Against Women in 1997. The national steering committee and regional planning committees on violence against women were established in 1998 as recommended by the task force.

Along with St James Hospital in Dublin, Women's Aid undertook a study of female admissions to the accident and emergency department of the hospital in 1993.⁶⁴ In 1999,

64. *The Identification and Treatment of Women Admitted to an Accident and Emergency Department as a Result of Assault by Spouses/Partners* (Cronin & O'Connor, 1993).

Women's Aid published a resource pack, *Violence Against Women as a Health Issue*, to aid training with health care workers in accident and emergency departments of hospitals. This followed many years of work by providing training for nurses, doctors and administrative staff of hospitals. Participants who complete a designated training course receive the Women's Aid training pack.

Following training from Women's Aid, the social work department of area 8 of the Eastern Health Board (now part of the Northern Area Health Board) came together with statutory and voluntary agencies to address violence against women more comprehensively. A local network has been established which aims:

- ▶ To influence the services delivered and type of services provided;
- ▶ To share information on best practice and new developments;
- ▶ To raise awareness of domestic violence in agencies and in communities;
- ▶ To challenge tolerance of domestic violence.

The network meets every quarter.

Women's Aid has undertaken two major research studies, *Making the Links* (Kelleher Associates & O'Connor, 1995) and *Safety and Sanctions* (Kelleher Associates & O'Connor, 1999). Women's Aid has identified the need for increased funding to oversee a pilot integrated domestic violence intervention project in three areas, as outlined in *Safety and Sanctions*. The aim is to develop effective criminal and civil justice systems, which protect women and hold the accused accountable for his actions. In other countries, such projects have proven successful in reducing recidivism

and homicide.

In carrying out inter-agency training, Women's Aid believes it is important that practitioners receive training in: feminist analysis of male violence; the exercise of power and control and the impact and effects of violence on women. Critical to increasing inter-agency effectiveness is an agreement by individual agencies on each agency's role in providing a "best practice" response. Continuing monitoring of practice is required.

Helpline

In 1999, Women's Aid Helpline received 8,345 calls, 96 per cent (7,991) of which were from females. The average duration of calls is 30 minutes. Staff report an increase in calls on access visits, homelessness, the increasing level of violence as a result of drugs and sadistic sexual violence. There is also an increasing number of calls from migrant women, asylum-seekers and refugees.

Advice and Information

Women's Aid operates a support, information and court accompaniment service in Dublin's north inner city which provides one-to-one support and information to women and, where appropriate, accompanies them to court and to other relevant services.

Women's Aid Starting-Over Group and Arts Programme

Women's Aid has recently launched a support group for women who have experienced abuse but are no longer living in an abusive relationship. The project aims to help women to recover from the trauma of abuse. It does so by assisting women to share their experiences and to lessen their feelings of isolation.

Women's Aid is initiating a support group for young women who have experienced violence to help them to access education and employment opportunities.

Women's Aid is involved in co-ordinating an arts programme in all three refuges in Dublin. This aims to provide women and children with the opportunity to explore alternative mediums of expressions, enable them to learn new skills and to give them a relaxing and supportive environment in which to focus on themselves.

Outreach Service

Women's Aid provides outreach advice clinics in Coolock and Swords in north Dublin and in Dún Laoghaire in south Dublin for half a day each week in each location.

Public Education Programme

The public education programme aims to raise public awareness of domestic violence through its advertisement on the radio "It's a Crime to Beat a Woman". It also provides public awareness programmes in schools and with community groups and, each year, undertakes a 16 days of action project during which it supports local organisations to initiate public awareness campaigns.

Women's Aid has been involved in preventative education and awareness work with young people in schools for many years. In 1999, through the EU Daphne initiative on violence, it was funded to explore the prevalence, nature and impact of abuse on young people. A peer education programme for use in schools is also being developed.

Specialist Technical Support Agency

Women's Aid is a specialist technical support

agency for the CDP of the Department of Social, Community and Family Affairs. There are about 150 projects in the programme. On request, Women's Aid assists projects, addressing violence against women in their communities.

Funding and Support Needs

Women's Aid is funded by the health board, the Department of Social, Community and Family Affairs, EU short term funding, private donors and fundraising. It needs additional funding to consolidate its work and to provide increased staffing due to the phasing out of CE schemes and the reduction in volunteers due to the changing nature of volunteering. Women's Aid services are distributed throughout three separate premises. None of the premises is wheelchair accessible and the physical standards of the support and advice services are below acceptable standards. Women's Aid needs to be accommodated in an accessible building, which would house all the services.

Dublin Rape Crisis Centre

The Dublin Rape Crisis Centre (DRCC), was set up 1979, employs a staff of 25, seven of whom are full-time. In addition, the centre is supported by 60 trained volunteers. The centre is currently in negotiation with the health boards to provide for 75 per cent of its budget - the remainder is fund-raised. It is a member of the NWCI.

The DRCC provides: Freephone Telephone Crisis Line

A freephone telephone crisis line operates on a 24-hour basis and offers immediate help and support to people who have experienced sexual violence. The total number of calls in 1998-99 was 7,500. About two-thirds of calls relate to childhood sexual abuse, a small percentage relate to sexual harassment and the remainder relate to

rape and sexual assault.

Therapy and Professional Counselling Services

In 1999–2000 crisis counselling/therapy was provided for 703 people. Fifty per cent of clients were counselled over rape or assault. Thirty-nine per cent received counselling for sexual abuse, 10 per cent received counselling for both rape and sexual abuse and 1 per cent had counselling for sexual harassment. Eighty-five per cent of clients were female; only 28 per cent overall reported these crimes to the Garda Síochána although 40 per cent of clients who were recently raped reported the crime to the Gardaí.

Crisis appointments for recent rape were made for 220 clients (31 per cent). Immediate crisis counselling appointments are also available to survivors of childhood sexual abuse with impending court cases. Long-term therapy is available to all crisis clients who require it, and additionally long-term therapy was provided for 345 (43 per cent) adult survivors of child sexual abuse. About 50 requests a month are referred to other counselling services because the DRCC is working to full capacity. Its workspace cannot house more counsellors.

Outreach Service

An outreach service is available to clients accompanied by trained volunteers to the sexual assault treatment unit of the Rotunda Hospital for medical and forensic testing. There is also an accompaniment service to the courts.

The DRCC also operates an outreach service in Coolock (Northern Area Health Board). This is based in the local Well Woman Clinic and is provided three days a week by a full-time crisis counsellor.

Trained volunteers also provide talks to transition year students in secondary schools to raise awareness of sexual violence.

Education and Training

The service provides training on sexual violence in its many forms to all relevant professionals, statutory services, the business community, community groups and organisations who come in contact with sexual violence in the course of their work. The service trains people to respond sensitively to the disclosure of sexual abuse. The service has pioneered training for managers in industry and business on sexual harassment prevention programmes and has developed a training pack on the subject.

Research and Lobbying

The service has played an important role in lobbying for legal reform. The centre has undertaken an international research study with the law department, Trinity College Dublin, on the Legal Process and Victims of Rape (Bacik et al, 1998), a comparative analysis of legal procedures and their impact on victims in the 15 member-states of the European Union. It highlighted 52 recommendations.

The DRCC has commissioned a national research study, on the prevalence and context of sexual violence in Ireland, by a research team from the health research bureau in the Royal College of Surgeons. The study aims to inform service delivery and policy-making and to plan interventions to prevent or reduce sexual violence in Ireland. The study will include experiences of, and attitudes towards, all forms of sexual violence. Information on services availability and use will also be documented.

Funding and Support Needs

The DRCC cannot cope with demand for its service and needs additional funding to increase its counselling and support. It also needs more resources to expand its services in the three health boards of the Eastern Regional Health Authority and to increase evening and weekend staffing levels on the crisis line.

Mayo Women's Refuge and Support Services

The Mayo Women's Refuge and Support Services (MWRSS), was formed in 1994, supports the right of women to live free from violence and abuse by providing a safe place, accessible community-based services and campaigns to raise public awareness of violence against women. The Western Health Board is its main funder.

The project provides:

- ▶ Outreach advice clinics and women's support groups;
- ▶ Accommodation;
- ▶ Public awareness and education and training.

Outreach Advice Clinics and Women's Support Groups

Mayo is a large county with a dispersed rural population and MWRSS is located in Castlebar in its centre. To respond to the particular needs of a rural area, the MWRSS developed an outreach programme with a network of advice clinics in 10 locations. Workers travel to these on specified days to meet clients. Here they provide a woman-friendly service, giving women practical information and knowledge on their options. The service is non-judgmental and respectful and strict confidentiality is maintained. The project assists women to access services such as legal advice, rape crisis services, housing services, the Gardaí, hospital services and the

money advice and budgeting service. The legal system is daunting for vulnerable women.

Workers explain the legal options and procedures available and offer a court and solicitor accompaniment service. Women are encouraged to develop their confidence and to make decisions. Having taken the first step, however, the project realises that "recovery" can take many years.

Women recognise the need for continued support after resolving their initial crisis. In response the project has established four self-help groups for clients. These help women to recover from the long-term effects of domestic violence. The County Mayo Vocational Education Committee has been particularly helpful and has funded courses on a range of topics including personal development, computer training, drama and interior design. The project will expand the number of self-help groups.

The MWRSS service is particularly innovative and is being emulated by other projects in rural areas.

Accommodation

The service has six family units and two self-contained units of accommodation. A major initiative on social housing is also under way. The project is working in partnership with Sonas Housing to provide transitional houses for four families. A local steering group comprises representatives from community and statutory organisations.

Public Awareness and Education and Training

The MWRSS pursues a broad range of education and training activities to highlight the right of women to live free from violence: Activities have included:

- ▶ Organising public seminars to raise public awareness of domestic violence;
- ▶ Training local community organisations and CDPs;
- ▶ Training health boards personnel and providing work placements for trainee gardaí and social work students from University College, Cork and Sligo Regional Technical College;
- ▶ Giving talks in schools and organising poster, poetry and essay competitions;
- ▶ Participating in the 16 days of action on violence against women which is co-ordinated by Women's Aid.

