

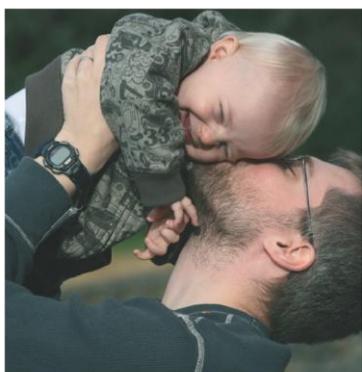
Supporting Child Contact: the Need for Child Contact Centres in Ireland



A research report by
One Family 2009



Family Support Agency



**This report has been researched and written
by: Candy Murphy and Louise Caffrey on behalf
of One Family
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This report is the second major piece of research undertaken by One Family. It follows up on the 2008 research report *Lone Parents and Employment: What Are The Real Issues?* Further information is available on www.onefamily.ie

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ACkNOwLedgeMeNTS

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LIST OF ACrONyMS

Australian Children's Contact Services Association (ACCSA)
Barnardos GAL (Barnardos Guardian ad litem)
Children and Family Court Advisory and Support Service (CAFCASS)
Department of Justice, Equality and Law Reform (DJELR)
Department of Social and Family Affairs (DSFA)
European Convention on Human Rights (ECHR)
European Court of Human Rights (ECHR)
Family Mediation Lothian Services (FML)
Family Mediation Service (FMS)
Family Resource Centres (FRCs)
Family Support Agency (FSA)
Free Legal Advice Centre (FLAC)
Health Services Executive (HSE)
National Association of Child Contact Centres UK (NACCC)
New Zealand Association of Children's Supervised Contact Services (NZACSCS)
Northern Ireland Network of Child Contact Centres (NINCCC)
Office for Standards in Education, Children's Services and Skills (OFSTED)
Office of the Minister for Children (OMC)
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ChApTer ONE: INTrOduCTION

1.1 Introduction

This chapter spells out the background to the study and outlines its aims and approach. It then spells out the key terms used in the study and the authors' understanding of their precise meaning.

1.2 background to the Study

Child contact centres have been established in many countries to support parents and children that do not live together to maintain contact in a range of situations. These centres aim to provide a safe neutral and welcoming environment where regular contact between parents and children can be supported and developed. While a small number of specialist centres have been established in Ireland the need for such centres has not been researched in Ireland to date. This research was funded by the Family Support Agency and carried out by One Family¹ in 2008 and the report finalised in 2009. (Statistics and other information presented in the report therefore refer to 2008 or earlier.)

1.3 Aim of research

The overall aim of this study is to examine the need for child contact centres in Ireland and to explore how best this need could be met for parents and children experiencing contact difficulties following marriage and relationship breakdown. It is important to note therefore that the study looks at the need for contact centres in the context of private family law and does not address the need for contact services to facilitate parents of children in care. However we do look at how resources could be pooled to support all families needing such services.

¹One Family is working to ensure a positive and equal future for all members of all one-parent families in Ireland – changing attitudes, services, policies and lives. Together with one-parent families and those working with them, One Family is committed to achieving equality and respect for all families. In addition to striving for fundamental structural change, One Family supports individual one-parent families as they parent through times of family, work and life change, and those experiencing a crisis pregnancy.
www.onefamily.ie

1.4 Study Approach

For a variety of reasons little information is available on the number of parents and children in Ireland requiring support to maintain contact following relationship or marriage breakdown. Firstly judgements in court-ordered contact cases are not available to the public and many contact arrangements following relationship breakdown do not go to court and are agreed privately. However organisations and professionals working with parents report increasing requests for support in dealing with child contact issues by parents following relationship breakdown, separation and divorce. These organisations and professionals include One Family, Barnardos, Family Resource Centres, the Family Mediation Service, family lawyers and solicitors. We also know that separation, divorce and births outside of marriage are becoming more common in Ireland.

In order therefore to estimate the potential need for child contact centres and to explore the possible role such centres could play in an Irish context, it was necessary to concentrate the research on obtaining information from the different stakeholders involved in child contact issues in Ireland and to supplement this with information available internationally. This involved consultation with a range of professionals in Ireland who are involved in contact issues; legal experts, psychologists, contact service providers and other professionals. Additionally parents experiencing contact issues were interviewed and their experiences and views explored in-depth. The approach was supplemented with a detailed analysis and review of available information on the need for, role of, and operation of contact centres internationally and by study visits to child contact centres in England, Scotland, Northern Ireland and New Zealand.

Based on this analysis the potential level and type of need for contact centres in Ireland is estimated and a number of recommendations are made on how such centres might operate in an Irish context.

1.5 Definitions of key terms used in the report

Given the variety of contact services that can be facilitated in contact centres it is important to understand the distinction between the various services provided in centres internationally. These definitions draw largely on information provided by the National Association of Child Contact Centres (NACCC) in the UK and are the definitions adopted throughout this report.

1.5.1 Child Contact

In the context of this research 'child contact' refers to situations where a parent does not normally live with their child and other arrangements have to be made for this parent to have contact with their child. However in Ireland the term 'child access' is normally used to denote what we understand here as 'child contact'. Internationally however the term 'child access' has increasingly been replaced by the terminology of 'child contact'. Kroll (2000) points out that the logic behind this is a move away from the connotation implied in the term 'access' of the non-resident parent's² right to access rather than the child's right to contact.

Due to the increasing international use of the term 'child contact', this report will refer to 'child contact' as opposed to 'child access' unless referring specifically to current laws or to comments by individual stakeholders.

1.5.2 Contact Orders

Where an agreement cannot be reached between the parents on contact, an application may be made to the courts for a contact order. If the court decides that contact with the non-resident parent is best for the child, the court may set the time, place and duration of that contact (FLAC, 2007). Under the Children Act 1997 any person related to the child by blood or adoption, such as grandparents, may apply to the court for contact to a child. This also applies to any person who has acted in loco parentis (in place of a parent) to a child (FLAC, 2007). Parents in such situations may also agree child contact arrangements between themselves without recourse to the courts, or through the process of mediation.

1.5.3 Supervised Access

In Ireland 'supervised access' may be ordered by the family courts where there are concerns for the welfare of the child during contact. As these cases are in camera, few details of such cases are available. Supervised access as ordered by the courts in private law cases involves supervision by a third party, usually in practice by a family member or by the other parent themselves (Women's Aid, 2003, Coulter, 2007a). Supervised access may take place in a variety of locations including restaurants and public parks. Thus 'supervised access' as currently understood in Ireland does not

² 11,537,100 persons under 16 in 2006 (Population estimates 2006 www.statistics.gov.uk) A non-resident parent is defined as 'A parent not living with the resident parent but who is seeking or has been granted ongoing contact with their child.'

normally include supervision by a professional or in a specialist contact centre. It is differentiated in this report from ‘supervised contact’ which, as explained below is a specific service provided by professionals (See Section 1.6), and internationally takes place increasingly in specialist child contact centres.

The Law Society of Ireland’s Law Reform Committee as far back as 1999 made the following comments in relation to supervised access in Ireland:

‘Though the courts frequently make orders for supervised access arrangements, the Task Force on Violence Against Women considers that this supervision should be provided by a trained professional who is aware of the potential dangers in such situations. Therefore, it recommends that this service should be provided by the Probation and Welfare Service who the Task Force reports ‘have been found to be supportive, objective and professional in their approach, by women in abusive situations’.

They go on to say that:

‘With regard to supervised access, the reality for most people is that access takes place at weekends when neither the Probation and Welfare Service nor the Health Boards operate. In England, this issue is resolved by the provision of ‘Access Centres’ staffed by trained social workers or childcare workers. This arrangement also provides a safe environment for access to take place in situations where the long term prognosis is for unsupervised access but a period of trust needs to be built up.’

The Law Reform Committee recommended:

‘an increased role for the Probation and Welfare Service in supervised access arrangements and, aware that a Commission is currently reviewing the role of the Service, recommends that it be allocated adequate resources to fulfill this role. This should extend to the provision of “access centres” staffed by trained personnel.’(Law Society’s Law Reform Committee, 1999)³

³ Other reports have made similar recommendations calling for the establishment of supervised contact services. For example in 2007 Children At Risk in Ireland (CARI) stated “There is a need to resource a supervised access service throughout the country such as is available in the UK and in Canada and which is non-existent in Ireland. This would allow access in safe and appropriately supervised settings where it is deemed appropriate.” (CARI, 2007)

Similarly Women’s Aid have stated, “In access cases in which there has been a history of violence it is essential that supervised access only be carried out by professionals trained in the dynamics of abuse and child welfare. Supervised access should only be held in a safe, suitable venue and the women who has been abused should not be the person to hand over the child as this may provide opportunities for the abusive man to intimidate, threaten or abuse the woman” (Women’s Aid, 2006)

1.5.4 Child Contact Centre

Child contact centres are defined as ‘safe, neutral, welcoming venues which exist to promote and support regular contact between parents and children who do not live together’ (Scottish Executive, 2003).

Contact centres can be used for a variety of reasons. A parent availing of a contact centre may have had no relationship with the child to date, or have had a gap in child contact. In addition such centres may facilitate safe contact in instances where there are child welfare concerns arising from parental problems such as mental health, addiction, fears of domestic violence, abuse or fear of abduction, either in private family law cases or in public law child care cases. Centres may also be needed where a parent simply has nowhere else to go to meet their child (Scottish Executive, 2003).

Hence broadly speaking, as Kroll puts it

‘The purpose of contact centres can be summed up as providing a neutral place where family ties can be maintained if all else has failed, where someone is on hand to manage the situation, however loosely or firmly, and where hopefully no-one will be in any danger’ (Kroll, 2000: 184)

1.6 Services provided in Contact Centres

The three main services provided in child contact centres are known as ‘handovers’, ‘supported contact’ and ‘supervised contact’.⁴ For the purposes of this report the definitions used for each of these types of services are those provided by National Association of Child Contact Centres (NACCC) in the UK (www.naccc.org.uk).

1.6.1 handovers Services

Handover services are provided at the majority of child contact centres. In these cases parents do not have to meet each other, as the handover is made by child contact centre staff. This service is usually availed of when parents have concerns over meeting the other parent or tend to have disagreements at the time of handover. In handover situations the non-resident parent takes the child out of the centre for the duration of the visit, bringing them back to the centre afterwards to be collected by

⁴ The terms used to describe these services vary between countries (for example New Zealand refers to ‘changeovers’ rather than ‘handovers’ and ‘low vigilance supervised contact’ as opposed to ‘supported contact’). However the basic services are the same. The terms used in this report are those used in the UK and Northern Ireland and will be adopted for use in this report in order to ensure consistency of terminology.

the resident parent. It may be possible for the child to be picked up from one child contact centre in the morning and then taken back to another child contact centre in the afternoon if they are in the same area or at another mutually agreed venue (www.naccc.org.uk).

1.6.2 Supported Contact Services

According to NACCC, supported contact takes place in a variety of neutral venues where there are facilities to enable children to develop and maintain positive relationships with non-resident parents and other family members with minimum supervision and support.

According to NACCC cases that should be referred to supported contact include the following:

- Where a non-resident parent has nowhere suitable to take the child.
- Introduction of an unknown or long-absent parent.
- Need for a neutral venue where third parties (for example new partner) can be excluded.
- Where concern has been expressed about the visiting parent while adjusting to separation.
- Allegations of physical or emotional abuse but no clear evidence.
- Fear of abduction but no real evidence.
- History of mental illness but now appears stable.
- History of drug or alcohol abuse but currently stable.
- Need for assistance and reassurance to both children and parents whilst adjusting to separation.
- As a place for the handover of the child.

1.6.3 Supervised Contact Services

A supervised child contact centre is normally used when it has been determined that a child has suffered or is at risk of suffering harm during contact. For instance in the UK, referrals will usually be made by a court, social services, local authority or another child contact centre. In exceptional circumstances a child contact centre may accept a self referral.

Supervised contact is aimed at ensuring the physical safety and emotional wellbeing of a child during contact by fully supervising the contact, such supervision being carried out by trained professionals.

According to NACCC supervised contact requires:

- Individual supervision of contact with the supervisor in constant sight and sound of the child, which in turn requires that they have the support of a nearby colleague.
- A high commitment of resources including continuity of supervision and the professional oversight of staff.
- The supervisor and the centre having access to all relevant court papers and transcripts of any judgments in order to supervise effectively. The party making the referral ensuring that the court gives permission for such disclosure.
- All contact to be closely observed and recorded in a manner appropriate to the purpose of protecting children and working in a planned way with parents.
- A venue that provides privacy and confidentiality to each child and family and is structured to provide maximum safety to all concerned and maximum stimulation for children.
- Contact is time limited with a planned aim to regularly assess and review progress and the possibility of safer future outcomes.

The level of supervision involved in such cases may be reduced in a planned way after a professional assessment has been made. Some families, after being assessed, may move from constant supervision to an intermediate level of supervision, escorted outings, or supported or unrestricted contact, while others will always need the security of full supervision.

According to NACCC cases that should be referred to supervised contact include the following:

- Allegations of sexual abuse while investigation is ongoing.
- Drug or alcohol addiction either current or in the very recent past.
- Severe domestic violence.
- Introduction of an unknown or long absent parent where resident parent is opposed to contact taking place.

1.6.4 between Supported or Supervised Contact

The NACCC also notes that as the needs of families can differ widely, there will be some contact situations that require less intensive supervision than indicated in the definition of supervised contact, but more oversight or assistance than would be offered through supported contact. They suggest that this might, for example, apply to cases where there is a history of conflict, poor parenting, a low risk of violence, a manageable substance abuse problem or the need for the reintroduction of parents/siblings. In such cases, subject to completion of a referral form, risk assessment and management

planning, the family will be referred on to the most suitable venue for the level of service needed (www.naccc.org.uk).

Table 1.1 summarises the factors taken into account in NACCC centres in determining the most appropriate type of contact in individual cases. The NACCC definitions are the definitions used throughout the report.

Table 1.1 guidelines For determining Type OF CONTACT

Reason for Referral	No Contact	Supervised Contact	Supported Contact
Actual or strong suspicion of child abuse	Possibly	Possibly	No
Allegations of physical / emotional abuse but no clear evidence		Possibly to start with	Yes
Allegations of sexual abuse	Possibly – while investigations continue	Yes – while investigations continue	Not whilst investigations ongoing. If no proof nor any ongoing concern – yes possibly
Actual abduction	Possibly	Possibly – if long term infrequent contact	No
Fear of abduction but no real evidence		Possibly – if this is the only way to reassure resident parent	Yes
Serious long term mental illness	Possibly	Possibly – if long term infrequent face to face contact	Rarely – depends on risks to child / centre volunteers
History of mental illness but now appears stable		Possibly - initially to assess the situation	Yes
Drug or alcohol addition, either current or very recent past		Yes	Possibly depending on level of addiction and behaviour
History of drug or alcohol abuse but currently stable			Yes
Severe domestic violence	Yes if any contact would cause harm to the child or adversely affect carers ability to care for child		No
Parent and children in hiding	Probably	Possibly	No – supported centre cannot monitor conversations so place of safety may be disclosed

Reason for Referral	No Contact	Supervised Contact	Supported Contact
Control issues – often difficult to prove (e.g. not allowing partner out of house, control of money, etc)		Possibly	Possibly – often contact does not work because the contact parent does not attend or tries to insist that the rules do not apply to them. Therefore may well be banned from using the centre. Tests the commitment to contact
Allegations of violence, violence occurred at point of separation		Possibly if alleged victim is still very fearful of violence	Yes-if alleged victim satisfied with safety aspects of the centre
Parental conflict but no history of violence		No	Yes – parents can be kept apart
Implacable hostility to contact by resident parent		Yes – may be the only way to get contact started but unlikely to be able to move it forward successfully without therapeutic input and support	Can be tried if no allegations of abuse underlying the implacable hostility. Could be a problem when moving contact away from the centre
Introduction of an unknown or long absent parent – children age 5+		Yes	Not always appropriate. Depends whether support is available elsewhere. Teenager may want to meet in a supportive atmosphere
Younger child – parent opposed to contact taking place		Yes	Yes, possibly. To be handled carefully. Children may need extra support.
Younger child – parent willing to allow contact with some support offered		No	Yes
Need a neutral venue and one where third parties (eg new partners need to be excluded)		No	Yes

Reason for Referral	No Contact	Supervised Contact	Supported Contact
Where concern has been expressed about the visiting parents whilst adjusting to a separation		No	Yes
Need for assistance and reassurance to both children and parents whilst adjusting to a separation		Not usually	Yes
Where the commitment of parents to the contact concept may be established		Not usually	Yes
Where a child lives with foster parents and a neutral venue for contact is required		Possibly	Possibly
Where contact parent has nowhere suitable to take the child		No	Yes
Siblings, grandparents and step-parents may want contact		Possibly	Yes
As a place for handover of the child		No	Yes

1.6.5 Comment on Definitions

The experience of NACCC which has informed these categorisations highlights the complexity of issues involved in managing child contact issues when there are serious disagreements among parents, lack of previous contact or concerns about child safety. They demonstrate the need for professional assessments of individual cases to ensure that the appropriate type of service is provided in all cases.

1.7 Other Terms used in the report

A number of other terms are used in the report, some of which are not strictly defined in the literature. These terms are clarified below by outlining the meaning of these terms as used within the context of this report.

1.7.1 resident parent

The parent with whom the child normally lives. The resident parent has custody of the child entailing the physical day-to-day care of the child.

1.7.2 Non-resident parent

A parent not living with the resident parent but who is seeking or has been granted ongoing contact with their child.

1.8 Structure of the report

The following chapter provides details on the methodology used in the report. Chapter Three outlines the social and legal context for the research and Chapter Four presents a review of the international literature on the issue of child contact. Chapter Five provides details of child contact centres in a number of other counties and gives indications of the scale of need, the profile of those using contact centres and outlines how such centres operate in the selected countries. Chapter Six details findings of interviews with professionals working in the area of child contact, including contact service providers in Ireland. Chapter Seven reports on the data gathered from interviews with parents in Ireland experiencing child contact issues and the final chapter presents the key findings of the research and the study's conclusions and recommendations.

1.9 Summary

This chapter has outlined the overall aim and approach used in the study. It has described some of the key terminology used in relation to child contact centres internationally and has outlined and explained the approach and methodologies followed in the study. It has highlighted the range of services provided and the issues addressed by contact centres internationally and particularly in the United Kingdom and has explained how the terms ‘supervised’ and ‘supported’ contact and ‘handovers’ are used in the UK. These definitions are used throughout the report. It is however recognised that the term ‘supervised access’ is the term currently in Ireland to cover court ordered contact that is supervised by a third party whether they be a professional, family member or other agreed person.

ChApTer TwO: MeThOdOLOgy

2.1 Introduction

This chapter spells out in detail the methodology used in the study.

2.2 research Methodology

In this section of the report the methodologies used in the study are outlined. The study involved the following elements:

- Description of the social and legal environment which forms the backdrop for parent-child contact issues in private family law cases in Ireland.
- In-depth review of the literature in order to evaluate the importance of child contact in families affected by relationship breakdown and to examine the factors that sometimes make contact problematic.
- Analysis of international literature on the provision of contact centres abroad, focussing on the United Kingdom, Australia and New Zealand, supplemented by visits to contact centres in the United Kingdom and New Zealand.
- Interviews and meetings with a range of professionals working in the area, including those providing contact services in Ireland at the present time, and with parents experiencing child contact issues in Ireland.
- Analysis of all the information gathered in order to estimate the likely level and type of need for contact centres in Ireland and to make recommendations on how such needs should be met.

The next section outlines how the different stakeholder interviews and meetings were arranged.

2.2.1 Stakeholder Interviews and Meetings

Interviews with professionals involved in Child Contact Issues

Thirty-two interviews with professionals working in the field of child contact were undertaken in order to explore front-line professional knowledge, experience and opinion in this area. Professionals interviewed included barristers, solicitors, academics, psychologists and social workers as well as representatives of statutory and not-for-profit organisations working in the area. No sitting Judges who were approached in connection with this study were willing to be interviewed.

Professionals were selected using a snowball sampling approach. High profile professionals in this field were first identified by One Family's staff and Board. These

were then asked to indicate further possible interviewees. This process continued until we believed that we had effectively captured a wide range of opinions on the issues. These interviews are especially important in this study as they fill in some of the detail not available from the courts due to the in camera rule.

A number of interviews were also held with staff in organisations in Ireland that were providing contact services. The purpose of the visits and discussions with staff was to examine current provision in Ireland in terms of contact services and to learn from the experience of such organisations.

See Appendix 4 for details of professionals and organisations visited during the course of the study.

Individual Interviews with parents experiencing Child Contact Issues

Individual in-depth interviews with twenty-five parents experiencing child contact issues were carried out over the period from November 2007 to March 2008.

In keeping with the research aims, all interviewees were involved in private law cases. Interviewees were requested through a number of organisations with client contacts in this area. These included:

- AMEN
- Ballymun Community Law Centre
- Ballymun Men's Resource Centre
- Barnardos Guardian ad Litem Service
- Family Mediation Service
- One Family
- Separated and Unmarried Fathers of Ireland
- The South-East Men's network
- Women's Aid

Unfortunately no interviewees came forward from Barnardos Guardian ad Litem service or from the Family Mediation Service. A number of parents came forward from the other services and each of these parents were interviewed by a member of the research team.

Interviews were held with fathers and mothers, with resident and non-resident parents, with parents who had been married as well as those who had been in a non-marital relationship.

Interviews with clients were semi-structured with open-ended questions where possible and were conducted face to face by the researchers working on the study. This method was adopted to ensure a systematic exploration of relevant issues while empowering participants to highlight additional themes or issues not identified by the researchers. An interview schedule was developed for this purpose, see Appendix 2. Interviews were sound recorded with participants' permission and transcribed. A thematic analysis was then undertaken to identify themes and issues emerging during the research process. See Appendix 1 and 2 for details of the consent form used and of the interview schedule. In reporting on these client interviews pseudo names were used in all cases.

2.2.2 Focus groups

Two focus groups were held, one with representatives of fathers groups' and the other with representatives of Women's Aid in order to get a clear idea of the views of these two important groups on the potential role of child contact centres in dealing with contact issues. See Appendix 4 for details of organisations attending these meetings.

2.2.3 Study Visits

The international literature on contact centres abroad was supplemented with visits to established child contact centres in Northern Ireland, Scotland, and England and a further meeting was held with staff of the main contact centre service providers in New Zealand. Details of all centres visited are provided in the Appendix 4.

In terms of the study locations, the United Kingdom was chosen because of its close physical proximity to Ireland. Additionally the UK deals with contact issues in a similar legislative system to Ireland and has, since the 1980s, responded to child contact problems by establishing a system of child contact centres which provide a range of services. Finally in the UK a significant body of background information is available from the Children and Family Court Advisory Support Service (CAFCASS)⁵ and NACCC, which was invaluable to our work and which we were able to examine in more detail during our study visits. The New Zealand option arose because a member of our study team was on a fact finding visit there. Additionally New Zealand presents an interesting case study being a similar country to Ireland in many ways; in terms of size,

⁵ CAFCASS was set up in 2001 and is a non-departmental public body, independent of the courts, social services, education and health authorities and all similar agencies. The service has a statutory responsibility in England to ensure that children and young people are put first in family proceedings, their voices are properly heard, the decisions made about them by courts are in their best interest and that they and their families are supported throughout the process. CAFCASS advises the family courts in England on what it

language and culture, and is often used by policy makers as a comparative country and an example of good practice in social policy.

2.2.4 ethics

Given the sensitive nature of issues under discussion, precautions were taken to ensure that parents who were interviewed for the study understood the research process and did not feel under pressure to disclose information during interviews. Each interviewee signed a consent form prior to the commencement of the interview. This form explained what the interview was about; that the interview could be ended by the interviewee at any time and that the interviewee was free to decline to answer any question. In addition confidentiality and anonymity was assured, See Appendix 1. Interviewees' names have been changed in this report in order to protect their anonymity. Any identifying information has also been removed. Contact details of support and counselling services were provided on request to interviewees at the end of the interview.

2.2.5 Study Limitations

As previously mentioned this study was not able to generate a statistically representative picture of the number of people in Ireland who may be in need of child contact centre services. This was because, as mentioned above, no statistical base of potential users exists. Thus the study adopted a largely qualitative approach to achieve its objectives.

Additionally the study focused on private family law cases in the context of marriage and relationship breakdown. Hence it does not directly address the issue of parent-child contact arising from public law cases when children are taken into care. The study does however recognise that both public and private family law cases share a number of similar characteristics, especially in relation to supervised contact, and that such cases may converge when issues regarding child welfare arise in the private family law courts. We have tried to address this issue in our recommendations.

The study also did not include interviews with other individuals who might use a child contact centre for example grandparents, step-parents, other family members or other

considers to be the best interests of individual children and is staffed by professionally qualified social work staff called Family Court Advisers. CAFCASS may become involved in public law cases of adoption and care orders and also in private law cases when parents who are separating or divorcing can not agree on arrangements for their children (www.cafcass.gov.uk).

important people in a child's life. Again it was felt that to include such individuals would be beyond the resources of the research. However it is understood that such individuals would be potential clients of a child contact centre much in the same way as parents.

Additionally due to resource constraints children themselves were not interviewed for this research and so their experiences are presented only through their parents' narratives. The research where possible compared parent's accounts of their children's views to previous research in this area in order to improve validity.

Finally it is important to note that the research presented here represents an important but preliminary exploration of the issues pertaining to child contact centres in the Irish context. As the first study of this issue in Ireland it should not be taken as a definitive assessment and further research on specific aspects relating to child contact following relationship and marriage breakdown may be required in order to further our understanding of this complex area.

2.3 Summary

This chapter has outlined the rationale for the approach taken in the study. It has explained how in the absence of access to statistical data on potential numbers of contact centre service users in Ireland the level of likely need for such services has been estimated primarily based on international experience and on the views and experience of stakeholders, including both professionals working in the area and parents involved in contact issues. However where proxy statistics are available, such as number of access orders and guardian applications, these are used to indicate whether or not the need for contact services is likely to grow in the future. It has then given details of the precise methodologies used in the different sections of the study.

ChApTer Three: The SOCIAL AND LegAL CONTExT FOR ChILd CONTACT CeNTreS IN IreLAND

3.1 Introduction

The purpose of this chapter is to explore the social and legal context within which child contact⁶ issues arise in private family law in Ireland. As outlined above the study focused on private family law cases in the context of marriage and relationship breakdown. This chapter does not therefore address legislation pertaining to public law cases involving children in care.

Information in this chapter is drawn from available statistics, legislation, case-law, international agreements, court reports and the research and commentary of family law academics. The chapter begins by examining available statistics of relevance to the study in order to give some initial estimate of the scale of need for contact centre services. It examines trends in non-traditional families and in the number of family law cases coming before the courts. However it must again be noted that due to the operation of the *in camera* rule⁷, there is very little information available on family law proceedings in Ireland, and on how they affect child contact.

The following section of the chapter describes the rights of the various parties involved in contact disputes as outlined in the law, with reference to the Irish Constitution, legislation and international laws and conventions. This is followed by an account of how the Courts are interpreting these rights and how they are currently dealing with conflict or disputes over contact arrangements. Other forms of dispute resolution such as family mediation and collaborative law are also considered in so far as they impact

⁶ As said in chapter one, in the context of this research 'child contact' refers to situations where a parent does not normally live with their child and other arrangements have to be made for this parent to have contact with their child. However, in Ireland the term 'child access' is normally used to denote what we understand here as 'child contact'. Internationally however the term 'child access' has increasingly been replaced by the terminology of 'child contact'. Kroll (2000) points out that the logic behind this is a move away from the connotation implied in the term 'access' of the non-resident parent's right to access rather than the child's right to contact. Due to increasing international use of the term 'child contact' this report refers to 'child contact' as opposed to 'child access' unless referring specifically to terms currently in use in Ireland.

⁷ 'In camera' means in private and refers to the fact that all family law cases in Ireland must be heard in private. However Section 40 of the Civil Liability and Courts Act 2004, effective since 31 March 2005, has introduced some minor changes to the absolutist nature of the *in camera* rule. In particular, it provides for limited reporting and publishing of Family Law cases.'

on decisions around contact. The final section examines some particularly problematic issues that arise in relation to disputes about contact arrangements.

