Assessing Performance in Shelters for Abused Women: Can “Caring Citizenship” Be Measured in “Value for Money” Accountability Regimes?

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Assessing Performance in Shelters for Abused Women: Can “Caring Citizenship” Be Measured in “Value for Money” Accountability Regimes?

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Results are reported from a study of shelters for abused women in Ontario, Canada, suggesting that what clients, managers, and frontline workers value most in shelter services is based on a care perspective in which ongoing relational support is seen as essential to effective service delivery. Presently, government-required metrics used to assess shelter services not only reflect a narrow, justice perspective where “fairness” is defined as equal access to publicly supported services, but reveal a New Public Management emphasis on efficiency in which the focus is more on the “what” than the “how” of practice. Findings are discussed in terms of their implications for the design of accountability systems for evaluating government-contracted social services.

Keywords: accountability, women’s shelters, care perspective, social service metrics

The past three decades have seen dramatic changes in the ways in which public services are delivered in many Western countries. Neoliberal rationalities, including a commitment to smaller government and a belief in market-based mechanisms for achieving greater efficiencies, have led governments to step back from direct service provision in favor of contracting with outside parties or “agents” to deliver services (Munro, 2004; Van Slyke, 2007). Accompanying these changes are increasing demands for accountability, not only with respect to the cost of government-funded services, but how and to whom they are delivered. Indeed, “accounting” has become a central feature of the public sector workplace. Public managers who, on behalf of governments (“principals”), contract with service providers (also called “vendors” or “agents”) are expected to assure accountability by “monitoring and evaluating the performance of vendors who work under them” (Brown, Potoski, & Van Slyke, 2006, p. 328).

Likewise, managers who work on behalf of the service providers are expected to represent their organizations by reporting both financial and service performance data not only to the principal but also to a range of other stakeholders. As Christensen and Ebrahim (2006) point out, “nonprofit organizations can be accountable on multiple levels: upward, lateral, and downward, at the very least” (p. 196).

These accountability relationships, sometimes labelled “value for money” or “performance improvement” regimes, are becoming commonplace in public services. In the United Kingdom, Downe, Grace, Martin, and Nutley (2010) report that they “now govern the management of a wide range of local public services including schools, hospitals, social care providers, local government, fire and rescue services, the courts, police and the probation service” (p. 664). They also feature in nongovernmental organizations whose revenues are derived from a combination of publicly funded service contracts, as well as their own fundraising efforts.

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1 Sometimes referred to as Service Purchase or Purchase of Service Agreements (e.g., http://www.wellington.ca/en/socialservices/atisapurchaseofserviceagreement.asp)
In Canada, most shelters for abused women are funded under such a model. According to a report commissioned by the Ontario Ministry of Community of Social Services (MCSS), the primary government funder of violence against women services in the province, women’s shelters are:

becoming more reliant on non-MCSS sources of funding and other strategies to meet their clients’ needs and cover their increasing costs, including fundraising and donations, local government and other provincial programs, donations and food banks and use of volunteers. (Bay Consulting Group, 2009, p. 62)

However, despite the shelters’ quasi-independence from government funding, managers and staff members who work in these organizations are expected to comply with increasingly complex reporting requirements, not only to demonstrate that they use responsible financial management practices and achieve value for money, but also to provide evidence that they meet service “standards.” For example, the Province of Manitoba’s Department of Family Services and Labour recently published the Manitoba Standards Manual for Women’s Shelters (2013), the goal of which is to use “accountability measures to ensure adherence with established expectations and standards.” These measures include “agency adherence reviews,” “program consultations,” and “monitoring adherence to service provision agreements” (p. 7).

The broad web of scrutiny entailed in such accountability frameworks is a significant feature of new public management (NPM) reforms. As Aronson and Smith (2010) explain, “the professional and administrative organizational cultures characteristic of the post-Second World War welfare state have been displaced by the ideology and distinctive practices of managerialism” (p. 532) in which the pursuit of efficiency and accountability has become a dominating discourse. While few question that it is reasonable to expect organizations which receive public monies to demonstrate responsible use of funds and progress toward program goals, serious concerns have been raised about the impact of excessive data reporting requirements. In a study of a nonprofit organization serving immigrants and refugees, Christensen and Ebrahim (2006) describe the effort involved in collecting data for a minutely detailed report “that requires a literal counting of the number of spoons donated to families” (p. 201). They ask,

Is spoon counting the best use of a practitioner’s time? Does it lead to better service provision? Does knowing the number of spoons given to a client help the funding agency know how clients are being served and whether the organization’s mission is being achieved? (p. 201)

As well as doubts over the utility of gathering such information, questions have also been raised about the resources that are expended in data collecting and reporting work. For example, in a comprehensive case study, Sandraluz and Steinberg (2006) reported that a nonprofit family service organization in the United States spent 11% of its resources on “funder compliance” activities.