Sonas Housing

Sonas Housing is the State's only women's housing association. It provides short-, medium- and long-term accommodation for women and children out of home because of domestic violence. Its policy is to give priority to women and their children who are leaving refuges, many of whom need continued support to help them to regain control over their lives.

So far, 29 units have been supplied in Dublin. Units contain one, two and three bedrooms and include apartments and houses. Occupancy of its first houses was taken up in 1996. Twenty further units will be built in Dublin city and county by 2002. In 2001, Sonas, in partnership with Women's Aid and the community in Dublin 15, began planning the development of a women's refuge in Blanchardstown.

Sonas is staffed by an executive director, a manager of services, three support workers, a children's resource co-ordinator and two workers on CE scheme. Support workers provide practical and emotional support to tenants, information on statutory and voluntary

services and act as advocates for the tenants when necessary.

Conclusions

The violence against women movement, relative to other sectors, is highly organised. Its interests are articulated through national organisations such as the National Network of Rape Crisis Centres, the National Federation of Rape Crisis Centres, the National Network of Women's Refuges and Women's Aid. Their concerns are also being addressed by the national steering committee and the regional planning committees on violence against women.

Major legislative, institutional and cultural changes have taken place on the issue. However, a comprehensive, integrated strategy is still not in place. Responses to new forms of violence such as pornography, sex trafficking and increased violence against prostitutes also need to be addressed. Major challenges exist if violence against women is to be significantly reduced and adequate services put in place. Many of these are outlined in the Report of the Task Force on Violence Against Women (1997) and include:

- ▶ The need to increase refuge places for women and children. A recent study (Kelleher Associates & Breslin, 2001) indicated that more than 1,000 women are refused accommodation in refuges each year in the Eastern Regional Health Authority. Refuge places should be of a high standard. Properly financed, supported transitional, short and long-term accommodation is needed. In addition, the accommodation needs of women exiting the prison system must be addressed. The specific needs of those with multiple problems, weak networks of support and requiring intensive levels of support

- need to be addressed;
- ▶ Separate legal representation for victims of sexual violence should be extended to all aspects of the trial;
 - ▶ The Garda Síochána should develop special units staffed by Gardaí with specific training in interviewing victims of sexual violence;
 - ▶ Increased counselling provision for victims of rape and sexual assault;
 - ▶ Counsellors should also be trained in domestic violence along with supports provided to women to access these services;
 - ▶ An increasing number of women from an ethnic minority background are using the services. Staff of services need to be trained in different cultural practices and interpreters should be made available;
 - ▶ Outreach services for victims of rape and sexual assault and domestic violence need to be expanded;
 - ▶ Public education on all forms of violence against women must be continued;
 - ▶ Inter-agency training needs to be continued. It is important that practitioners receive training in feminist analysis of male violence; the exercise of power and control and the impact and effects of violence on women. Critical to increasing inter-agency effectiveness is an agreement by individual agencies on each agency's role in providing a "best practice" response. Monitoring of practice is necessary;
 - ▶ All services for women who experience violence should be disability and equality proofed;
 - ▶ There is some concern about the effectiveness of the work of the national steering committee and the regional planning committees on violence against women. The voluntary representatives on the regional planning committees report a lack

of recognition of the experience of the voluntary sector by health boards. The health boards also lack a partnership approach to the consultations, with the health boards controlling and dominating meetings (Martin, 2000). The absence of an overall analysis and strategic planning also caused concern. An independent framework for monitoring the implementation of the recommendations of the task force is vital and should include targets and timeframes for implementing recommendations and mechanisms for monitoring progress, including the production of progress reports.

5.6 Other Interests: Ethnic Minorities; Older Women; Island Women

Issues affecting minority ethnic women, older women, widows and island women are discussed briefly below. Time constraints prevented full examination of this sector:

Minority Ethnic Women The Context

Many ethnic minority groups live in Ireland, the Traveller community being the only indigenous ethnic group. Ireland has a growing Chinese community. The South Circular Road in Dublin 8 has long been associated with the Jewish and Muslim communities. People from countries and regions such as the former Zaire, Vietnam, Bosnia and Kurdistan have come to Ireland because of recent conflicts or persecution in their own countries. There are a small but growing number of "people of colour" including Black people living in Ireland who are EU and non-EU citizens.

The number of applications for asylum in the State has risen from 31 in 1991 to 424 in 1995 and to 7,724 in 1999. By mid 2000 it was

estimated 700 to 1,000 people a month were applying for asylum. More than half came from Romania and Nigeria. About one-third of asylum seekers are women.

The position of refugees and asylum seekers is dealt with in several reports (Quinn, 1995; Watt, 1998; McCarthy, 1999; Sultan-Prnjavorac, 1999; Almirall & Lawton, 2000; ICCL, 2000; Faughnan & Woods, 2000).

People seek refugee status because of civil wars, indiscriminate killings, conflict and lack of democracy and respect for human rights in their countries of origin. They may also experience loss resulting from separation from family and friends. McCarthy (1999) in her study of African refugees profiles one such woman:

A 36-year old woman fled from Somalia. Her father and husband were killed by the military and she was left with four young girls. The military came to the village and she told her daughters to run and hide. They did and she has not seen them since. Soldiers raped her. She did not know their nationality. She became pregnant and gave birth to a baby who was severely physically disabled. She is living in Dublin in a one-roomed flat with her child.

Asylum seekers and refugees also encounter additional difficulties due to lack of English, lack of information about services, cultural and religious differences, non-recognition of previous education qualifications and an uncertain future.

There are different categories of refugees including programme refugees, convention

refugees, refugees with leave to remain and asylum seekers.⁶⁵ Strong criticisms have been made of the procedures for establishing the basis for an asylum claim (Almirall and Lawton, 2000). These include the right to trained interpreters. Assessors also need to be trained and persons should be informed at the outset of the interview that its purpose is to examine their claim for refugee status.

Asylum seekers are not allowed to study or seek employment and do not qualify for local authority housing. They are excluded from FÁS training courses and are not eligible for CE schemes. This creates major barriers to their social integration into Irish society. It also means that they are entirely dependent on the State for housing and for an income. Children of asylum seekers up to the age of 16 are, however, required to attend school. McCarthy (1999) documents that the enforced boredom experienced by asylum seekers as a result of lack of work opportunities is a source of frustration and depression at a personal level. This process and the restriction on seeking employment inevitably erode confidence and self worth over a period of time.

Asylum seekers who have been in Ireland for more than one year are allowed to work. But there are major difficulties with the work permit (McCarthy, 1999). The prospective employer must apply for the permit. The complicated form requires the employer to prove that he/she has tried to recruit a candidate from within the EU. The employer must also pay a fee of £125 per year to the Department of Enterprise, Trade and Employment.

65. A programme refugee is a person who has been invited by the Government in response to humanitarian requests from bodies such as the United Nations High Commission on Refugees. A programme refugee has the same rights as Irish nationals. A convention refugee is a person who fulfils the requirements of the definition of a refugee under the 1951 UN Convention and is granted refugee status. Leave to remain may be granted at the discretion of the Minister for Justice, Equality and Law Reform. An asylum seeker is a person who seeks to be recognised as a refugee in accordance with the terms of the 1951 UN Convention.

In October 1999, the EU passed a proposal to fingerprint asylum seekers, which became law in Ireland in the same month. Since April 2000, new arrivals are accommodated for a few weeks in reception centres in Dublin before being dispersed around the State. The mandatory dispersal programme aims to alleviate accommodation shortages in Dublin. Basic accommodation, meals and a laundry service are provided. In addition, “comfort” money of £15 per week per adult and £7.50 per child is provided. Lobby groups have criticised the isolating and disempowering nature of direct provision.

Many organisations and agencies support refugee and asylum seekers in Ireland.⁶⁶ Alongside the NGOs, there is a wide range of solidarity, support and cultural groups which support and ease the transition into Irish life helping asylum seekers to access housing and social services.

Non Irish organisations include the Association of Refugees and Asylum Seekers of Ireland the African Refugee Network, the Bosnian Community Development Project and the Colombian Network. More recently, an organisation of black people, the Black Collective, has formed.

Specific ethnic minority women’s groups include the Irish Association of Minority Ethnic Women, Irish Black and Migrant Women, and Women for Minorities in Europe. The Irish Association of Minority Ethnic Women participated in the present study. Community workers who have worked with women from ethnic minorities were also interviewed.

Issues Affecting Women

The United Nations High Commissioner for Refugees recognises that women refugees may have experienced persecution precisely because they are women and that this needs to be recognised in assessing claims for asylum. Gender persecution can result from the transgression of social standards or norms of their country, such as choosing one’s own spouses instead of accepting an arranged marriage, wearing make-up, allowing one’s hair to be visible and wearing non traditional clothing. Lesbian women may face violation of their human rights when their behaviour is perceived to contravene culturally prescribed gender roles. Finally, women may have experienced sexual abuse and/or rape. Violations of this nature can be particularly traumatising during war-time when women are often used as weapons of war.

There is an increase in the reports of racism by ethnic minorities in Ireland who are experiencing increasing fear and isolation. The mosque on the South Circular Road, Dublin 8, was damaged by fire bombs. On the street, hostility takes the form of stone throwing, egg throwing, and verbal abuse and harassment (McGarry, 2000). Aggression against women who dress differently or wear the “veil” may be more intense and many women experience sexualised aggression. McGarry tells of one woman going to the mosque alone who was attacked and is now afraid to go out on her own. McCarthy (1999) illustrates the situation of a female asylum seeker:

A 27-year-old female journalist was forced to leave Nigeria because of an article she wrote criticising Government policies. She has been raped several times

⁶⁶ These include the Irish Refugee Council, Access 2000, the Irish Red Cross Society, Comhlámh, the Irish Council for Civil Liberties, Trócaire and the Tallaght Refugee and Traveller Research Project.

by the military. Since coming to Ireland she has been attacked twice. "I was in the phone box. Two men opened the door and started to call me names and slapped me several times on my face. They told me that next time that I would be dead if I don't get out of the country.