3.2 Analysis of available Statistics on Non-Traditional Families

An important contextual starting point in examining the potential level of need for child contact service support in Ireland is a review of trends in the number of non-traditional families living in Ireland today.

Recent years have seen a dramatic increase in the number of one-parent families in Ireland. This trend comes about as a result of growth in both the rates of divorce and separation and the increase in births outside of marriage. Introduced in 1996, rates of divorce and separation have steadily increased (Central Statistics Office, 2007). Indeed between 2002 and 2006 the number of divorced persons increased by 70 per cent and the number of separated persons by 7 per cent such that 166,800 separated or divorced persons were recorded in the 2006 census compared to 133,800 four years earlier (CSO, 2007). In addition, while in 1980 non-marital births comprised just 3 per cent of all births, today the comparative figure is 33 per cent (Fahey and Field, 2008). These children are raised in a variety of circumstances, their parents may subsequently marry, they may cohabit or one parent may raise the child alone or in a shared-parenting situation.

The result of these trends is that while in 1981 one-parent families made up just 7 per cent of all families with children under 15 in 2006, that figure had risen to 21 per cent (Fahey and Field, 2008)). This compares to a figure of 23 per cent in the UK (Office for National Statistics UK, 2006), 22 per cent in Australia (Australian Bureau of Statistics, 2003) and 29 per cent in New Zealand (Families Commission, 2003). Overall, international data indicates that Ireland is middle of the range in terms of its share of one-parent families. Most European countries as well as USA, Canada, Australia and New Zealand have experienced a long-term trend of a growing number of one-parent families (McCashin, 2004: 129).

In 2006 there were 121,394 (17.9 per cent of children under 15) children living in one-parent families in Ireland, meaning that approximately one in five children in Ireland lives in a one-parent family (CSO, 2007).⁸

⁸ See 'Families in Ireland: An Analysis of Patterns and Trends' by T Fahey and CA Field, 2008 for a detailed statistical analysis on children in Ireland.

3.2.1 poverty rates among One-parent Families

In terms of service provision, another important factor to note is that one of the most striking features of data relating to one-parent families in Ireland is the high rates of poverty that characterise this family form. The 'at risk of poverty' rate⁹ for one-parent families has decreased in recent years falling from 45.6 per cent in 2006 to 36.4 per cent in 2008. However members of lone-parent households continued to be the most at risk when compared with people living in other household types (EU-SILC, 2009). Additionally although the 'consistent poverty'¹⁰ rate for lone-parent households sharply declined from 33.9 per cent in 2006 to 17.8 per cent in 2008¹¹, this rate of consistent poverty remains far higher than persons in other types of households (EU-SILC, 2009). Similarly despite a fall in the deprivation levels¹² of members of lone-parent households in 2008, they remained the single most deprived group and reported the highest rates for all eleven of the deprivation indicators. In 2008 over one third of persons living in lone-parent households (30.3 per cent) reported experiencing at least three of the deprivation indicators (EU-SILC, 2009). Children in one-parent families and larger families have also been identified in the CSO and SILC surveys as being one of the groups at greatest risk of poverty (EU-SILC, 2008). The relatively high poverty rates among one-parent families are a factor that will need to be taken into account in planning services for this group.

⁹ The 'At Risk of Poverty' rate is measured by calculating the median income - the mid-point on the scale of all incomes in the State from the highest to the lowest - and setting the line at 60 per cent of the median. People whose incomes fall below this line are said to be at risk of poverty.

¹⁰ The 'Consistent Poverty' rate combines 'at risk of poverty' with the deprivation indicators (eg having no substantial meal for at least one day in the past two weeks; getting into debt to pay for ordinary living expenses etc.) www.cpa.ie

¹¹ Overall this is a decrease of 16.1 per cent in the consistent poverty rate for members of lone parent households since 2006. However a number of methodological considerations must be taken into account in interpreting these trends. In 2007 a new measure of consistent poverty was introduced that included two more forms of deprivation. This is now the official measure of consistent poverty. The figure presented above are comparing the consistent poverty rate using the old measure in 2006 and the new measure in 2008 and therefore are not directly comparable. Comparing the new measures, 27.3 of lone parents were living in consistent poverty in 2006 compared to 17.8 per cent in 2008 both figures indicate a decline of 10.5 percentage points in consistent poverty among one-parent families which is to be welcomed.

¹² Based on EU-SILC eleven basic deprivation indicators

3.3 Trends in the Family Law Cases in Ireland

Child contact issues arise in family law cases for a number of reasons. They can result from applications for custody and contact following divorce or judicial separation. Cases may also arise resulting from unmarried fathers' applications for contact rights. Further cases may be settled jointly between the parties through mediated agreements or through informal agreements. It is relevant therefore to explore trends in such applications over time.

The number of divorces granted in the circuit court has increased from 2,710 in 2000 to 3,658 in 2007. Meanwhile judicial separations have risen from 998 in 2000 to 1,167 in 2007 with much smaller numbers finally decided in the High Court; there were 58 final orders in divorce cases in the High Court in 2007.

Of particular relevance is the number of applications for access orders made in the district court. These have risen from 1,694 in 2000 to 3,491 in 2008, representing more than a doubling of such cases over the eight years. Applications for guardianship by unmarried fathers have risen from 1,009 in 2000 to 2,448 in 2008, representing over a 140 per cent increase from 2000.. Additionally in relation to mediation, the Family Mediation Service helped 1,500 couples in 2007, a rise of 10 per cent on its 2003 figure.¹³

Although the exact level of need for contact centre services is impossible to gauge from these limited statistics, the trends outlined above do indicate the likelihood of an increasing need in Ireland for such services to help parents and children maintain or develop contact following marriage or relationship breakdown. Added to this there were 5,322 children in care, of which 4,758 were in foster care placements in 2007 (HSE Performance Monitoring Report, Quarter 4, Oct – Dec 2007). These children could also be potential users of child contact centres.

3.4 Child Contact: what are the Legal rights of the parties Involved?

The purpose of this section is to clarify and outline the different rights enshrined in law for married parents, unmarried parents and children in private family law. Reference

¹³ The Family Support Agency has responsibility for the Family Mediation Service, a free, professional and confidential service for couples, married and non-married, who have decided to separate or divorce and who together want to negotiate the terms of their separation or divorce with the help of a trained mediator. Family mediation assists separating couples to look at the resources and options open to them and to reach an agreement that meets the interests of both and the interests of their children.

will be made to the Irish Constitution, Irish legislation and international law and conventions.

3.4.1 The guardianship of Infants Act 1964

The principal statute governing access or contact in Ireland is the Guardianship of Infants Act as amended by the Status of Children Act 1987, Judicial Separation and Family Reform Act 1989, Family Law (Divorce) Act 1996 and the Children Act 1999. The 1964 Act makes reference to guardianship, custody, access (contact) and maintenance. Under Section 11 of the 1964 Act any guardian of a child may apply to court if questions arise over the welfare of the said child. This usually refers to concerns over custody, access or maintenance. Although custody or access are not explicitly outlined in the 1964 Act, custody is said to refer to the day-to-day care of a child and access or contact is said to refer to visits and communications with a child on a temporary basis (Shannon 2005: 21). The rights and responsibilities given to parents through guardianship are generally outlined under Section 10 of the Act as the ability to make decisions regarding the welfare of the child. Such decisions may include where the child should live, where the child is educated, what kind of medical treatment the child may receive and their religious upbringing. If the contact order is not complied with by either party, they are in breach of the access order and may face a fine or imprisonment (Court Act (no.2) 1986, Section 5).

3.4.2 Married parents

Under Section 6 of the Guardianship of Infants Act 1964 the parents of a child born into marriage are joint automatic guardians of that child. As with guardianship, married parents also have joint custody of their child under the 1964 act. Under Section 10 of the 1996 Divorce Act the mother or father's guardianship rights are not affected by the divorce. If one party is declared unfit to care for the child on the death of the other partner their rights of custody will be denied under Section 41 of the Act. A similar approach to guardianship and custody is taken to legal separation under the 1989 Act. The definition of the family under Article 41.3.1 of the Irish constitution is a family based on marriage: 'The State pledges itself to guard with special care the institution of marriage, on which the family is founded'. Thus parents of children born inside marriage have greater protection in Ireland than those who have children outside of marriage.

3.4.3 unmarried parents

The definition of the family under the Irish Constitution is that of a family based on

marriage and therefore offers little protection to unmarried parents and their children. Under Article 40.3 the rights of the natural mother are highlighted in conjunction with the rights of the unborn child. But unlike the rights conferred under marriage the rights of the mother are not 'inalienable and imprescriptibly' and the court can use their own discretion in each particular case (All Party Oireachtas Committee on the Constitution, 2006: 96). The rights enshrined to unmarried parents thus differ quite substantially to that of married parents. If a child is born outside of marriage then the mother is automatic guardian (section 6(4) of 1964 Act) of that child and the father only has a right to apply. An unmarried father may apply for guardianship under section 6 (a) of the 1964 act regardless of whether his name is on the register of births¹⁴. An unmarried father may also gain guardianship by means of an agreement with the mother to a statutory declaration allowing him to be joint guardian¹⁵. Under the Guardianship of Children (Statutory Declarations) Regulations 1998, when parents apply for joint custody, the father must be on the birth certificate and both parties must agree to the joint guardianship in conjunction with the custody and contact arrangements. The father may also gain guardianship on the death of the mother provided that she has nominated him. Since 1997 an unmarried father may apply for sole custody (provided he has guardianship) and an unmarried couple can apply for joint custody under Section 11 (4) of the 1964 act¹⁶. An unmarried father may apply for contact whether or not his name is on the register of births, whether or not he is a joint guardian, and even if an application for joint guardianship has been refused (FLAC 2006). Since 1997 relatives of the child may apply for contact¹⁷, but this does not include siblings. A person who has acted as a parent (*loco parentis*) to a child may also apply for contact.

Although unmarried parents have fewer rights under Irish law, international law and conventions offer some protection. The European Convention of Human Rights was incorporated into Irish Law by way of a statute and therefore has standing under domestic law. Under Article 8 of the Convention 'everyone has a right to respect for his private and family life, his home and his correspondence'. Therefore under this Convention everyone, regardless of their marital status has a right to family life and should not be discriminated against on that basis. Brussels II regulation (see below) only gives rights to those who are divorced or legally separated and therefore does not include non-marital families. An unmarried parent may enact proceedings under the Hague Convention provided that the parent holds the 'rights of custody' or guardianship under Irish law.

¹⁴ The section was inserted under section 12 of the 1987 Status of Children Act

¹⁵ Section 2 (4) of the 1964 act inserted under section 4 of the Children Act 1997

¹⁶ Inserted under Order 58, r. 5 of the District Court Rules 1997

¹⁷ Inserted under section 9 of the Children Act 1997

3.4.4 Children

According to the 1964 Act the welfare of the child is the 'paramount consideration' in all family law proceedings and decisions¹⁸. 'Welfare' under the 1964 act is defined in terms of religious, physical, intellectual, moral and social welfare. Under Section 11 of the 1964 act any guardian of a child may apply to court if questions arise over the welfare of the said child. In 1997 a new section was inserted into the Guardianship of Infants Act 1964 that requires the court, when making a contact order, to regard that contact and maintaining a relation with both parents to be in the best interests of the child¹⁹. Therefore under Irish legislation contact is seen as being in the best interests of the child and should be maintained wherever possible (Shannon, 2005). Section 25 of the 1964 Act legislates that if the child is of sufficient age and maturity their wishes can be taken into account in any matters relating to the welfare of said child. Under Section 28²⁰ of the Guardianship of Infants Act a Guardian ad Litem may be appointed to represent the wishes of the child in private family law.

Psychological reports can also be carried out on children under Section 47 of the 1964 Act, this usually occurs in cases of alleged domestic violence. Children in private family law cases are also offered protection under the Child Care Act 1991. Section 20 of the 1991 Act provides for a report on the child to be carried out if there is suspected abuse to a child in private family law disputes (i.e. under the Guardianship of Infants Act 1964). This report is usually carried out by a Health Service Executive (HSE) social worker. In these cases the courts may decide to put a care order (under Section 18 of the 1991 Childcare Act) in place or a supervision order (Section 19, 1991 Act). A supervision order under the Child Care Act 1991 involves a member of the HSE visiting the child in their home to ensure that their welfare is being upheld. When a child has been taken into care Section 37 obliges the HSE to facilitate contact to the child by the parents.

Ireland also has certain obligations under the UN Convention on the Rights of the Child, which was ratified in 1992. Article 7 of the Convention holds that a child has the right to know both their parents; Article 9 states that a child has a right to contact with both their parents on a regular basis and Article 3 holds that all matters should take into consideration the best interests of the child. In 2005 the UN Contact Convention was brought into force. It is intended to reinforce the right of parents and children to contact

¹⁸ Section 3 of the Guardianship of Infant Act 1964

¹⁹ Section 11D as inserted under section 9 of the Children Act 1997

²⁰ Section 11 of the Children Act 1997

2006). At present only four countries have ratified the convention (Russia, San Marino, Czech Republic and Albania), Ireland has not signed or ratified the agreement (Council of Europe 2006). Children's right to have contact with both their parents is also upheld with Brussels II. The new Brussels II regulation²¹ is a European agreement that allows for the enforcement of an contact order made in one member state in another. The main objective of this regulation is to ensure that a child can maintain contact with the non-resident parent even if they are living in separate countries (Council of Europe 2002). Brussels II ensures 'cross-border access rights' by allowing access orders made in one member state to be directly recognisable and enforceable in another member state. The regulation encourages contact arrangements to be agreed upon before the move to another state. It also allows for adjustments to be made in the original member state up to three months after the move (Article 9).

The Civil Aspects on International Child Abduction signed at The Hague in 1980 (otherwise known as the Hague Convention) is another international measure of relevance. Ireland signed this treaty in 1990 and ratified it the following year. By the provisions of the Child Abduction and Enforcement of Custody Orders Act 1991, the Hague Convention was given the force of law in the Irish State. The main objective of this treaty is to facilitate the prompt return of children who are wrongfully taken from the country of the 'habitually resident' parent. The enactment of the treaty applies only to countries

that have ratified the treaty or 'contracting countries'. The premise of this treaty, similar to Brussels II, is to ensure that custody and contact decisions made in one country are respected in another. According to the treaty the removal of a child is considered wrongful when 'it is in breach of rights of custody attributed to a person, an institution or any other body, either jointly or alone, under the law of State in which the child is habitually resident immediately before the removal or retention' (Department of Foreign Affairs, 1993). The rights of custody in this case refer to the care of the child and the decision as to where the child shall live. Therefore under Irish legislation a person who holds guardianship has a right to initiate proceedings under the treaty. The Convention no longer applies if the child is over the age of 16.

Between 1991²² and 2008, a total of 1446 applications were made under the Hague

²¹ Brussels II (regulation no. 1347/2000) was first enacted in March 2001 with a focus on matrimonial proceedings and joint parental responsibility. The new Brussels II was brought into force in March 2005 to replace the old regulation with adjustments to parental responsibility issues including access. The new Brussels II includes all children not just those born inside marriage.

²² 1991 was the year when the Hague and Luxemburg conventions on child abduction were given force in Irish law. This was also when the Central Authority for Child Abduction in the Irish Department of Justice was established.

Convention. In 2008 there were 214 cases reported to the Central Authority for Child Abduction. Of these 97 were outgoing cases (ie children taken from Ireland to another country), 44 per cent involved the United Kingdom, 40 per cent involved other European Countries, 6 per cent involved the USA and 10 per cent involved other contracting states (Central Authority for Child Abduction, 2009). No figures are available on the number of cases of abduction that occurred during contact visits.

3.5 Child Contact: The role of the Courts

The purpose of this section is to highlight how the Irish courts have interpreted these rights to date and to look at how they deal with disputes over contact or access. First it is important to give an overview of the difficulties that exist in relation to gaining information on family law disputes due to the operation of the in camera rule.

The in camera rule applies to all family law proceedings and means that no third party can attend family proceedings nor can the parties involved make public what happened (up until 2004). Therefore all family law proceedings are held 'otherwise than in public'²³. The purpose of these measures is to ensure that the privacy of the family is protected and that vulnerable groups or individuals can be protected (Coulter, 2007b). In the last number of years there has been growing criticism of the in camera rule particularly the limited scope it allows for scrutiny of Family Law Courts' decisions. According to Doolan (1994) there are instances where cases should be kept private but each case must be examined carefully as to whether such restrictions or secrecy are in the best interests of society. It is important, Doolan argues, that the facts of some cases are open to the public so that we are in a better position to ascertain if reform is necessary. McCormack (2000: 3) states that 'Restrictions on the public scrutiny of the administration of justice is always a risk to justice. The more restrictions are imposed, the greater the risk'.

The ban on information means that the public do not know if the law is being administered fairly and as such prohibits public scrutiny of the family law courts (McCormack, 2000; Coulter, 2007b; Law Reform Commission, 1995). This may lead to a situation where allegations of unfairness or bias and litigants not receiving a fair hearing go unrecorded (Coulter, 2007b). Others point out that the modification of the in camera rule could help protect vulnerable individuals in family law disputes, in particular children (McCormack, 2000).

Due to the rise in criticism and the public need for more information on the family law

²³ Section 34 Judicial Separation and Family Law Reform Act 1989.

proceedings Section 40 of the Civil and Courts Act was implemented in 2004. In 2005 a pilot family law reporting project was set up to provide more information on how the Family Law Courts operate. Dr Carol Coulter led the project and focused her research on Circuit Courts across the country. The project produced three family law journals (Family Law Matters) with a final report giving an overview and a number of recommendations. Coulter concluded that the 2004 Act needs further clarification over who can prepare reports for the media and that the court should publish judgements, decision and related statistics.

What follows are examples from Coulter's reports, statistics from the Court Services and examples from case law aimed at clarifying how the courts currently deal with family law disputes in Ireland.

3.6 examples of Cases from the Family Law Courts

3.6.1 Access and supervised access

Up to 1990 access was viewed as a parental right but since the judgement of Justice Carroll in *M.D vs. G.D* the welfare of the child is seen as the paramount consideration (Shannon, 2005).

In 2008 3491 applications for access were made, of these 2723 were granted with only 175 refused²⁴. This indicates that it is uncommon for an application for access to be denied. Examples from case law also illustrate this. In 1984 access was granted to a father when it was clear that the children were afraid of him²⁵. In another case supervised access was ordered when there was a suspected sexual abuse by the father²⁶. It is difficult to ascertain how many supervised access orders are made due to the privacy of the family law courts. Indeed it is said that much of this information goes unrecorded (Court Services). In an instance outlined in Coulter's report a family member was requested to supervise the access which led to a highly agitated situation that impacted negatively on the child (Coulter 2007a).

3.6.2 Joint custody

Decisions surrounding the provision of joint custody depend on each individual case.

²⁴ 593 application were withdrawn in 2008 (Court services 2009)

²⁵ *MacB v. A.G. MacB*

²⁶ *O'D v. O'D*

Indeed the focus is primarily on causing as little disruption to the daily routine of the child as possible (Shannon, 2005). If there is hostility between the parents, joint custody is usually not advised but nonetheless it is not an absolute bar to joint custody²⁷. Coulter's (2007a) observations in the Circuit and District Family Courts across the country indicated that joint custody is usually granted unless a parent appears unfit to carry out their duties and responsibilities due to a drug/substance abuse, mental illness, imprisonment or disinterest. In most cases, according to Coulter, the child usually resides in the mother's home or the case may be that the child lives with one parent during school days and with another at the weekend. The granting of custody is, as with all matters in the Guardianship of Infants Act, based on the best interest of the child.

3.6.3 The wishes of the Child

According to Coulter (2007b) no adequate framework exists in Ireland to ensure that the wishes of the child are taken into account in family law proceedings. Judges therefore have to use their discretion in dealing with such matters. Indeed there is no formal training for judges as to what is the best means possible to assess the views of the child in family law proceedings (Coulter, 2007b).

Since 1995 the court can order a psychological report to be carried out if it deems it to be necessary. This is usually carried out in cases of suspected domestic violence or sexual abuse. The reports are costly as the charge for the use of a psychologist falls on the family²⁸ (Horgan 2003, Coulter 2007b). It also delays proceedings and the consistency in the practice of the use of such reports is unclear (Coulter, 2007b). Coulter (2007b) argues that there is a need for properly trained and experienced social workers to look into the needs and welfare of the child in family law disputes. This, Coulter argues, should be a court-based service, that should be free of charge and available to those who wish to use family mediation or collaborative law as a means of dispute resolution.

3.7 guardianship and unmarried Fathers

As outlined above, in Ireland an unmarried mother is awarded guardianship automatically, whereas an unmarried father has the right to apply. In 2008 1,802

²⁷ Judge McGuinness noted in *E.P. v C.P.* (1998) that joint custody may not be suitable in this case as there was significant acrimony between the parties and would therefore be disruptive to the child. Despite this joint custody was awarded as it was hoped that joint parental responsibility would encourage them to overcome their differences and help alleviate the conflict between them.

²⁸ Cost can currently be from €2 - 4k (Women's Aid)

unmarried fathers were granted guardianship under this Section of the 1964 act, 283 applications were refused representing 13.6 per cent of all valid applications²⁹(Courts Services, 2009). Although this figure indicates that there is a high success rate in application under the Section 6 (a) all decisions are hinged on welfare of the child (Shannon 2005). The granting of guardianship to the unmarried father is not an automatic right and a number of factors must be taken into account, i.e. the blood link alone is not enough³⁰. According to Shannon (2005: 48) if the application is disputed the courts will look at a range of factors including: the circumstances surrounding the birth of the child, the relationship between the parents and the way in which the parental responsibilities have been shared to date. Coulter (2007b) found in her pilot family law reporting project that although a minority of judges argued that a burden of proof was necessary in the granting of guardianship to unmarried fathers, others saw it as an right of the natural father regardless of his marital status.

In a landmark case analysing the rights of the unmarried father under the Constitution, in *The State (Nicolaou) v An Bord Uchtála* (1966), Justice Walsh concluded that the family referred to in Article 41 is that which is based on marriage and that the unmarried father did not have natural rights to his child under the Irish Constitution.

According to Doyle (2007) there is a tension between the European Court of Human Rights (ECHR) and the Constitution. This was highlighted in a case brought before the ECHR in 1994 (*Keegan vs. Ireland* (1994) 18 EHRR 342). The ECHR concluded that the unmarried father in this case did have a right to family life as he had an established relationship with his daughter from the moment of birth. The bond between this father and his daughter amounted to family life under Article 8 of the ECHR (Doyle, 2007).

The Constitutional definition of the family and the question of automatic guardianship was highlighted in the *Mr. G* case. In this case the question arose as to whether an unmarried father had the right to enact proceedings under Brussels II and the Hague Convention when the mother of his children left the country with their children without his knowledge or consent. Debate over the issue centred on when the father's 'rights of custody' (or guardianship under Irish legislation) became enforceable as he first applied a month after they were taken out of the country, and up to what point the children were habitually resident in Ireland. The High Court Judge concluded that the children were

²⁹ In 2008, 363 applications were withdrawn or struck out (Courts Services 2009)

³⁰ This point was illustrated in the case *J.K. v V.W.* (1990) where the judge argued that although the blood link would be taken into consideration, the welfare of the child and the nature and quality of the relationship between child and father prior to the application were more important.

habitually resident in Ireland up until April 2007 where the father had been granted the right to apply for custody in the District Court in March 2007 (Doyle, 2007). Based on these facts Justice McKechnie ruled that the removal of the twins under the Hague Convention was indeed wrongful. This was again analysed in relation to Brussels II where reference was made to Article 8 of the European Convention on Human Rights. At this point the Judge analysed the relationship between the father and their children and concluded that a father who is unmarried may have a better relationship with his child than a father who is married, therefore it is unfair to discriminate on the basis of marital status.

3.8 The Constitution and the Definition of the Family

Difficulties have arisen in the past in cases where there was a conflict of interest between the rights of the family as a unit and the rights of the individual member of the unit. At present the Constitution offers little protection to children as the rights under Article 41 are enshrined in the family as a whole, as opposed to in the individual members. By giving precedence to the family based on marriage and family rights over individual rights, Article 41 has effectively impeded the implementation of the UN Convention on the Rights of the Child and the European Convention on Human Rights in an Irish context (Shannon, 2005). The Baby Ann case reflected how children's rights can be outweighed by familial rights. In this case the child was put up for adoption by the mother, following which the parents married and the child was returned. In this judgement the child's right to family life with her adoptive parents was overridden by the 'inalienable' rights of the married family unit. When there is conflict between the Constitution and the Guardianship of Infants Act, the former takes precedence (Shannon 2005).

3.9 Other Forms of dispute resolution

Mediation is an alternative means of resolving custody and contact disputes in conjunction with decisions around separation and divorce. Mediators encourage a cooperative approach, rather than viewing separated and divorced couples as adversaries whose interests must constantly be protected by legal practitioners. For many, mediation is the most desirable method of resolution of family disputes as it encourages cooperation and compromise. It also facilitates a more child friendly approach to family disputes as the welfare of the child is ensured through a non-adversarial, cooperative approach (Coulter, 2007b). Indeed research has illustrated that those who arrange child contact through mediation were less likely to have disagreements in the future over these issues than those who addressed the issue in the courts (McCarthy et al, 1991).

Under Sections 5 and 6 of the Judicial Separation Reform Act 1989 and Sections 6 and 7 of the Family Law (Divorce) Act 1996 solicitors must recommend the options of family mediation and counselling before the case goes to court. According to Coulter (2007b) the extent to which this is done is limited.

In Ireland there is no statutory obligation to attend family mediation before going to court, unlike many other common law jurisdictions. In 2007, 850 couples participated in family mediation, with 514 reaching an agreement, 64 returned to their marriage and 272 did not complete the process (Family Support Agency 2008). Those seeking mediation account for 5.9 per cent of all those involved in family law disputes (25,057 applications to the Family Courts in 2008). Coulter (2007b) argues that the small take up in family mediation is due to a lack of information, legal practitioner's lack of enthusiasm about the service and concerns over accreditation and regulation. She recommended that a number of family mediation sessions be ordered by a Judge before the case goes to court or that there be a preliminary hearing to assess whether mediation would be more suitable.

Collaborative law is a relatively new approach to family law matters. The processes are similar to mediation but instead of a mediator the parties are represented by legal practitioners and the agreements are legally binding.

3.10 Child Contact: what are the key Legal Concerns?

This section draws on the above research and on comments made by the legal professionals and others interviewed during the course of the study, see Appendix 4.

3.10.1 balancing rights

In recent years there has been growing debate on how best to balance the rights of the parties involved in family law disputes. Questions have arisen over whether contact or access is truly a child's right or a parent's right. As the Baby Ann case illustrated, when there is conflict between the Constitution and the legislation the former takes precedence. According to Shannon (2005) the Constitution is ultimately pro-parent and has therefore undermined the welfare principal. The proposed referendum on children's rights is intended to make family law more 'child-centred' by awarding children increased rights under the Constitution.

Debates over father's right have also gained resonance over the last number of years. Fathers' rights groups argue that the courts are biased against fathers and that they are

treated unfairly (McCormack, 2000; O'Brian 2007). Many have advocated for automatic guardianship for unmarried fathers so that they have equal rights to married fathers and unmarried mothers. McCormack (2000:19) argues that the inconsistencies in the way guardianship is awarded at present reflects the arbitrary nature of decisions in family law cases, where the outcomes of the cases depend on which judge hears it rather than being based on a set of precedents.

Balancing rights between all the parties involved in family law disputes is thus a key backdrop to the current research.

3.10.2 risk and Child Contact: domestic Violence and Child Abduction

International research indicates that some children may be at risk of abduction during contact visits with the non-residential parent (Agopian, 1984 and 1987; Finkenhor et al, 1991; Klain, 1995; Kilsbey, 2001). Research in the UK illustrates how children and nonabusive partners can be put at risk through contact orders. This is predominately due to the lack of transferable information across civil law processes (divorce, separation, custody and access), and criminal law (convictions of domestic abuse) and limited knowledge of post-separation violence by the courts. These issues are compounded by delays in courts processing and pressure on the courts to reach decisions surrounding children. (Hester and Radford, 1996).

According to Horgan (2003) a similar situation can be observed in the Irish family courts where access and custody is seen as distinct and unrelated to the issue of domestic violence. In Ireland contact is said to be granted in most situations unless the child has been physically abused (Horgan, 2003, Women's Aid, 2003).