Accountability systems are not only costly to implement and maintain, but for many social service organizations what it actually means to be “accountable” is not always clear. Boyne (2003) notes, for example, that “the performance of public service providers is judged by multiple constituencies (e.g., consumers, taxpayers, staff, and politicians)” and that “each of these constituencies may use different criteria to judge the standard of public services and may apply different weights to the same criterion” (p. 368). Even within organizations, there may be little agreement about how and what to measure. For instance, when staff members and managers working in programs for high-risk youth were surveyed about what should be measured to assess program/service performance, they identified 28 different factors that affect performance and rated client and employee satisfaction as the most useful measures of performance (more so than accomplishment of goals and objectives) (Packard, 2010).

In the violence against women (VAW) services sector, these problems are further compounded because “there is no consistent agreement on what exactly domestic violence services should be improving in the lives of survivors and their children” (Sullivan et al., 2008, p. 293).

These measurement challenges comprise one of the main “agency problems” in the relationship between governments and the social service providers with whom they contract. In this article, we explore the measurement problem in the context of shelters for abused women and consider its implications for the relationship between government funders and service providers. Since 2009, a team comprising academics and leading practitioners from the VAW sector has been working on a comprehensive study of shelters for abused women across the province of Ontario, Canada, to identify, from the points of view of shelter managers, staff members, and service users, what services shelters provide, how these services are delivered in vastly different geographic contexts, and with what expected impacts (Wathen, Harris, Ford-Gilboe, & Hansen, in press). Here, we report findings from the study and explore their implications in terms of the accountability regimes within which most shelters operate. We focus, in particular, on the philosophical underpinnings of indicators chosen to evaluate organizational performance, and ask whether the funders of government-contracted VAW services are applying appropriate metrics to assess “value.”

STUDY METHODS

The sampling strategy used in this study was designed to capture the diverse nature of service delivery in shelters for
ABUSED WOMEN ACROSS THE VAST PROVINCE OF ONTARIO, INCLUDING SHELTERS THAT SERVE RURAL AND REMOTE, AS WELL AS URBAN AREAS. INVITATIONS TO PARTICIPATE IN THE STUDY WERE EXTENDED TO ALL 112 ANGLOPHONE SHELTERS FOR ABUSED WOMEN IN THE PROVINCE (I.E., THOSE WHICH PROVIDE SERVICE PREDOMINANTLY IN ENGLISH RATHER THAN FRENCH). THE SHELTERS WERE GROUPED INTO FOUR GEOGRAPHIC REGIONS AS WELL AS A DESIGNATED STRATUM FOR THOSE SERVING PRIMARILY ABORIGINAL COMMUNITIES. STUDY PARTICIPANTS, INCLUDING EXECUTIVE DIRECTORS (EDS), FRONTLINE WORKERS AND SHELTER CLIENTS, WERE RECRUITED FROM EACH REGION AND FROM THE ABORIGINAL SHELTERS.

DATA WERE GATHERED IN THREE STAGES. IN THE FIRST, TELEPHONE INTERVIEWS WERE CONDUCTED WITH THE EDs BASED ON A SET OF SEMISTRUCTURED QUESTIONS ABOUT THE SERVICES PROVIDED BY THEIR SHELTERS AND WHAT IMPACTS ARE EXPECTED FROM EACH OF THE SERVICES. FIFTY-SIX EDs PARTICIPATED IN THE PHONE INTERVIEWS. DURING THE COURSE OF THE INTERVIEW, THEIR RESPONSES WERE ENTERED INTO AN ONLINE SURVEY FORM BY THE INTERVIEWER. FORTY-FIVE OF THE TELEPHONE INTERVIEWS WERE AUDIO-TAPED, OF WHICH 42 WERE LATER TRANSCRIBED. EDs WHO WERE UNABLE TO PARTICIPATE IN THE PHONE INTERVIEW WERE INVITED TO COMPLETE A CONDENSED ONLINE VERSION OF THE SURVEY; 12 ADDITIONAL EDs CHOSE THIS OPTION, FOR A TOTAL SAMPLE OF 68. IN THE SECOND STAGE, 41 FRONTLINE WORKERS FROM 19 SHELTERS WERE INTERVIEWED IN PERSON, INDIVIDUALLY OR IN GROUPS, ABOUT THEIR EXPERIENCES IN ASSISTING WOMEN TO USE SERVICES OFFERED WITHIN THE SHELTER AND TO LINK THEM WITH SERVICES OUTSIDE THE SHELTER, AND THEY WERE ASKED TO DESCRIBE, WITH EXAMPLES, THE IMPACT OF THE SERVICES PROVIDED. THESE INTERVIEWS WERE AUDIO-TAPED AND LATER TRANSCRIBED, ALONG WITH NOTES TAKEN BY A RECORDER DURING EACH INTERVIEW SESSION. IN STAGE THREE, 74 WOMEN, RECRUITED THROUGH 20 SHELTERS, WHO HAD USED SHELTER SERVICES WITHIN THE PREVIOUS SIX MONTHS PARTICIPATED IN IN-PERSON INTERVIEWS, CONDUCTED INDIVIDUALLY OR IN GROUPS. THESE INTERVIEWS FOCUSED ON WOMEN’S EXPERIENCES WITH SHELTER SERVICES AND THEIR VIEWS ABOUT THE IMPACT OF THESE SERVICES IN THEIR LIVES. THE INTERVIEWS WERE AUDIO-RECORDED AND TRANSCRIBED, ALONG WITH NOTES TAKEN BY A RECORDER DURING THE INTERVIEW SESSION.