Women interviewed for this study believe it is important that women do not remain isolated and have opportunities to meet Irish women and women from their own culture. Obstacles encountered by women include the lack of appropriate child care and language difficulties. Without appropriate child care, women, because of their responsibility as carers, are prevented from attending language classes. Without English, women have difficulty negotiating public transport and carrying out basic tasks such as shopping.

Women have difficulty engaging with health services when appropriate interpreters are not available. They may use traditional medicine and have different child care and maternity practices. They will also have different practices regarding food preparation and the preparation of baby food. The direct provision of accommodation and services can erode the self esteem of families. Not having control over what food is cooked or how it is cooked can provoke severe distress..

Women may also experience depression as a result of isolation, poor quality accommodation and poor communication and social literacy skills. A woman's ability to engage confidently with the medical profession may be inhibited by the trauma of abuse experienced before coming to Ireland, her sense of dislocation and adjusting to a new environment. It is therefore essential

that culturally sensitive interpretation and translation facilities be in place. Counselling also needs to be available for women who have been tortured or severally traumatised before arriving here.

Women interviewed for this study had met others who had experienced domestic violence from their partners. In other parts of this report, there is also evidence that an increasing number of women from ethnic minority groups are seeking assistance from organisations providing refuge services. (see Section 5.5). Clear information needs to be available on where women from ethnic minority groups can avail of domestic violence services which are staffed by personnel and interpreters who are sensitive to their culture.

Conclusions

Key issues affecting ethnic minority women are:

- ▶ Racism, including systematic prejudice which can take the form of violence;
- ▶ Women's health;
- ▶ Isolation;
- ▶ Child care;
- ▶ Access to English classes and to training and education programmes;
- ▶ Domestic violence;
- ▶ Assessment procedures. Criteria for establishing the basis of the asylum claim should be sensitive to the gender-based violence experienced by many women on fleeing their country.

Ethnic minority women are weakly organised but it is important to remember that they are not a homogeneous group and there are differences in customs between groups. This means women from ethnic minorities need to

be funded and supported to identify the different ethnic groups in Ireland and to develop an analysis of needs and strategies on how to address their needs. As part of this analysis, the feasibility of establishing a primary health care initiative similar to that being undertaken with the Traveller community should be examined. Supportive alliances between women's organisations in the settled community should continue to be developed.

Older Women

We don't want any platitudes, we want to be recognised. We have a very good brain and loads of experience. We shouldn't allow ourselves to be cast aside.

Quoted in, *In Our Own Time, In Our Own Way*
Older Women's Network
(Van Doorslaer & Cox, 1999)

The Context

People over 65 years make up 11.4 per cent of the general population and it is estimated that by the year 2011, people over 65 years will rise to 14.1 per cent (Kennedy 2001). In the Irish older population there are more older women than men (57 per cent and 43 per cent respectively). Twice as many women over 65 live alone than do men of the same age. The reason for this is that women usually marry men older than themselves and men are more likely to remarry after the death of a spouse (Van Doorslaer & Cox, 1999).

Older women's participation in the labour market is significantly lower than that of men

and older women experience a greater risk of poverty (Layte et al, 1999). Many older women are dependent on non-contributory pensions or widows' pension. The lack of child care provision, unequal pay and the "marriage bar"⁶⁷ meant that younger women had no option but to leave the workforce upon marriage thus ensuring they could not qualify for pensions in their own right.

The "second wave" of the women's movement in the 1970s did not adequately address the concerns of older women who were effectively excluded from the movement. The Report of the Second Commission of the Status of Women published in 1993, however, recognised their position. It emphasised the links between old age and poverty and that older women's limited access to services and facilities often led to isolation, loneliness and depression. (Van Doorslaer & Cox, 1999).

In the past three decades, important reports have been published on older people.⁶⁸ The Report of the Inter-departmental Committee on the Care of the Aged in 1968 had a major influence on the direction of service provision for older people. It asserted that the best way for providing for older people was through a partnership between the State and the family/community/voluntary sector. An infrastructure of community-based services would be provided to help people to remain in or near their own homes. To achieve this, a high degree of interdepartmental co-operation at Government level would be required.

67. The "marriage bar" forced women to leave paid employment on marriage in the civil service, banking and many other clerical jobs. This legislation was not rescinded until 1974.

68. Department of Health, *Report of the Inter-Departmental Committee on the Care of the Aged, 1968*; Department of Health, *Planning for the Future*, Stationery Office, Dublin 1984; Daly, Mary and Joyce O' Connor, *The World of the Elderly: The Rural Experience - a study of the elderly person's experience of living alone in a rural area*, The National Council for the Aged 1984; O'Connor, Joyce et al, *Sheltered Housing in Ireland: Its Role and Contribution in the Care of the Elderly*, National Council for the Aged 1989; Power, Brian, *A Report on a Survey of Old People Living Alone*, St Vincent de Paul 1980; Ruddle, Helen et al, *The Years Ahead Report: A Review of the Implementation of its Recommendations*, National Council on Ageing and Older People, Dublin 1997.

But in a recent report, Ruddle et al (1997) found the family was making by far the greatest contribution to the care of dependent older people. In some cases, care by kin was enforced by the absence of alternative sources. It also found that community hospitals, psychiatric services and other services for older people were slow to develop. It voiced concern about the absence of a long-term strategy for responding to the needs of older people.

Kennedy (2001) says only a small proportion of older people are ill and dependent, most living healthy independent lives. What is needed is a flexible approach to service provision including a range of housing options and flexible education and labour market opportunities. Most importantly, however, there is need to combat ageism and see older people as a potential resource, rather than as a drain on resources.

The Older Women's Network Ireland

The Older Women's Network Ireland (OWN Ireland) began to evolve in 1993 when the European Year of Older People gave rise to the development of older people's networks across Europe. OWN Ireland was formally launched in 1995. It is supported by Age and Opportunity, which funds a consultant. OWN Ireland is closely linked to the European Older Women's Network (OWN Europe), inaugurated in Ireland in 1995.

OWN Ireland is a member of the Senior Citizens' National Parliament and the NWCI, through which it seeks to have its concerns heard at national level. It also makes its own submissions to various forums and committees. As political issues emerge OWN Ireland sees that voluntary organisations are presented with a challenge to embrace a more pluralistic society

around issues such as race, disability and sexuality.

In 1999, OWN Ireland was awarded funding under the EU Peace and Reconciliation Fund. It also received a small grant for its administration from the Global Fund for Women and a grant under the United Nations International Year of the Older Person to publish an anthology of older women's writings. OWN Ireland is to receive funding as an anti-poverty network which will come through the Combat Poverty Agency. This core funding will allow it to employ a full-time development worker, thereby lessening its dependence on Age and Opportunity.

OWN Ireland aims to change cultural attitudes to older women and to be a positive voice for change seeking to identify common interests among older women. It encourages older women through creative expressions to give voice to their feelings and to challenge stereotypical perceptions of them (Van Doorslaer & Cox, 1999).

OWN Ireland says that older women encounter similar safety, health, relationships and housing issues. They also have additional concerns because of their particular position in society: "Women are viewed through their lives in terms of their relationships to their children and their husbands, old age and widowhood can signal a lack in their existence, and increase discrimination and prejudice against them" (Van Doorslaer & Cox, 1999).

OWN Ireland is loosely structured, its main cohesion and direction at national level coming from three working groups: the steering group, the campaigns group and the sharing interests

group. The membership of OWN Ireland consists of 500 individual members and 50 groups. Many of its member groups were pre-existing organisations, as OWN Ireland seeks to work through established groups rather than set up new groups. Affiliated groups include hospital day-care centres, widows groups, local active retirement groups, women's groups, carers' groups, adult learning groups, art and theatre based groups, groups sponsored by religious orders and ICA guilds. OWN Ireland encourages groups to include the needs of older women.

OWN Ireland also encourages the development of local and regional networks with its own identity. For instance, Cork OWN network brings groups from the south side of Cork city together for a series of events each year with a specific OWN focus. The OWN border project aims to build an older women's network in Counties Leitrim, Cavan, Monaghan, Louth, Fermanagh and Tyrone. With the assistance of a development worker and through courses, workshops and seminars, women are exploring how they can contribute to the reconciliation process in the context of the 1998 Peace Agreement. In 1998, a national convention was hosted by OWN Ireland and over 100 members took part in a three-day event (Van Doorslaer & Cox, 1999).

The year 1999 was the United Nations International Year for the Older Person and OWN Ireland produced an anthology of poetry to reflect the experiences of older women.

Also in 1999, Own Ireland commissioned a research project, *In Our Own Time, In Our Own Way* (Van Doorslaer & Cox, 1999), involving a "participatory action research" with

members of the network. Overall, members rated the work of OWN Ireland very highly and members valued their own participation in the network.

Issues Affecting Older Women

Issues for older women are:

- ▶ The need for positive role models and images of older women who should not be seen on the one hand as a drain on resources or on the other as "servicing" the needs of others. This last perception has come to include minding grandchildren to allow daughters to re-enter the workforce;
- ▶ Older women must find a political voice. National women's organisations and local development structures such as partnership companies should include older peoples' voices in their plans;
- ▶ Although two-thirds of carers over 40 years are women, and one-quarter of these are over 65 years, appropriate support systems for carers are minimal (Doorslaer & Cox 1999);
- ▶ Many agencies discriminate against older people and there is a need for training to combat ageism and sexism;
- ▶ Older women should be included in the delivery of health information programmes and adult education programmes;
- ▶ It is important that services are available locally as many older people do not have the finance or transport to travel. It is thus important that local services such as post offices, credit unions and local health services are retained and developed;
- ▶ There is a need for a range of housing options for older women and residential care needs to be more responsive to the needs of older women;
- ▶ Many events not dealt with in the past may come to consciousness later in life and older

people need access to appropriate counselling;

- ▶ Poverty among older women needs to be addressed.