A survey carried out by the Law Reform Commission found that in cases where a barring order had been put in place 67 per cent of respondents reported that contact led to further problems, where only 1 per cent reported no further problems.

Women's Aid set out to explore the issues surrounding child contact and custody in the context of domestic violence. Their study consisted of 65 compiled cases from Women's Aid records while a number of service providers working with victims of domestic violence were also surveyed. The study found that contact appeared to be refused only in cases where the child had been directly abused. The study also highlighted the inadequacy of supervised access orders, where the non-abusive partner or their family may supervise the contact. The slow processing of barring orders was also cited as a problem in this study. An application for a barring order may take up to 13 weeks, where the abusive partner may still have access to the non-abusive partner

through the contact arrangements. If the non-abusive partner puts in an application to change or stop the contact arrangements due to concerns about their safety or the child's safety, the abusive partner will continue to have contact until the application has been processed (Women's Aid, 2003). They concluded that lack of resources and supports to the court impact negatively on the availability of relevant information on which to assess such cases, such as expert reports, detailed risk assessment and inputs from probation and welfare services (Women's Aid, 2003).

Women's Aid recommended that proper risk assessments be carried out by court-based services, supported by a service that can provide statutory supervised access. The Law Reform Commission (1996) argues that supervised access should be the responsibility of the Probation and Welfare services. This was reiterated in Coulter's (2007a) report in relation to the assessment of risk to children. However a number of the fathers' groups expressed concern about the possible over-use of contact centres by professionals wishing to move cases on from the courts. In the UK Radford and Hester (1996) argue that the needs and wishes of the child in these situations need to be top of the agenda. The quality of the contact with the violent parent should also be a consideration.

3.11 Summary

Available statistics show that there are a growing number of non-traditional families in Ireland today, indicating an increase in the number of children, albeit from a small base, who may not be living with both parents and may be involved in other forms of contact arrangements for a variety of reasons. Evidence from the Court Services indicates that there were 3,491 cases regarding access in the family law courts in Ireland in 2008, a doubling of the 2000 figure. Additionally 2448 unmarried fathers applied for guardianship (again a doubling of the 2000 figure) and approximately 1,500 couples sought help from the Family Mediation Service in 2007 (Family Support Agency 2008). Because of the in camera ruling, no further breakdown of these cases is available and no information exists on the number of such cases requiring the service of a contact centre. However they do provide some base-line figures on which to begin to assess the level of potential need for contact centre services. Indeed these figures suggest an increase in the number of cases in Ireland where child contact issues can occur. This chapter additionally outlines the relevant legislation covering issues of child contact. It has also highlighted some recent High Court cases that demonstrate the type of issues that are emerging, supported by international law primarily and has identified a number of factors that impact on contact decisions in the courts, such as a history of domestic violence, child abductions and child welfare concerns. It has further highlighted the increasingly complex environment within which such cases operate and the growing focus on ensuring that the rights of all the parties concerned are taken into

account in decisions made in relation to children in family law cases. This increasingly includes the rights of unmarried fathers, and most particularly of children, to have contact with both parents. Overall this review of available statistics and of the legal environment demonstrates the type of child contact issues that are arising in Ireland today and indicates the likelihood that the frequency of such issues will increase in the future. The remainder of the report explores in detail the importance of such contact for the parents and children concerned and the type of services required to facilitate such contact. It draws on the international literature, supplemented by interviews with professionals, with parents and with contact service providers in Ireland and internationally.

ChApTer FOur: reVlew OF LITerATure ON ChILd CONTACT

4.1 Introduction

This chapter provides an overview of the research literature on child contact. Research findings on the importance to child well-being of contact with a non-resident parent are presented, followed by a review of the literature on child and non-resident parent preferences when it comes to contact and on issues in parent-child contact and interaction. Then the available literature on mitigating factors that can make child contact problematic are explored.

4.2 The Importance of Child Contact

4.2.1 Importance of Contact to Children

In terms of children's preferences regarding contact, the consensus which seems to be emerging from the available research is that most children want to maintain contact with both parents (Lamb et al, 1997; Dunn, 2004). It has been shown that fathers' emotional significance to children does not usually diminish, despite infrequent or lost contact (Hetherington, Cox, & Cox, 1976; Wallerstein & Kelly, 1980). In an Australian study 91 per cent of children included their non-resident fathers as part of their family (Funder, 1996). Losing regular contact with their fathers was cited by the children in one study as the worst aspect of the separation of their parents (Kurdek & Siesky, 1980). In Smith et al over two thirds of children reported that they definitely enjoyed contact and a further 17 per cent gave a qualified positive response. Negative feelings about contact were expressed by only 4 per cent (Smith et al, 2001). These findings are consistent with recent Irish research which found that one of the most important issues for children experiencing parental separation was maintaining contact and relationships with non-resident parents (Hogan et al, 2002). This report found that children who did not see their non-resident parents as much as they would like, or who had no contact with non-resident parents, were more likely to be distressed about separation (Hogan et al, 2002).

4.2.2 Importance of Contact to Non-resident parents

Studies of non-resident motherhood consistently document the psychological and emotional pain associated with non-resident motherhood (Herrerias, 1995; Babcock, 1997; Santora and Hays, 1998). This pain has been described as a sense of loss and grief which is often chronic, particularly for those mothers who maintain relationships with their children, as every visit is a reminder of what they have lost (Santora and

Hays, 1998). Studies have also suggested that in addition internal pressures arise as a result of nonresident mothers believing they are not fulfilling their 'natural' role and many experience guilt, shame, anxiety and depression (Greif and Pabst, 1988; Arditti and Madden-Derdrich, 1993).

There is a comparative lack of research interest in the adjustment processes of nonresident fathers. However, studies which are available indicate that, like mothers, nonresident fathers find the transition to non-resident parenthood to be a deeply distressing experience (Bradshaw et al, 1998; Simpson et al, 2003). In addition research suggests that many non-resident fathers lose contact with their children despite the father's own desire to maintain contact (Dunn, 2004). The research of Simpson and his colleagues which investigated fathers' views in depth showed that around 60 per cent of the fathers who never or rarely saw their children after divorce said they wished to see their children, and were in dispute with their ex-partners about contact (Simpson et al, 1995; Simpson et al, 2005). Many claimed that they had tried to maintain positive relationships, and had given up in frustration (Dunn, 2004).

4.2.3 The Importance of Child Contact with a Non-resident parent to Child well-being

An important antecedent to any discussion in this area is to note that research into child contact with a non-resident parent focuses almost entirely on contact with a non-resident father. There are no available statistics on the number of non-resident mothers in Ireland but in the UK non-resident mothers make up around three per cent of all non-resident parents (Keilty, 2006). While some research into child contact with a non-resident mother exists, this research is in its infancy and there is a clear need for further research to inform knowledge in this area (Keilty, 2006). Due to this constraint the review presented here will focus predominantly on non-resident fathers but where possible refer to the available literature regarding non-resident mothers.

Research on the significance for child well-being of the frequency with which children see their non-resident parent can currently be said to be mixed and inconclusive (Dunn, 2004). Some research has indicated disadvantages faced by children who grow up apart from their fathers (Amato, 2000; McLanahan & Sandefur, 1994). Focusing on positive effects of contact rather than the negative effects of non-contact, a recent study examining young children's accounts of their relationships with their non-resident fathers, found that frequent contact was associated with fewer externalising problems (Dunn, Cheng, O'Connor & Bridges, 2003). However other studies have found that children with no contact do better (Ellis, 2000:40). In contrast to these findings, a number of other studies including large national surveys have found little or

no association between non-resident father visitation and child well-being (Amato and Gilbreth, 1999; Furstenberg, Morgan and Allison, 1987; King, 1994; Bray and Berger, 1990; Thomas and Forehand, 1993).

In contrast to the mixed picture presented above on the significance of frequent childparent contact, the quality of the relationship between child and non-resident father has more consistently been reported to be linked to positive outcomes for children (Dunn, 2004). Hetherington and Parke (1979) concluded from their research that when there were four factors in place; agreement in child rearing, a positive attitude towards the other spouse, low conflict between parents and emotional stability of the father, frequency of contact between the father and children was associated with a more positive adjustment in the child. Other research has come to similar conclusions (Kelly, 1993). Current research suggests that intensive types of involvement beyond mere contact are especially important for children's welfare (King and Sobolewski, 2006). In particular, the warm, supportive, and close ties that characterise high relationship quality and the responsive, negotiated control that characterise authoritative parenting practices (Baumrind, 1991) appear to promote child well-being and positive child development (Amato & Gilbreth, 1999; Marsiglio et al, 2000).

Some research has suggested that high quality father-child ties may be particularly important for child well-being because fathers who develop close affective bonds with children can be more effective in monitoring, teaching, and communicating with children, thereby allowing the social capital inherent in the father-child relationship to be realised (Amato, 1998; King, Harris, & Heard, 2004). Contact alone does not guarantee that this will occur. Many non-resident parents engage in leisure activities such as taking their children to restaurants and movies but fail to engage in responsive parenting or other authoritative practices, such as talking about problems or setting limits (Amato & Gilbreth, 1999; Stewart, 1999). Thus current research suggests that what may be more important than contact itself is the significant indirect effects contact creates through providing an opportunity for non-resident parents to engage in active forms of parenting (King and Sobolewski, 2006). Thus, ultimately it seems that in terms of child-well being, frequent quality parent-child contact is more important than simply frequency contact.

4.3 Issues in parent-Child Contact and Interaction

There may be a myriad of factors which create potential obstacles to parent-child contact and interaction. These may be related to a parent's material circumstances or may centre on psychological issues surrounding the parent-child relationship.

There may be lost or infrequent contact between a child and his or her non-resident

parent on account of a non-resident parent's material circumstances. A non-resident parent may have moved out of the family home and be living in temporary accommodation such as a B&B or staying with family or friends. On account of this, contact between a child and their non-resident parent may become lost or infrequent if a father does not have a suitable place for contact to take place (Joseph Rowntree Foundation, 2002). Where a parent either does not have a home or does not have a suitable home to bring their child to they may have to rely on taking the child out, for example to the cinema or for food in order to see them. Research has found that the financial cost of contact for non-resident parents is high (Henman and Mitchell, 2001). Other research has found that poverty is a strong indicator of loss of contact for non-resident parents (Skevik, 2006). For parents on a low income the financial cost of contact may present a burden which may undermine contact. In other cases there may be difficulty in the parent-child relationship where there has been no contact or where there has been a prolonged period of no contact (Kroll, 2000: 184).

In other cases it has been found that a child may be 'alienated' from a parent with no obvious justifiable reason. This is a phenomenon consistently reported by professionals working in the area (Warshak, 2001: 34). Usually in the context of parental separation, such children develop extreme animosity towards one parent that is not justified by that parent's behaviour. Although not always, sometimes this animosity or alienation appears promulgated or supported by the other parent (Warshak, 2001: 34).

While there is little disagreement amongst experts that such situations exist, there is much disagreement over the term that should be used to describe the behaviour of such children and the level of influence that the non-alienated parent might wield in the alienation process (Warshak, 2001: 35). The term 'Parental Alienation Syndrome' (PAS) (Gardner, 1985) is often used to describe children exhibiting such symptoms. For PAS to be identified three elements must be present: a child's rejection or denigration of a parent on a persistent level that is not merely an occasional episode; this rejection is unjustified, ie the alienation is not a reasonable response to the alienated parent's behaviour; and finally the rejection is a result of the non-alienated parent's influence. If any of these three elements is absent, the term PAS is not applicable (Gardner, 1985). Critics of PAS argue that it oversimplifies the causes of alienation, leads to confusion in clinical work with alienated children, and lacks an adequate scientific foundation to be considered a syndrome. They also argue that the term is misused in court. Specifically on the first point, critics assert that the cause of alienation is oversimplified by reference only to the influence of the other parent. They argue that since some children successfully resist the influence of a custodial parent, the cause of alienation must depend on other additional factors (Kelly and Johnston, 2001). This review will not engage in debate surrounding the terms used to describe alienation, suffice to state

that, for whatever reasons some children seem to become alienated from a parent with no clear justification.

4.4 Mitigating Factors in the presumption of parent-Child Contact

4.4.1 Child Contact in the Context of Parental Conflict

Although as discussed above, quality contact can have positive outcomes for children, evidence also indicates the negative effects of poor quality contact. Studies have consistently demonstrated that post-separation conflict between ex-spouses is associated with poor adjustment among children experiencing parental separation (Johnston et al, 1989; Amato and Keith, 1991; Zill et al, 1993; Pryor and Rodgers, 2001). Studies also show that children whose parents have high levels of conflict are more prone to depression and to pessimistic explanatory styles and feelings of powerlessness and helplessness (Ellis, 2000: 200). Research has indicated that many separated parents have a moderate to highly conflictual relationship and that child contact is a common source of conflict (Arendell, 1986; Hetherington et al, 1982). Other studies of children in highly conflicted divorce families have shown that visitation times are an ongoing time of stress for both children and parents. Indeed work by Johnson et al found that young children had multiple symptoms both before and after visitations (Johnson and Campbell, 1988; Johnson, Campbell and Mayes, 1985). Thus although continued contact with non-resident parents may be beneficial for children in certain ways, it may also exacerbate conflict between parents, which is bad for children (Kelly, 2000). The end result might be one in which continuing hostility between parents cancels out the benefits that might otherwise follow from a high level of contact with the non-custodial father (Kelly, 2000). Indeed summing up the research in this area Ellis states: 'What we can conclude about parental absence is that it matters but that conflict also plays a major role. Many studies have found that children who have frequent visitations with a non-custodial parent in a harmonious atmosphere benefit enormously. But when the child must "cross the firing line" to get to the out of home parent, the child's adjustment goes down as the frequency of visits goes up.' (Ellis, 2000: 41)

Restricted communication between ex-partners may be a way to avoid conflict (Furstenberg & Nord, 1985).

4.4.2 Child Contact in the Context of domestic Violence

A second instance in which it is possible that contact may not benefit a child is in the context of domestic violence. Additionally in such cases contact may pose a serious threat to the well-being of the resident parent. Research indicates the multiple potential

dangers present in post-separation contact occurring between the child and non-resident parent in cases of domestic violence. A myriad of studies involving mothers and children have demonstrated that abuse frequently occurs post-parental separation and that contact with children is commonly used by the abuser as a route to further abuse their former partner (Joseph Rowntree Trust, 1996; Straus, 1995; Hester et al, 2000; Mechanic, 2000; Humphreys et al, 2002; Hester and Radford, 2000; Humphreys and Theara, 2000). During contact visits children can be exposed to the physical and psychological abuse of their parent (Mullender et al, 2002; Stover et al, 2003) and they can witness or are aware of the sexual abuse of their mother during contact visits (Radford and Sayer, 1999; Saunders and Barron, 2003). Research also shows that the first six months of separation may be a time of particular danger with an increased risk of homicide (Wilson and Daly, 2002) and escalation of abuse (Johnson, 1998). Indeed contact visits can be 'life threatening' (Buckley, Whelan and Holt, 2006: 23).

There is also 'a clear and irrefutable link between the presence of domestic violence and the co-occurrence of child abuse' (Buckley, Whelan and Holt, 2006). This means that children are at increased risk of actual physical, sexual and emotional abuse from perpetrators of domestic violence (Hester et al, 2007). This claim is supported by a myriad of studies (Ross, 1996; Kelly, 1998; Barnardos, 2003; Edleson, 1999; McGuigan and Pratt, 2001; Jones et al, 2002; Lundy and Grossman, 2005; Weinehall, 2005). Indeed a two year study found that many children reported abuse or neglect during unsupervised contact visits with a parent who had been abusive to the child's custodial parent (Rowntree Trust, 1996). Importantly, harm may not be the only outcome since unsupervised contact may also provide a context for violent men to murder their children or former partners (Radford and Hester, 2006; Saunders, 2001, 2004). Research by Radford and Sayer (1999) in England found that during unsupervised contact visits, 10 per cent of children in families that had experienced domestic violence had been sexually abused, 15 per cent had been physically assaulted, 62 per cent were emotionally harmed, 36 per cent experienced neglect and 26 per cent were abducted (Radford and Sayer, 1999).

Even when children are not direct victims of domestic violence in the sense that they have not been beaten or mistreated by the abusing parent, they may still be indirect victims (Horgan and Daly, 2005). Without a history of child abuse, an abusive parent may still try to use the children manipulatively to force the abused partner to return or try to retaliate through the children. Radford and Hester (1996, 2006) found that during contact visits children were sometimes used by ex-partners to convey threats and abusive messages to their mothers, were pressurised into carrying out acts of violence against their mothers and were involved in plans to kill their mothers (Radford and Hester, 1996, 2006). Therefore, if contact with the abusive partner is granted,

the children and the custodial parent need to be protected from these manipulations (Straus, 1995).

Research on the harmful effects of a child witnessing domestic violence has also been well documented (Edleson, 1999; Straus, 1995; Wolfe et al, 1986; Mullender, 2002; Horgan and Daly Jermyn, 2005). These respective research findings consistently report that child witnesses exhibit more behavioural problems, cognitive disturbances, emotional disorders (depression, anxiety, anger) and somatic concerns than do their counterparts who do not witness domestic violence (Maxwell and Oehme, 2001). Indeed the negative effects on children of witnessing violence can be similar to the symptoms experienced by children who have themselves been abused (Barnardos, 2003). Research is also showing that children who continue to live with high levels of conflict and domestic violence following their parents' separation are emerging as some of the most distressed children in the population, showing very high rates of behavioural and emotional disturbance (Buchanan et al, 2001). There may also be a specific effect on older children who can begin to identify with the power of the abuser, observing no negative consequences for the abusive use of power and control; they may begin to model the aggressive behaviours in their own relationships (Jaffe and Geffner, 1998).

Despite the potential dangers to child well-being in cases of domestic violence, there is also evidence that many children whose parents have been violent still wish to have contact. A recent study into children's experiences of living with domestic violence found that young children (though not teenagers) living in refuges spoke of missing their fathers despite their fathers' violence (Hogan and O'Reilly, 2007). This is in keeping with other research which has found that in a post-separation context children whose fathers are violent often have mixed and confused feelings regarding their fathers involving fear, hatred and distress as well as love (Hester and Radford, 1996). This should not imply however that all children who have experienced violence will want contact with an abusive parent. Often this is not the case (Sheehan and Carson, 2006). Interestingly a recent survey of 175 resident mothers in Australia suggested that separated mothers are strongly supportive of children spending time with their fathers as long as their children are safe (McInnes, 2007).

4.5 Summary

The available literature indicates that in the main both children and non-resident parents wish to have contact and that frequent quality contact is important to child well-being.

However the research has also identified a number of issues which may potentially present obstacles to such quality parent-child contact. These include:

- Situations where a non-resident parent does not have a suitable place for contact to take place and the financial cost of contact in this situation;
- Where there has been no contact between parent and child or where there has been a long period of no-contact; and
- Where a child has become 'alienated' from a non-resident parent; presenting hostility with no justifiable reason.

The available international and Irish research also indicates the need to protect children from parental conflict as exposure to conflict has been shown to have potentially negative effects on child witnesses, most particularly in situations where there is a history of domestic violence. It shows that children can potentially suffer serious adverse psychological effects by witnessing violence and additionally are at increased risk of actual abuse from perpetrators of domestic violence. Some research also indicates situations where resident parents and children can be endangered by an absence of effectively supervised post-separation contact.

Findings from the literature review on child contact therefore demonstrate the importance for child well-being of quality contact between parents and children following marriage and relationship breakdown. They also highlight the kind of difficulties that may arise in ensuring that such contact can take place and the important role that specialist services can play in enabling quality contact to be initiated and developed.

This literature review provides an important backdrop to considerations by policymakers in Ireland as to the importance of supporting quality contact for both children and parents and of ensuring that such contact is safe and is in the best interests of the children concerned.

ChApTer FIVE: The Need FOR, rOLe OF ANd OperATIOn OF ChILd CONTACT CeNTreS INTerNATIOnALLY

5.1 Introduction

This chapter begins by examining the provision of child contact centres internationally as outlined in the available literature. Issues examined include the level and type of provision, the profile of clients and operation and funding arrangements in contact centres. The countries examined are Britain and Northern Ireland, New Zealand and Australia. These jurisdictions were chosen because of the level of information available and also because of the possibility of following up most of these countries through visits to a selection of such centres. Following this the views of parents and children using contact centres as reported in the literature are presented. The chapter concludes by summarising the implications of the findings for the development of contact centres in Ireland.

5.2 International provision of Child Contact Centres

Child contact centres were first established in the United Kingdom in the 1980s. There the Lord Chancellor's Advisory Board has stated that the role of child contact centres is one of the most important developments to have occurred in family law in the last ten years (Lord Chancellor's Advisory Board on Family Law, 2002). Similar centres exist in many countries throughout the world, including in New Zealand, Australia, Belgium, Canada, Denmark, France, Germany, Israel, Italy, Switzerland and the USA (Harrison, 2002).

5.2.1 Level of provision united kingdom

There are 356 supported contact centres³¹ as well as 64 supervised centres in England, Wales and Northern Ireland³². This indicates a ratio of over 1:5 supported to supervised centres. These centres provide services for families in private law cases however sometimes they may also be used as a place to supervise contact for a child in care. All of these centres are affiliated to and accredited by the National Association of Child Contact Centres.

Between 1 April 2007 and 31 March 2008, 14,200 families and 17,000 children used

³¹ Personal communication with NACCC, October 2008

³² Personal communication with NACCC, December 2007

these contact centres involving 35,800 contact sessions³³. This suggests that 0.14 per cent of children in England, Wales and Northern Ireland are using a contact centre³⁴ and that, on average, there is one contact centre per 28,000 children. In 2007 in England and Wales there were 73,267 private law court cases on the issue of contact (Ministry of Justice, 2007). Based on this figure, and assuming that these cases all refer to separate families, and that half of all contact cases involve the courts, we can estimate that around 10 per cent of families involved in court cases involving child contact issues make use of a child contact centre.³⁵

Furthermore NACCC estimates that approximately half of all supported centres in England, Wales and Northern Ireland had waiting lists in 2007/2008 (NACCC, unpublished).

Northern Ireland and Scotland

Compared to the other regions of the UK, child contact centres came later to Northern Ireland. The first centre was set up nine years ago and today there are ten child contact centres in Northern Ireland providing supported contact primarily. In 2006, child contact centres facilitated contact for 391 families with 613 children in Northern Ireland (Northern Ireland Network of Child Contact Centres (NINCCC), 2007). This indicates that around 0.16 per cent of children in Northern Ireland were using a child contact centre in 2006³⁶. Based on the total child population of Northern Ireland there is around one contact centre per 38,000 children.³⁷

In Scotland there are currently 42 contact centres (Family Mediation Lothian, April 2008) compared to 24 in 2004 (Scottish Executive, 2004). Based on the total child population of Scotland this indicates that there is approximately one contact centre per 22,000 children.

³³ Personal communication with NACCC, October 2008

³⁴ 11,537,100 persons under 16 in 2006 (Population estimates 2006 www.statistics.gov.uk)

³⁵ Based on the following calculation: half of children using contact centre in Scotland have a court order in place (McConnell-Trevillion, Let al, 2004. No figure available for England/Wales). As 13809 families in England and Wales use a contact centre (NACCC, unpublished) $13,809/2=6904.5=10$ per cent of 73,269 (total contact cases England and Wales)

³⁶ 380,141 persons under 16 (Population estimates 2006: www.nisra.gov.uk/archive/demography)

³⁷ Personal communication with NZACSCS, May 2008

New Zealand and Australia

In total there are 39 child contact centres in New Zealand accredited by the Aotearoa New Zealand Association of Children's Supervised Contact Services (NZACSCS)³⁸, although not all contact centres are members of the NZACSCS. The largest provider of child contact centres in New Zealand is Barnardos which has 24 sites across the country. Salvation Army and Open Home Foundation also provide child contact from some of their sites in addition to a myriad of smaller providers specific to local communities (Corry, 2006). In 2007 the Barnardos services alone in New Zealand provided contact support for 1,488 children from 855 families and this figure is increasing yearly (Barnardos Annual Report, 2007). Based on these Barnardos figures it could be estimated that New Zealand centres cumulatively provided contact for more than 2,418 children per year. This would mean that centres were providing contact for 0.3 per cent of the total child population of New Zealand³⁹ and there is approximately one contact centre to every 23,000 children.

In the case of Australia, contact centres were set up by the Australian government on a pilot basis in 1996 and have now expanded to 65 government funded centres (www.accsa.org.au). There are also unfunded contact centres, however the number of these is harder to estimate nationwide.⁴⁰ Centres tend to have long waiting lists.⁴¹ There are approximately six unfunded centres in Victoria alone.⁴² Looking only at government funded centres, these statistics would indicate that there is around one government funded centre to every 64,000 children in Australia⁴³, although significant numbers of additional unfunded centres clearly exist.

5.2.2 Funding and Costs

Two thirds of supported contact centres in England receive funding from CAF/CASS (Children and Family Court Advisory Support Service) and CAF/CASS is the principal funding source for all supervised contact centres (NACCC, unpublished). Funding is allocated by CAF/CASS in the form of grants for structural needs (eg toys, carpets etc). Additionally CAF/CASS funds specific professional services provided by the centre. For example CAF/CASS provides £1,500 (€1,873) for every 4 to 10 supervised contact

³⁹ 888,800 children under 15 (December 2007 estimates: www.stats.govt.nz)

⁴⁰ Personal communication with Australian Children's Contact Services Association (ACCSA), October 2008

⁴¹ Personal communication with ACCSA, October 2008

⁴² Personal communication with ACCSA, October 2008

⁴³ There are 4.1 million children under age 15 in Australia (2007, estimated population)

www.abs.gov.au/austats

sessions a client receives (including supervision, recording and reporting). CAFCASS additionally funds centres for services such as risk assessment, indirect contact and escorted contact.⁴⁴

Across England, Wales and Northern Ireland the NACCC estimate the cost per year of a supported contact centre at £4,000 (€4,995) and the cost of a supervised centre as £35,000 (€43,710)⁴⁵. In the case of supported contact in 2007, across these three jurisdictions, 5,687 volunteers supported these centres giving over 199,045 hours of their time (NACCC, unpublished).⁴⁶ Similarly in Scotland 67 per cent of staff were volunteers (Scottish Executive, 2004). Additionally many child contact centres in the UK do not pay for the use of premises, as they are located in church halls or community childcare facilities and used on evenings and weekends. However based on these figures, the average cost of providing contact in a contact centre is around £215 (€271) per child per year. However, it must be borne in mind that this level of cost reflects the high level of volunteer support that goes into the running of supported centres.

A minority of contact centres in the UK charge client fees. Where fees are charged they usually cover a fraction of the cost of the service and may be subject to the client's ability to pay. Client fees are far more common for supervised contact compared to supported contact services.

Centres in Northern Ireland are funded through a variety of sources including the community, the churches, social services and trust funds. Short term state funds, including grants, are also availed of. In March 2006 it was announced that half a million pounds would be earmarked to support child contact centres in Northern Ireland. From this, each existing centre was to receive £18,000. State funding is available for the training programme for coordinators of contact centres in Northern Ireland. Additionally supervised contact in Northern Ireland, when undertaken in a contact centre is usually supervised by a social worker in both public and private cases. In such cases the social worker is available both in the evenings and on weekends and is paid by the state.

In New Zealand the cost of providing a two hour contact service per family is estimated

⁴⁴ Personal communication with NACCC, October 2007

⁴⁵ Personal communication with NACCC, October 2007

⁴⁶ Interestingly 66 per cent of these volunteers were aged 51-75 (NACCC, unpublished)

⁴⁷ Although it must be noted that this figure does not distinguish between different forms of contact as in New Zealand all centres provide all forms of contact.

⁴⁸ Personal communication with ANZASCS, November 2008

at \$200 per session.^{47, 48} This includes part rental on building, equipment, phone, electricity and two supervisors. Centres are heavily dependent on fundraising and state grants.⁴⁹ Additionally contact is funded by the courts in certain cases where it has been accepted by the court that there has been violence, sexual abuse or psychological abuse⁵⁰. In 2007 there were 1,041 orders made by the courts for supervised contact. This number is expected to increase next year as at present the courts only fund orders made under the Care of Children Act and in 2009 funding will be extended to include orders made under the Domestic Violence Act. . The court provides a \$250 payment for the initial assessment plus \$45 per session. This does not cover the full cost of the service. If children are in care the statutory agency involved will pay \$50 per session.