RESULTS

WHAT DO SHELTERS DO?

THE SHELTERS INCLUDED IN THIS STUDY PROVIDE AN AVERAGE (MEAN) OF 17 BEDS, ALTHOUGH THOSE LOCATED IN URBAN AREAS TENDED TO BE LARGER WITH UP TO 67 BEDS IN A SINGLE FACILITY. AS WELL AS PROVIDING A SAFE REFUGE FOR WOMEN AND THEIR CHILDREN (ONLY ONE RESPONDING SHELTER REPORTED NOT ACCEPTING CHILDREN), 36% PROVIDE SECOND STAGE HOUSING, AND ALL BUT ONE OF THE SHELTERS ALSO OFFERED OUTREACH SERVICES TO NONRESIDENTS. EDs REPORTED THAT WHILE THERE WERE NO IMPORTANT DIFFERENCES IN THE SERVICES PROVIDED TO WOMEN IN SHELTER, IN SECOND STAGE HOUSING, OR IN THE COMMUNITY, WOMEN’S NEEDS AND HOW SERVICE IS DELIVERED VARY SOMEWHAT ACROSS THESE SETTINGS. FOR INSTANCE, WOMEN LIVING IN SHELTERS ARE IN CRISIS AND, AS A RESULT, THE SHELTERS PROVIDE SERVICE 24 H A DAY. HERE, THE FOCUS IS ON SECURITY, SHORT-TERM COUNSELING, OBTAINING INTERIM CUSTODY ORDERS, AS WELL AS BASIC NEEDS FOR FOOD AND CLOTHING. WOMEN WHO LIVE IN SECOND STAGE HOUSING MAY NEED TO MAKE USE OF A WIDE RANGE OF COMMUNITY SERVICES BEYOND THOSE OFFERED IN-HOUSE. HERE, SHELTER-PROVIDED COUNSELING IS AVAILABLE BY APPOINTMENT AND SUPPORT IS GEARED TOWARD LIFE SKILLS, BUDGETING, ACCESSING NONSHELTER SERVICES, AND WORKING THROUGH LEGAL/COURT-RELATED PROCESSES. WOMEN WHO ATTEND THE SHELTERS’ COMMUNITY COUNSELING PROGRAMS MAY BE MORE SETTLED, ESTABLISHED OR STILL LIVING WITH THEIR PARTNERS. IN OUTREACH WORK WITH THESE CLIENTS, THE FOCUS IS ON GROUP SUPPORT, LONGER-TERM ADVOCACY WORK, AND LEGAL ADVOCACY. SHELTER SERVICES ARE DELIVERED BY A MEDIAN NUMBER OF 12 FULL-TIME AND 9 PART-TIME STAFF MEMBERS, AND NEARLY ALL THE SHELTERS RELY HEAVILY ON VOLUNTEERS (MEDIAN = 17, ALTHOUGH SOME SHELTERS REPORTED VOLUNTEER POOLS COMPRISING AS MANY AS 300 PEOPLE).