Island Women

There are seven islands in the study area.⁶⁹ Islanders experience more acutely many of the difficulties facing people in isolated rural communities. Geographically, islands are on the periphery of the periphery and many offshore islands are cut off from the mainland during bad weather conditions. Island women came together under the NOW programme in which 106 women from 16 islands participated. The NOW programme was delivered by Comhdháil na hÉireann and was co-ordinated in Inis Óirr, County Galway. The co-ordinator was contacted for the present study. The main concerns of island women are outlined in *Beyond the Edge: Women on Offshore Islands*, produced by NOW programme participants.

Identification of Issues Affecting Island Women

Health: Health services on islands is uneven and the Department of Health and Children should draw up an island health service provision plan. This should include a commitment that basic healthcare provision including alternative health care practitioners be available to islanders. There is need for a broad range of services such as regular dental care, optical care, counselling and social work service. A resident nurse and replacement nurses for relief work should be available on all islands. Each island should also have an adequately equipped health clinic.

Maternity care on islands is unsatisfactory. Women towards the end of their pregnancy are encouraged to spend time on the mainland

while awaiting the birth of their child.

Accommodation should be provided to expectant mothers both before and after the birth. Accommodation should also be available for mothers who have to travel to the mainland for ante-natal care. The costs to other family members should also be taken into consideration. Each health board should have a maternity plan for island women.

The timing of hospital appointments needs to be improved and co-ordinated with ferry services. Should bad weather delay the return to the island for some days, a hospital appointment is expensive. The extra financial costs to islanders of travelling to the mainland to attend clinics or hospitals for treatment should be compensated and paid before their hospital visit.

Emergency Service: There should be an emergency plan and an emergency centre for each island. All islands should have a helicopter pad. A strategy for co-ordinating air, sea and mainland services is also needed. Every island should have adequate fire-fighting equipment and specified islanders trained to carry out this service.

The number of first aid courses provided to island dwellers should be increased.

Child Care: Islands generally lack adequate child care provision. Some islands have no facilities, others have a play group a few times a week and others have a naíonra. This is the result of lack of funding for suitable permanent premises and qualified trained child care workers. A special study must be undertaken on the child care needs of each island to determine requirements.

69. Inis Mór, Inis Mean, Inis Óirr, Inisbofin, Clare Island, Inisturk and Inisbiggle.

Elder Care: For the most part, extended family members continue to be the sole carers of the elderly on most islands with little State support. In some sparsely population areas where the elderly person is without an extended family network, caring can be the responsibility of one person. A proper plan for eldercare is needed to outline the current services available, together with the services which need to be put in place. Such services range from a high support residential unit to low support care, such as a day centre where meals-on-wheels would also be provided.

Access to public transport and respite services also need to be dealt with in the plan. A carer's allowance should be provided for all islanders who care for an elderly person.

Adult Education, Training and Job Creation: An important element of education and training provision for islanders is distance learning. Distance learning needs to be supported with pre-development courses, proper child care facilities, transport, mentoring services and one-to-one tutorial services. The lack of literacy provision also needs to be addressed in a sensitive manner and local people need to be trained to deliver programmes. Community education schemes should be broadened to include diploma/degree courses in distance learning.

Training programmes funded by FÁS should have job creation targets. The potential of the social economy needs to be explored and exploited.

Five of the seven islands in the study areas have no secondary schools. At 12 years, children from these islands travel to the mainland and board

there for the week. This costs parents more but of greater concern is children's separation from their parents for long periods of time at an early age. Islanders want to be able to keep their children at home until the age of 15 years. In addition, the current remote area board grant is fixed and does not allow parents to exercise a choice over which boarding school the child can attend, as it does not take distance from the island or school fees into consideration.

Women's Role in Development: Although women play a major role in community development, their participation is not reflected in the gender balance on development boards. In this context, there is need for support programmes for women to encourage them to take up positions and to make an impact. There is also need for agreed targets for the number of women participating on local and regional development boards.

Irish Language: Islanders living on islands in Gaeltacht areas have difficulties accessing services through the medium of Irish. Where essential services are not provided, islanders are often reluctant to assert their rights for fear of being perceived as fanatics. They can also be concerned that services could be withdrawn altogether. In cases of children with special needs, families have to change the language of the home because of the lack of support services through Irish. Practitioners who speak Irish should be assigned to Irish-speaking islands. In the long-term a policy should be implemented making Irish-speaking teams available to the Gaeltacht islands.

Conclusions

Key issues affecting island women are:

- ▶ Women's health and the need to implement

- a plan for health service on islands and a maternity plan for island women;
- ▶ A strategy for co-ordinating air, sea and mainland emergency services;
- ▶ Need to undertake study of child care needs;
- ▶ Implement a plan for elder care;
- ▶ Greater access to education, training and job creation;
- ▶ Greater role and recognition for women on development boards;
- ▶ Develop policy to make Irish-speaking teams available to Irish-speaking islands.

5.7 Conclusions

Many sectoral interests identified in this study come within the equality framework emerging in Ireland today and many organisations operate from a rights based approach. Some interests are well organised such as Traveller women, the violence against women's movement and lone parents. National umbrella organisations in these sectors provide important technical support to member groups and represent member interests at national level. Other interests are weakly organised and pre-development support is needed to assist them with self-organisation.

There is no funding framework for funding sectoral interests and current funding is uneven. Difficulties are:

- ▶ Some organisations have no access to core funding, for example disabled women;
- ▶ Some organisations are only partly core funded and have not sufficient funds to employ full-time workers, such as the National Traveller Women's Forum;
- ▶ Lesbian organisations are unsure if they are eligible for funding from the Department of Social, Community and Family Affairs;
- ▶ Organisations concerned with the women and violence movement are funded by

- health boards. Funding is mainly for service provision and not for policy influencing work;
- ▶ Some sectors need funding for pre-development work, lesbian sector and ethnic minorities.

Given the importance of the work of sectoral interests as documented in this report, there is need for a funding framework for sectoral interests.

Main concerns of sectoral interests are:

- ▶ Prejudice, stigma and isolation;
- ▶ Poverty;
- ▶ Special support such as qualified interpreters for disabled women and greater choice in selecting personal assistance;
- ▶ Women's health;
- ▶ Access to appropriate education and training;
- ▶ Violence against women;
- ▶ Accommodation and supported housing;
- ▶ Counselling;
- ▶ Child care and eldercare
- ▶ Information on legal rights.

6: Findings of Study

This chapter summarises the study's main findings and outlines an integrated strategy for funding and supporting the women's community and voluntary sector.

6.1 Size and Diversity of the Sector

The women's community and voluntary sector is significant in size. The national database compiled for this study finds it accounts for 2,631 organisations, catering for about 75,000 women annually. The number of organisations in the sector has increased significantly in the past 10 years, with 43 per cent formed in the past five years and just under 60 per cent in the past 10

years. If the ICA guilds are excluded, 76 per cent of organisations were set up during 1990–2000.

There are big differences in scale in the sector. Organisations range from small locally-based women's groups with an average membership of 19 to networks and projects, which cater for hundreds of women.

The women's community and voluntary sector accommodates a diverse range of women: those living in urban areas, those living in rural areas, disabled women, women experiencing violence, lone parents, lesbians, minority ethnic women, Traveller women, widows and older women.

6.2 Organisational Forms

The study identifies several broad organisational forms including:

- ▶ Locally-based women's groups;
- ▶ Local and regional women's networks;
- ▶ Community-based women's projects and women's centres;
- ▶ Other service providing or campaigning organisations;⁷⁰
- ▶ National umbrella organisations.

Membership of most organisations is open to all women in the community. Some are specialist groups and respond to the needs of particular groups, for example, Traveller women, lone parents, disabled women, lesbians, widows and older women.

Some of the sectors are geographically based. The sector also embraces organisations where the target group is spatially dispersed and has developed a strong sense of community and shared culture. Examples given in the present study include lesbians and Traveller women.

Internet use is also creating new forms of communities and solidarities. Lesbian groups, in particular, are regular internet users.

The important role played by women's networks is highlighted in Chapter Three. Less than 55 per cent of locally-based women's groups belong to networks. Excluding the ICA network, however, only 37 per cent of locally-based women's groups in the four study areas are linked to networks.

The role of various strands within the women's community and voluntary sector is documented in Chapter Five. Strands include disabled women, lesbians, lone parents, Traveller women, women who experience violence, women from ethnic minorities, older women and island women. The important role of building coalitions between women's organisations on particular issues also emerged in the study. Coalition building is a sign of the sector's maturity. Examples are provided throughout the study of organisations with diverse origins, locations and target groups coming together to pursue common aims, such as undertaking research, exchanging models of good practice and initiating joint campaigns. More formally, women's organisations are participating in regional and national forums to address policy issues with the statutory sector.

6.3 Income and Employment

Most organisations have a low income. Sixty-four per cent have an income of less than £1,000 per annum with 9 per cent having an income exceeding £100,000. Just under 80 per cent of organisations do not employ staff.⁷¹ The remainder employ a combination of full-time,

70. Organisations included here are consumer-based action groups such as DES Action Ireland, an organisation concerned with the cancer induced side effects of drugs prescribed to pregnant women in the 1950s and 1970s, Miscarriage Association of Ireland, the Irish Child Birth Trust. It also included other service providing organisations such as women's refuges and rape crisis centres.

71. This includes 122 ICA guilds.

sessional and CE staff. Staff tend not be employed by locally-based women's groups which make up the majority of organisations. Projects, women's centres, women's networks and other service providing groups have large budgets and employ staff.

6.4 Funding and Technical Support

Women's organisations in the four study areas receive funding from a wide range of sources. These are listed below.

Department of Social, Community and Family Affairs

Funding from the Department of Social, Community and Family Affairs is important in sustaining and energising the women's community and voluntary sector, with about 24 per cent of organisations receiving funding in 1999, under the small grants programme, three-year core funding and funding under the Community Development Programme (CDP). One organisation was funded as a technical assistance project.