In cases that are not court ordered, the visiting parent is charged a fee for the visit of around \$20 but this is reduced to \$10 if their income is below a certain level. Thus fees are kept low necessitating a reliance also on state grants and fundraising.

In Australia most centres are state funded and staffed by professionals and also provide therapeutic services. These centres cost approximately €121,000 (\$230,000 Australian) per centre per year, based on Australian staff and other costs. Research in Australia which compared Government funded and non-funded child contact services found that the amount and stability of Government funding emerged as the main factor impacting on the quality of service provided.⁵¹

The average duration of individual visits in Scotland was just over two hours (McConnell- Trevillion, 2004). There is no information on this in other jurisdictions.

5.2.3 Type of Service provided

In terms of the services provided internationally by child contact centres both supervised and supported services are available in all countries studied, although not all centres provide both services. In New Zealand centres generally provide a range of services including supported and supervised contact. Additionally centres in all jurisdictions normally also provide a handover service.

⁴⁹ Personal communication with ANZASCS, November 2008

⁵⁰ Personal communication with ANZASCS, November 2008

⁵¹ It should be noted however that reviews of Australian contact centres have indicated that they require further funding if they are to fully fulfil their brief. (Sheehan, G and Carson R et al, (2005) and that contact centre services are normally provided as part of a range of family services. It is therefore not clear what percentage of overhead costs is included in these figures.

5.3 Profile of Contact Centre Clients Internationally

Information on the profile of clients using contact centres is limited. NACCCC, which covers England, Wales and Northern Ireland does not collate profiling statistics and so, could only provide limited information on this issue. However, both Scotland and Australia have undertaken research on this topic, providing some detailed profiling statistics for these jurisdictions.

5.3.1 gender

In England, Wales and Northern Ireland in 2007/2008 68 per cent of supported contact visits were by a father (NACCC, unpublished). In New Zealand, 75 per cent of visits were by a father while 15 per cent were by a mother and about 10 per cent by an extended family member.⁵² Similarly research in Scotland has found that in both supported and supervised services, resident parents were frequently female while contact parents were frequently male (McConnell-Trevillion, 2004). In addition, this research found that there were a small number of adults using centres who had a non-parental relationship with the child .

Large scale quantitative research in Australia found that in 81 per cent of cases the contact parent was the father, with a contact mother making use of the service in 13 per cent of cases. In 2 per cent of cases the contact person was a non-parental individual while in 3 per cent of cases both parents were having contact in a centre with a guardian in residence (Sheehan et al, 2005).

5.3.2 Age of Children

Scottish research has found that children aged 0-10 accounted for approximately 95 per cent of children using contact centres. Thus only 5 per cent were aged over 11 (McConnell-Trevillion, 2004). Unpublished information from England, Wales and Northern Ireland suggests a similar profile of children using centres in these jurisdictions.⁵³

Australian research also indicates that a majority of children using centres there are aged under 13 and that only around 10 per cent of children coming into centres are

⁵² Personal communication with ANZASCS, November 2008

⁵³ Personal communication with NACCC October 2008

teenagers (Sheehan et al, 2005).

5.3.3 Socio-economic status

Although the NACCC do not collect information from their clients on this issue they estimate that, although clients come from a broad range of socio-economic groups, a majority of clients comes from lower socio-economic groups.⁵⁴ Similarly Australian research has found that the core client base for contact centres were families who have limited financial resources (Sheehan et al, 2005). They found that this was particularly the case for women with around two-thirds of the mothers using centres reliant on Australian Government pensions, benefits or allowances as their primary source of income. By comparison 20 per cent of fathers using the centre were dependent on welfare as their primary source of income (Sheehan et al, 2005).

5.3.4 Marital status

Additionally Scottish research has found that parents using a centre are equally likely to have been married as to have cohabitated (Scottish Executive, 2004). In New Zealand anecdotal evidence suggests that the majority of clients were never married.⁵⁵ However there is no information on this in other jurisdictions.

5.3.5 Level of personal and relationship problems

Research in both Scotland and Australia also indicates a high level of personal and relationship problems amongst parents using contact centres. In Scotland, one-fifth of total centre users had made an allegation of domestic abuse generally involving abuse of the mother by the father (McConnell-Trevillion, 2004; Scottish Executive, 2004). According to these two Scottish studies, small proportions of both resident and non-resident parents were alleged by staff to have mental health problems (1-2 per cent resident, 5-6 per cent contact parents), alcohol problems (1-2 per cent resident, 12 per cent contact parents) and drug problems (1-2 per cent resident, 5-6 per cent of contact parents). Large scale quantitative research in Australia assessing a broader range of issues found higher levels of personal and relationship problems amongst clients there with many clients presenting with multiple problems. The following table presents the results from Sheehan et al's (2005) research.

⁵⁴ Informal communication with NACCC, October 2008

⁵⁵ Personal communication with ANZASCS, November 2008

History of domestic violence	45%
Entrenched conflict between parents (no violence)	40%
Child abuse by the contact parent (substantiated or alleged)	33%
Contact parent re-establishing contact after extended period of absence	22%
Substance abuse	21%
Mental illness	15%
Child's reluctance to have contact	15%
Child abduction concerns	13%
Resident parent reluctance for contact to take place	13%
Contact parent disability	8%
Contact parent had no previous relationship with child	2%
Family presented with no serious issues	1%

5.3.6 point of referral

In 2007-2008 in supported centres in England, Wales and Northern Ireland, 76 per cent of referrals came from a solicitor or court (NACCC, unpublished). This figure is presumably higher for supervised centres. In Scotland, research in 2004 found that three-quarters of families using centres had been referred by a solicitor or court (Scottish Executive, 2004; McConnell-Trevillion, 2004) and that just under one-fifth had self-referred (McConnell-Trevillion, 2004). Around one-quarter of families using centres in Scotland had a court order in place (McConnell-Trevillion, 2004).

5.4 Operation of Child Contact Centres Services

This section presents the available published research on the operation of child contact centre services. This research is examined systematically starting with the risk assessment process when a family first make contact with the centre through to

⁵⁶ Note: figures are not cumulative because clients can present with multiple issues

‘moving on’ when the family may require less support or can sustain self-managed contact. Other issues which impact on operation of child contact centres are also addressed such as the terminology adopted by centres as well as funding issues.

5.4.1 risk Assessment of Clients

Reviews of contact centres in the UK have highlighted the importance of adequate risk assessment procedures in ensuring that contact decisions do not jeopardise the safety of the children or parents concerned. Indeed the absence of a consistently thorough assessment practice throughout contact centres in the UK has been the subject of serious criticism in recent service evaluations. A 2002 review of the role of child contact centres in the context of child welfare concerns in England and Wales found that, in a significant minority of the contact arrangements studied, the well-being of women and children may have been compromised. The report made a number of recommendations to improve practice including the implementation of protocols and guidance on active screening and assessment in relation to domestic violence (Aris, Harrison & Humphreys, 2002). Kroll’s research based in English contact centres also found that staff sought increased training on risk assessment (Kroll, 2000). Additionally, in 2008, the Office for Standards in Education, Children’s Services and Skills’ (OFSTED) inspection of CAFCASS, East Midlands strongly criticised them, finding no evidence of a consistent assessment model in use by staff to aid and guide their practice. Key faults found in the reports included: lack of clarity over criteria used in assessment; failure to make statements relevant to the conclusions; insufficient evidence to support statements; lack of focus on the wishes and feelings of children; and failure to evaluate the options available to the court, particularly the implementation of the ‘no [contact] order principle’ and the failure to address issues of domestic violence (OFSTED, 2008).

5.4.2 Therapeutic Supports

Increasingly child contact centres provide therapeutic supports to accompany contact services (Campbell & Gordon, 2007, personal interview NACCC, October 2008). Indeed the available research in this area strongly indicates the importance of such services to accompany child contact arrangements (Aris, Harrison & Humphreys, 2002; Sheehan, Carson, Hunter, Dwar, 2005; Campbell & Gordon, 2007; Burton, 2003). Such supports are increasingly seen as important in advancing the role of child contact centres in fostering positive quality contact between children and parents, thereby offering a foundation for enhanced relationships beyond the confines of the visit (Campbell & Gordon, 2007).

Studies in Australia have come to a similar conclusion regarding the desire of contact

centre staff to provide therapeutic supports (Sheehan, Carson, Hunter, Dwar, 2005; Burton, 2003). As outlined above, research in Australia has found that the majority of families using contact centres have a range of support needs in addition to contact visits and handovers (Sheehan et al, 2005). This study found that in order of frequency, families were considered to require the following additional support services and programmes, as recommended by centre staff:

1. Services and programmes that address parents' individual problems (such as counselling and anger management programmes).
2. Services and programmes that focus on parenting skills and education.
3. Services focused on resolving disputes between the resident and contact parents (such as mediation and conciliation); and services and programmes tailored to assist children with individual problems (ie counselling).

In the vast majority of cases surveyed (90 per cent) centre staff identified that the family would benefit from the provision of at least two of these additional support services or programmes. This report concluded that: 'Service provision that goes beyond the facilitation of contact to a more child-centred therapeutic model of intervention could be of particular benefit to children who have experienced abuse and neglect' (Sheehan, Carson, Hunter, Dwar, 2005).

This finding is substantiated by other research which has found that clinical interventions aimed at restoring this child-parent relationship with young children and adult victims of domestic violence or abuse is essential in helping children stabilise (Campbell & Gordon, 2007). Research additionally suggests that the best interests of children using contact centres would be better met if additional services were available (Burton, 2003).

It has also been found that programmes developed for more litigious parents and for families where child abuse or domestic violence is alleged or substantiated are effective in reducing conflict and helping parents reach decisions (Burton, 2003). Doogue and Skellern (2002) conclude that supervised contact is not effective unless accompanied or scaffolded by 'gradualistic orders' that address and modify the underlying family dynamics and behaviours of the adults (p. 246). These include counselling, educative and therapeutic strategies designed to modify or rehabilitate parental behaviours (p. 248). In the same vein Hulett suggests that: 'The provision of supervised contact in a stand-alone capacity, regardless of its duration, does not resolve the issues which bind separated parents in conflict. It does not build trust or confidence that the non-residential parent has the capacity to provide care in an unstructured and unmonitored environment. It does not mean that the child will feel secure about going out with that parent when Orders progress contact arrangements onto an unsupervised basis....

Children need to feel heard and be provided with timely and expert support to heal. They need their abusive parent to build their capacity to provide safe and responsive parenting' (Hulett, 2004).

5.4.3 Supervision and Staff Training

A number of studies suggest that the utilisation of friends, relatives or others who have had a close relationship with the family as supervisors is not just contrary to best practice in this area (Straus & Alda, 1994) but is 'seldom effective' (James & Gibson, 1991).

As James and Gibson state:

'This practice sometimes clearly places the child at risk. Family and friends are rarely neutral. They almost always have an opinion as to whether or not supervision is warranted, and their attitude influences the quality of supervision. They may be reluctant to maintain protection for the child, convinced that close monitoring is unnecessary or even harmful. Contrarily, they may be overzealous and hostile toward the parent being supervised and thus contaminate the contact. A family member or friend may hesitate to move against the wishes of the parent or the child because he may have to deal with them in other situations' (James and Gibson, 1991: 76).

The available research clearly emphasises the importance of having trained staff as supervisors of contact. Indeed evaluations in this area have highlighted the need for increased staff training in contact centres. This was the finding of three separate research projects evaluating child contact centres, one in Wales and England, another in Australia and a final one in England (Aris, Harrison & Humphreys 2002; Sheehan, Carson, Hunter, Dwar, 2005; Kross, 2000). Both of the first two reports recommended increased training around domestic violence. Particularly, the Australian report emphasised the importance of training on violence in a post-separation context, the impact of violence on children and the dynamics of the offender-victim relationships. In addition it was recommended that increased training was needed to ensure children's voices are heard (Sheehan, Carson, Hunter, Dwar, 2005). The UK report also emphasised that dedicated funding was needed to ensure that staff receive such training (Aris, Harrison & Humphreys, 2002). Kroll's study similarly found that staff identified their need for increased training around child development, the effects of separation and divorce on children and how children manage pain and effective intervention (Kroll, 2000).

A training needs analysis commissioned by the Australian government and carried out by Ernst & Young (2005) made a number of recommendations surrounding staff

training in child contact centres. This included the development of an induction manual addressing appropriate competency standards and regular insight sessions (part to full day training sessions relaying latest insights of the subject matter) in the following areas:

- Client attributes
- Communication issues
- Parenting skills
- Child development

It was recommended that formal training be structured in a modular fashion to reduce the need for extended periods of absence and to allow staff to attend only those sessions that are relevant to their own training needs (Ernst & Young, 2005).

5.4.4 Court reports

As previously mentioned, child contact centres play an important role in providing reports to the courts on the progress of contact sessions in cases where supervised contact has been ordered by the courts. On this issue, research has emphasised the importance of standardising these reports. As Durrell and Hill (2007) point out, judges, solicitors, social services officers and parents will all read the reports on contact, looking for evidence to support their decision making. It is therefore vital that what took place between the child and non-resident parent is not only accurately but also fairly represented (Durrell and Hill, 2007). Research from Australia has particularly recommended that report writing in child contact centres needs to be formalised and staff adequately resourced for the time involved in generating reports. In addition, clear guidelines need to be established for the provision of objective information on contact visits and a standard reporting format developed (Sheehan, Carson, Hunter, Dwar, 2005).

5.4.5 Moving On

A stated role of child contact centres is to move contact on to arrangements outside the centre where it is appropriate and safe to do so. The importance of formally assessing when such changes in contact arrangements are appropriate has been recognised in the literature. An American study of children experiencing supervised contact recommended that any changes in parent-child contact should be made with as much care and preparation of children as possible (Johnson & Strauss, 1999). They went on to recommend that programme staff should review upcoming changes with the children, preferably both during the visit with the non-residential parent and again in the presence of the resident parent, so that each child knows what is going to happen and that both his or her parents have agreed to, or at least have accepted the change.

Johnson and Strauss (1999) additionally suggest that there should be a brief concrete explanation of why any changes are being made, lest the child become scared about the loss of protection, or attributes the change to something he or she has done wrong, or feels betrayed by a supervisor who is perceived to have suddenly changed the regular rules and routines of the visit.

5.4.6 Terminology of Supported and Supervised Contact

Child contact centres in the UK and Northern Ireland all use the terminology of 'supported' and 'supervised'. A recent examination of Scottish child contact centres recommended further clarification of these terms and of the role of child contact centres generally (McConnell-Trevillion, Coope, Postan & Lane, 2004). Similarly a 2002 review of Welsh and English Child Contact Services recommended replacing the terminology of supported and supervised contact with terms that better clarify the levels of vigilance required: high, medium and low vigilance (Aris, Harrison & Humphreys, 2002). Australian research has also proposed the development and distribution of child contact centre 'role' information sheets to improve expectation management on the part of referral agents and clients alike (Ernst & Young, 2005).

5.4.7 Funding

Research on the link between funding levels and the quality of the service provided in contact centres is scarce. However a large scale Australian study comparing twelve Government funded and non-funded child contact services found that the amount and stability of Government funding for child contact services emerged as one of the main factors that impacted on the quality of service provision (Sheehan, Carson, Hunter, Dwar, 2005). They reported:

'Those services without Government funding have had to adopt a 'contact only' model of service provision and are reliant on volunteers to supervise contact in 'high-risk' cases. The lack of professional staff with training in conducting risk assessment and handling conflict and aggressive behaviour, in combination with a management based resistance to stopping contact visits and withdrawing service, appeared to have placed the personal safety of staff, parents and children at risk in some of the non-funded services' (Sheehan, Carson, Hunter, Dwar, 2005).

5.5 Views of parents and Children using Child Contact Centres

Only a small body of international research examining the views and experiences of parents and children using contact centres is available. It is also important to note that what research does exist is in the main (although not exclusively) small-scale and

qualitative in nature and so results cannot necessarily be accurately generalised to a wider population. Clearly more evaluation research is needed in this area in order to substantiate findings thus far. However the research that has been undertaken presents an important contribution to our understanding in this area.

The available literature on this subject is presented below. It covers the views of nonresident parents, the views of resident parents and the views of children.

5.5.1 Views of Non-resident parents

Gibbs and McKenzie (2006) were commissioned by the Families Commission in New Zealand to undertake a small-scale qualitative study into the perceptions and experiences of parents and staff involved in three Barnardos child contact centres across New Zealand. This study reported that non-resident parents unanimously agreed that child contact centres were important for them to maintain the relationship with their children, although some had found it difficult to adjust to these arrangements initially (Gibbs and McKenzie, 2006). Small-scale mixed method research by Gollop and Taylor (2005) also in New Zealand found that contact centres were valued by non-resident parents as a safe place for the (re)development and/or maintenance of parent-child relationships (Gollop and Taylor, 2005). Similarly research from Australia found that after initial concerns, and in some cases resistance, parents value their involvement in child contact centres and express appreciation of the staff efforts (Strategic Partners, 1998).

More recent and large-scale research also in Australia involving 142 in-depth interviews with clients of child contact centres and quantitative surveys of 396 client families substantiates the findings presented above (Sheehan, 2005). This research found that contact parents viewed the central role of the services as enabling them to have contact that would not otherwise occur. Parents supported the view that child contact centres generally operate in the best interests of the child in that the services provided a safer, somewhat less conflictual, means of establishing or maintaining a relationship between the contact parent and child (Sheehan, 2005).

In terms of the service provided by child contact centre staff, a review of services in Scotland found that non-resident parents were generally happy with the help and support they received from contact centre staff and that key terms used to describe staff were 'unobtrusive', 'impartial' and 'non-judgemental' (Scottish Executive, 2004). Gibbs and McKenzie (2006) in New Zealand also found that non-resident parents perceived staff positively and noted that their skills and attitudes were supportive. However, some parents felt that they were seen to be 'bad' parents needing to prove themselves as

'good' (Gibbs and McKenzie, 2006).

In terms of non-resident parents' negative perceptions of child contact centre services, Gibbs and McKenzie (2006) found that non-resident parents often felt that the rules of the centre constrained their relationship with children in areas such as toileting and staff proximity. Other issues raised included having to pay fees and staff reporting on observed behaviour that does not capture the 'essence' of interactions (Gibbs and McKenzie, 2006). Similarly Gollop and Taylor (2005) found that although supervision and monitoring was generally accepted by non-resident parents, some noted it to be intrusive and limiting of 'natural' parent-child interactions (Gollop and Taylor, 2005). This research also found some non-resident parents were uncomfortable with supervisors taking notes during contact sessions (Gollop and Taylor, 2005).

5.5.2 Views of resident parents

Examining the views of resident parents, the New Zealand study by Gibbs and McKenzie (2006) found that resident parents valued child contact centres overall for their ability to provide all parties with freedom from conflict and to keep children as the primary focus. Resident parents felt contact was in children's interests in that it enabled continuity of relationship with the visiting parent, and ensured children's safety in situations where there was ongoing conflict between adults (Gibbs & McKenzie, 2006). The purpose of supervised contact and 'rules' of contact were perceived by resident parents to ensure consistency and safety for children and to act as 'a mechanism of restraint' for nonresident parents' behaviour (Gibbs & McKenzie, 2006). Similarly Sheehan et al (2005) found that resident parents saw the central role of child contact centres as protecting them and their children from violence and abuse by the non-resident parent. Meanwhile Gollop and Taylor (2005) found that supervision and monitoring was reassuring for resident parents. Gibbs and McKenzie (2006) found that resident parents identified negative factors of supervised contact as being the lack of variety in location of contact; in some instances it was felt that the consistent use of the same centre had the potential to bore some children; a lack of equipment/activities for older children; changes of staff and for some, the age and perceived skill level of staff.

5.5.3 Increasing Contact and Moving On

Gollop and Taylor (2005) found that generally, contact gradually increased in duration and frequency over time. Sometimes this would result in off-site or unsupervised contact, or using the centre for handovers only. The research indicated that families spent from a few months to a number of years using a child contact centre. Similarly the research by the Scottish Executive (2004) found that contact arrangements were

rarely fixed, rather they evolved over time, frequently starting with minimal contact, then proceeding to more regular or longer, contact sessions. However they point out that there were, of course, exceptions to this general trend (Scottish Executive, 2004).

Research in the United States also found that child contact centres appear to be increasing parent-child contact. They found that between one-third and one-half of non-custodial parents in every child contact centre service type reported that parent-child contact increased following programme participation, with supervised contact users who typically had the lowest levels of parent-child contact reporting a significant increase in the number of days of contact (Pearson and Davis, 2005). Broadly in keeping with the research outlined above, Sheehan et al (2005) in Australia indicated that although contact frequency increased for many families using a child contact centre, moving on to self managed contact was a difficult task that took many families a long period of time. Of the families this study surveyed, 25 per cent had been using the child contact centre for more than two years (Sheehan, 2005).

5.5.4 Views of Children

The available research indicates that most children are positive about their experience of using a child contact centre (Jenkins et al, 1997; Sheehan et al, 2005; Gollop and Taylor, 2006). Specifically Sheehan et al (2005) found that the children generally reported feeling supported by the staff and able to rely on the authority of the staff to control their contact parent's behaviour while at the centre. Most children also reported feeling safe while using the child contact centre and the report concluded that for these children the child contact centre appeared to have successfully provided a buffer for them from experiencing their parents' anxieties about contact, inter-parental conflict and violence, and their non-resident parent's drunken and abusive behaviour (Sheehan et al, 2005). Gollop and Taylor (2005) found that generally children liked the presence of supervisors and did not perceive them to be intrusive, however one child in this study did note being uncomfortable with supervisors taking notes during sessions. Sheehan et al (2005) also found that generally, children reported wanting flexibility to tailor their supervised contact and handover arrangements to better suit their own needs at the time. For some of the children interviewed this meant stopping the contact visit and going home when they were upset or frightened. The report concluded that the children's ability to exert some control over whether or not they have contact visits appeared to be an important coping mechanism for them (Sheehan et al, 2005).

Despite the positive experience of most children reported in these studies, the research also indicates that a minority of children using child contact centres may still experience disturbing events (Jenkins et al, 1997; Sheehan et al, 2005). Indeed Sheehan et al's

(2005) large scale mixed-method study of Australian services found that there existed a small number of children and families where the use of child contact centres and the exercise of any contact at all, was not in the best interest of the child. This included particular cases involving severe child maltreatment, severe domestic violence and risk of child abduction (Sheehan et al, 2005). On this point the report recommended that when children do not want to see their non-resident parent and are frequently distressed or frightened by their resident-parent during centre-facilitated visits, the centre staff and the courts need to act swiftly either to stop the contact visits altogether or modify existing contact arrangements to better suit the needs of the children. They also posited that child-centred therapeutic supports would be of particular benefit to children who have experienced abuse or neglect (Sheehan et al, 2005).

5.6 Summary

Child contact centres have been established in many countries internationally. This includes all of Ireland's closest neighbours as well as other countries in Europe and worldwide. Contact centres are used by less than 1 per cent of children in the countries examined. This ranges from 0.14 per cent of children in the UK to 0.3 per cent of children in New Zealand. However there are waiting lists in more than 50 per cent of supported centres in the UK possibly indicating a higher level of unmet need.

In Scotland, Wales, England and New Zealand there is approximately one contact centre per 22-28,000 children. In Northern Ireland, where such centres were established more recently, there is approximately one contact centre per 38,000 children. In Australia, government funded centres provide around one centre per 68,000 children while unfunded centres make a significant additional contribution.

Child contact centres internationally receive government funding, although the level of funding received varies by country as does the costs of services. In England CAF/CASS provides funding to almost 70 per cent of supported centres and is the principle funder of all supervised centres. The average annual cost of a supported centre is around €5,000 while the average cost of a supervised centre is around €44,000. However centres in the UK are strongly supported by volunteers and often did not pay for the use of premises. Some centres in all countries charge a client fee however such fees in all cases are minimal and subject to ability to pay.

In New Zealand, in addition to state grants to contact centres, the courts provide contributory funding for contact services in cases where it has been accepted by the court that there has been violence, sexual abuse or psychological abuse. The total average cost of a contact session is estimated at \$200. In Australia most centres are

state funded and cost approximately €121,000 (\$230,000 Australian) per centre per year. Research on these centres has indicated that a higher quality and safer service can be provided by better funded and professionally staffed centres.

The majority of parents using contact centres are male while a small minority have a non-parental relationship with the child. Typically children are aged under 10 years. Children over this age are estimated to make up 10 per cent or less of children using centres. The average duration of contact sessions is around two hours. Although contact centres have clients from all socio-economic groups, the majority of clients are parents with limited financial resources. Centre users typically have high levels of personal and relationship problems and parents may present with multiple problems. Research highlights the importance of thorough risk assessment procedures in deciding on the type and level of contact that is appropriate in individual circumstances, including an assessment of the child's own views and screening for domestic abuse.

Families using contact centres have been found to be a high needs group and research strongly indicates the importance of therapy to accompany child contact. Such therapy is seen as necessary in many cases to ensure quality child-parent contact and, where possible, to help move families on to contact outside a centre. Supervision by a friend or family member has been found to be seldom effective, contrary to best practice and to sometimes clearly place the child at risk. Research has highlighted the necessity of professional training for supervisors of contact.

The available research suggests that most parents value child contact centres as a means to maintain the relationship with their children. Resident parents have been found to value child contact centres principally for their ability to provide conflict free and safe contact. Although some non-resident parents initially objected to the use of contact centres, those non-resident parents using child contact centres have been found to value centres for their role in enabling them to have contact with their children that would not otherwise occur and for reducing conflict. Some non-resident parents in supervised contact have been found to be uncomfortable with the level of monitoring and supervision during contact.

Contact between parents and children using contact centres has been found to gradually increase in duration and frequency over time and that this can often result in off-site or unsupervised contact. Most children are positive about their experience of using a child contact centre. Most children feel safe and supported and are effectively buffered from experiencing parental conflict or abuse. However, some research has found that a minority of children using child contact centres are not happy with the arrangements and has recommended that centre staff and the courts need to act swiftly

to stop such contact visits or to modify existing contact arrangement to better suit the needs of the child. Therapeutic supports are also seen as important in this situation.

5.7 Implications for policy and practice in Ireland

A review of the international literature has pointed to a number of issues that are relevant to policy and practice in this area in Ireland. Internationally child contact centres have been found to be an effective means of providing quality child-parent contact where there is a need for such contact to be facilitated and have also been successful in moving contact on where possible. Generally parents and children have been found to have positive experiences of such centres. Such centres have been found to be more appropriate in providing quality contact than untrained friends or relations of the parents and children concerned. The quality of contact has been found to be further enhanced by the availability of professionally, well trained staff, backed up by therapeutic services for both children and parents and supported by appropriate assessment procedures in place to ensure that such contact is safe, especially in cases where there is a history of domestic violence. Procedures should also be in place to speedily review and alter arrangements where children are unhappy with them.

Based on findings from the countries examined, it can be roughly estimated that between 0.14 and 0.3 per cent of children in Ireland may require the services of a child contact centre. In Ireland this would amount to between 1,300 and 2,700 children annually⁵⁷. Additionally international provision would indicate that one centre may be required per 22-28,000 children. Taking the mid point of this as a marker, one centre may be required approximately per 25,000 children. Based on this estimate, 37 centres would be required in Ireland.⁵⁸ If provision were based on the level in England, Wales and Northern Ireland, one in five centres would provide supervised contact services. In the Irish case this would amount to eight centres, with 29 centres providing supported contact only. If provision were based on the Australian model, all centres would provide all services.

The level of funding required in an Irish context to set up and run such centres will depend on the type of service provided, whether supervised or supported or a combination of both, on whether the centres are run by professional staff or by a combination of professional and volunteer staff and on the level and type of therapeutic and other supports provided.

As a high proportion of families are likely to come from a more disadvantaged

⁵⁷ Based on Census 2006: there are 922,767 children under 16 in Ireland (CSO, 2007)

⁵⁸ Based on Census 2006: there are 922,767 children under 16 in Ireland (CSO, 2007)

background, costs for services to clients will need to be either limited or free of charge. Since most children in any contact centre are likely to be young, aged 0-10, centres should focus on providing facilities geared at younger children. However some facilities in each centre will need to be available for older children.