THE PRIMARY MANDATE REPORTED BY A MAJORITY OF THE EDs (72%) IS TO PROVIDE SERVICE TO ABUSED WOMEN AND THEIR CHILDREN ALTHOUGH MANY SHELTERS ALSO EXTEND SERVICE TO HOMELESS WOMEN (53%) AND SOME PROVIDE SERVICES FOR ABUSED MEN (15%). OTHER POPULATIONS SERVED ARE WOMEN WHO HAVE EXPERIENCED OTHER FORMS OF VIOLENCE—INCLUDING ABUSE BY LANDLORDS OR EMPLOYERS, TEENS WHO HAVE BEEN SEXUALLY ABUSED BY FAMILY AND/OR NONFAMILY MEMBERS, SEX TRADE WORKERS, WOMEN WITH ADDICTIONS, AND YOUNG WOMEN (AND BOYS) AT RISK. ALTHOUGH MOST SHELTERS ARE INTENDED TO SERVE A GEOGRAPHICALLY DEFINED AREA, EDs REPORT THAT THEY OFTEN

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2Ontario covers over 1 million km² (=415,000 mi²), an area larger than France and Spain combined.
3Canada has two official languages, English and French. The Francophone shelters in Ontario declined to participate in the study.
4Technical difficulties resulted in only 45 of the 56 interviews being audio-recorded, and only 42 were transcribed due to the poor sound quality of three recordings; however all responses to survey questions were captured in the online software.
5The study was approved by The University of Western Ontario’s NonMedical Research Ethics Board (# 16375S). Written consent was obtained from all the study participants prior to data collection. Participation was voluntary. Women from the service user group were provided with $25 honoraria as well as reimbursement for transportation and child care costs related to their participation in the study.
6Second stage or transitional housing offers women safe accommodation of, generally, 6-12 months, allowing them time to access services and plan their future after leaving an abusive partner.
extend their reach beyond these boundaries. As shown in Table 1, the participating shelters provide a wide range of supports and services. In addition to direct service and support to navigate the social care system, more than 90% of the shelters are involved in community and public policy advocacy.

What Difference Do Shelters Make?

Accounts from the study participants (identified with pseudonyms in the quotes below) reveal that shelters can have an enormous impact on women’s lives. As Beth explained,

I had thought about it for years and just thought there’s no way I can do it. . . . my family’s not here so I didn’t want to take the kids to a different place and take them out of school. I always had excuses for not doing it, thinking I couldn’t afford it, didn’t have a place to go, like how could I do it on my own? I still kick myself to this day thinking, “I’m an intelligent person and I couldn’t look into this sooner?”

What is involved in Beth’s reference to “everything they did to help”? According to Goldsmith (2004), enacted social support, “what individuals say and do to help one another,” encompasses “informational support (including not only information but also advice and new perspectives on a problem), and tangible support (offers of goods or services)” as well as “emotional support (expressions of caring, concern, empathy, and reassurance of worth)” (p. 13). These categories of enacted support are evident in the types of services and the methods of delivery described by shelter staff and clients. Specifically, they include four distinct types of service and support:

1. Safe refuge in a time of crisis;
2. Material support—as needed, shelters provide women (and their children) with food, clothing, and other daily necessities, such as shampoo, toothpaste, and bus fare, as well as furniture and household goods after they leave the shelter;
3. Informational and system navigation support—shelters act as community information hubs to help women locate affordable housing, financial support, resources for their children, as well as legal and other services, such as addictions counseling. As necessary, shelter staff members help women understand how these social support systems and services work and offer advice about how to use them effectively. Shelter staff or volunteers may accompany women to provide support and encouragement when they use community services, such as making court appearances, and shelter managers or staff members may intervene on a woman’s behalf if services outside the shelter are unresponsive to her needs;
4. Education and counselling—shelters provide women with an opportunity to learn about abuse and its impact on themselves and their children. They also assist women to become more confident by helping them acquire the tools necessary to take greater control over their own lives.

In addition, most shelter clients emphasized what we consider a metatheme related to service provision: “feeling cared for”. Roberta, a former shelter resident, described the impact of the relational support and care she received at the shelter:

I had to suffer for as long as I did . . . You know, I’m the happiest I’ve ever been now. I can’t believe how happy we are and I didn’t think that it was possible because I just . . . didn’t think I could do it on my own. I’m really glad that I was able to do what I did through the shelter, and I just appreciate everything that they did to help us because it’s changed our lives for the better, for sure.

In addition to the supports and services provided to women and children, 76% of shelters reported that they also provide services and/or referrals for abused men, and 69% report providing services or referrals for abusive men/fathers. Most shelters do not deal directly with men but will provide information to abused men and ensure that they are safe, and make referrals through shelter crisis lines.
it’s okay.” But it takes a special kind of person to make that stick, and they were willing to do that as many times as I needed to hear it. And that, you know, you’re worth it and you’re not this worthless piece of junk that has been discarded. You deserve to be safe. And having somebody reinforce that daily was huge for me because I’d never had it. Having somebody listen for the first time was amazing. Knowing that the safety net was there after and if I didn’t know which direction to go in to fix things, they would sort of guide me in, okay, this is the services you want, this is what you need. So it wasn’t even the safety net of knowing I could come back, but knowing that there was somebody to call that will point you in the right direction when you need it.