Organisations which are not CDPs receive support from their local CDPs. Although it is predominantly women who tend to work in CDPs, broader issues affecting women have not been taken up by the CDP programme and pursued at a policy level, according to interviewees.

Department of Education and Science:

The Department of Education and Science, aided by the European Social Fund, funded the Women's Education Initiative (WEI) (1998-99). The programme supported 13 projects

nationally targeting gender stereotyping and promoting equal opportunities. It was an important source of income for four projects in the study areas. The WEI has been replaced by the Education Equality Initiative (EEI) and mainstreamed by the department within the framework of the National Development Plan. The EEI targets disadvantaged women and men.

Local Vocational Education Committees (VECs) fund women's groups for adult education. This varies from county to county and women's groups in many instances are uncertain which courses come within the brief of VECs.

Regional Health Boards

Funding and support from health boards varies across health board regions. For example, the Southern Health Board provides significant support to women's groups and employs community workers to work with women's organisations. In the Eastern Regional Health Authority, the Women's Health Unit funds an increasing number of women's organisations in disadvantaged areas. Health boards are an important resource for projects combating violence against women and for projects addressing the needs of drug users. However some projects are on insecure, annual funding under Section 65 grants.⁷² These projects should be mainstreamed. Most health boards make personnel available on a sessional basis to women's groups to discuss topics such as nutrition, stress and menopause.

Women's networks in some cases have played an important local role in clarifying which courses come within the remit of health boards and VECs.

72. Section 65 of the 1970 Health Act empowers health boards to support organisations providing a service similar or ancillary to a health board service. However, there is no definition of what is meant by "similar" or "ancillary". Neither are there indications on the scale or the form which such support should take. In practice, organisations can receive a block grant, an agreed proportion of overall expenditure or a grant aid based on per capita payments.

Department of Enterprise, Trade and Employment

Through FÁS, some of the larger women's organisations receive funding under the CE programme. Organisations receiving funding make up less than 1 per cent of organisations in the sector. Projects are finding it increasingly difficult to recruit people with a sufficient level of skill to work in projects. In these circumstances, core funding needs to be increased to projects.

Twelve projects in the four study areas received EU NOW funding (1997-99). This was important source funding as the NOW programme provided large scale funding which allowed for long-term positive impacts on individuals, families and communities. The NWCI was the national support structure for the NOW projects. Eight of the 12 funded projects were interviewed for this study.⁷³ With the termination of NOW funding, many projects face a funding crisis.

Teagasc (Agriculture and Food Development Authority)

In many rural areas, Teagasc workers have played a vital role in establishing and supporting women's organisations. Personnel have made themselves available to organisations and presented courses on rural development. Support to women's organisations derives more from the commitment of key individuals rather than a stated policy of the organisation.

Other Sources of Funding

In some situations youth organisations fund specific activities. In Ballymun, the Dublin Youth Service provides funding for a young women's project.

Partnership Companies support less than 2 per cent of groups in the study areas, and such support tends to be for specific activities and is short term. Some Partnership Companies, however, such as the Dublin Inner City Partnership and Galway City Partnership, part-fund some women's groups.

Some projects were funded by the Department of Justice, Equality and Law Reform for child care provision.

One national umbrella organisation, OPEN, received core funding as an anti-poverty network from Combat Poverty Agency and the Older Women's Network Ireland has recently been sanctioned for funding as an anti-poverty network. The Combat Poverty Agency also provides small grants to voluntary and community groups for research and evaluation purposes and for public awareness work.

6.5 Contribution and Impact

Through participation in the women's community and voluntary sector, women develop confidence and self-esteem. Creative education, creative arts and complementary therapies enable them to develop skills, explore their creative potential and reflect on their identity as women. Organisations provide women with information and knowledge, and with supportive relationships where they are acknowledged and heard, find mutual support, build connections, develop confidence and encourage and motivate each other.

Baker Miller & Striver (1997) describe these as "life enhancing relationships", where women feel an increased sense of connectivity with others leading to psychological growth and

73. The eight projects included: SAOL, Tralee Women's Resource Centre, Women of the North West, Muintearas, Leitir Mór, Pavee Point, Lesbians Organising Together and Ballymun Women's Resource Centre.

empowerment, initiating profound changes in their lives. These relationships contrast with relationships in the broader society, which are characterised by domination and subordination, based on gender, race and class dimensions. This study provides a wide range of documentation on the work and activities of women's organisations. This includes their role in information giving, supporting and accompanying women to State organisations and professional agencies, hosting training and work programmes and campaigning at a broader level to influence policy.⁷⁴ Illustrations are provided of where organisations have become a driving force for change and a catalyst for new approaches for service delivery.

Many organisations reside in areas of grinding poverty. Illustrations are presented throughout the study of women's organisations specifically created to meet unmet needs and to address the impact of persistent poverty and social exclusion such as homelessness, prostitution, drug abuse, as well as domestic violence and issues of physical and mental health. Women's organisations are key in rural areas where they combat isolation and assist women to gain access to vital services.

Most importantly, however, the study documents how women, when provided with a supportive, safe environment and facilitated to engage in an educational process, begin to name their experiences and "name their world". In democratising knowledge through women's education women begin to develop leadership skills and gain a political voice.

The former President of Ireland, Mrs Mary Robinson, understood the significant contribution which locally-based women's

organisations were making, not only to women's lives but also to the broader society. During her presidential campaign, she pointed to their decentralised style of organising and to their potential to be transformative at local neighbourhood and parish level. She perceived these groups as a new social force in Ireland, but noted they were not being sufficiently heard by people with power and influence. O'Connor (1998) also suggests that locally-based women's organisations are basically radical in nature and conceptualises them as "sites of resistance" to the forces of patriarchy.

The important role played by women's studies departments in third-level institutions in accrediting the sector is illustrated throughout the report. In many instances, real partnerships have been initiated and creative methodologies developed to bring a gender analysis to Irish society and to accredit women's work. It is important, however, that the community-based women's movement retains control of this development.

6.6 The Challenges of Inequality

Alongside patriarchal power lie the issues of hierarchy of class, ethnicity, race, age, disability and sexual orientation which also determine a person's place in society. In other words, not all women are poor, lack resources or are excluded from decision-making to the same degree.

Discrimination and prejudice based on a diverse range of oppressions keep some women poorer and more disadvantaged than others. A major challenge of the women's movement today is to understand the diverse range of discriminations experienced by different categories of women in a fast changing society.

74. Its policy influencing role is dealt with below.

In this study, disabled women, lesbians, lone parents, women recovering from drug use and Traveller women highlighted the lack of respect and recognition shown to them by society. Disabled women encounter routine obstacles and prejudice on a daily basis. Lesbians experience homophobia and Traveller women experience racism resulting in pervasive discrimination and the ever-present threat of harassment and violence. Such discrimination contributes to psychological strain and poor mental and physical health. Because of prejudice, many lesbians feel isolated and invisible and do not disclose their sexuality. This parallels the feelings of Traveller women where one woman outlined how Traveller women are forced to respond:

We are forced to be quiet, afraid to draw attention to ourselves.

Disabled women, lesbians, women recovering from drug use and/or working-class women told of how they felt watched and surveyed and were in constant fear that their children would be taken into care. Women who experience such extreme stigma are less likely to seek help from social services.

Many women excluded from mainstream society also feel excluded from the women's movement. Traveller women are uneasy with the women's movement and older women can feel on its periphery. Lesbians feel a subtle form of prejudice and many working-class women feel alienated. The following comments from a working-class woman illustrate how she experiences prejudice:

They (women from non working class areas) look askance at our accents and how we do things.

There is a major challenge to women's organisations to acknowledge the rights of the

marginalised not to be discriminated against and not to reproduce societal prejudices.

6.7 Policy-Influencing Role

Important decision-making structures which the women's community and voluntary sector are influencing include central Government departments, forums such as the National Economic and Social Council and the National Economic and Social Forum, Government partnership agreements and the National Development Plan. The sector also needs to influence national plans such as the National Anti Poverty Strategy and the National Plan for Women.

Chapter One outlines the important role which the NWCI plays in influencing policy at a national level. Other national organisations, such as the National Traveller Women's Forum, OPEN, Aontas and the violence against women's movements are also having a significant impact. Many sectors, however, as was documented throughout the report, are poorly organised and their impact is weak. Also, even though women play a major role in the CDP and CDP projects target women, the policy issues affecting women have not been articulated by the programme to any great extent.

Increasingly, plans are being developed by county and regional organisations and the women's community and voluntary sector need to have an input into these plans. These encompass:

- ▶ County child care committees;
- ▶ City and county development boards;
- ▶ Partnership Companies under Areas Development Management and Leader;
- ▶ Regional planning committees on violence against women;

- ▶ Women's health advisory committees.

Almost all organisations in the women's community and voluntary sector identified issues to be addressed at a policy level. Not all organisations, however, particularly small locally-based women's groups, see it as their role to address such issues. Many state that they would like to be linked to a mechanism which has a policy-influencing role. The critical substantive policy concerns of women identified in this study are: housing and accommodation; transport in rural areas; women's health; education and training; child care and violence against women.

Many organisations in the study expressed difficulties getting their voices heard because:

- ▶ Many organisations which women are trying to influence are dominated by men and the culture of these organisations is not conducive to facilitating women's participation;
- ▶ The voluntary sector is not taken seriously by some statutory agencies;
- ▶ Women's organisations lack a strategic direction, that is, they lack an adequate analysis and capacity to have an impact.

In a detailed study of the gender composition of local development boards, Barry & Gibney (2001) document that women make up 15 per cent of members of local authorities, 26 per cent of members of Vocational Education Committees, 22 per cent of members of County Enterprise Boards and 20 per cent of regional tourist authorities. ADM partnership boards have the highest percentage of women represented with 30 board members being women.

Women can find negotiating with local development boards intimidating. The roles, skills, experiences and negotiating styles of women are generally not valued and their contribution is not acknowledged. In addition, women are often dismissed as too emotional. Woman-friendly practices must be introduced in such forums which recognise the experiences and contributions of women.