ChApTer Six: FInDINGs FrOM INTerVlewS wITh prOFeSSIONALS INVOLVed IN ChILd CONTACT ISSueS IN IreLANd

6.1 Introduction

This chapter presents the key findings emerging from interviews with 32 professionals working in areas where they are involved with child contact issues following marriage and relationship breakdown in Ireland. Those interviewed included barristers, solicitors, psychologists, psychiatrists, Guardian at litems, academics and representatives of state and non-governmental agencies. As noted in Chapter Two no sitting judges who were approached were willing to give their views on this issue to the study team. It also includes the views expressed in two focus group meetings with groups representing fathers and mothers, see Appendix Four.⁵⁹ Following this the views and experiences of contact service providers in Ireland are presented.

6.2 Interviews of professionals

Interviewees were asked about:

- the need for contact centre services and the nature of this need;
- the key contact issues that arise in the course of their work and any gaps they see in supports around child contact following relationship or marriage breakdown; and
- their views on what a good practice model of a child contact centre would look like.

The section below presents the results of these interviews.⁶⁰

6.2.1 The Need for Contact Centre Services

While the majority of contact issues can be and are resolved between the parties themselves, all of those interviewed agreed that there are a small but growing number of cases that present real difficulties in terms of trying to ensure that the contact needs and rights of children and their parents are respected and dealt with in an effective and expeditious manner. Where such disputes do arise they tend to be very problematic and complex to resolve. All were agreed that there is a growing need for specialist expertise and services to deal with these contact disputes.

While the perceptions and experience of professionals with regard to contact and access issues varied according to their professional roles, many common areas of agreement emerged. All perceived a need for specialist child contact centres in Ireland,

⁵⁹ See Chapter Two for details on how interviewees were selected.

⁶⁰ Due to the high level of agreement found among the professionals interviewed the findings are presented on an overall basis. Where there was not agreement the text refers to 'some of those interviewed said.'

to provide both supervised and supported contact, and to respond to both short-term and long-term contact situations.

6.2.2 Level of Need

None of those interviewed were able to provide figures on the number of contact disputes that might require the service of contact centres. Two professionals interviewed 'guesstimated' that about 5 to 10 per cent of family law cases involve serious disputes over child contact arrangements; another said that a rule of thumb used among professionals working in this area is that child contact issues tend to break down into one third 'no problems', another third, 'tricky but agreement can be reached', and the final third as 'disastrous, high conflict situations and very difficult for children'. Another indicated that a third of cases he had dealt with recently would have benefited from the availability of a contact centre.

However all agreed that the need for contact centres will continue to grow due to increasing marriage and relationship breakdown, increasing allegations or incidences of abuse, increases in the number of immigrant families who do not have extended family support networks and increases in cross-jurisdiction cases. Other issues such as lack of suitable accommodation, transport and distance issues were also seen to create a need for contact centres in accessible locations.

The UN Convention on the Rights of the Child, along with European legislation on children's rights were seen as making it increasingly imperative for Ireland to provide the type of services and supports available in child contact centres.

6.2.3 Type of contact

Supervised contact as defined in this study (see Chapter Two) was seen to be needed in cases where a child is found to be at risk from a parent due to mental illness, alcoholism, sexual abuse, violence, personality disorder, or fear of abduction. While these cases were the exception, real difficulties were experienced in finding suitable venues and supervisors to facilitate contact. In a number of such cases the professionals interviewed reported that they provided supervision themselves in the absence of any real alternative. Further requirements were seen to arise in cases where no other agreed person is available to do 'supervised access'. A number of legal professionals commented on the increasing difficulties involved in getting the necessary commitment from family members to supervise contact on an on-going basis and on the absence of a 'neutral' venue for contact to take place. Others referred to the difficulties that arise when children refuse to go for contact visits for a wide variety of reasons.

Added to this, a number of professionals referred to the need for ‘supported’ contact facilities. This need they stated, arises where a parent has had little previous experience in looking after a child and needs practical support to do so appropriately. One respondent spoke of the need to support parents, often young fathers, to develop relationships with their children following an early breakdown of the relationship with the child’s mother. Others spoke of the need for drop-in centres run by support groups for parents to meet with their children in positive and encouraging environments, independent of the courts. In particular the psychologists and legal professionals interviewed had experienced a number of cases in the last year where the existence of a contact centre would have been very helpful.

Current official arrangements and infrastructure for facilitating contact and parental contact are perceived as in the main ad-hoc and inadequate. While acknowledging the availability of a small number of specialist HSE facilities for supervised contact, a number of those interviewed commented on the unacceptable quality of many existing facilities for supervised contact in both private and public family law cases, describing such facilities as often being totally unsuitable for the development of quality relationships between parents and their children.

6.3 key Contact Issues and the Main gaps in Supports around Child Contact

6.3.1 Lack of Awareness and Information

There was a strong perception among those interviewed that while the judiciary and legal practitioners involved in family law cases are increasingly aware of the negative consequences for children of parental difficulties/separation, there is still a need for additional information and awareness training around the complexity of contact issues and their effects on children.

Family law is a growing area and a new area for many legal practitioners. Judges were reported to vary significantly in how they deal with disputes over child contact between parents. However a growing number are calling on expert advice to support them in making contact decisions.

6.3.2 Time delays

Delays in dealing with child contact disputes were seen to create enormous difficulties for families and to have very negative effects on parent-child relationships. Such delays are often due to the length of time it takes to get professionals to provide expert advice to the court, particularly in relation to accusations of abuse, violence or unsuitability to

parent, and due to problems such as alcoholism and mental health difficulties. These delays in turn were seen to be exacerbated by lack of funding to pay for professional advice, as well as a shortage of such expertise available to the court. One respondent spoke of year long delays in preparing psychological reports. Some parties are now paying for reports to be undertaken privately however this is very expensive and again shortages of professional with the necessary expertise and experience causes delays in these situations.

The tendency to only call in such experts when disputes have been going on for a long time and when views have become very entrenched was seen to also exacerbate problems. These situations were seen to require reforms aimed at bringing in expert advice where needed earlier on in the process and at having a facility to 'fast track' cases where long delays are likely to significantly exacerbate disputes over contact. A number of informants referred to the excellent service the 'old' Probation and Welfare Service provided in this area and their wish for this role to be reinstated.⁶¹

6.3.3 Family Law process

The tendency for and willingness of the parents concerned to return to the courts numerous times to adjust contact orders is also seen as creating real problems for the children involved. The fact that judges tend to deal very differently rather than uniformly with disputes has led in a small number of cases to radically different rulings being made by different judges in relation to contact arrangements. Some judges were described as really committed to doing the best for children, others as 'passing the buck'.

Generally the view expressed by professionals was that the family courts do not focus sufficiently on children and that the adversarial nature of family law proceedings can work against best outcomes for children in contact dispute situations. Those interviewed called for very broad ranging changes in the family law dispute process, of which contact centres, and related assessment procedures, could provide one part of the solution.

Those interviewed also expressed concern about current arrangements whereby supervised contact/access is ordered but little attention is directed at ensuring that appropriate supervision is available. A range of interpretations of what constitutes 'supervised access' were found to be used by judges. In many cases supervision was

⁶¹ We are aware that the Probation and Welfare Service are now again providing such a service on a limited and pilot basis.

seen to be acceptable if carried out by the grandparent of the child concerned or by their aunt/uncle. Such arrangements, while often acceptable to the judge, were found in many cases not to be agreeable to the other parent and this was seen to lead to situations where parents are prepared to return repeatedly to court to try and have the order changed.

6.3.4 Quality of Contact

A lack of focus on quality contact was also referred to by a number of those interviewed as well as a lack of attention to ensuring that contact could support the development of quality parent-child relationships. Facilities for ongoing, regular, quality contact are seen to be required and such facilities were not seen to be currently available in Ireland, except on a very limited basis. Contact was seen to be particularly important in cases where parents and children may not have been in contact for a while, or maybe had little or no meaningful contact in the past, as well as in cases involving very young children.

A number of interviewees referred to the high level of hostility between parents in some cases. Such hostility can make even the handing over of children between parents problematic and stressful for the child. The need to provide facilities to remove the necessity of direct parent to parent contact in such cases was referred to. A number of those interviewed stated that contact centres are needed to facilitate 'drop-offs and pick-ups', in a supervised setting, with minimum contact between both parents. Such arrangements it was contended, could help ensure that one parent could not use the handover time to come into conflict with the other, and create a disturbing, unpleasant situation for the child. Many of those consulted also believed that if contact occurred in these cases in specialist centres it would be more difficult for parents to make false accusations about what transpired between parents and children during contact visits.

6.3.5 Cases involving a history of Violence or Abuse

Many of those interviewed said that judges tended to direct that contact be provided even where there is proven history of violence or abuse. Different views were expressed about the appropriateness of this practice, particularly in situations where there were perceived to be real dangers of renewed violence or other threats to the safety of those concerned occurring during such contact. A number of those interviewed referred to the lack of 'joined up thinking' in relation to domestic violence issues and child contact issues. This they believed arose from a lack of understanding on the part of some judges of the nature of power relationships and power imbalances involved in domestic violence situations and on how such power imbalances can continue beyond

separation and may become focused on arrangements for child contact.

It was recognised that no easy answers exist to these issues and that the professionals concerned are trying to do their best in very difficult circumstances and often without access to expert support and advice. Cases where accusations of potential dangers to the safety of the parties involved are made but are not proven are particularly problematic for all the professionals involved. Judges it was said, often find it extremely difficult to identify what is in the best interest of the child and often have to do so in the absence of guidelines, expert advice or any formal training in the area.

All agreed that more supports are required to help improve the quality of the decisions made in these difficult cases and to better ensure that the concerns of all the parties involved are minimised. Some referred to the need for specialist child advocates and for the formal establishment and resourcing of a proper Guardian ad litem service as provided for under legislation. Others referred to the intensity of parents' and children's hurt, including depression and fears of suicide while others expressed a view that family courts were 'against fathers' and that contact was only awarded to fathers in around two-thirds of cases.

6.3.6 Varying Needs of young and Older Children

The different needs and requirements of older and younger children in such cases were highlighted by many of the professionals interviewed. In particular the growing recognition of the importance of getting the views of older children on the contact arrangements they would like was referred to. Again judges were found to differ fundamentally in relation to their views on consulting children in such situations. However the increasing legal onus to ensure such views are heard, under the UNCRC and in light of Brussels II is seen to be causing an increasing number of judges to seek such views. The number of cases before a judge in any given day, and the lack of suitable facilities for such consultation were both seen as working against having a real focus on hearing children's voices in such situations.

A small number of those interviewed spoke about their real concerns in relation to contact by parents with very young children where the parent concerned may have no previous experience of dealing with the needs of very small children and where currently no facilities or support services are available to assist such parents.

6.3.7 referral process

The issue of referral to contact centres was raised by many of the interviewees. Where supervised contact was awarded because of safety concerns, referral, it was agreed, should be made to specialist support services, rather than depending on ad hoc arrangements as is currently the case in most private family law cases. A number indicated that such cases should then be reviewed to ensure that the arrangements are working out in the best interests of the child and that they are progressing in a positive way.

However where there are disputes about conflict arising primarily from parental hostility referral to a contact centre is less clear cut. Most interviewees believed that parental alienation existed, on the one hand, with non-residential parents not being believed and, on the other, that many resident parents have real fears about handing over a child to the other parent.

In such cases possible options are seen to include voluntary referrals to contact centres where the solicitors and barristers representing such parents would suggest the use of contact centres as a way of resolving a contact dispute in a practical and safe way. A small number expressed concern about the possible over use of such centres. This it was feared might happen if judges were to refer too many parents to use such centres in order to have the case settled quickly. It was seen as vital to protect against such situations arising. It was considered that this could be addressed through suitable training and awareness raising for the judges concerned as well as through wider reforms aimed at reducing the numbers of disputes that are being settled in court.

6.3.8 Moving On Arrangements

The issue of possibly stigmatising a parent who is ordered to have supervised contact was referred to by some of those interviewed. All were in agreement that such orders and the use of contact centres should not be seen as permanent solutions to child contact disputes. Rather that clients' use of such facilities should be supported to develop stronger and positive relationships with their children with the aim, wherever possible, of progressing such contact into more 'normal' surroundings.

This kind of approach was seen by some as essential to ensure the development of 'normal' relationships between parents and their children. Otherwise some stated that a child could develop a view that they always needed to be protected from their parent or with boys in particular identifying with the violent behaviour they have observed from one parent. On the other hand others spoke of the primary concern of those involved at

all times on ensuring the safety of the children concerned.

Different views were expressed about whether supervised and supported contact should occur in the same premises or in different facilities.

6.3.9 Funding and Agency Support

It was recognised that contact centres would be labour intensive, requiring specialist staff especially in situations where supervised contact is required or where therapeutic supports are also needed. It was suggested that joint-funding arrangements from a variety of statutory and voluntary sources might be most appropriate. Due to the availability within the HSE of a number of specialist centres for supervised contact for children in care, HSE facilities were also seen as possible centres for private law cases, especially outside normal office hours.

6.4 Views and experience of providers of Current Child Contact Services in Ireland

6.4.1 Introduction

Specialist child contact centres and related services to support child contact are largely unavailable in Ireland. At the time of writing the only centre operating solely for the purpose of facilitating child contact is Time4Us which is located on the outskirts of Galway City. Established on a three year pilot in 2004 this centre provides handovers and supported contact as well as a location for 'supervised access/contact' directed by the court. It is funded privately with some state funding.⁶²

However a number of other contact services exist in Ireland but are provided on a more ad hoc basis. For example, some Family Resource Centres (FRCs) and Family/Child Community Centres are providing facilities for supervised access in a small number of public and private law cases on an individual request basis. Two Family Resource Centres were interviewed, one in Sligo town and one in Ballymote, Co. Sligo.⁶³ In the case of the Ballymote FRC the HSE requested the FRC to provide supervised contact and handovers in a specific case. The Sligo town FRC has provided supervised contact in a number of specific cases. In one case they were approached by the HSE, in the

⁶² Another supported contact service was provided by George Ferguson, a Minister in the Methodist Church and his wife Mary. Through the parish hall at Leeson St. Church, the Fergusons provided this service for fifteen years. This service came to an end in December 2006 as the Fergusons could no longer personally sustain it

other cases by individuals and the courts on private law cases.

The only other centre providing a specialist supervised contact service for private law cases on an on-going basis in Ireland was found to be that provided by the Ballymun Men's Resource Centre in Ballymun, Dublin. This centre is providing court ordered supervised contact. In addition, the centre provides a handover service, men's counselling and a family mediation service. However it is not funded specifically to provide these services.

6.5 Views and experience of Contact Service providers

6.5.1 Need and demand

All services visited reported a high and on-going demand for their services and many reported that clients travelled long distances to use the service. For example, although Time4Us is located in the outskirts of Galway city, clients travel from Athlone, Sligo and even Cork to use the centre. Centres providing supervised contact experience a growing need and demand for this service. Indeed the supervised services visited had received requests for the service which they had been unable to meet. In particular, the Ballymun Men's Resource Centre, as an established and known service in the community is under immense pressure to meet a need which it is completely under-resourced to address. This service at the time of writing had a waiting list and was turning potential clients away due to their inability to meet this level of need. In addition, the Family Resource Centres visited all expressed interest in expanding their services, if funding were available to address the high level of need for contact services that they perceive exists in their communities.

6.5.2 Impact

All services visited related the positive impact of their service in terms of providing quality contact between parents and children and in maintaining and developing parent-child relationships that might otherwise be lost. In the case of supported contact, clients would, they stated, otherwise have had to rely on places such as fast food outlets or public parks as venues for contact. All centres also reported a high success rate in terms of increasing contact and moving contact outside of the centre where appropriate. They articulated the importance for resident parents of seeing that their child's other parent was capable of looking after their child during their time using the centre. Additionally all centres reported success in their work in helping parents to focus

⁶³ A study visit was made to Sligo town FRC, Ballymote FRC was examined through telephone interview

on the needs of the child, they reiterated the importance of this in helping parents to move on from conflict.

The supervised services visited reported success in keeping children safe, encouraging quality contact and in maintaining and developing parent-child relationships that would potentially otherwise have been lost. Services additionally providing mediation and counselling stated that in their experience these supports in many cases led to a reduction in the level of conflict between parents and could be successful in focusing parents more on the needs of the child. Again this was seen as vital in the process of moving appropriate cases on to contact outside the centre.

6.5.3 referral

At the time of writing all the providers interviewed were taking referrals from the courts on a request basis and all, apart from Time4Us, provided reports to the court or to the solicitors involved when required to do so, and in some cases also made recommendations on contact arrangements. The FRCs examined had taken referrals from the HSE on a very limited and request basis only.

Cases referred to these services involve the following type of issues: implacable hostility to contact by the resident parent; allegations of abuse or actual abuse affecting a parent and/or child; fear of abduction; suspicion of or actual child abuse; domestic violence and drug or alcohol addiction problems. Some centres also work on a self referral basis covering cases where a parent has nowhere suitable to take a child; a parent lacks parenting skills or experience; the introduction or reintroduction of contact where the assistance of an experienced third party is required; and situations of intractable conflict between parents affecting children during contact handover.

6.5.4 Levels of Support and Supervision

In cases involving supervised contact a staff member stays with or near the child at all times to monitor conversation and interaction, both in the contact room and on for example toilet visits with young children. The supervisor also takes notes on contact and records proceedings. Clients must speak English at all times so that the visits can be properly monitored. The supervisor also, where appropriate and non-intrusive, engages in play with the parent and child and models positive parenting practice. In the cases of supported contact, contact is observed by staff through a glass window into the contact room.

6.5.5 Staffing

Staffing varied substantially between services. In one FRC the centre had been funded by the HSE to provide supervised contact for a particular family. Thus the supervisor is a qualified professional and was sourced externally to the FRC. The FRC itself does not have the resources to provide a dedicated service although staff perceive a need for such a service. In the other FRC visited, the centre itself has taken on a number of supervised cases. Supervisors are qualified in areas broadly relating to family support but, as the centre coordinator pointed out, have not been trained specifically in the area of child contact supervision. While this centre has the appropriate physical structure to provide supervised contact, it does not currently have the staffing resources, in terms of training or numbers to provide a dedicated service.

The Ballymun Men's Resource Centre is staffed by one counsellor and two Community Employment (CE) workers. All have qualifications and experience of working in family support. However they recognise that the work they do is very skilled and badly needs more staffing resources. No specific training in child contact supervision is available to staff.

6.5.6 Funding

The Ballymun Men's Resource Centre provides supervised contact as an add-on service to their services for men in the Ballymun area and receives minimal funding for the provision of this service. It needs additional resources to provide thorough family assessments and related services. When providing supervised contact requested by the HSE the FRCs involved received funding to cover staffing costs. However in other cases where they provided supervised contact themselves the FRC is not funded for this particular service. Time4Us is funded by a combination of state agencies and voluntary contributions.

6.5.7 Facilities

The Ballymun Centre provides a room with toys and seats and a supervisor undertaking individual supervision with a family. However facilities are very limited. Facilities in the FRCs were generally more developed. One FRC, in addition to a contact room had an outdoor play area which could be used by clients under supervision.

Time4Us was purpose built. Contact for a number of families at a time takes place in a large room equipped with toys and seating. Light refreshments are also available and there is a small kitchenette where parents can prepare meals for their children. In

addition to this, Time4Us have arts and crafts activities, a 'chill out room' and a library. Pool and air hockey tables are provided for older children. In the baby and toddler room, there are books, toys and a cot where the smaller children can go down for a nap.

6.5.8 Therapeutic Supports

All the service providers in Ireland referred to the benefits of therapeutic supports to accompany child contact services. All services providing supervised contact had a counselling service available to their parent clients, although in some FRCs there is a minimal charge for this service. In the Ballymun Men's Resource Centre counselling for parents was a cornerstone of the contact service, with clients 'working through' issues in order to improve and develop the parent-child relationship. There are no fees for this service. The absence of accessible counselling or other therapeutic services for children was noted as particularly problematic by Irish service providers. Family mediation is also available in some facilities for clients either within the service or by referral. However long waiting lists were noted by some. Parenting courses are available in the FRCs but not in the Ballymun Centre due to funding constraints. The Ballymun Centre refers clients to other organisations for this service.

6.5.9 Opening hours

The FRC contact services were available within the centre's opening hours which included week day access and weekends. Opening hours within the Ballymun Centre are severely constrained due to inadequate funding. This means that the centre can only open on week days until 4pm. The centre staff articulated their wish to open later in the evenings and on weekends in order to facilitate their client's needs. Time4US is open seven days a week including afternoons and evenings

6.6 Summary

6.6.1 Views of professionals

All professionals interviewed agreed that there is a need for specialist child contact centres in Ireland, to provide both supervised and supported contact in private family law cases involving disputes over contact. Current arrangements, procedures and infrastructure for facilitating contact in such cases are perceived by all to be, in the main, ad hoc and inadequate.

While no statistics are available on the number of contact centres that are required, all

those interviewed believe that the number of people experiencing child contact issues is likely to grow due to increasing incidents of marriage and relationship breakdown and an increasing recognition of Ireland's responsibilities in this area under UN and European Conventions. All agreed that contact centres should be child centred, accessible, discreet, safe and locally based. They should provide opportunities for parents to avail of other services to support them in their parenting role where required and utilise existing facilities wherever possible. A minority expressed concern about the possible 'over use' of such centres and this again indicates the need to ensure that referral to centres is at all times appropriate.

All of those interviewed discussed the relationship between family law courts and the proposed contact centres. There was general agreement that wide ranging changes are required in how disputes about child contact are dealt with in the private family law courts in Ireland, including greater use of mediation and collaborative law, earlier and easier access to expert advice and support, and greater training for judges and other legal professionals. Such changes are required it was said, in order to ensure that all decisions are made in the best interest of the children concerned and on the best available information on the needs of the children involved. The complexity of cases where there are accusations on the one hand of domestic violence and child abuse and of parental alienation on the other hand and a lack of consistency in how these matters are currently dealt with was highlighted.

The onus on the state to provide adequate supports to enable children not only to maintain but also to develop their relationships with both their parents and with other family members following relationship and marriage breakdown was highlighted. This, many interviewees explained, means supporting a process that allows families not only to maintain contact wherever possible but which also works to change and improve the family dynamics that are at the root of many of the problems that manifest in the court when relationships break down is required. Contact centres should therefore be resourced to provide therapeutic and other services where required.

Concern was expressed about the current reliance on family members to supervise contact when the court orders 'supervised access'. The lack of facilities for professionally organised supervised contact in private law cases was highlighted and it was generally agreed that where suitable HSE facilities are available these should also be used for private law cases.

In summary the professionals interviewed called for the establishment of contact centres along the following lines:

- Specialist facilities where both fathers and mothers requiring supervised or supported contact would be catered for in neutral venues with a focus on 'moving

on' contact wherever possible. Centres would also facilitate drop-offs and pick-ups by parents where required and would be staffed by qualified staff (social work, child care, family and child therapy, parenting mentors).

- Clear policies and procedures around referral, assessment, review, reporting to the courts with clear standards and inspection arrangements.
- Clear and agreed contracts with both parents about all aspects of the contact – handovers, duration of visits, travel arrangements etc.
- Provision of age appropriate services, especially catering for the needs of teenage children.
- Basing contact centres wherever possible in existing, suitable, locally based facilities.
- Providing services for contact on weekdays, evenings and at weekends, and over key holiday periods.
- Facilities where judges, psychologists or other professionals could meet with a child or a parent in a neutral and appropriate venue. This would ensure better usage of the centre and serve as an additional source of funding.
- A safe and secure environment that protects the privacy of the parents and children using the service.

6.6.2 Views of Service providers

A range of organisations are currently providing contact services in Ireland. However current arrangements, procedures and infrastructure for facilitating contact and parental access are primarily arranged on an ad hoc basis, subject to resource availability. Only one contact centre with targeted funding is currently available in Ireland specifically for contact following marriage and relationship breakdown. All of the organisations involved in providing contact services report an ongoing and, in some cases, a growing level of requests for such services for both supervised and supported contact. All highlighted the need for additional funding to allow them to develop these services in a professional manner with specialist staff and related facilities to meet growing demand. This is seen to include the need to develop appropriate assessment services and related therapeutic services either on-site or through referral. All referred to the role contact centres can play in developing positive relationships between the parents and children concerned and their success in moving on contact wherever possible to more 'normal' surroundings. The HSE do provide contact services in public law cases, facilitating children in care to remain in contact with their parents and other family members. Currently there are few specialist centres available to support this need. This is an area that the HSE are trying to develop but are very constrained by resource limitations.

6.7 Implications for policy and practice in Ireland

The views of the professionals and service providers interviewed for the study support the findings of previous chapters. They highlight the inconsistencies and ad hoc arrangements currently prevalent in contact disputes in Ireland. They also show the very limited range of specialist contact services operating in Ireland at the present time, coupled with an increasing demand for such services. They highlight the on-going difficulties experienced by such services in accessing the funding required to provide a child friendly and appropriate service. They go on to spell out how existing services are organised and the perceived benefits of such services for the parents and children concerned. In particular they demonstrate the current unsatisfactory situation that pertains in relation to supervised contact – the reliance on family members, the inconsistencies in how decisions about such contact are made and reviewed, as well as the limited availability of professional assessment and review. The findings highlight the need for additional professional support and training for those working in the area and emphasise the almost universal agreement that exists among the different professions involved on the need to develop specialist child contact services in Ireland to provide handover, supported and supervised contact services.

ChApTer SeVeN: FINDINGs FrOM STudy VISITS TO ChILd CONTACT CeNTreS AbROAd

7.1 Introduction

As previously outlined, this study also involved study visits to selected child contact centres outside the Republic of Ireland. The purpose of these visits was to learn from international experience in order to inform the development of contact centres in Ireland. This chapter details how centres manage key issues in relation to the provision of services in terms of both supported and supervised contact and examines policy implications of these findings for Ireland.

7.2 Location of Study Visits

Table 7.1 provides an outline of all the centres visited and summarises the type of services they provide. Two centres were visited in each of Northern Ireland, Scotland, and England. In addition researchers met with senior staff of Barnardos in New Zealand, who provide a large network of child contact centres.

Location		Services Provided		
Centre Visited	Country	Handover	Supported Contact	Supervised Contact
Knock Child Contact Centre	Northern Ireland: Belfast	Yes	Yes	Yes (provided in centre but by social services)
Cloona Child Contact Centre	Northern Ireland: Belfast	Yes	Yes	Yes
Renfield Centre	Scotland: Glasgow	Yes	Yes	No
Family Mediation Lothian (FML)	Scotland: Edinburgh	Yes	Yes	Yes
Coram Child Contact Centre	England: London	Yes	Yes	Yes
Accord Child Contact Centre	England: London	Yes	Yes	Yes
Barnardos	New Zealand	Yes	Yes	Yes

7.2.1 Northern Ireland

Within Northern Ireland, the first of the two centres visited was the Knock Child Contact Centre, located in Knock, Belfast. The Knock centre is one of the oldest child contact centres in Northern Ireland and has been open for nine years. While in the Knock Centre the researchers also met with the coordinator of the Coleraine child contact centre, which is one of the newest centres in Northern Ireland, open since 2006. Both of these centres are run by the Methodist Church and are located in their church's parish hall, although the centres cater for clients of all faiths. Additionally, the researchers visited the Cloona Child Contact Centre in west Belfast which has received funding from, among others, the Belfast Regeneration Programme. With the exception of Cloona, the centres visited in Northern Ireland provide supported contact only but allow social workers to use the facilities to provide supervised contact. The Cloona centre provides both supported and supervised contact and has developed a holistic model of service delivery involving court welfare officers, contact staff and a range of therapeutic services.

7.2.2 Scotland

In Scotland the researchers visited the Renfield child contact centre in Glasgow. Similar to many of the Northern Ireland Centres, this service is located in the parish hall attached to the Church of Scotland. However the Centre is not run by the Church of Scotland. The Renfield Centre only provides supported contact. Visits were also undertaken to Family Mediation Lothian (FML) Services in Edinburgh. FML has been providing child contact services for around 20 years and in total FML has seven centres and an administrative centre in Edinburgh city. FML child contact centres provide both supported and supervised contact services.