Roberta’s account makes it clear that the support she received was not simply a matter of what she was given by the shelter, but how the shelters’ services were delivered. For many managers and staff members, this how aspect of shelter work is central to their service philosophy which embraces “caring” as a core value. Margaret, a program manager in a large urban shelter, described what she expects from staff members when they interact with shelter residents:

I tell staff it’s the little things. When Mom is coming down a flight of stairs, like, open the gate. Take her basket of laundry so she can take the child from her hip and put her down. Like, help women with these things. Those are the things they leave with. That’s the things that make them feel like, yeah, like there’s a deeper caring than just just bureaucracy.

Caring Citizenship

Sevenhuijsen (2003) describes “caring citizenship” as the “practices in which people can manifest themselves as givers and receivers of care and where they, in dialogue with one another, can contribute to the quality of social care” (p. 181). Our findings reveal that caring citizenship is practiced in women’s shelters in a variety of ways, by a variety of actors. It is present in what Margaret referred to as the “deeper caring” shown by staff members toward the women and children who use shelter services and in the invisible work performed by staff members that extends well beyond their assigned work roles. For instance, shelter workers Maureen and Rose described a staff-initiated program to provide “extras” for shelter clients and their children:

Maureen: We give them money we take off our paycheck. We put it into a pool and we give it to the women. So this woman lost her two front teeth. She got hit and they were missing . . . No one would cover it. So we paid for her to get her teeth back.

Rose: So we use it for lots of things. We try to save it for things that nobody else will fund.

Care is also manifest in the unpaid work performed by legions of volunteers (both women and men) who perform a wide range of tasks, including child care, fundraising, answering phones, gardening, property maintenance, sorting donations, fixing kids’ toys, arranging crafts activities and recreational outings for shelter residents, staffing computer resource centers, libraries and onsite food banks, organizing homework and tutoring clubs, career mentoring, grocery shopping, kitchen support, and driving women to appointments—often dozens or even hundreds of kilometers round-trip, especially in rural and remote areas.

Caring citizenship is also performed by shelter clients who provide one another with support and advice. As Beth explained,

The community living—that was helpful—I still am surprised that I enjoyed that . . . but I really did. Just being around other people in the same situation and just living life, you know, not hiding away in your room. You’ve got to do your laundry every day, you’ve got to take your turn at cooking, like it just kind of makes you have to participate in life, because I know a lot of people when they go through situations, emotional whatever, they shut down. Well, you don’t have that option, you have to provide for your children, and you have to be a part of the community living, and plus there was always people here that, in my case, when I needed to apply for Ontario Works, there was somebody here that had been through the system for years, so she knew everything that I needed to do. There was always people like that around that had been through things and could offer you their advice as well, besides the staff.

Some of the relational support that is provided in shelters resembles what Williams (2004) described as “care and kin-keeping” work that goes on in families. In families, kin-keeping may involve making the effort to stay in touch with relatives. In shelters, staff members “kin-keep” by sustaining long-term relationships with former clients. Molly, a former shelter resident, explained why having an ongoing connection to the shelter matters:

When you walk out, if something goes wrong, you still have that option of phoning in and going, “What do I do?” Because, you know, at your worst, that’s probably when they get to know you the best, because all the crap is stripped away. And so I knew that the women that I talked to here knew me better than I knew myself. So if I got into a real mess, or even if I was just having a really bad day, I could phone in, they’d know how to get through. They’d know how to talk to me. Same with the transition, I mean any time I need to grab a coffee it’s usually within the day or two that I can talk to any of the staff, and it really, really helps knowing that that is there. And there’s a safety net, you know, because you’re going out on your own for basically the first time in your life and trying to keep everything together, and feel safe, and feel secure in this new life that you’ve never had before. So knowing that this is here is invaluable.

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ASSESSING PERFORMANCE IN SHELTERS FOR ABUSED WOMEN

Sevenhuijsen (2003) described as “care and

A provincial financial assistance program.
Through these ongoing connections, in which staff demonstrate commitment and responsibility for former clients, shelters become part of a woman’s “personal community” (Pahl & Spencer, 2004), especially for those who have few trusting connections with their own family members. In turn, this sense of connection or “family” with the women who come to shelter is felt strongly by some shelter workers. Helen, the director of a small shelter located in a remote northern community, explained:

We have women coming in every day just to, to be here, to be around what’s happening, to have somebody, you know. We have women who have absolutely nobody else except us. We’re the only ones. They have no, no supportive family . . . And we’re not us and them. We are one.