The experience of the Ballymun Women's Resource Centre in this study illustrates the huge resistance many women's organisations encounter when they try to introduce a woman's perspective into the debate. The model underlying Ballymun Re-generation Ltd is what women described as a top-down model of development where participation is not a central value. Some partnerships, however, are now more open to women's issues and women's ways of negotiating through their dealings with women's networks.

The regional health consultations (see Section 6.2) where specific mechanisms were established to have women's voices heard, provide little evidence of significant concrete outcomes for women and many women were frustrated at the lack of progress and practical impact of the health consultations. In some situations women's concerns were edited out (O'Donovan, 1999), presumably because they did not fit the model of health dominant in health boards.

In the regional consultations on violence against women the voluntary sector noted a lack of recognition of its experience by health boards. The health boards also lacked a partnership approach to consultations, with the health boards dominating meetings (Martin, 2000).

In analysing the experiences of partnership between the voluntary sector and the State, Ralaheen Ltd & Community Technical Aid (1998) document the obstacles faced by the voluntary and community sector. The sector's investment of significant energy leads to what it refers to as "consultation fatigue". One sector suggests that what is needed is "selective engagement". There are several prerequisites before an organisation should enter consultations. Central here is the strategic positioning of the organisation and an analysis of the "collaborative advantage" to it.

Organisations should also have:

- ▶ Clear accountability and feedback mechanisms to constituent members;
- ▶ Resources to engage in consultations. This includes training, back-up administrative supports and child care;
- ▶ Clear decision-making processes.

Women's organisations need supports at all levels to undertake policy-influencing work. They need training in social analysis and policy formulation. Supports for child care and elder care also need to be put in place and how they might be put in place is addressed in the following sections. Organisations also need to adapt to women's ways of working.

7: Towards a Strategic Framework for Supporting the Women's Community and Voluntary Sector

This study has identified deficits in the support and funding structure of the women's community and voluntary sector. These issues are discussed in terms of:

- ▶ The role of Government departments and agencies in funding and supporting the sector;
- ▶ The role of the National Women's Council

of Ireland in supporting the sector.

Finally, some critical issues being addressed by the sector and which need support are outlined.

7.1 The Role of Government Departments and Agencies in Supporting the Sector

Throughout the report, funding and support deficits to the sector are identified. These are listed below as well as the role which the various Government departments could play if an integrated strategy was put in place.

Locally-Based Women's Groups

Small grants from the Department of Social, Community and Family Affairs to locally-based women's groups are an important source of funding and highly appreciated. These grants raise several issues:

- ▶ Many locally-based women's groups were dissatisfied that those eligible did not receive the department grant until December. This meant a bridging loan to allow groups to begin programmes in September. The department should consider issuing the grant in September of each year;
- ▶ Many groups are also not aware that multi-annual small grant funding is available from the department. Access to this funding would enable groups to engage in more long-term programme planning. Conditions by which groups are eligible for multi-annual small grant funding should be clarified and publicised;
- ▶ In some regions, it was felt that regional officers of the department did not fully understand the role of women's groups and the hidden nature of poverty in rural Ireland. Rural poverty and issues concerning rural women should form part of the in-service training for regional officers. The NWCI should have a role in the training of

regional officers;

- ▶ The small number of ICA guilds receiving small grant funding is a cause for concern to the ICA. It is unclear to the ICA in some regions, whether or not their guilds are eligible for funding from the department and, if so, the criteria for funding guilds. This needs to be clarified.

The NWCI should clarify these issues with the Department of Social, Community and Family Affairs.

Women's Centres

Women's centres have evolved organically in many disadvantaged communities. Although their primary focus is on women, they also cater for the needs of young people and children and are having a tangible and significant impact, playing an important role in reaching the most vulnerable women. They could also play an important role in policy-influencing work on women's issues.

It is important that women's centres as an organisational form are recognised and that a defined scheme of assistance for women's centres is developed by the Department of Social, Community and Family Affairs. Their activities span the brief of several agencies, such as FÁS, health boards and the Department of Justice, Equality and Law Reform. Funding from these needs to be integrated as is recognised by the White Paper, "Supporting Voluntary Activities".

Women's Networks

There is no defined scheme of assistance for women's networks. They receive funding from a variety of sources and amounts vary greatly. The Department of Social, Community and Family

Affairs provides "core funding" to four networks. Funding varies and is not sufficient to provide a full-time worker in some cases. One network receives part funding from the local development partnership and another receives part funding from the local CDP. The ICA receives part funding from the Department of Education and Science and the Department of Agriculture, Food and Rural Development. The ICA's funding is totally inadequate. Two networks have no statutory funding. A programme of funding for women's networks needs to address areas such as variation in funding.

The ICA is reaching enormous numbers of women and it has only one development officer. Negotiation needs to take place with the Department of Social, Community and Family Affairs to clarify if it is within the department's terms of reference to fund the salaries of additional development officers

National Organisations

Women's national organisations receive funding from a wide variety of Government departments and agencies, with some organisations receiving minimal funding or no funding at all. The NWCI should advise the Department of Social, Community and Family Affairs on how to develop a defined scheme of assistance for funding national organisations or organisations involved in strengthening sectoral interests. This would involve bringing together the various Government departments and agencies which fund national organisations and others involved in strengthening sectoral interests.

Women's Projects

Many women's projects are funded from a

variety of sources and many are over-reliant on CE workers. Some projects rely on Section 65 for health board funding. This is provided on a year-to-year basis and is insecure. Cross-departmental funding needs to be guaranteed for these projects.

Coalition Building

Coalition building between groups and organisations is an important vehicle for exchanging models of good practice, undertaking research and articulating policy issues, such as women's health, women's education and the role of women in local development at regional and national level. The NOW programme provided important funding for this work. It is important that coalition building between women's groups and projects continues to be funded. A mechanism for delivering cross-departmental funding for coalition building needs to be developed.

The Role of Government Departments and Agencies

Recommendations relating to the role of the various Government departments and agencies are outlined below.

Department of Social, Community and Family Affairs

The department should designate specific personnel with responsibility for women's issues. Personnel should have special expert knowledge of women's issues and an understanding of inequality from class, gender and ethnic dimensions.

The Department of Health and Children and Health Boards

Each health board should clarify which programmes hosted by locally-based women's

groups come within its terms of reference for funding.

The Department of Health and Children and health boards, as is recommended in the White Paper on adult education, should recognise the role of complementary therapies to the well-being of families and communities. Health boards should provide a programme of funding to women's groups to develop their understanding of complementary medicine and to access complementary therapies.

The Department of Education and Science and the Vocational Education Committees

Each Vocation Educational Committee should clarify which programmes hosted by locally-based women's groups come within its terms of reference for funding.

The Department of Education and Science should provide core funding to women's projects, which are predominantly educational in focus and, in this context, they should develop a funding line for women's community education.

Cross-Departmental Funding

Cross-departmental funding should also be established for organisations whose briefs span the terms of reference of several Government departments. This is recognised in the White Paper, "Supporting Voluntary Activity".

7.2 The Role of the National Women's Council of Ireland

The NWC is recognised as the main lobbying body for the women's sector. It intersects with the voluntary and community sector in that a large proportion of organisation are either directly, or indirectly through women's networks

and women's national umbrella organisations, affiliated to it. It is now a large formal organisation with an extensive, expanding and diverse membership base.

In recent years, the NWCI has been restructured. Key positions have been upgraded and professionalised, and the organisation is now structured around divisional units which focus on policy development, communications, provision of information and technical assistance to member organisations, and finance. There is need now to ensure that divisional units connect in an integrated way to the needs of individual organisations, in terms of substantive issues addressed by organisations as well as the local and regional contexts in which they operate.

Many challenges face the NWCI, including:

- ▶ Strengthening communications between the national office and local and regional organisations;
- ▶ Decentralising and having a greater “on the ground” and regional presence;
- ▶ Having regard for the autonomy of individual organisations and work in a partnership model with locally-based organisations;
- ▶ Developing its policy-influencing work and strategies in collaboration with locally-based women's organisations;
- ▶ Putting in place mechanisms to ensure accountability to members and to ensure that information and knowledge gained in policy negotiations at national and regional levels is communicated to members.

How these challenges might be addressed is dealt with below:⁷⁵

- ▶ The need for a vision statement in relation to the sector;

- ▶ The establishment of a technical assistance unit;
- ▶ Greater regional presence.

Also outlined is the importance of the NWCI liaising with:

- ▶ The CDP of the Department of Social, Community and Family Affairs;
- ▶ Area Development Management;
- ▶ The women's committee of the Irish Congress of Trade Unions.

Vision Statement on Diversity

The NWCI strategy for the sector needs to build on the important role of coalition building and partnership approaches which are becoming increasingly important to the sector.

The strategy needs to recognise the unevenness of development within the sector and to be underpinned by a vision and principles which embrace the values of inclusiveness, diversity and respect. The vision should:

- ▶ Support cultural and racial diversity and diversity in sexual orientation. It should aspire to a caring inclusive society where women are free from violence;
- ▶ Develop a critical analysis of how power is structured and exercised in Irish society from a class, race and gender perspective. The specific situations of different classes and diverse groupings of women need to be examined from this perspective;
- ▶ Make a commitment to support policies and programmes to redistribute resources of society;
- ▶ Acknowledge that women directly affected by inequality are best placed to identify their own needs, and develop and progress their own agenda;
- ▶ Encourage member organisations to put in

75. How the NWCI intends to address these issues should be part of its forthcoming strategic plan.

place mechanisms for equality proofing women's organisations in terms of disability, ethnic background and sexual orientation;

- ▶ Promote coalition building and partnership approaches between the NWCI and organisations in the women's community and voluntary sector;
- ▶ Promote coalition building and partnership between State agencies and the voluntary and community sector.