7.2.3 England

Two centres were also visited in England, both situated in London. Both the Coram and Accord child contact centres provide specialised child contact services with a high level of therapeutic support. Coram provides both supported and supervised contact while Accord provides supervised contact initially with movement by families on to supported contact where possible.

Centres visited in England and Northern Ireland were accredited members of NACCC. NACCC assesses its members' standards and provides accreditation accordingly. The body also provides training to contact centre staff.

7.2.4 New Zealand

A meeting was held with two senior staff of Barnardos in New Zealand. As previously mentioned Barnardos New Zealand is the largest provider of child contact services in that country, with 24 centres across the state. Child contact centres provide both supported and supervised contact services (although in New Zealand these are termed high and low vigilance supervised contact services).

In the following section the learning obtained from the international visits on supported services and supervised services are presented separately while recognising that some centres provide both of these services. Where this occurs the supervised contact was found to take place in a separate building or part of the building usually with its own separate entrance.

7.3 key Findings from International Study Visits: Supported Contact

As can be seen from the table above, supported contact services were visited in the following locations:

- Knock Child Contact Centre: Belfast, Northern Ireland
- Cloona Child Contact Centre: Belfast, Northern Ireland
- The Renfield Centre: Glasgow, Scotland
- Family Mediation Lothian: Edinburgh, Scotland
- Coram Child Contact Centre: London, England
- Barnardos: New Zealand

A handover service was also provided in all of these centres. All centres visited are open for at least one day of the weekend. Some centres are open on both Saturday and Sunday and others are also open on at least one weekday evening.

Learnings from the visits are presented under the following headings:

- Referral and reporting
- Assessment
- Monitoring and review
- Staffing
- Funding
- Facilities
- Therapeutic services

7.3.1 referral and reporting

Self-referral was possible in all supported centres visited and staff reported that some clients do self-refer. However more often referral is through a solicitor or from a court. In some centres social workers or social services also referred clients. Most centres dealt only with private law cases but some also dealt with families in public law cases. In such cases it is usual for the social worker to supervise contact in the contact centre's facilities. Clients referred to the supported services visited had been referred for the following reasons⁶⁴:

- A lack of parenting skills or parenting experience by one parent
- Where a parent has nowhere suitable to take a child
- Introduction or reintroduction of contact where the assistance of an experienced third party is required
- Situations of intractable conflict between parents affecting children during contact handover
- Allegations of abuse affecting a parent and/or child while such allegations are being investigated
- Cases involving known domestic violence
- Fear of abduction.

Supported contact services do not usually make reports to the courts however some centres reported that in some circumstances when requested, they have done so. The Glasgow centre that was visited explained that in certain cases, where requested the centre may also allow a Curator ad Litem (who represents the child in court) to observe contact. All the supported centres visited did document attendance at the centre and report this to the solicitor or court if required. In one London centre visited, staff stated that they reported to solicitors who in turn reported to the court. Centres can also request and receive reports presented in the court, by court welfare officers who make assessments in relation to children concerned.

7.3.2 Assessment

The supported centres visited varied in relation to the level of assessment carried out. At the lowest level of assessment, one centre met with the parents to introduce them to the centre and parents signed a contract; however no assessment was made of the case. This centre does not request the court children's officer report and so only receives it in some cases.

⁶⁴ See Chapter 1: NACCC Guidelines for Determining Type of Contact

A centre with a higher level of assessment had a risk assessment system in place which assessed families through a pre-contact interview with both parents. During the referral process this centre also meets with both solicitors. Almost all solicitors fully cooperate with this process. Where the centre has concerns relating to domestic violence or child protection they would not usually intervene directly but would contact social services for professional intervention. A referral form for supported contact, which is key to the risk assessment process in the NACCC centres is provided in Appendix 5. Similar to this process, in another centre in the UK and in Barnardos centres in New Zealand, individual and separate risk assessment interviews are undertaken with both parents and their children.

These variations reflect the different focal points of the services provided. Those with low levels of assessment essentially offer a drop in service; those with higher levels of assessment are providing a more developmental approach aimed at consciously supporting parents and children to develop their relationship and at reassuring parents with specific concerns about contact.

7.3.3 Monitoring and review

Centres reported that they undertake a low level of monitoring for supported contact. For example, staff do not report on conversations unless they have a particular concern about the content. In most centres, staff remain in the same room as parents. However, in one centre, volunteers 'floated' between rooms. The level of monitoring undertaken was based on the initial reason for the referral. The stipulated purpose of supported contact in all centres visited was that it is a temporary measure from which families will move on to 'handovers' or ultimately to self-managed contact. Most centres meet families after certain time-frames to review progress and to discuss options for moving on. However, no centre visited limited families' use of the services, with each family's individual circumstances being the determining factor.

7.3.4 Staffing

Staff in the supported contact centres visited included at least one paid coordinator per centre who usually had a professional qualification in an area related to child or family support. One centre additionally had a paid manager and another centre was hoping to get funding for a development worker. Play workers had been available in one centre until funding constraints forced a cut back in these staff. The rest of the staff in the supported contact centres visited are volunteers. Volunteers are trained usually by the centre coordinator and (in England and Northern Ireland) by the National Association of Child Contact Centres.

7.3.5 Funding and costs

The centres visited had a variety of funding sources, involving varying levels of state and private funding. Only one centre visited received no state funding and this was the choice of that centre.

A number of the centres visited had no stable funding source and were reliant on short-term state grants and fundraising. Some of the contact centres visited are located in parish halls which are availed of either free of charge to the centre or for a nominal fee. Other centres make use of child-friendly community facilities services which are not otherwise in use on the weekend. Most centres in the UK and Northern Ireland are insured by Methodist Insurance.

The centres visited were generally run on a low budget, often only paying for a part-time coordinator and depending largely on volunteer staff, usually sourced through a church. The centres that provide more therapeutic supports are more costly. However a number of these centres referred to the fact that the availability of such supports can reduce the length of time that individual families need to use a contact centre.

7.3.6 Facilities

The supported contact centres' facilities include a large room or rooms with toys and seating for parents and children. In supported contact a number of children and parents share the contact facilities at the same time. Facilities sometimes include play areas for children and art materials. Often a coffee bar is available in the centre where parents and children can avail of drinks and snacks. In one centre a kitchen is also provided. In some New Zealand centres, barbeque facilities are available. Some centres only cater for younger children in terms of toys. Other centres also cater for older children, with Fussball tables and pool tables provided. One centre also had video games and 'dance mats'. Some centres have outdoor play areas or gardens which children and parents can use when the weather permits. One centre visited also had a large hallway where children ride bikes or other toys. Some centres have two entrances in order to facilitate 'handovers'.

7.3.7 Therapeutic Supports

The level of therapeutic support available to clients varies greatly between centres. All the centres visited undertake informal parenting work with clients. This might involve modelling positive parenting practice or helping to facilitate play between parent and

child, especially if there has been an absence of contact. Some further support is usually available through referrals, for example one centre refers clients to family mediation services and provides some parenting support in the centre itself. Other centres refer clients to outside organisations for mediation, parenting courses and counselling. Some centres 'buy in' these services to the contact centre for individual clients where necessary. Most centres stated to us that there is a great need for more therapeutic services to be available to their clients.

7.4 key Findings of International Study Visits: Supervised Contact

Supervised Contact services were visited in the following locations:

- Knock Child Contact Centre: Belfast, Northern Ireland
- Cloona Child Contact Centre: Belfast, Northern Ireland
- Family Mediation Lothian: Edinburgh, Scotland
- Coram Child Contact Centre: London, England
- Accord Child Contact Centre: London, England
- Barnardos: New Zealand

7.4.1 referral and reporting

Clients in the centres visited generally came to the services through referral from the courts usually mediated by a solicitor. In some centres social workers or social services also refer clients. Most centres deal only with private law cases but some also deal with public law families. Contact centre reports containing factual information on contact sessions are prepared and are available to the courts. In some cases contact centres also made recommendations around contact to the courts.

7.4.2 Assessment

Of the supervised centres visited, all have procedures in place to assess clients prior to commencing contact. The Coram Centre utilise a particularly intensive form of assessment. They write to the solicitors of those referred, who then release the relevant reports to them. Two hour assessments are then undertaken with both parents separately. Children over seven years old are invited to share their views. A case worker is then allocated and a contact plan drawn up, which is sent to the parents. Similarly in New Zealand, where a case has been referred from the courts, individual interviews with parents and children are undertaken and the centres must receive a report containing all relevant information from the lawyer for the child(ren), social workers and any other professional involved in the case. The centre then makes

a report to the court indicating if it is seeking any variation in the original referral, including a recommendation for a review date and if it will accept the case. If the centre does not accept the case, the court has the responsibility to refer the case elsewhere.

7.4.3 Monitoring and review

Supervised contact involves a higher level of monitoring than supported contact. In all centres visited the contact parent's conversation and behaviour with the child were directly monitored by a supervisor who remained with the child at all times. Supervisors also accompanied young children to the toilet. Supervisors undertake factual reports of contact sessions. Cases are reviewed on a regular basis and where possible are moved on to supported contact or to a less intensive form of supervision. Such changes must be agreed by the parents concerned and such decisions may have to be referred back to the court.

7.4.4 Staffing

All supervisors in the centres visited were professionally qualified in an area relevant to family support and were experienced in this area. Such staff must be able to detect risks to the child and be able to deal effectively with inappropriate parental behaviour. Such staff must also be able to write up reports that are suitable for court. In most cases supervised contact must involve two staff members as well as security back up and ideally, ready access to the social services and the police if required.

7.4.5 Funding

Due to the need for skilled professionals, supervised contact incurs far higher costs than supported contact. Funding mechanisms and the level of cost varied greatly between centres and countries. Clients are not normally charged for this service. For instance Coram in London does not yet charge client fees, however this is under consideration due to funding problems.

In the case of Accord, again in London, client fees provide £65-70,000 out of a total annual running cost of £250,000 for the service. Of this, £60,000 is in lieu of rent. Accord provides a very specialist supervised contact service involving intensive work with the parents involved who usually have a background of proven domestic violence or other serious child welfare concerns. This includes a lengthy period of 'assessment contact' based on which the staff make a recommendation to CAFCASS on whether they believe that ongoing contact is in the best interest of the child. Accord estimates that a family assessment costs £4,000, observation £3,000 per family and the 'family

project' (a form of moving on to less supervised contact in a group setting) £2,000 per family. The centre receives funding from CAF/CASS. Clients entitled to legal aid have fees paid by that body. At the time of our visit, Accord were also experiencing very serious funding problems possibly leading to closure.

Supervised contact in Northern Ireland where undertaken in a contact centre is usually supervised by a social worker in both public and private cases. In such cases the social worker is available both in the evenings and on weekends and is paid by the state.

Supervised contact through Family Mediation Lothian in Scotland is subsidised by legal aid but client fees are also charged. The cost to clients is £150 for set up and an additional £50 per hour of supervision. This includes the services of an experienced paid worker to supervise the contact, preparation of a factual report for solicitors and sometimes for the court.

In New Zealand Barnardos centres charge families \$10 per visit. Cases referred by the family courts are subsidised to the value of \$45 per visit although these fees are not sufficient to meet the costs of running the service.

7.4.6 Facilities

In all centres visited, supervised contact takes place with one family and one supervisor per room and in one case, one family per house. The room is always child-friendly with toys provided. In some centres families in supervised contact can also make use of outdoor play facilities but kitchen facilities are not generally available. In the services visited, a supervisor sits in the room with the family. However, some centre coordinators explained that they would like to be able to avail of a more subtly supervised setting with, for example, a two-way mirror system.

7.4.7 Therapeutic Supports

The level of therapeutic supports available varied greatly between centres. In one centre in Northern Ireland no supports were available within the centre but staff refer clients to external services and when necessary, also buy in services such as counselling for individual clients. The Scottish Family Mediation Lothian service provides family mediation. It also used to provide children's groups, which were a form of group therapy for children. However, funding constraints forced this service to be cut. Both the Accord and Coram Centres approach contact from the point of therapeutic intervention, seeking to improve the relationship between parent and child. However, a number of services in both centres have closed down due to inadequate funding.

Services that have been provided include mediation, parent/toddler groups and painting groups. Coram also referred children to a specialist agency for counselling.

7.4.8 Overall Findings: Perceived Benefits of Contact Centres

All staff interviewed during the contact centre visits are of the view that their centres are playing an important role in maintaining contact between parents and children in situations where that relationship might otherwise be lost. In this respect, staff outlined a number of specific cases that underlined the importance for the children and parents concerned of being able to maintain that relationship through a centre. In addition, staff pointed to their success in many cases in developing the relationship between parents and children and where it is safe and appropriate, moving contact on to an unsupported setting. Staff also related centres' success in protecting children from parental conflict and the importance of this to child well-being.

In relation to cases of supervised contact, staff also related that for many children who had experienced abuse or neglect, contact in a centre improved their sense of security. Where therapeutic supports such as counselling, mediation or parenting support are available, staff recounted that in many cases they had seen success in reducing parental conflict, child anxiety and in getting parents more focused on the needs of the child. This in turn, it was believed, allowed contact arrangements to move on to more normal contact in a quicker time period and with less acrimony between the parents involved.

7.5 Summary

The international visits provided valuable additional information on how contact centres operate and how they are resourced. Staff at all the centres visited reported a high demand for the services they provide. Indeed some centres were unable to meet this demand and so have or have had waiting lists for services. The visits demonstrate the role that contact centres also play not only in providing a place for contact but also in supporting court assessments of the needs of the parents and children concerned. The visits highlight the significant differences involved in operating and resourcing supported and supervised contact services and the reasons for such differences. They also demonstrate the benefits of backing up contact services with therapeutic services that support the development of quality relationships between the parents and children involved, many of which are capable of being moved on more speedily to more normal contact. The supervised contact centres visited highlighted the detailed assessment and professional staffing required in centres that are dealing with children for whom there are safety concerns.

The visits also show how child contact centres are often based in existing facilities within the community which are child-friendly and are backed up by therapeutic supports. They also show how social services interact with contact centres and use centres to provide supervised contact involving the availability of social services outside normal office hours; in the evening and at weekends.

Staff in the child contact centres visited highlighted the importance of having professional, paid supervisors who have appropriate training and receive back up support and guidance. In the UK the benefits of NACCC as a central accreditation and support service throughout the UK in providing training, support and networking to the centres involved was highlighted.

Child contact centres are funded from a variety of funding sources including the state, charitable donations and in some cases small client fees. Funding is a problem for all centres visited and additional funding is required to meet the need for therapeutic services.

7.6 Implications for policy and practice in Ireland

The study visits provide important details on how child contact centres operate internationally and thus provide a more detailed picture of how contact centres might operate in an Irish context. The visits highlight both the need for different types of contact services and the significant differences involved in the provision of supported and supervised contact. This is reflected in terms of the type of service provided, the cost of the service and the level of additional services required in supervised contact cases, including court reports, in depth assessment, professional staff required to provide a one to one service and follow up reports to the court.

The visits also demonstrate the difficulties involved in funding contact centres, and particularly in funding professional assessment services and additional services such as therapeutic services. They also show the heavy reliance on volunteer staff in providing supported contact services in the UK and the significantly higher costs involved in providing supervised contact services. They further indicate the benefits of a central support service, NACCC, throughout the UK in providing professional training, support and networking to the centres involved.

ChApTer elghT: INTerVlewS wITh pAReNTS IN IreLANd experleNCING ChILd CONTACT ISSueS

8.1 Introduction

This chapter presents the views of parents in Ireland who are experiencing child contact issues. These parents may be seen as potential clients of a child contact centre in Ireland. In addition, this chapter explores the views and experiences of clients of the Ballymun Men's Resource Centre who have used or are using that organisations' supervised contact service. It must be clearly stated that the views and the accounts of their experiences are those of the interviewees themselves.

In total 25 parents were interviewed and their views obtained on a variety of related issues. A cross section of mothers, fathers, resident and non-resident parents were interviewed. 'Interviewees' names have been changed in this report in order to protect their anonymity. Any identifying information has also been removed.

As Table 8.1 shows, interviewees represent a broad range of demographic characteristics and experiences.

Table 8.1 : Participant Client Profile	
Characteristic	Number of Participants
Gender	
Male (Father)	11
Female (Mother)	14
Parental Status	
Resident Parent	15
Non-resident Parent	10
Both (more than one child)	1
Marital Status	
Never Married	18
Separated/ Divorced	7
Nationality	
Both parents Irish	21
One or both parents Non-Irish	4
1 Child	
2 Children	9
3 Children	10
4+Children	4
Time since Relationship Ended	
Less than one year	3
1-2 years	8
2-3 years	3
3-4 years	3
4+ years	8

As explained in Chapter 2 those interviewed do not constitute a sample in a statistical sense and are not presented as statistically representative of parents with contact issues following separation or divorce. Rather, those interviewed represent a range of views and experiences of parents in Ireland experiencing child contact difficulties following relationship breakdown. Interviewees self-selected following requests by the researchers to a range of organisations for parents to participate in the study (see Chapter Two for further details). Those that came forward, as shown in the above table, were both mothers and fathers and resident and non-resident parents with a higher number of unmarried than married parents, reflecting the source of our interviewees. As interviewees came forward from organisations, we were not able to target interviewees by any particular demographic characteristic. However, when a number of the interviews were completed we did try to target non-resident parents and married parents with limited success due to the fact that we could not approach potential

interviewees directly.

In terms of how interviewees' contact arrangements had been made, some had been to court in order to establish contact arrangements, others had not. Those parents who had not been to court (11), had arranged child contact with their ex-partner themselves or with the aid of the Family Mediation Service. In total 14 interviewees related that they had been to court in order to arrange contact. In ten cases the court had ordered supervised contact/access and in one case the court ordered that no direct contact take place. Reasons given by interviewees as to why supervised contact/access had been ordered included proven domestic violence; accusations of domestic violence or child abuse pending investigation; a parent's 'turbulent history', a significant period of no contact and inexperience with children. Interviewees related that supervised contact/access, as ordered by the courts took place in a variety of locations including Ballymun Men's Resource Centre, but also in public places such as fast food outlets or a public park. In accordance with these arrangements, interviewees related that court-ordered supervision was undertaken by a variety of individuals including, staff of the Ballymun Men's Centre, the resident parent themselves, grandparents or friends.

The views of the parents interviewed under each of the topics raised are outlined in this chapter.

8.2 experience of the Legal System

8.2.1 Introduction

Many interviewees expressed immense frustration with the Irish family court system. The key issues raised are reviewed below.

8.2.2 Stress and expense of going to Court

An issue for many parents interviewed was the stress induced by going to court as well as the financial expense for those who do not receive legal aid. It appears that these factors sometimes create an unmanageable burden which may result in a non-resident parent losing contact with their children. Tom described his experience, saying he was 'in and out of court' for four years:

'I got so tired of fighting in the court and spending thousands of pounds that I hadn't got em that I just gave up. And it was a mistake giving up, but I just gave up....I won every time going to court but I just gave up because it became too stressful... [the child's mother] was on legal aid...I had a private solicitor which cost a lot of money, borrowed

money, loans, you name it, to go to court and I just gave up'. Tom

The cost of Section 47 Reports⁶⁵ to assess contact arrangements was also noted as a significant additional burden by some parents. Parents in this situation expressed a desire that the financial expense of gaining child contact through the courts be reduced in order to facilitate contact.

8.2.3 Absence of enforceable rights for Fathers

A number of fathers, both married and unmarried, reported that when their former partner, despite a contact order, refused them contact with their children they were not able to enforce these rights:

'No one ever intervened. The HSE never intervened to help me gain access... She just decided to stop letting me see the children. I appeared for my access and reported it to the Gardai and at the end of it I was wasting my time basically.' Dan

A number of fathers called for a greater focus on the enforcement of their right to contact as established in the courts.

8.2.4 delays in getting Contact

Fathers related particular frustration with the length of time taken both for court cases to be heard and for Section 20 reports to be completed⁶⁶. Some fathers relayed how they were denied contact to their children often for periods spanning a number of months while such reports were prepared. John was denied contact with his daughter when she was a few months old. By the time the case went to court he had not seen his daughter in three months. The court then ordered a Section 20 Report and he was again denied contact while the report was being completed. John gained contact only when the Ballymun Men's Resource Centre took on supervision of his contact. John's sense of upset and frustration with this situation was palpable:

'But like I'll never forget it, pushing [child] on the swings over there [at the Ballymun Men's Resource Centre]. I'll never forget it, and she'd be laughing and giggling, this was when I was starting to bond with my child, the bond that hadn't been allowed to start for six months because of the way the court service was run.' John

⁶⁵ Psychological reports carried out on children under Section 47 of the Guardianship of Infants Act 1964.

⁶⁶ Children in private family law cases are also offered protection under the Child Care Act 1991. Section 20 of the 1991 Act provides for a report on the child to be carried out if there is suspected abuse to a child in private family law disputes (ie under the Guardianship of Infants Act 1964)

While many interviewees expressed a need for interim facilities to supervise contact while a report was being completed or a court case being heard, all clearly stressed the underlying need for speedier court hearings and assessment of cases.

8.2.5 Court Ordered Supervised Access

Most of the fathers interviewed perceived a bias within the legal system against fathers. A number of fathers felt that the legal system often unnecessarily orders fathers to have supervised contact/access in the absence of proof that such supervision is necessary. Interviewees emphasised the serious implications of court-ordered supervised contact/access for a parent and expressed a pressing need to ensure that in all cases supervision, where ordered, has been adequately assessed and deemed necessary by trained professionals.

Some fathers pointed out that child contact centres could be of great assistance in providing a neutral, child-friendly environment for supervised contact/access to take place, where required. In addition some held the view that such centres could have a role in assessing the need for supervised contact/access and where appropriate moving contact on.

8.2.6 Voice of the Child

Some parents felt that inadequate attention was paid to the voice of the child on the issue of contact within the court system. Jennifer's son and his father were granted court ordered supervised contact/access to be supervised by the father's family. Jennifer reported that her son did not want to see his father, objected violently to contact and that he was being 'disturbed' by contact in this setting. However the court continued to uphold the situation for five and a half years. Only after a professional assessment recommended the reduction of contact to letter writing for the time being, did the court adhere to the child's wishes. Based on her experience Jennifer felt that the courts should make a far more concerted effort to assess the wishes of the child regarding contact:

'For five and a half years the judge only listened to the child the last time. And it's absolutely disgraceful that a judge cannot listen to a child and then criticise you and it's your fault. Like I was saying I cannot drag him down the road, he wont get in [father's] car, he won't go to his house, he's not ready for all that yet.' Jennifer.

8.3 The Importance of On-going Contact for both parents and Children

8.3.1 Non-Resident Parents' Views

Interviews with non-resident parents highlighted the immense importance to them of maintaining contact and developing the relationship with their children. Importantly, it emerged that a parent's absence of contact should not be assumed to infer a lack of desire for contact. In this respect, a number of fathers voiced their frustration at the popular perception that all fathers who don't see their children are 'dead-beat dads'. Many fathers wanted to see their children but felt prevented from doing so.

Referring to his own situation, where he was court-ordered one hour per week supervised contact/access but faced the possibility of no contact, as there was initially no agreed place for supervision to take place, Jim pointed out:

'I know there are dads out there that are dead-beat but on the other side there are fathers out there that do want to be in their kids lives and they're not given it, or its denied to them and you know it's not right, it's not justice you know.' Jim

Darren expressed a similar sentiment. He and his ex-partner separated when she was pregnant and all contact was cut off at that point. When his son was one-year-old he made contact with the mother through a solicitor and by this means began the process of establishing contact. This process took a further nine months. In the meantime he went for counselling and parenting support in order to prepare himself for meeting with his child. He has had contact with his son for the past three months and is gradually increasing visitation time:

'It was better for me and for her that I didn't get in contact. Now I know now that was the right and the wrong thing to do. I needed time away and it's a catch 22 situation really...When I wasn't seeing my son I still thought about him every night when I went to bed, and I didn't know if I had a son or a daughter...so even lads that aren't seeing [their children] you know, you don't know what's going on, its very easy to say ah he's after walking away, he doesn't want anything to do with it, but I guarantee you now, that's not how people feel about it, like there's no way you forget about stuff like that.'

Darren

8.3.2 Contact in the Context of Supervised Contact/Access

In the context of court-ordered supervised contact/access some non-resident parents explained how they would do anything to see their children. Although Alistair now has sole custody of his children, originally, due to (later proven) false child abuse

accusations made against him by his former partner he was ordered supervised contact/access (as was his wife) and his children were taken into care by the HSE. He explained why, despite the undesirability to him of supervised contact/access, he was willing to comply:

‘It was like I was a prisoner in my own community, I’m like a paedophile that has to be supervised to see my own children. But I knew that was the only way out, I had to go through that ...and show that I could get custody of my children ... You know at the time I suppose I felt a bit low but I always felt good about seeing the children, that was more important to me than anything else. It didn’t matter how I saw them, I wanted to see them.’ Alistair

On the other hand one father explained that although he wants contact with his children he simply would not accept supervised contact/access and so has chosen the alternative of no contact with his children. Niall has been ordered supervised contact/access and is currently homeless.

‘If I get me own place, I’ll try and look for access with him. Till then I won’t go for access with [child]. I’m not gonna go for supervision, you know like that, I’ll just take me time and wait... And it’s going to be up to him if he wants to or not. I’m not going to be like some of the fathers and beg and beg for it you know cause I’m that bitter now that it doesn’t bother me anymore.’ Niall

8.3.3 The possible effects of Non-Contact

Stressing the importance of contact for fathers, a number of interviewees explained the effect of absence of contact as potentially leading to thoughts of suicide. John explained his own experience in this context:

‘[If I had not had the Ballymun Mens’ Resource Centre] I mightn’t be here talking to you because I was suicidal, I was, I’ve never been so miserable. It was horrible to have to go through that ... If I had not had this centre it could have been a lot of damage done and jeez now that’s a grim thought now because [child], she’s my sunshine, she’s everything to me, I mean she’s, you know, I’d do anything for her, em she’s the best thing that’s ever happened to me, I love her more than life itself nearly.’ John

Another father, currently without contact articulated his feelings:

Interviewer: ‘And how did you feel when you were ordered supervised access?’

Niall: ‘I wasn’t happy about it. I tried to commit suicide twice and there’s days when I’m on the verge of doing it again.’