The Flexible Mandate

The presence of care as a core value in shelter services is also evident in the flexibility with which some shelters interpret their mandates. In some accounts, managers justified a rather elastic view of whether women fall within a shelter’s targeted service population on the basis that there may be no other help available to them. As Millie, manager of a midsized shelter in a sprawling urban community, explained, “Well, who else is there? Who else is going to help them?” As noted earlier, “help” takes many forms in shelter work, and the managers gave many examples of supporting women in ways that go above and beyond their stated mandates, such as assisting women to give birth, providing palliative care, or supporting immigrant women through complex negotiations over their legal status. Responding to such a wide range of women’s needs places considerable strain on shelters’ staff and resources. Danielle, manager of a large urban shelter, pointed out,

There’s a lot of expectation on us always to be on top of every single issue that can possibly happen, and because when you are dealing with either [a] woman with abuse or sexual violence, you cross all sorts of areas, you know . . . there isn’t any system that we don’t connect with . . . We have to know about a lot of things and we have to know how to get what we need for the clients and so it takes a fair bit of skills to know how to negotiate those large systems that have formal power.

In a different context, Fran, who manages a much smaller shelter that serves a large rural area, said,

Because we’re the only shelter they can come to, you’re sort of having to be an expert in everything.

DISCUSSION

Our findings suggest that many of the shelters for abused women in Ontario, regardless of their size, geographic location or specific mandates, operate in ways that allow access to service for women who are unable to get the support they need elsewhere in their communities. By interpreting their mandates in a flexible way, staff and managers in these organizations often attempt to address unfilled service gaps, although they must often do so by relying on unpaid and/or invisible labor (Wathen et al., in press). The participants’ accounts reveal how shelters enact what Williams (2004) described as the “care ethic.” Shelters in which nonjudgmental support is consistently demonstrated through exchanges that involve expressions of warmth, kindness and “taking time,” and even “kin-keeping,” are able to go beyond providing the essentials of safety, accommodation, and information that are fundamental to all shelters, to build relationships of trust with and between the women they serve and, in turn, assist women to develop the confidence to advocate for themselves with systems and services outside the shelter. However, the reporting metrics required by the government funder do not take account of these important, labor-intensive care practices. Instead of focusing on the “how” of practice that was described by managers, frontline workers and clients in our study as the key to making a positive impact in the lives of abused women (and their children), the easily quantified input/output indicators used by the provincial ministry responsible for VAW services focus on the “what” of practice.

Nearly all of the shelters included in our study depend, in part, on revenues from service contracts with the province of Ontario’s Ministry of Community and Social Services (MCSS). The contracts, which are renegotiated annually, “set the agency’s annual budget and establish its service descriptions and program targets. Agencies are required by the ministry to report service data for each program funded” (Ontario Ministry of Community and Social Services, 2010, p. 16). However, these service data provide a very narrow view of “performance.” Described in a 39-page Ministry document, “Violence Against Women Data Standards and Definitions,” a particularly revealing section, labeled “Key Metrics,” includes the following 12 items: 1. Cost per individual; 2. Cost per interaction; 3. Cost per resident day; 4. Cost per bed day; 5. Occupancy rate; 6. Bed capacity; 7. Average number of interactions per individual serviced; 8. Percent referrals due to service capacity; 9. Percent women and dependents with safety plans; 10. Percent of individuals that are Francophone; 11. Percent of Francophone women who receive services in French; and 12. Percent of phone interactions using cultural/language interpreters. These measures, derived from the “data elements” the shelters are required to report (often on a quarterly basis), represent the “low hanging fruit” of performance indicators in that they are relatively easy to gather and upload to Ministry databases. They also reflect a managerialist agenda that emphasizes efficiency as well as the government’s interest in being seen to provide services “equitably,”
that is, to make government-financed services available to a range of groups.\footnote{Particularly from diverse cultural backgrounds, with a special emphasis on Francophones that reflects Canada’s two official languages policy.}

Measurement Philosophy

Kittay (2014) argues that care is an act that must be performed by an intentional agent with the intention of benefiting the cared for. On their own, the other-directed intentions of caregivers are not enough to indicate that care has taken place. Rather, according to Kittay, the achievement of care can only be signaled by the “uptake” of care by the cared for, a necessary indicator of which is “flourishing.” Since the role of women’s shelters is to provide assistance (care) for abused women, and the impact of care can be established only by whether it is taken up by service users in ways that result in their flourishing, we argue that the views of women who use shelter services must be sought when both determining the remit of these organizations and assessing the extent to which they are considered “effective.” However, the “Key Metrics” used to assess Ontario’s women’s shelters are not only silent on the matter of “effectiveness” but do not include the voices of women who turn to the shelters for help. Instead, the performance of shelters is scrutinized primarily according to input/output measures that emphasize cost per unit of service (i.e., efficiency) and whether services are provided to a diverse client base (i.e., equality of access). The latter reflects what Gilligan and Attanucci (1998) described as a “justice perspective” that “draws attention to problems of inequality and oppression and holds up an ideal of reciprocal rights and equal respect for individuals” (p. 225). In contrast, a “care perspective draws attention to problems of detachment or abandonment and holds up an idea of attention and response to need” (p. 225).