The Establishment of a Technical Assistance Unit within the National Women's Council of Ireland

Many member organisations of the NWCI are locally-based, including networks, which operate from a rights-based, community development framework. To increase its involvement and communication with the community and voluntary sector, the NWCI should strengthen its technical assistance and support team. Engagement should be based on the principles of participatory democracy, which respects the autonomy of organisations and the values, norms, skills and experiences developed in the sector.

The meagre funding available to women's organisations and the uncertainty of many funding sources make the development of a co-ordinated funding strategy for the sector urgently necessary. As the national representative organisation for women, the NWCI could bring together a coalition of women's organisations to lobby for increased and secure multi-annual funding for the sector as a whole. This could inaugurate a campaign to have supports for civil society put on the agenda of forthcoming national agreements. Funding for women's organisations would be specifically addressed.

Smaller women's organisations would benefit from a central information and training service within the sector to supplement services already available to groups within adult education. Such service of this kind could foster co-operation between smaller groups with similar interests or areas of concerns. The NWCI should consider establishing such a service.

NWCI should continue to use its project work to strengthen the capacity of affiliates and other women's organisations. Subject to resources it should continue to help member organisations influence local decision-making structures and policies which affect sectors such as violence against women, lone parents, lesbians, older women, rural women and island women. The team would need to be skilled in gender analysis and have the capacity to support bottom-up research and action. The Internet and web pages provide opportunities for members to participate directly in discussions. The NWCI should use these opportunities to open up discussions on the critical substantive issues outlined below in section 7.3.

Regional Presence

To increase communication between head office of the NWCI and member groups, the NWCI should have a greater "on the ground" regional presence. This could involve making more site visits, appointing regional officers and hosting more seminars and meetings at regional level.

Liasing with the CDP and ADM

With the Department of Social, Community and Family Affairs, the NWCI should undertake research on the extent to which women's issues are emerging from the CDP and programmes sponsored by ADM. Putting in place mechanisms to have these issues addressed at a

broader level should be part of the research.

Continuing contact should be developed with ADM to exchange information on women's issues emerging from the ADM programme which need to be addressed at a policy level.

Relationship to the Trade Union Movement

The ICTU plays an important role in formulating social and economic policy. Many of these policies relating to reconciling work and home, child care, taxation, part-time workers, poverty and housing are of central concern to women. In this context, the NWCI should consider developing closer alliances with the ICTU women's committee. This could be achieved by working through the trade union women activists who are members of the NWCI.

7.3 Substantive Issues Identified by Study Participants

The following sections outline some of the substantive issues common to many organisations in the study areas.⁷⁶

Housing and Accommodation

The lack of appropriate accommodation is a major issue. Lone parents are finding it increasingly difficult to access housing and have to live with their family of origin. Traveller families live in appalling conditions. Asylum seekers are not entitled to local authority housing and often encounter prejudice when accessing private rented accommodation. The more recently arrived asylum seekers who have been accommodated under direct provision in hostels and hotels have reported a lack of space and overcrowding, lack of privacy, the difficulty of sharing rooms with strangers, inadequate

heating and poor hygiene (Faughnan & Woods, 2000). In these circumstances, inadequate accommodation can create extreme stress for women with responsibility for cooking and for caring for children. Private landlords often discriminate against lesbians if lesbians make their sexual identity known. Many older women need supported housing.

Many local authority flat complexes in Dublin's inner city are of poor standard. The SAOL project described flats their clients were living in as "rat infested, damp and dangerous with little chance of maintenance. There is faulty wiring, unsafe stairwells and, in one case, a toilet cistern fell from a height of six feet. Women recovering from drug abuse need clean, warm, secure accommodation. The SAOL project has reported on the difficulty many women recovering from drug use have in securing such housing (see Section 5.5). Unable to find adequate accommodation, one woman had her rent allowance from the Supplementary Welfare Service discontinued and as a result became homeless and had her child taken into care. Women exiting the prison system often end up homeless as they have nowhere to go. Resettlement services for women leaving prison are urgently needed.

Women fleeing from domestic violence and who are homeless have particular difficulties as many women's refuges are full. A report by kelleherassociates found that in 1999, over 1,100 women were refused accommodation in women's refuges in the Eastern Regional Health Authority, mainly, because refuges were full. Women using drugs or recovering from drug use are not eligible for a refuge place and often sleep rough. With no alternative, many remain

76. Poverty crosscuts the issues identified.

in violent relationships, where, children may witness violence against women. Refuge staff need access to a continuum of accommodation provision, including transitional housing and long-term social housing accommodation. The appropriate range of options is not available and refuge staff have great difficulty moving women and children out of refuges because there is no available affordable accommodation.

A Focus Ireland report (Houghton et al, 2000) noted the absence of emergency accommodation had led to an enormous increase in the use of B&Bs. Five families were placed in B&Bs in 1990 in the Eastern Health Board region (now the Eastern Regional Health Authority) compared to 1,212 households in 1999. Seventy-one per cent of adults placed in B&Bs were women. The unsatisfactory nature of B&Bs is illustrated by a case study from the SAOL project (section 3.5). The placement of women in such accommodation should be phased out as a matter of urgency.

Sonas Housing, an innovative social housing project pioneering the area of social housing for women who have experienced violence, is outlined in section 5.5. This study indicates that further initiatives are needed in social and co-operative housing and that social housing models must be developed to respond to the different needs of women requiring social housing or co-operative housing.

Transport in Rural Areas

Bus Éireann does not operate on off-shore islands or in some rural areas. In other areas, where public transport operates, fixed routes, restrictive schedules and distance from pick-up points mean a limited service for some people. Discussions with women in the present study

indicate that transport poverty is a significant contributory factor to disadvantage and that women are particularly affected.

For many women in rural areas participation in training, education or work can be constrained by inadequate transport. Simple activities like going to the shops, the post office or the bank are difficult in rural Ireland without access to private transport. Contact with family and friends or after-school activities for young people are restricted. Given the regional centralisation of services, health services and other social services, transport plays a major role in determining access. Even in households where there is a family car, women generally have limited access to it. The absence of a public transport system means that costly private alternatives are used much more frequently in rural areas, especially for journeys to and from medical practitioners, hospitals and out-patient clinics. Discussions indicated that women will sometimes miss medical services because they have no transport. Island communities encounter particular transport difficulties in the case of the elderly. Flexible transport systems need to be funded, such as allowing the bus pass to be used on specific occasions. Co-operatives and other island projects with a bus should be funded to provide transport for the elderly.

Although the rural transport problem is complex and solutions need to be based on specific needs of a particular community, lessons can be learned from community-based transport initiatives. Forum Community Development Project in north-west Connemara, County Galway, for instance, initiated a viable community-based transport network for rural areas. The project co-ordinated four new transport routes in the area, largely based on

privately owned buses. The Department of Social, Community and Family Affairs agreed to honour bus passes on these services. A community car scheme was also set up to bring people to existing bus routes (Lightfoot, 1995).

Transport schemes in rural Ireland need to be flexible and imaginative. In low density populated areas in the west of Ireland and offshore islands, special subventions will be necessary. There is a need for women's projects to link with CDPs and other community organisations to research successful approaches to the provision of rural transport and to develop further innovative projects like that developed in north-west Connemara.

Women's Health

Women's health was a key concern.⁷⁷

The following issues were raised:

- ▶ Dissatisfaction with the medical system in response to the needs of clients. Dissatisfaction was particularly voiced regarding women specific-services in obstetrics, gynaecology, menopause, and breast and cervical cancer. Disabled women felt they were treated invasively and insensitively. Women who are marginalised, such as women recovering from drug use, experience particular prejudice and stigmatisation and told of how they felt treated as though they were "invisible and are given no say in their own treatment or recovery". Lesbians experience homophobia across health services generally.
- ▶ Inadequate access to mainstream health services such as dental, x-ray, and general practitioner services. In urban areas, poor access is related to long waiting lists. In rural areas, the added transport and distance problems created major obstacles for many people. These can be enormous, with little account taken of the additional costs incurred such as having to remain on the mainland before giving birth. The timing of appointments also needs to be improved.
- ▶ Lack of acknowledgement by mainstream medical practitioners of the usefulness of complementary medicine and counselling. Most women's groups are involved in organising sessions on complementary health and many women use complementary medicines to enhance their own well-being and that of their families. Women in general need access to counsellors who understand the gendered position of women in society. Lesbians articulated the need for access to counsellors who understand homophobia and do not further stigmatise them. Older women may need counselling to help them address the many events not dealt with in the past which may come to consciousness later in life. Women who experience male violence need access to counsellors who understand the context in which male violence takes place.
- ▶ Lack of acknowledgement and understanding of the link between the environmental issues, which affect Traveller health. These include the absence of a clean water supply, vermin on sites, irregular or no refuse collection and the location of Traveller sites adjacent to rubbish tips, canals, railway tracks and close to motorways.
- ▶ Asylum seekers and refugees can have difficulty engaging with the health services. Women who do not speak English can have communications difficulties in the absence of

77. Many locally-based women's groups specifically mentioned health as a concern. Other organisations, concerned about health included the SAOL project, Ballymun Women's Resource Centre, North Wall Women's Centre, Women of the North West and the Older Women's Network. Women's health was also a major concern for Traveller women, disabled women and lesbians.

interpreters. Their different traditions around child care, food preparation and diet may not be understood. The trauma of abuse many women have experienced before arriving here may inhibit their ability to engage with services. Appropriate counselling also needs to be available for women who have been tortured or severely traumatised before their arrival. It is important to have trained people on hand who can recognise and support women who are suffering from post-traumatic stress disorder.

The way women are treated by health services is shaped by the beliefs, values and professional norms of the medical profession as well as the policies and resources of health care institutions. Although we await the final evaluation⁷⁸ of the consultation process between health boards and the voluntary and community sector, O'Donovan (1999) claims there is evidence of a lack of strategic analysis and positioning on the part of the NWCI which was given a lead role in the process by the Department of Health and Children. Representatives of Pavee Point who were interviewed for the present study concur with this view:

There was extensive consultation with women on the health issue, which culminated in the Health Plan. Great expectations were built up. This was not delivered on. The NWCI needs to take some responsibility for this.