John expressed the view that, such is the importance of contact that no parent should be denied contact with their child. However, he stressed that in some cases contact must be enabled by creating a safe environment for it to take place:

‘I mean just because someone is a junkie or an alcoholic you know obviously they aren’t a fit parent but that doesn’t mean they should not be allowed see their children. So I mean if someone has a drug problem or an alcohol problem these places [contact centres] would be ideal.’ John

8.3.4 reasons for Opposing Contact

A central point to emerge from interviews with the resident parents was that sometimes resident parents oppose contact not because they do not want the child to see their father, but because of other concerns surrounding safety of contact. Some resident parents stated that although they realised that such contact was important, they feared it might put their child in danger:

‘Every child in the world has a right to see their mother and their father and be safe with either.... They do deserve to see their father, they don’t deserve to not see him, [but] they deserve to be safe, while they see him and that was me main priority’ Mary

Some of the parents interviewed said that they had experienced abuse while supervising contact and therefore were unwilling to continue to put themselves in danger in order to facilitate on-going contact with the other parent. Kate explained her situation:

‘Now we’re at the point where we actually have this support worker who is going to bring me on Thursday to [ex-partner’s] place to pick up [child’s] things. I hate having to do this! Because I know he’s probably going to ask can I see [child]. I’m not actually stopping him seeing [child], I’m stopping him from abusing me’. Kate

On the other hand one non-resident parent described how, contrary to her wishes, the court had suspended contact between her ex-partner and her daughter:

‘The court ordered withdrawal of access completely until he does anger management... I was shocked, I was absolutely shocked because I wanted it cut back to one day a week for her and I wanted it supervised... I wanted proper access, I wanted access where me children were safe. I don’t believe that a parent shouldn’t see their children.’
Stephanie

8.3.5 Perceptions of Children's Wishes

Most parents reported that, regardless of their own feelings about contact, their children appeared to enjoy seeing their non-resident parent. For example, Catherine commented: 'I can see it in my girls how much they love seeing their dads and how good it is for them.' Catherine

Other parents were less certain about how good it was for their children to have contact with their non-resident parent but were nonetheless clear about the children's desire to see their other parent. Following the advice of a Section 20 report, Janet's children have supervised contact with their father in the Ballymun Men's Resource Centre. She is unsure if this contact is positive for their well-being but felt that both children want to see their father and enjoyed spending time with him:

'I think they're happy seeing their dad. I'd say did you have a good time? And [older child] would be 'grand yeah grand' but I could see that he's happy and [younger child] would be jumping and he's literally 'I'm going to see me da!' and like coming up he had two jellies left in the pack, 'I'm keeping them for me da' kinda thing you know.' Janet

In some cases, the child's desire to see their other parent was stated to be putting the resident parent at risk in order to facilitate contact. Kate was just one example of a parent in this situation. Kate's former partner is an alcoholic and Kate related that in the relationship he was physically, emotionally and sexually abusive. Against the advice of her family support worker Kate brought her son to have contact with his father. She explains why:

'So I did go up to his place with [child], you know because I thought somebody's gotta do something for [child], like there's nobody to actually do anything and [child] was every day looking for his father and that just destroyed me because everything was daddy daddy daddy, and like he was only a year old at that time. And it just felt so wrong.' Kate

However, not all parents reported that children wanted to see their non-resident parent. After five years of court ordered supervised access by a family member, the court, on foot of professional advice, ordered that contact between Jennifer's eight year old son and his father be reduced for the time being to letter writing. This was on account of Jennifer's son's objections to contact with his father. Jennifer explains: 'He'd roar at his dad like "I don't want to be down here, I don't want to be with you." And like he even got to a stage of saying, "I hate you". You know he just did not want to be there...[child] started biting himself, he was wetting himself.' Jennifer

8.4 Need for a handover Service

8.4.1 Need to Reduce Conflict

A number of the parents explained how in conflictual situations of relationship breakdown, handovers are a flashpoint for conflict and that this conflict can escalate to an intense level. Almost all these parents pointed to the fact that the conflict created was not just one parent's fault but that in the context of relationship breakdown the hurt and anger, especially in the early days of separation could lead to high tensions and easy outbreak of conflict. It was clear from interviews that in many cases conflict descended into verbal abuse. For example Olga recalled:

'I was exposing myself to all this verbal abuse constantly...He said to me he never loved me, he tells me things that are very painful to me like, "are you sure that is my child?" and my skills as a mother wasn't good enough because I wasn't pushing and they have to call a doctor in Holles street...and [child] is going to be gay because he walks in this way...uh stupid things'. Olga

8.4.2 The Effect of Conflict on Children

Parents interviewed who experienced conflict during handovers were seriously concerned about the effect this conflict was having on their children. This was the principle reason most parents sought a handover service. Interestingly, parents' spontaneous reports of the impact of conflict on their children correspond to those referred to in the literature. Parents frequently noted symptoms of distress in their children. 'It was absolutely appalling because the children suffered, like [father] had a temper tantrum, and a lot of anger and revving of the car, slamming doors...That was about four weeks ago and they're still up at night and they're sleep disturbed. The oldest boy in particular, he's always been good at night and he's in and out to me, and you know these situations could be helped by just having that neutral ground and it might only be for a period.' Lilly

Some parents reported behavioural problems, which they directly attributed to the child's experience of conflict:

'I did have a lot of problems in school with [child] and the problem was the fighting between the father and me. [Child] would hit children, don't have respect with the classmates...each time the teacher was complaining about [child] there was a lot of fighting between myself and the father. Now that the fighting has stopped his work has improved, the behaviour in class is one hundred percent, I didn't have any bad reports this year. And I think if you had this service it is better for everyone, for the child and the father and yourself.' Silvia

8.4.3 Effect of Conflict on Parents

Although their children were the parents' primary concern, both resident and non-resident parents also reported the serious negative impact that conflictual handovers were having on their own well-being. Most emphasised the extreme stress that handovers induced in their own lives:

Interviewer: 'What would it have meant if you had a handover service then?'

Silvia: 'I think my life could have been different now. And don't have that much stress, anger, negativity, you don't have low self esteem, your confidence could be better.'

Parents also emphasised the negative effect that their own stress was having on their children: 'I think even if they're babies they feel the bad vibes...I mean even if the meeting goes well you might still be stressed all day Friday because you're dreading it coming up and so you're going to be snapping at the kids'. Catherine

Many parents also reported the unsettling paradox presented by striving to move on after a relationship has broken down but needing to see a former partner to handover children. It was felt that this created a difficult situation for parents and made emotionally moving on after separation all the more difficult:

'You know you're trying to move on and get over things and deal with emotions and things...it's very hard to move on when you're seeing the person that you were involved with for years every week and personally I don't want to. Personally if I never saw her again I would be happier and healthier, I'd be less stressed out'. Kevin

Importantly the negative impact on both parents and children of having to meet a former partner to handover children was reported by a number of resident parents as a factor which made them think twice about 'allowing' contact to take place. Catherine explains the need for a handover service in this context:

'Cause when there's so much messing going on you can totally lose confidence in what you're doing, you're going, this is too much hassle, I'm upset, everyone's upset, forget about it, it's easier just to build a wall... It's just good to have someone that can go, 'here it's not about youse it's about the kid, let's just focus on the kid, and stop bringing your own emotions in it'. Because I see that happen with other people I know, a few girls who are so caught up with how bad the relationship was with the dad, that the dad has no access to the child and will not get it. And the dads are just resolved at this point just to wait until the kids are older and come looking for them, they'll be there'. Catherine

Most parents felt that this was something that was needed usually in the earlier days of relationship breakdown often because:

'Sometimes you just need the space to get over your own hurt, you know sometimes

that's all it is. Just that you're still hurt from what went on when the relationship ended... and in the meantime you're trying to sort out access issues and maintenance issues and housing issues, when really the one thing you want to sort out is your own broken heart.' Catherine

As the following accounts from Lilly and Tony, a couple who have separated show, this need relates to both parents:

'The last couple of weeks that I've had have been so difficult, that I would have gone anywhere in Ireland to drop my kids to let him pick them up because I felt that extreme with it and ...yeah it would be wonderful. I think it would really help the children because they would have a safe place, a friendly happy ...So yeah I think it would take a lot of the tension away and em stress, which affects you mentally and your health and yeah I think it might encourage some dads to have contact more often.' Lilly

'A neutral ground and if we could do the exchange without talking, and I never thought it would get to that but it has. Em so neutral ground, I don't necessarily have to see my ex or she doesn't have to see me, it could have saved a lot of grief... it would have prevented the likes of the bust up we had three weeks ago.' Tony

8.4.4 The Need to protect parents from Verbal Abuse

Most parents, as reported above stated that they require a handover service in order to reduce the level of conflict between them. However parents who reported abuse from their former partner felt they required a handover service in order to protect them from the negative effects involved in seeing their ex-partner.

Jack's wife is an alcoholic and she emotionally and physically abused him during their relationship. Although his name has been cleared against her accusations, on handovers she accuses him of sexually abusing their daughters and threatens him.

Jack explains why a handover service would be important to him:

'I don't want to talk to her; I can hardly look at the woman. I don't want to look at her. It's things like, 'oh you gave them a bath, you sick bastard!'....She threatens to kill me, she told me she had a hit man on me, and I did think for a while I was being followed.' Jack

Similarly, Stephanie explained what a handover service would mean to her. Stephanie reported that she was abused by her partner during their relationship:

'[A handover service] would mean the world to me because I wouldn't have to look at him or I wouldn't have to be afraid. You see him and you revert back to two/ three years ago and you're left sitting in a corner waiting for something to be said, which usually does be like. It's become second nature to me to be called names, slut and whore and the rest of them names...and it's wrong that me children, when I'm referred to as the

bitch, I'm not referred to as mammy, I'm the bitch or other names you know.' Stephanie

8.5 The Need for a Supervised Contact Service

This section presents the views of parents interviewed on the following two issues relating to supervised contact:

- What currently happens in cases where no supervised contact service is available to support parents and children who have been court-ordered supervised contact/access?
- What can happen where a professional supervised contact service is available?

8.5.1 what currently happens in cases where no supervised contact service is available to support parents and children who have been court-ordered supervised access?

To illustrate the kind of issues that arise in these situations a number of case studies are presented below:

- The resident parent supervises contact
- A relative or friend supervises contact
- The non-resident parent refuses to comply with the supervision order and loses contact.

8.5.2 The resident parent Supervises Contact

Many of the resident parents interviewed, related how in the absence of any alternative when the court ordered their ex-partner to have supervised contact/access with their children, the resident parent supervised contact themselves. A myriad of variations exists on how and where this contact takes place. The experiences of three resident parents who themselves supervise contact are presented below:

Alistair's Story

Alistair has sole custody of his children and his ex-wife has contact. The courts found that Alistair's former spouse has a problem with alcohol and ordered that she have supervised contact/access to their children until such time as she completes a parenting course and undergoes psychiatric assessment. Alistair supervises the contact himself and both he and his ex-wife each take an additional person with them to 'keep the peace'. Contact takes place once a week for the duration of one hour in a hotel lobby. Alistair sits at a table near to his ex-wife and children so that he can monitor the conversation and intervene if necessary. Alistair explained why this situation is problematic and how a contact centre could help his family. He explained that he is

under constant stress in monitoring conversation between his ex-wife and children and would rather a facility where he could leave the children in a centre, knowing that a professional would supervise his ex-wife and keep his children safe:

'I'm afraid, if she even brings one of the children to the toilet, and it's a terrible thing but I'm just afraid she's going to go out the back door with them or put something into their heads and I'm always worried and fearful when she does that...so that's why I think some sort of a centre should be provided by some agency, I don't care who it is! That I could leave the children and go off for a walk or something like that, I can't do that, I leave the children I'm on tender hooks all the time, it's stress, it's pressure, watching this person.'

Stephanie's Story

Stephanie supervises contact between her ex-partner and six year old daughter. Her ex-partner was abusive in their relationship. He previously had unsupervised contact with his daughter but the conclusion of a Section 20 report was that this was having a detrimental effect on the child. The court ordered termination of contact between her ex-partner and their daughter until he receives therapy. Stephanie explained the effect of unsupervised contact on her daughter and why the court terminated it:

'He was taking me daughter out and he was bringing her to flats in the area but these were people that I wouldn't approve of, they were addicts, other addicts or he was bringing her in the car and there was no regulation there because he would bring her over to car parks and question her, constantly questioning her about me, about who I was with and what I was doing and where I was going you know. He was becoming verbally aggressive with [child], you know so I had to stop it. The doctor and all said she had anxiety before the visits.'

Asked if she believes the situation could have been different if they had a professional contact service available from the start, Stephanie commented:

'I'd say me daughter would be a lot more at ease. I don't think she would have gone through half of what she went through you know...To see a child, a six year old suffering anxiety like having these nervous pains in her stomach and trying to explain that into words, is, it's not right, even the doctor couldn't get over it.'

Despite the court order for no contact Stephanie allows some contact as she believes that no child should be denied contact with their parent. In the absence of a professional supervised contact service she explains how she manages supervision: 'What will happen is for my safety and me daughter's safety, if he rings me and says, can I see her for five minutes. This is the way it works. Ok you can pull up outside me house, she'll go to the car and I'll stand a couple of feet away but the window has to be rolled down so I can kind of keep an eye at her. As I said you can see it in them, they stiffen up if something's been said or I can hear him shouting.'

Stephanie articulated her feelings on this situation:

'It's not a situation I feel I should be in at this stage, you know. I don't even feel as if I should have to see him but in order for my child, my daughter, and I will protect my daughter. Until the courts revert it, he's not going to get proper access anyway but when they do revert it, which they will, when that does happen I'd like to be able to sit back and say well I don't have to see him, I don't want to see him. I don't want to have any contact with him at all.'

Jennifer's Story

Jennifer has experienced a number of variations of court ordered supervised contact/access between her former partner and their nine-year-old son. The relationship between Jennifer and her ex-partner lasted three months and in that time Jennifer related that she had been sexually abused. However for a period Jennifer supervised the contact herself. Her narrative demonstrates the position that a resident parent can be placed in by their court appointed role as supervisor in supervised access cases. '[Child] would be either sitting beside me and [ex-partner] used to be trying to maul me and putting his hands down my trousers, and like I was pregnant on me other son [from her new marriage], like I was only a few months but still. And like I was going home and I was getting upset so eventually I just had to give in and say I'm not doing it any more. That's when the photographs happened as well... I started noticing things for a while, like it was just filthy talk from him and like he went into the toilet this particular day and this particular day [child] said to me 'don't let me go in the toilet' and I says why? And I says [child] you have to tell me so I know to know what's wrong. And he says, [father] took photographs of me private. So after that I took [child] to the police station. But nothing was ever found on his phone.'

8.5.3 A Friend or Family Member Supervises Contact

Jack's Story

Some interviewees were positive about supervised contact/access undertaken by a friend or family member. Jack related that his wife was verbally and physically abusive in their marriage. When they came to separate she accused him of abusing their children and he was ordered supervised contact/access while the investigation was underway. During this time his contact was supervised by family friends. This meant that Jack had the freedom to go where he wished with the children. Although it took months for an investigation to be undertaken, after meeting his children Jack related that social workers immediately dismissed the abuse allegations against him. Jack felt it was 'an appalling abuse of rights' that he had to unnecessarily endure supervised contact with his children because of the delay in a social worker meeting with them. However he felt that it was better that the supervision could be undertaken by friends, in a non-institutional setting and that he could go where he pleased with his children.

If a contact centre had been there he felt he would have been forced to use it and this would have reduced the quality of his time with his children. He explained:

‘An institution with people looking over me would have broken me. It was much better that it could be supervised by friends outside a centre, I was free to move around with my [children], take them out and spend time with them...in theory [contact centres] are a good idea but it’s daft to introduce another institution in a system that doesn’t work... the system is appalling, an appalling abuse of rights of many good people’.

Jennifer’s Story

However other interviewees’ experiences of supervision by a friend or family member were much less positive. Jennifer’s son had court ordered supervised contact/access with his father supervised by a family member. This supervision was undertaken by Jennifer’s ex-partner’s parents and Jennifer also accompanied the child. The problems that can arise in cases of supervision by a family member are demonstrated in her account: ‘I was afraid of them myself, I’ve been through hell and back with that family...I remember one time on the access [father] had [child] on the swing and the grandfather was meant to be supervising it and [child] came home and he was after going to the toilet on himself. [Father] wouldn’t let him off the swing till he said “I love you daddy”. And I brought him to court and [father] kept saying to the judge “well he thought it was funny”. “Well it’s nothing to be funny about” the judge said you know, he was trying to say the child liked him doing it. [The child] was absolutely terrified!’

Jennifer also explained that, for safety the court ordered contact to take place in public places. Over time this included McDonalds and numerous parks. She explained how she found such places completely unsuitable for contact:

‘Down in the park, there was no toilets, there was nowhere the child could have anything to eat if he needed, or anything. So it’s just a big filthy dirty park so there was nothing to do for two hours so [child] was bored... [And if it was raining we] just had to stay there. Like on a day like today [cold with heavy rain] I was saying ok we’re going to go home and they were like no, and they were set in a pub. And I says what I don’t do I says you’re not going to do with [child], I said he is not sitting here....And like Mc Donalds, like what child would sit there? They eat their meal and they want to go you know...Mc Donalds never worked out, he was bored stiff. And he’d cry and he was throwing things. He just did not want to be in McDonalds’.

After five years of the courts ordering supervised contact/access in various locations, originally by family members and then by Jennifer herself, the court reduced contact between Jennifer’s son and his father to letter writing. This decision was taken in light of professional advice which highlighted the detrimental effect on the child of contact arrangements with his father.

Jennifer expressed her views on how she would have liked contact to be organised. She felt that a supervised contact service would have assisted her son in two ways. Firstly she felt that if there had been a contact service there would have been a neutral professional on hand from the beginning to relate to the court the effect of contact on her son. In addition, Jennifer blames the absence of a professional supervised service for her son's poor quality experience of contact with his father. She feels that if there had been a professionally supervised contact service the relationship between her son and his father could have turned out quite differently. Jennifer explains why: 'You wouldn't have had that friction and that fighting between us and having to meet each other and him saying things about me and...we wouldn't have had all that and [child] today would probably be more happier. He probably would have been, like this is going on five years, if for five years [child] had been coming [to a centre] with his Da, it would have been totally up and running, probably would have been out for the weekend... Just because of access not suiting the child, and the child being upset...just you know [a centre] would show [child] that I can trust [father]. You know to give him that bit more confidence to say well you know me ma's let me go you know so, and to give him that chance as well to be on his own with him.'

8.5.4 Non-resident parent Loses Contact

In other cases where supervised contact/access is ordered, a contact parent can lose contact with their child or children from the time of the court case.

Niall's Story

Niall is currently homeless. He is on poor terms with his ex-wife and children. He is also a grandfather who wants contact with his grandchildren. Niall was ordered supervised contact/access but has refused to accept this and so has no contact with either his children or his grandchildren. He believes that the only place a father should have contact with his children is in his home and so, until he has a home he will not seek contact. On account of his views on supervision, Niall articulated that he would not use a contact centre:

'You know McDonalds is not the place to meet kids for an hour. You have to have your own place to bring a child with you, you know. I would take my grandkids now tomorrow, I wouldn't know where to bring them you know, if I'd my own place I'd bring them there...Some fathers might want to use [a Contact Centre], some fathers won't. I definitely won't do it. I'm not going to do it under supervision.'

John's Story

John is a father who accepted supervised contact with his child but for whom there was no agreed supervision party. In John's case this situation occurred where supervised contact was proposed to provide interim supervision while the case was being assessed by a Section 20 report. John explained:

'There was a Section 20 report was being made so of course when this was being made my solicitor wanted interim access to take place... Me Da was offering for the access to take place in his house em...[but the mother] objected to the access taking place in my father's place and the judge denied me access after [me already] not seeing me daughter for three months.'

8.5.5 what can happen where a professional Supervised Contact Service is Available?

As outlined in Chapter Six few supervised contact services exist in Ireland to support families in private law cases where supervised contact/access has been ordered by the courts. The Ballymun Men's Resource Centre is one of the few facilities in Ireland providing a supervised contact service for parents and children experiencing supervised contact. Interviews with clients of the Ballymun Men's Resource centre illustrated the potentially positive impact a professionally supervised service can have.

8.5.6 keeping Contact

For many of these interviewees the importance of having a professionally supervised contact service centred on their belief that without the centre they would not have been able to maintain contact with their children:

'I mean if this centre wasn't here I mean that would have been it, I'd have had nowhere to see me son, you know, it is vitally important...If it wasn't here, I dunno, I'd probably be still fighting to see me son.' Jim

8.5.7 Neutral Supervisors and Venues

The importance of having neutral parties to supervise contact was crucial to many parents: 'There is a need that you're going to someone that doesn't have an axe to grind. Cause you know I just wanted to see me son.' Jim

A neutral party was considered vital to facilitate the often difficult process of handing over a child for contact when there has been a gap in contact. John described his experience of meeting his daughter in the Ballymun Men's Resource Centre after a six month absence of contact: 'I remember when I came in and [child] was screaming crying because she was being taken away from her mother, she was in a strange place

with strange people and she was going aaaah for her ma and [mother] was [gestures opposition] ...and they were going no no you have to let her go. And what happened was because there was a gap, [child] didn't recognize me from when I'd seen her in the plex so [staff] came out with me, and [child] was in my arms and she was crying and crying and eventually she looked up at me and she stopped crying and she was staring up at me and as if saying oh I remember you. And that was it, no more tears.' John

Similarly it was important to these interviewees that there was a neutral party on hand to provide feedback to the courts. Having been ordered supervised contact on the basis of what he termed his 'turbulent history' and eventually moved on to 'normal' contact with his child, John explained the importance of a professional and neutral party to assess his case:

'I mean there's so many people running about saying this and that about me, where you get trained people involved who could sit down and talk to me, and, and you know look into me and understand me for who I am and what I am properly, not for what some court report says about something I done ten or fifteen years ago and judges me on that, you know what I mean.' John

Some clients of Ballymun Men's Resource Centre relayed their experience of being 'moved on' from supervised contact. For these clients this was the most important facility provided by the supervised contact service in Ballymun. John recounted:

'I'd go to the playground and they'd let me wheel her around the area if it was nice out, but [staff] or one of the other girls would be with me. And then one day [staff] says right I want you back in 45 mins. And I says what you not comin' with me? And I was like I had to pick me jaw up off the ground. I couldn't believe it, finally people were giving me what I deserved and starting to see me true potential as a bloody decent parent and human being...[staff] made arrangements then between me and [mother] for access to take place, and we were building on it you know, it was still only a couple of hours each week. They done two legally binding documents for me and [mother] to sign saying that we'd been through all this and we'd arranged the access and we went back into the court then... in all that time I had done a parenting course and that went for me in court you know... and it was finalised and thanks be to god then it was a happy ending. You know after how much I had to get through to get that... The agreement was to move on from access in the centre but that I would continue counselling. So I had no problem with that cause [counsellor] was helping me in lots of areas and he was helping me through it, he was brilliant, absolutely brilliant! And things just got better and better.'

John

Alistair's experience also provides an important testament to the benefits of professionally supervised contact. In this case the HSE was involved. They were

unsure if either parent was a suitable carer and therefore placed the children in care. Supervised contact was ordered for both Alistair and his ex-wife and this was to take place in a HSE facility. This service was used by a HSE social worker to assess contact and determine if either parent was a suitable carer. By this means the HSE recommended that Alistair be awarded custody and that his wife continue to have supervised contact/access to their children. Alistair explains:

‘[Supervised access] formed part of the Health Board’s report; they saw the interaction that my wife had with the children. She came with all these bags of stuff and threw these things at them where I would come maybe with very little, only myself and offer them sit down and talk and we’d talk together and talk about what it could be like in the future and maybe sometimes if they were hungry I’d bring them a sandwich but it worked out very well...I don’t think there was any other way that [the Health Board] could do it...they had to see us interacting with each other.’ Alistair

Interestingly, as the HSE are no longer involved in the case, Alistair’s children must now meet their mother in a hotel lobby with no professional support; Alistair supervises the contact himself.

8.5.8 Resident Parent’s Views

Interviews also demonstrated how supervised contact could be a positive experience for the resident parent.

Janet’s Case

At the time of the interview, Janet and her children had been using the Ballymun Men’s Resource Centre for eight months. Her former partner was sexually, emotionally and physically abusive during their relationship and a Section 20 report recommended that there be no contact between the father and children unless it could be supervised.

Janet explained how she felt when supervised contact was ordered before the Ballymun Men’s Resource Centre agreed to take on the case:

‘I had no family members willing to [supervise contact], and I certainly wasn’t willing to, and he suggested yeah we could bring them to my ma. Imagine! Like he came around to me mam’s door one night out of his face, on drugs and drink with a knife, in front of my eldest, he was only nine at the time.’ Janet

Janet explained how her feelings about using the centre have changed over time:

‘Well I do now [feel safe]. At first I didn’t but that was me own fears, I had to kind of build up a trust with the centre...It’s ok now cause like I know how it works now, I know

he goes in there [playroom], I know he stays in there until his hour is up and when he goes I hang around here for ten minutes till he's gone' Janet

Janet also explained her perspective on the centre's approach to increasing contact in her case. The children's father was court-ordered supervised contact/access once every two months but with Janet's agreement contact has been increased to once a month: 'I found it really difficult to deal with where the centre here asked could he see them more often... [I felt] he'd need to prove that he can give the children a positive interaction before he does...I agreed to it but I was very, very apprehensive...But I agreed to it [access once a month] it was suggested once every week but I said no, no way!' Janet

8.6 Need for a Supported Contact Service

Interviews revealed a number of circumstances in which a supported contact service may be required by parents in order to facilitate contact.

8.6.1 Supported Contact for Children in the Absence of a Suitable home

The interviews demonstrated the problems experienced by parents who do not have a permanent or suitable home in which to have contact with a child. Catherine, a resident parent explained why such a service could be important for her child to have contact with her father:

'My eldest daughter's father might be made homeless in the next while...So just for [child] to see him. I mean I'd go somewhere else and he could come to mine but it would mean him having to get up to my place where there is no transport...So [a centre] just so that they would have somewhere to go to spend time together. ...Just somewhere they could sit down, read stories...make food [or] just even refreshments so they could have an afternoon together...not traipsing around [town] for the day spending a fortune ... You know because if he has no money at the time...I just don't want [child] to miss out.' Catherine

The need for such a service was also expressed by some non-resident parents who were personally in the situation described by Catherine. Owing to financial trouble, Tom is currently staying with his mother on a fold-up bed in a one-bedroomed apartment. Therefore although he has been granted contact by the courts to his two daughters, this situation presents real practical difficulties as he must spend time with them outside of his home. He explained the challenge of providing entertainment for two young children regardless of the weather for a full day and also the cost of this entertainment, as follows:

Interviewer: 'And what did you do with them when you took them out?'

Tom: 'What most dads do eh depending on the weather, if it was nice out you'd take them to the zoo or the aquarium centre...the cinema, the indoor play centre... or where ever they wanted to go really, but it cost a fortune!...there was definitely nothing less than a hundred euro spent every week...it's a long day, and if it was a horrible day and you have to think of things to do.'

Tom explained that he would appreciate a supported contact service which would provide a child-friendly place for him to spend time with his girls. However he also felt that for him to use such a service, his daughters would have to want to go to it, it would have to be somewhere that was attractive to children. In addition Tom felt strongly that use of a supported service would have to be voluntary rather than court ordered: 'I wouldn't like to force a child. I would be very conscious of you know under a court ordered system that if an order was made like that it mightn't suit the children.' Tom

8.6.2 prolonged Absence of Contact or Inexperience with Children

In other cases a supported centre was sought where there had been a prolonged absence of contact between the parent and the child and/or where a parent was inexperienced with children. This service was always seen by participants as a short term support which would lead to and enable 'normal' contact. In some cases a supported contact service was sought by resident parents and in some cases by non-resident parents.

Catherine explained her past need:

'When [child] was younger, you know we were both young...[and] from when [child] was three months there was a nine month gap before she saw [her father]...and he didn't really know how to look after her.' Catherine

Although most resident parents who were interviewed did not feel that they needed such support, some did. Darren had no contact with his son until his son was two years old. He has never been to court over contact but has recently arranged and begun contact visits with his ex-partner through their solicitors. He explained why, even though at the moment, he feels it is best for his son to have contact in his mother's house, a supported centre is something he would consider using in the future:

'Well you know [child] doesn't know me from the milkman...for me personally at the moment I wouldn't have him in that environment because he doesn't know me and he doesn't trust me. But further down the line where I am getting time to meself with him and I am getting to bring him to other places I mean I would consider it but I'd have

to check it out myself...I think nothing too formal but someone in the background, like where kids throw tantrums it's sometimes very hard to know what to do, you know. Yeah definitely to have someone there that's fully trained and can steer you in the right direction would be brilliant you know absolutely brilliant because you know it's all about learning.' Darren

8.6.3 Sibling Contact

A further issue which emerged from the interviews was the need for supported contact between siblings where children share one parent but not both. Facilitating contact in this instance was an issue for a number of parents. Catherine explained the situation faced by her six year old daughter in this regard:

'Like my little girl really misses her sister. Now we met up the other day, cause I know the [sister's mother]. It's an awkward situation because her daughter misses my daughter, mine misses hers, the best way for them to see each other is through their dad, but she doesn't feel it's possible to do this so she kind of relies on me to be the contact. And it kind of impinges on my life when it shouldn't. So maybe things like that, that siblings that are having difficulty could see each other, you know because I shouldn't really be involved and the girls hadn't met in so long and [child] was just distraught leaving her.' Catherine

8.7 The Need for Other Supports

One of the strongest themes to emerge from the interviews was the need expressed for other supports to accompany contact services. A number of interviewees felt that professional help would be beneficial in aiding parents to manage the agreed contact arrangements as well as to support the development of quality relationships with their children.

Most interviewees highlighted the benefits of counselling for their children to help them to deal with parental separation and conflict. Interviewees that had received such supports, including counselling, through various organisations also emphasised the importance of these services in supporting them to develop positive relationships with their children.