For Gilligan (1982), a relational view of the self suggests that maintaining or developing caring relationships between people is what is morally most salient (the care perspective), whereas a view of the self as independent and detached suggests that what is morally most salient is the construction of abstract, universal moral principles designed to protect individuals from each other (the justice perspective). For many of the service users we interviewed in this study, the lasting bond of trust they formed with shelters is a significant foundation for their belief that they can move forward with their lives and, for many shelter staff and managers, creating ongoing connections with the women they serve is an important, positive outcome of the shelter’s work, that is, they see it as evidence that the women they serve have developed the confidence to rely on the shelter for information and support that may prevent them from further victimization or from having to use other (often more expensive) services. However, within social policies that emphasize the importance of self-care and personalization (Barnes, 2011), this same outcome may be regarded as evidence of recidivism and interpreted as a failure to help abused women to “free” themselves from the social service system. Our findings suggest that what shelter managers, staff members, and clients value most in shelter services is informed by the care/relational perspective. However, the metrics used to assess the shelter services align more with the NPM emphasis on efficiency, within a narrow view of “service” that appears to be informed more by a justice perspective, where “fairness” is defined as equal access to publicly supported services, than with a care perspective.

As Du Bois et al. (2009) explain, “agency problems occur in organizations in which there is a discrepancy between the objectives of those setting out the mission and the goals of those who are executing this mission” (p. 177). Our findings suggest not so much that the government’s (or principal’s) objectives are not shared by the shelters (or agents), but that they differ in emphasis and scope, and underplay what is most valued by service recipients, results that echo those reported in other studies of social care work. For instance, Aronson and Smith (2010) found that women who manage health and social services are frustrated by reporting and accountability requirements that have “become more complex and technical” and, “less and less related to their own ways of gauging the value and effectiveness of their programmes” (p. 536). Similarly, Choiniere (2011) reported that nurses working in acute care settings are discouraged by accountability frameworks that devalue “their knowledge, expertise, and the time and resources needed to provide quality care” (p. 339).

For now, the shelters appear to be meeting clients’ needs, in part through the donated labor of staff and volunteers (Gregg, Grout, Ratcliffe, Smith, & Windmeijer, 2011). However, problems are likely to arise if the government’s accountability measures lead them to further constrain shelter funding on the mistaken assumption that the “care labour” practiced in the shelters is either irrelevant to client outcomes and/or sustainable without additional revenue. In other settings in which relational care has been ignored by funders, managers report that not only are programs weakened, but also that it is becoming increasingly difficult to retain qualified staff (Aronson & Smith, 2010). Indeed, Munro (2004) suggests the audit systems used in social services settings may be having the “pervasive effect” of “inadvertently driving away the people needed to make improvements” (p. 1093).

Contracting Approach

Within the principal-agent model, the contractual relationship is viewed as one in which, to ensure agent compliance, principals should implement control systems that allow for close monitoring as well as contingent rewards and sanctions to ensure agent compliance. One criticism of this model is that it “negatively characterizes an individual agent’s
moral and collective behavior as self-seeking and focused on obtaining power and wealth” (Van Slyke, 2007, p. 163). An alternative perspective is that of “stewardship” where managers are regarded not so much as “self-interested actors rationally maximising their own personal economic gain” (Donaldson & Davis, 1991, p. 51) but rather as “stewards” who, for a variety of reasons, will act, on their own volition, in the interest of the organization and in pursuit of its goals. Within this view, a more appropriate approach to dealing with the contractual relationship is one of trust-building and collaboration between the parties, including “involving the steward in problem formulation,” “joint decision-making,” and “fewer monitoring and reporting requirements” (Van Slyke, 2007, pp. 165–166).

We would argue that the stewardship model makes most sense as an approach to the contractual relationship between governments and women’s shelters. Our findings suggest that, far from acting in ways that are self-serving for monetary gain, shelter managers and staff members often “donate” their time and personal resources to help shelter clients in ways that are consistent with organizational goals, that is, they behave as organizational “stewards.” As a result, rather than focusing excessively on “control” measures in shelter service performance reports, the government (or “principal”) may benefit more by working with shelters to develop a measurement framework that focuses more on “how” shelter services are performed and how they relate to client outcomes. Because the application of the current accountability regime for Ontario’s women’s shelters is relatively new and is, in a sense, being “test-driven,” formal discussions between the research team and the government ministry responsible for VAW services in the province about the implications of our work suggest that there may be room for negotiation of “what counts.” Indeed, shelter directors across the province have supported this study specifically to enable such a dialog.