A main weakness of the process was the absence of funding to engage in feedback from the women who were "at the table" to their constituents. An exception to this was where

Women of the North West accessed special funding to give feedback to member groups.

Despite the many difficulties with the operation of the women's health advisory committees, it is important that the work on women's health, over the last five years, is built on. Women have spent an enormous amount of time and energy participating in consultation meetings and giving their views on what needs to be changed within the health care system if the needs of families and local communities are to be met. The effective delivery on the demands of women's groups means the NWCI must develop a clear strategic position. This would involve developing greater linkages between the women's health advisory committees and women's groups. It may also require that health boards adopt a more collaborative partnership model of engaging with women's groups. A more developed regional structure on the part of the NWCI would also enhance this process. Finally, the strategy needs to be informed by an intellectual critique of the patriarchal medical paradigm which underpins our health care system.⁷⁹

The need for access to complementary therapies and counselling were key demands of women and most locally-based women's groups in this study provide courses and information on a wide range of complementary therapies, the beneficial effects of which are illustrated throughout this report. Women perceive that the lack of access to counselling and ways of managing stress leads to a greater demand for prescribed medicines.⁸⁰

78. The evaluation is being commissioned by the Women's Health Council and being undertaken by Orla O'Donovan.

79. The absence of a critique of health services contrasts with the woman and violence movement which has a comprehensive critique of the cultural and economic values underlying violence against women and a critique of the response of professionals, such as the legal profession, the judiciary and the medical profession.

80. The women's health council has commissioned a report on the counselling needs of women which is to be published in 2001.

The White Paper on adult education⁸¹ specifically recognises the role played by complementary health therapies in community-based adult education. It emphasises that similar principles, such as being learner-centred, holistic and systemic underpin adult education and complementary therapies. The Department of Health and Children should recognise the role of complementary health therapies to the well-being of families and communities, and health boards should provide funding to community groups and to organisations to run courses in holistic medicine. It should also consider providing core funding to Sláinte Pobal (see Section 4.6) to act as a support agency in the area of complementary health to women's organisations in the community and voluntary sector. Families on low income should be able to access complementary medicine free of charge.

The training which Traveller women are receiving in primary health care work is illustrated in the present report. This model of primary health care should be extended to urban and rural communities and also to specific groups such as lesbians, older women, women recovering from drug misuse and island women. In addition, women should have greater access to outreach clinics.

Finally, an action-research approach is needed in two neighbourhoods to pilot, from a woman-centred perspective, how best the needs of families can be met by mainstream medicine and complementary therapies. This would involve a partnership between medical practitioners who understand and acknowledge the use of complementary therapies, women involved in complementary therapies and community organisations.

Women's Community Education and Training:

The EU New Opportunities for Women, the EU Equal Opportunities Programme and Women's Education Initiative provided important large scale funding for women's organisations. This funding helped them to provide intensive leadership and skill-based training, which gave women confidence to avail of enhanced work and opportunities to participate in civic society. Examples of innovative models of distance learning piloted in the NOW programmes, the WEI and the Equal Opportunities Programme are provided in this report. Distance learning is important for women in remote parts of rural Ireland and for women on off-shore islands. Despite the major achievements of NOW and the acknowledgement in the White Paper on Adult Education of the importance of women's community education, it is disappointing that little attention has been given to mainstreaming successful initiatives piloted under the NOW and Equal Opportunities Programme.

It is important for the women's community and voluntary sector that:

- ▶ Large scale funding as was available under the NOW programme continues to be available;
- ▶ Funding and support structures are provided for progression routes to further education and training.;
- ▶ The Department of Education and Science considering to mainstream women's projects, which are predominantly educational in focus. In this context, they should develop a funding line for women's community education.

In many projects women participants receive CE payments while on education and training

81. "Learning for Life": White Paper on Adult Education, Stationery Office, Dublin 2000.

courses. The SAOL project which works with women recovering from drug use operates a two-year CE scheme or special status project scheme. SAOL considers the two-year period too short a time for women to recover from drug use. As a result, the project has taken a lead role in developing a proposal to pilot a progression programme along with other groups. This programme can also apply to those who are leaving prison, who are homeless or who have health or psychiatric difficulties. Each participant will have an individualised plan which, for instance, require that the participant attends counselling, respite care, training or education. The participant in turn will be paid a training allowance. The use of advocates or key workers to support participants is a central component of the proposal, which has been submitted to the National Drug Strategy Group. Cross-departmental funding needs to be put in place to fund the pilot progression programme. This is an important model of work for addressing the long-term needs of highly vulnerable women.

In addition to using CE as a training mechanism, projects use the schemes to recruit workers to assist with the running of the projects. With expanding employment opportunities for women, many projects find it difficult to get CE workers with sufficient skill levels to carry out the work required. In these situations, increased core funding is necessary.

Lack of child care and the eligibility criteria for the live register prevent women from seeking to access training courses. These need to be addressed.

Child Care

Child care was a concern for almost all

organisations interviewed in the present study and has long been debated in Ireland. Despite the publication of 11 reports on the subject since 1982 and the commitment of various Governments to expand child care facilities, there was no concerted State-led action until July 1997 when Partnership 2000 for Inclusion, Employment and Competitiveness provided for the setting up of an expert working group on child care. This reported in February 1999. The main recommendations included increasing supports to stimulate the supply of good quality child care places. This meant grants to providers to upgrade premises, tax allowances for private child minders making the transition to the formal economy and changes in local authority planning guidelines. On the demand side, also recommended were child care subsidies for low-income families and personal tax relief at the standard rate of tax.

The recommendations are to be implemented via county child care committees whose primary task is to develop a seven-year county child care plan to be submitted to a national child care management committee for appraisal and evaluation. Personnel from health boards are chairing these committees, developing the guidelines and commissioning area surveys.

The NWCI was instrumental in forming Child Care 2000, a broad based alliance of the NWCI, the Irish National Organisation of the Unemployed, and child care providers. Child care providers include the National Children's Nurseries Association, the Irish Pre-School Playgroup Association and the National Childminding Association of Ireland. Child Care 2000 broadened the demands of the campaign to include the child care needs of all women. Central to this were the needs of women in the

home which were not within the brief of the expert working group. The campaign also focused on the needs of women living in poverty and in disadvantaged areas. The main demand of the campaign is that parental child care payment be paid to all parents. In turn, this payment would be taxed. It was disappointing for the campaign that this payment was not included in the Programme for Prosperity and Fairness.

A new child care fund for disadvantaged areas was recently provided through the Department of Justice, Equality and Law Reform with ADM providing technical assistance. The average grant per project is £50,000 per annum over three years with the aim of having the services self-financing after three years. A major concern voiced by women interviewed for the present study was that in the absence of appropriate long-term funding, many projects would still rely on CE and jobs initiative schemes. This point is also made by Hegarty (2000).

Child care in disadvantaged areas is severely under-resourced. The reliance on CE schemes for staffing child care services emerged as a major theme in discussions with organisations in the present study. Such reliance disrupts service provision when staff have to leave. It can also be unsatisfactory from the workers' perspective, CE does not provide long-term employment opportunities because community organisations cannot offer jobs at the end of the scheme. They also do not generally provide certified training to enable participants to access mainstream child care employment.

Non-profit community child care services should be seen as part of the social economy and should be funded under a social economy programme. The working group on the social

economy, which reported in July 1998, recommended that a special social economy programme be established with a designated budget. Child care is specifically mentioned. The National Development Plan 2000–2006 provides for £213 million to be invested in the social economy. The social economy programme has been criticised because it provides funding only for a three-year period. Also, there is no provision for capital costs. If proper funding was provided for community-based child care, employment would be created and the quality of life of children in disadvantaged areas would be significantly enhanced. It is important that people charged with the implementation of the proposed social economy programme consult with local projects and meet the challenges to provide sustained support for community-based child care.

If women are to play a greater role in participating in local development and in local authority partnerships, child care expenses should be covered.

Violence Against Women

Violence against women emerged as an important area of concern. As is illustrated throughout the report, the community and voluntary sector have led lobbying for legislative reform and for the procedural reforms of agencies addressing the issue of violence against women. Over the last five years, the NWCI has supported the sector in highlighting the issue and published a report, *The Report of the Working Party on the Legal and Judicial process for Victims of Sexual and other Crimes of Violence Against Women and Children* in 1996. *The Report of the Task Force on Violence Against Women* in 1997 led to the establishment of the national steering committee on violence

against women and children in 1997 and the subsequent establishment of regional committee on violence against women under the auspices of the eight regional health boards. Developing the subject under these regional committees is a central task of the women and violence movement. The sector as a whole needs funding to pursue its policy influencing role and to resource the participation of women on the various regional and national committees. Also there is need to put in place an independent framework for monitoring the implementation of the recommendations of the Task Force on Violence Against Women. The framework should include targets and timeframes for implementing recommendations and mechanisms for monitoring progress, including the production of progress reports.

Other Issues

Other issues raised by participants include the need to:

- ▶ Upgrade the homeless persons' unit in the Eastern Regional Health Authority;
- ▶ Increase the facilities and staffing in the family law courts in Dublin city;
- ▶ Increase the number of qualified interpreters for deaf women;
- ▶ Provide a greater choice of personal assistants to disabled women;
- ▶ Establish a parents' forum for those who are separated from their children as a result of their children been taken into care;
- ▶ Address poverty among women and child poverty;
- ▶ The need to put a value on women's work, particularly work undertaken in the home and on the farm;
- ▶ The need for public education on the rights of women to inherit land and become farmers in their own right.

In addition, research is needed on:

- ▶ The needs of mothers separated from their children as a result of their children being taken into the care of the State;
- ▶ The operation of the family law courts, particularly in relation to custody, access and maintenance. The specific risks of women in poverty, lesbians and disabled women need to be take into consideration;
- ▶ The needs of young women at risk of prostitution.

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