In the context of shelter services, a recalibration of the metrics to be used in evaluating performance that acknowledges both the “justice” and “care” perspectives would recognize that the measurement technology problem here is not the focus on value for money and justice perspective type measures per se. Instead, as currently constructed, the evaluation design is exhaustively lengthy and too narrowly focused, that is, it involves too much “spoon counting” (Christensen & Ebrahim, 2006), and fails to take account of care perspective-type measures, such as uptake and flourishing, both of which are conspicuously absent from the list of key performance indicators. This absence is particularly regrettable since it is precisely such care perspective measures that would best reflect the priorities of both service providers and service users, as represented in our data.

Munro (2004) notes that the lack of attention to relational work in service monitoring systems is due to “the tendency of auditors to opt for indicators that have high reliability but questionable validity” which she attributes, in part, to the “poorly developed theoretical base of social work” which “has compounded the difficulties of finding practical, reliable and valid measures of the quality of practice” (p. 1087). Our research suggests some avenues for addressing this problem. To address the theory gap, we find the writings of Sevenhuijsen (2003) and others on a feminist ethic of care to be useful in explaining what is meant by “relational” work. And, given our study results, we think it is possible to develop meaningful measures of how “caring citizenship” is practiced in shelters. Rather than relying on the “average number of interactions per individual serviced” (one of the funder’s “key metrics” and a dubious proxy for the care relationship), the amount, type, and quality of care provided could be assessed by incorporating questions into user surveys about the nature of clients’ interactions with shelter workers and other shelter users using Goldsmith’s (2004) definitions of “enacted social support,” including “informational support,” “tangible support,” and “emotional support” (p. 13). In turn, the connection between the experience of such support and user outcomes could be assessed by measuring “flourishing” by including in postshelter surveys women’s self-reports of self-esteem, confidence in problem-solving, and knowledge of and success in accessing relevant resources in the community. Follow-up research to assess just these aspects of a more enlightened measurement approach is clearly required.

**CONCLUSION**

Measurement technologies that ignore the care perspective do not reflect the most significant aspects of service provided by shelters for abused women and fail to recognize the labor-intensive nature of shelter work, particularly in circumstances where these organizations provide service to the most vulnerable women (those with complex, chronic challenges associated with and accompanying their experience of abuse) who would otherwise have nowhere else to turn for help. As a result, the funders to whom the shelters are accountable can avoid recognizing the true costs of good service in this sector. In a discussion of the challenges of assessing performance quality in medical settings, Brown, Billings, Wagg, and Potter (2010) write,

when quality is reduced to simple, quantitatively measured standards, there is a tendency for the complex, affective, and intangible to be neglected, overridden by an economic, instrumental understanding of efficacy. If standards are to usefully empower patients and informatively assist professionals in their provision of high-quality care, greater effort and intricacy is essential for these measures to go beyond the one-dimensional and to truly reflect the needs and experiences of service users. There must also be the commitment to provide resources (human and otherwise) where standards are not being met. Conventional audit methods require a
re-examination to ensure that findings are relevant to both services and their users in a meaningful fashion. (p. 22)

Likewise, in judging the performance of women’s shelters we argue that recognizing “how” services are delivered is just as essential as “what” is delivered. Our findings suggest that any attempt to standardize measuring technologies to hold shelters accountable should not only (a) take into consideration the different contexts in which shelters operate and the particular circumstances of the women who use their services; but, essentially, (b) recognize the nearly ubiquitous reference to “care-giving” described by the shelter clients in our study. In other words, to assess the true impact of shelters’ contributions, relational support, creating and maintaining connectedness, and giving time to “care” must be taken into account and the labor involved to provide such care should be recognized in terms of the resources allocated to deliver these services. Such recognition clearly requires greater complexity in the design of the measurement framework which, at the same time, could be simplified by relying less on repetitive, “control” measures of service inputs and outputs. One fruitful approach to begin such a redesign would be to adopt the “stewardship” paradigm in the negotiation of service contracts between shelters and government, where trust and collaboration are the basis of the relationship, particularly in view of our findings that shelters take on clients that have nowhere else to go, suggesting a limited number of “sellers” in the VAW services market.

In sum, we think it is not only possible, but appropriate for governments to adopt a more trusting, “stewardship” approach to managing their contractual relationships with women’s shelters in which reporting requirements focus less on over-monitoring service inputs and more on “care” practices to achieve a better balance in the accountability framework between the goals of efficiency, justice, and client “flourishing.”

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