8.7.1 More than 'just a place to drop off the kids'

Residential parents expressed their hope that such centres could provide supports to both parents and to the children using the service. For example Catherine explained: 'That the centre doesn't just have to be the place you drop off your kid to see the dad

that you hate. Then it might be somewhere that you get something from it. You know especially that the dad doesn't see it as just the place that is for her to drop off the kid, you know I have to go there to see the kid. That it's a centre that he can use for his own resources and the mother can use.' Catherine

8.7.2 parenting Support

Both resident and non-resident parents articulated a pressing need for parenting support around the issues of parental separation, child contact and shared parenting. The interviews indicated the specific needs that such centres could address.

8.7.3 Need for reassurance

A number of resident parent interviewees expressed a need for professional advice on the issue of child contact. These parents sought to have their doubts addressed by a professional and to be reassured that contact between their child and the child's non-resident parent was not detrimental to the child. Olga articulated a common sentiment in stating:

'It would be very important for a third party to say, it is good for [child] to see his father, or no it's not good for him. Because again there is emotions in my side and I'm the kind of person who think it is important for [child] to see his father but sometimes I feel well he doesn't like because otherwise he would be on time or ringing every day or trying to talk to him'. Olga

Parents who had experienced professional parenting support explained how this had helped them to support their child's relationship with his or her non-resident parent and to continue to support contact. Catherine explained the importance of parenting support in her case:

'This place is great in that they give you encouragement...cause there was so many times I doubted shared parenting, I thought oh no they should just be with me and screw the dads. And I was never told what to do but they were like, look if you have concerns, talk about them, lets see how we can best accommodate those concerns. And I always found just being able to talk about it and get proper professional advice, made me feel confident again in continuing shared parenting. It was just when you have those doubts, especially when nobody else you know is doing it, like a lot of other single mums I know don't let the dads see the kids so then you're kind of going is there something wrong with me that I do?' Catherine

8.7.4 Advice on parenting in a New role

Parents in other circumstances required practical advice on parenting in a new role. This need arose sometimes because a parent's role had changed in the aftermath of separation. Kevin explained his situation when his relationship broke down and he entered shared parenting with his children's mother.

'It's very important to have that [support] for parents and for children especially when you're very much on your own especially when kids are young. And especially if you're not the primary care giver when all of a sudden for that period of time you become the primary care giver. After we separated, making the house more child-friendly, cooking for the kids, things that I wouldn't have done before, and having the support of parents and all that. I found the Positive Parenting [course] very good.' Kevin

In other cases, parents expressed a need for parenting support where a child was having problems coping with separation and both parents, although on poor terms with each other, needed to work on the issue with the child:

'I sort of gently said [to ex-husband] I was having some problems with [child], some anger issues, and I'd been to see [child care professional] and would he go too just so we were singing from the same hymn sheet and so he went for that and he enjoyed that and he didn't feel threatened by that... he did see that as about helping his son and not about helping me or himself.' (Lilly)

In other cases parents who had recently experienced a prolonged period of absence from their children or who were inexperienced with children required different forms of support. For example Darren did not see his son until he was two years old. Before meeting his son he sought professional childcare advice:

'I mean I was thinking of going in and going you know, I'm your dad! em I didn't know what to do to, to be honest with you, so I talked to [child care manager] and she gave me great advice, you know, if you're going there make sure you bring this and that and this is how you get down on his level you know and some great tips you know so. So I was kind of told he has an attention span of around 15-20 minutes with any toy so you know I have an hour so you know bring three things and she said you know make sure you have em you know you feed him as well, you know you give him something to drink so he associates you taking care of him as much as playing and that, some great tips you know, so they really helped an awful lot... I had a plan and it helps a lot, you know you feel a lot more confident walking in the door you know when you have a plan of action.' Darren

8.7.5 parenting Support

Where a resident parent's former partner had been ordered supervised contact on the grounds of child protection, such parents expressed a view that the non-resident parent should be given professional support in order to improve the quality of child contact and ultimately to maintain the non-resident parent-child relationship. Alistair explained why he believes it is important for his children that his ex-wife receives parenting support. His ex-wife currently has court ordered supervised access. Alistair must supervise the contact himself:

'I think parenting courses are vitally important for a lot of people because they really don't know how to treat people and I know one person is my wife, she doesn't know how to treat [the children] properly, even now in the situation we're in, she's doing a lot of harm and I don't think she realises it...at the minute [the children] don't have a choice, they have to go but I've a feeling when they're able to talk for themselves and make up their own mind, unless she changes you know I honestly fear that she will lose contact with them totally.' Alistair

8.7.6 Counselling

Along with parenting support, counselling services were perceived by interviewees as the most necessary support. A counselling service to accompany child contact was seen as pressingly necessary for both parents and children.

Interviewees that had received counselling support around child contact arrangements most clearly articulated the benefits of this service for them. Parents explained the importance of counselling in reducing the anger, conflict and confusion that can arise between parents in the aftermath of separation. This was considered vital in order to ensure the smooth running of contact arrangements for children and to reduce conflict. Silvia explained why she believed that counselling had improved her relationship with her ex-partner:

'I think [counselling] is the best thing I did in my life...I think is fundamental because I think sometimes you need to express what is inside you to change. I think through counselling you can learn to deal with your ex-partner. Through it my relationship with him changed a lot.' Silvia

In particular interviewees who had received counselling explained how this had helped them to understand their ex-partner's perspective and to move on from anger and conflict. Darren had not had contact with his child until his son was two years old. He explained the importance of counselling prior to contact for him, his child and his

ex-partner:

'Because if you're walking in with any kind of anger in you towards what happened, it's not going to work out you know especially if it happens in the mums house. It's up to you, if you've let things go, if you've resolved all the issues say, you're not going to latch onto them you know, you just dust it off. It's important to get to that point because I know for a fact if I'd just walked in it would have been a disaster.' Darren

Counselling was also seen as vital in supporting the non-resident parent in cases of supervised contact. John related his experience:

'[Counsellor] had met me and he must have realised he could work on me. He knew exactly what was wrong with me, after not seeing [child] for six months imagine how angry and messed up I was... So I talked to [counsellor] and uh he was such a catalyst and such a god send. He calmed me down, he gave me great counselling, god knows I was in need of counselling, he helped me to understand and grasp things a lot better and he helped me through [supervised contact].' John

8.7.7 Counselling for Children

Many interviewees were desperately seeking counselling services for their children to help them to deal with the effects of parental separation, parental conflict and domestic violence. All felt that their children would benefit from support in coming to terms with their parents' separation and all felt that group therapy for children would be a helpful means to achieve this. Silvia's reaction represented a common response among parents to the idea of group therapy for children:

'That is a fantastic idea! Because I think sometimes children get very stressed and don't know how to express their feelings and maybe with a support group they would see that other children have the same situation that they have, they would be more able to express what is going on inside them.' Sylvia

Parents whose children had been exposed to a high level of conflict often felt that while group therapy would be helpful, individual counselling was also greatly needed. Many of the parents interviewed found that when they had sought counselling for their children it was simply unavailable outside of the private sector which many could not afford. 'We need to set up counsellors for the children...I mean they're being pulled one way and another and they're living with daddy and then they're pulled the other way with mammy and they don't know who to trust and there's nobody to trust and they're going to bed every night and they're crying and having nightmares. So I would focus more on...the parents need help as well but there's some counselling out there for the adults, the children don't have a choice.' Mary

Perhaps the highest level of unmet need in this area was articulated by parents whose

children had witnessed domestic violence. Again parents in this circumstance spoke about their experience of seeking therapeutic support for their children and finding none. Janet's children witnessed severe sexual, physical and verbal abuse by their father both while they were all living with him and post-separation. A Section 20 report recommended that no contact take place with the father unless it could be supervised. Janet explained her concerns for her two boys and her children's pressing need for counselling services to be attached to contact services:

'They did definitely see violence...but the older fella doesn't say anything and he seen so much. And to me that's a worry but as the people up here pointed out the little fella is just as in need to talk to somebody because he's so forth coming, "but I love me da, and me da still loves you" can't seem to get his head around that, is that how you show love? D'you know how I mean...But I really feel that a service like this [supervised contact] should go hand in hand with a counselling service... I really think that could have made a difference. [Oldest child] is kind of like, he's nearly thirteen now and I mean he's like a brick wall. I worry, that when he gets to a certain age, will it all become too much for him? You know what I mean or will he find it hard figuring out how to treat a young girl or, no confidence. No be honest I thought he had Turrets because he went into this kind of twitching and blinking and then it's the biting the nails, he had two slits in his lip for three years, like blades... He started this other thing a few months ago thing with his hand, ticks like.' Janet

8.7.8 Mediation between parents

Mediation was another service that interviewees felt should be available. One interviewee explained their experience of mediation: 'Eventually then [counsellor] brought [ex-partner] in and he was talking to her ... this place has done so much good for me and [ex-partner] and cleared up so much bitterness and anger and so much mess of things.' John

Some participants felt that there was a need for mediation but that counselling and other services were needed in conjunction with this service 'to deal with the emotional stuff' (Silvia). Similarly, Mary articulated her perception of parents needs in this regard: 'I mean we all need to love our children regardless of bitterness for the other party I mean we've got to learn, we need to learn, we need people to teach us how to lay our guns down and do the right thing for the children.' Mary

8.8 what Should a Child Contact Centre Look Like?

Interviewees were asked to spell out what they thought contact centres should do. The following are the key elements of a contact centre as far as the parents are concerned.

8.8.1 Opening Times

In terms of opening times it was clear from interviews that a service operating exclusively during traditional office hours would not meet parents' or children's needs. Indeed it was clear that such opening hours would prevent many parents from using the service. Such a centre needs to be open in the evenings and at weekends. The purpose of this is to facilitate school-going children who may be in school until 4pm and also parents who work during the day, often until 5pm. Added to this contact arrangements are usually set at the weekend and in the evening when parents and children are free to spend time together. In addition, weekend opening hours are a necessity for children who do not live near their non-residential parent.

One interviewee using the Ballymun Men's Resource Centre which can only open during normal office hours explained that this means that to use the centre she has to take her children out of school early and also has to inform her boss of why she needs to leave her work early. In other cases former clients were no longer able to use the centre as their schedule could not fit in with the centre's opening hours.

8.8.2 Location of Centres

Interviewees also emphasised that the location of centres was very important. They felt that practically it would not be possible to travel for long periods of time with children in order to reach a contact centre. Many interviewees felt that centres should be accessible in local communities. Mary explained her point of view on this issue: 'I'd like to see a not just one or two, I'd like to see a few dozen little centres open up like ...you know what I mean, close to each community. It's not fair for a parent in [north side town] to have to go into town, to the southside with two children for the sake of an hour visit with their father! It's ridiculous! We should have one set up in each community and I know that sounds like an awful lot but that's what we need, that's the actual basic reality of it.' Mary

8.8.3 Crèche provision

A number of interviewees in pointing out the importance of therapeutic services also highlighted the complimentary need for a crèche in order to allow parents to avail of these supports. Indeed it was clear that for many parents, especially those on low incomes a crèche would be vital to enable them to participate in therapeutic services: 'It is a big problem finding support when you're doing courses and babysitters, they're expensive...If a parent is doing a course there would have to be crèche support for the children...even if there's a supervisory room where a child can bring their own laptop

for an older child, it's just somewhere safe to put a nine year old, just a safe room. I know now in the hospitals they've created teen spaces... Even if there's night classes on if there's just a DVD on for older children that aren't at home with a babysitter.' Lilly

8.8.4 Neutral and Child-Centred

Interviewees sought a space which would not be on either parent's 'side' but instead would be child-focused. If a centre appeared biased, these parents explained, they would be unlikely to use it. Mary expressed her point of view as such:

'Yeah it has to be a neutral family setting! You know that's equal to mothers and fathers, not, oh we're looking after the father, we're looking after the mother. No! Someone has to stand up and look after the kids and tell the parents what to do'. Mary

In the same vein quite a number of interviewees, both residential and non-residential, explained that they would be discouraged from using a contact centre if they felt that the centre was to be used by parents as a place to meet and speak in negative terms about the child's other parent. This was particularly true of interviewees that were undertaking counselling in order to move on from their former relationship. The focus it was felt should be on the children, not on former relationships:

'As I say I'm not there not listen to people giving out about their exes, that's the one thing that kind of turns my stomach a little bit. That would put me off to be honest, I wouldn't come back.' Darren

Margaret, a resident parent had similar views:

'Women were there giving out about men and I just thought, I'm not [here] to give out about men... it's for the best interests of the child and listening to someone else talking about their ex-partner...I'd rather keep my distance if the atmosphere is like that.'

Margaret

8.8.5 Appealing to children

All interviewees stressed that it would be necessary for a centre to appeal to children. Put succinctly:

'The kids would have to enjoy going there because if it was a nightmare for them going there, well then it wouldn't work.' Tony

8.8.6 play facilities

Interviewees all felt that facilities for play in contact centres should include toys for all ages and a bright, clean environment. Many parents also explicitly felt that the area

in which supervised access takes place should be spacious and preferably include an outdoor play area. Janet explains:

'[Ballymun Men's Resource Centre] is great now the way they have the set up there but I'd imagine like a bigger area, a bigger room kind of with different kinds of things for kids to play with, different kind of stimulation for kids, so they can sit down and play with a parent. They can do that in there but it's really small, so you can't really get down on the floor and play. Like I've only two children, you could have a family with more children or a young baby.' Janet

8.8.7 Monitoring Contact

Many interviewees whose children were having supervised access also expressed the need to normalise the contact environment as much as possible. In this context many parents felt that the quality of contact would be much improved if it could be monitored from outside the room:

'For the sake of the kids, I'd like the idea of being able to look from the outside in, I'd feel that would leave it open for the relationship to improve if they felt it was a more natural kind of setting d'you know what I mean, without somebody strange sitting there and probably having to take notes if anything is said, and cause that's what has to happen.' Janet

Parents' suggestions in this regard included the use of two-way mirrors or cameras. This included web cams which if used through a lap-top in the room could prove less expensive.

One parent who was seeking supervision for her child's contact with his father felt that a room with a number of parents and children in it, each with their own supervisor might provide a more normalised environment for children.

8.8.9 Staff Training

Also very important to parents was that staff who supervise contact be trained professionals in the area. Stephanie echoed other parents' views in stating:

'I don't think it matters who they are as long as they're trained to know what to look for, cause that's the main thing, when [verbal manipulation] starts it has to be stopped because it's no good for the children.' Stephanie

8.8.10 Adequate resourcing

In general it was felt that contact facilities must be adequately resourced. This was a

point made by a number of interviewees, both those who had used the Ballymun Men's Resource Centre and those who had been unable to do so due to demand:

'I guess the only thing really is that they are so under resourced....a bigger facility I suppose, I suppose more staff to be able to take on more fathers because there be so many of them out there you know.' John

8.8.11 Stigma

A salient point to emerge from interviews was the issue of the stigma that could potentially be associated with a contact centre. Interviewees expressed the need to find ways to reduce this stigma in order to enable parents and children to feel comfortable using the services. Parents commonly felt that the physical facility should be inconspicuous from the street:

'Or you know it depends how it was on the street, like it would have to be inconspicuous not like hey this is for people that cant talk to each other to exchange kids!' Tony

Another point made was that it is specifically supervised access that is stigmatized. Some parents suggested that if supervision were not the obvious focus of the centre's facilities and if the term 'supervision' were not used the level of stigma might be considerably reduced. This was seen as vitally important in terms of encouraging contact for parents who have been ordered supervision to use the facility:

'The supervised access, if you take that phrase away and it's just a contact centre for children, it takes the stigma off it completely and I think that would work with fathers as well. [Child's] father used to say 'supervised access I'm not going to supervised access!' But if you say, 'I've arranged somewhere for you to be with the child', it takes it away. Because a lot of men will say no to it.' Stephanie

8.9 Summary

8.9.1 The Importance of Child contact

Interviews with parents experiencing child contact issues showed that all the non-resident parents interviewed wanted to see their children even if it is extremely difficult to do so. However a small minority of those interviewed stated that they would prefer no contact to what they perceived to be unfairly imposed 'supervised access' orders. It was also found that most resident parents interviewed wanted to support their children in maintaining and developing contact with their other parent as long as such contact is perceived to be safe and in the best interest of their child. Most parents related that their children want contact with both parents and derive joy from it. However there were

exceptions to this where children did not want to see their non-resident parent.

8.9.2 Views on Child Contact Centres

Interviews demonstrated the need for particular services which exist within child contact centres:

Handovers

The interviews indicated that some parents experiencing high levels of conflict require a means to arrange child contact without seeing their ex-partner. Such a service was seen as necessary to reduce conflict at handover. This was considered important in terms of supporting parents to 'move on' while at the same time reducing the exposure of their children to conflict. In addition, for parents who had been in an abusive relationship, the interviews illustrated the need for such a service in order to safeguard parents from exposure to on-going abuse.

Supervised Contact

Interviews highlighted some non-resident parents' experience of being denied contact with their children for long period of time while their case was being assessed by the HSE. Interviewees stressed the need in this situation for a service to ensure that contact can be professionally supervised while reports are being carried out. Additionally interviewees highlighted the need to ensure that reports are carried out in a more reasonable time frame.

Interviews also demonstrated the potentially problematic and inappropriate nature of court ordered 'supervised access' where supervision is undertaken by the child's resident parent or by a family member. Additionally interviews showed how supervised access is, in some cases at least, taking place in unsuitable locations such as McDonalds and public parks which are not conducive to the development of positive relationships between the parents and children concerned. However the interviews also show that for some parents, supervision by a friend can be seen to work and also how some non-resident parents may not accept supervised access regardless of whether there is a professional supervised contact service or not.

Parents stressed the need for a professional service, which would ensure the safety of their children during contact and promote quality contact in a child-friendly facility. Additionally, both resident and non-resident parents emphasised the benefits of having a neutral and professional party to regulate contact visits. Particularly non-resident parents stressed the need for a neutral professional to report back to the courts as to the appropriateness of contact arrangements and where appropriate to move contact

on to 'normal' contact.

Supported Contact

Interviews indicated the need for services to facilitate contact for some children whose non-resident parent is without a home or does not have a home which is suitable for children. A similar need for support was expressed for parents that have had little previous contact with their young child or that have experienced a period of prolonged absence of contact with their child. Finally a supported service was also seen as a means to address the need in some cases to facilitate contact between siblings that have different parents. However non-resident parents were very clear that the use of such a service would have to be on a purely voluntary basis and that such a service should be seen as providing a temporary facility while parents obtained suitable accommodation or while parents got to know their children and were in a position to move on to more "normal" contact arrangements.

8.9.3 The Need for Additional Supports

Interviewees indicated a high level of need for professional parenting supports to assist parents in various shared parenting situations. The interviews indicated that parenting support could help to maintain contact between a non-resident parent and a child by assuring parents of the value of child contact. In addition it was felt that such services could help in developing quality relationships between parents and their children. Parents that had participated in counselling stated that it had helped them to reduce the level of conflict between them and their ex-partner.

Many of those interviewed also expressed an urgent need for a children's counselling service. Group therapy for children was seen as a means to address issues of isolation and confusion for children in the aftermath of separation. Individual counselling was also seen as vital for some children who had witnessed highly conflictual relationship breakdown. However the highest level of need was seen to relate to children showing symptomatic distress or disturbance after witnessing domestic abuse. The interviews indicated that children's needs in this area are not currently being met.

Mediation was also seen as necessary to accompany child contact support. Couples who had been able to avail of both counselling and mediation stressed the need to address both the emotional and the practical elements of relationship breakdown.

8.9.4 what a Child Contact Centre Should Look Like

Interviewees stated that they would like contact centres to:

- Be open on weekends and on weekday evenings.
- Be easily accessible.
- Be local and community-based.
- Have a crèche so that parents can take part in therapeutic supports.
- Be neutral and child focused.
- Be spacious, child-friendly and well equipped
- Have trained staff
- Be adequately resourced to meet clients' needs.

Interviewers also indicated that stigma could potentially present a barrier to some clients' use of a service. In this sense interviewees sought a service that was inconspicuous. In addition many expressed a need to de-emphasise the supervised access provision within a contact centre. Rather it was suggested the centre should be presented as a place for parents to meet children in a comfortable, child-friendly environment.

8.9.5 Assessment and referral

Many interviewees expressed immense frustration with the family law system in Ireland and felt that reform was required in order to meet the needs of both parents and children in terms of child contact. Interviews demonstrated that for some parents trying to maintain a contact order, the stress and expense of going to court can in some cases, lead to a lack of contact between parent and child. Some fathers expressed the view that they could not enforce their contact rights when contact orders are breached by the other parent. Others referred to inconsistencies in the way that the need for supervised contact is established and the need to ensure that assessments are carried out by professionals in a reasonable period of time. Parents particularly expressed a need for services to ensure that contact is enabled to continue while cases are being assessed. Some parents felt that in their experience the voice and preference of the child was not listened to within the court system.

8.9.6 Implications for policy and practice in Ireland

The views of the parents interviewed for this study indicate that current service provision in Ireland is not meeting the needs of parents and children experiencing child contact issues. The views expressed also highlight the complexity of the issues concerned and illustrate how many parents involved believe that the current arrangements are unfair and inappropriate. Parents are particularly concerned about the way that supervised access is arranged in Ireland at the present time, with its reliance on family members and friends to provide such supervision, the lack

of professional services and suitable premises for such contact to take place and the inconsistencies in how and when such access is currently ordered. The views expressed by parents are very similar to those expressed by professionals and service providers working in this area, as outlined in the previous chapter, with both groups calling for the provision of professionally staffed and resourced contact centres and related services.

Provision of all of the main types of contact services provided in other countries; handovers, supported contact and supervised contact, is seen to offer many potential benefits to parents involved in contact disputes in Ireland. Additionally the parents concerned indicate that therapeutic services, including child and adult counselling services, are urgently required to support such families. Such centres, they emphasise should be locally based, allowing for out of work hours and professionally staffed.

Development of these services is also seen to include the need for professional assessment of cases with standardised procedures in place and operating within a reasonable time period.

ChApTer NINE: CONCLuSIONS AND reCOMMEndATIONS

9.1 Conclusions

9.1.1 Introduction

This study has provided the first comprehensive analysis of the need for child contact centres in Ireland to support parents and children in maintaining and developing contact following marriage and relationship breakdown. It has explored international experience in the area and has elicited the views of many of those working in this area in Ireland, and has also explored the views of a small number of parents that have availed of or might avail of such services. As such, it represents a preliminary exploration of the issues pertaining to contact centres in Ireland and suggests a number of ways that these issues can be moved forward.

9.1.2 Importance of Contact

There is a growing interest and concern both in Ireland and internationally in ensuring that children have contact with both parents in cases where parents are living apart and where this is in the best interests of the child. The available literature highlights the benefits of quality contact for parents and children alike and outlines the difficulties that can sometimes emerge in providing such contact. International human rights conventions also place an onus on the state to ensure that children have an enforceable right, wherever possible, to know both parents.

9.1.3 Need for Child Contact Centres

While most parents in such circumstances can agree contact between themselves, meetings with key legal practitioners, related professionals, parents and service providers indicate that there is a growing need for specialist centres and services to facilitate parent-child contact in a wide variety of circumstances throughout Ireland. The review of the international literature as well as the international study visits, highlight the benefits of such services and provide concrete examples of how best such centres should be organised and run.

9.1.4 Benefits of Contact Centres

The international literature, backed up by visits to contact centres in Ireland, the UK and New Zealand, has demonstrated how such centres can assist parents and children to maintain contact and develop positive relationships in situations of parental conflict

over contact and/or where there are concerns about child safety during contact. They have also shown that such centres can work effectively to reduce parental conflict and to help parents to 'move on' and to work together in the best interests of the child. Furthermore they indicate that a history of domestic violence or reluctance by a resident parent to the non-resident parent developing a positive relationship with their child can sometimes be a complicating factor and that referral to such services must always be mindful of these situations.

There is also evidence to indicate that children should not be forced against their wishes to have contact with a parent and that where contact takes place in a contact centre, centre staff should act to support the child and to modify contact arrangements if this is seen to be in the best interests of the child.

9.1.5 existing practice in Ireland

There is general agreement that existing supports to facilitate parent-child contact following marriage and relationship breakdown are inadequate. Where family law cases raise concerns about child safety during contact the normal procedure in Ireland at the present time is to award supervised access. Such access is normally supervised by a family member or friend and is rarely provided on a professional basis. Most of the professionals, service providers and parents consulted in the course of this study have concerns about this type of service and believe that such contact would be more beneficial for parents and children alike if it was provided by professionals in suitable and accessible premises. Professionals involved in such cases are also of the view that parental concern about such contact arrangements often leads to repeat court appearances aimed at getting such arrangements changed.

9.1.6 Current provision

A range of organisations are currently providing contact services in Ireland on a very limited, ad hoc basis where suitable locations and staff are available. These organisations report an on-going and, in some cases, a growing level of requests for such services. Only one specialist contact centre with targeted funding is currently available in Ireland.

The HSE provide contact services in public law cases facilitating children in such cases to remain in contact with family members. Currently there are few specialist centres available to support this need. This is an area that the HSE are trying to develop but are very constrained by resource limitations.

9.1.7 Assessment of Circumstances where professional Contact Centres are required

At present in Ireland only in incidences of proven sexual abuse, or where there are serious accusations of such abuse or of domestic violence that is seen to have serious impacts on the child, are family law cases referred for professional assessment to the HSE (Section 20s). In very intractable cases the Barnardos Guardian ad litem service, professional psychiatrists or psychologists are requested by the court to provide Section 47 reports and to advise the court on the best outcome for the children concerned. This service is rarely used and is not state funded.

Currently, therefore unlike in the UK, there is very limited provision for independent assessment of the needs of the child in disputed private family law contact cases in Ireland. In the past, the Probation and Welfare service could examine child welfare issues in the private family law courts and we understand that a pilot project is currently underway whereby the Probation and Welfare service is facilitating the preparation of family law reports required in the Circuit Courts in Dublin, Cork and Limerick. This is a limited service and no decision has as yet been made on its future.

This work is to be welcomed greatly as best practice internationally indicates that contact centres work best where there is independent, professional and prompt assessment of children's needs and where the use of contact centres is based on such assessments, including built-in review processes to move contact on wherever possible. If such centres are developed in Ireland it will be important to ensure that they are backed up by professional assessment and referral services, which are widely available to advise on such cases.⁶⁷

9.1.8 Type of Service required

International experience indicates that contact centres provide a range of services. These include handover, supported and supervised contact services. (See Chapter Two for definitions). Discussions with professionals working in the area, with service providers and with parents, suggest that a similar range of services are required in Ireland. The type of service needed in each particular circumstance depends on the reasons for referral to a contact centre.

⁶⁷ A similar recommendation has been made in a report for the Office of the Minister for Children and Youth Affairs (Buckley, Whelan, Carr and Murphy, 2008). It was suggested that "consideration should be given to establishing a specific service to deal with allegations made in the context of separation and custody disputes, which takes account of the strong likelihood that allegations are valid and that children are negatively affected in conflictual situations.

Any decision to develop contact centres in Ireland will in our view therefore benefit from the development of agreed guidelines on the circumstances in which parents and children will be referred to contact centres and on the type of contact arrangements that are most suitable for each individual family, whether that be a handover service or supported or supervised contact service. In practice, however, lines are often blurred in terms of which type of contact service is most appropriate in individual circumstances, particularly in situations where there are unproven parental concerns about child safety. In such cases the initial referral may be to a supervised contact service in order to professionally assess the parent child relationship or awaiting a full and independent report on the accusations made.

The NACCC in the UK provides a good starting point for the development of such guidelines and for the training of centre managers or coordinators on how best to operate contact centres.

9.1.9 estimating the Level of Need for Contact Centres in Ireland

Currently no figures are available on the likely level of demand for such centres and related services in an Irish context. This is because of the in camera rule and the resulting lack of available data on contact agreements and related disputes. However based on findings from the countries examined, between 0.14⁶⁸ and 0.3⁶⁹ per cent of children in Ireland may require the services of a child contact centre. In Ireland this would amount to between 1300 and 2700 children annually⁷⁰. Additionally international provision would indicate that one centre may be required per between 22-28,000 children⁷¹. Taking the mid point of this as a marker, one centre may be required approximately per 25,000 children. Based on this estimate, 37 centres would be required in Ireland.⁷²

If provision were based on the level in England, Wales and Northern Ireland, one in five centres would provide supervised contact services. In the Irish case this would amount to eight centres, with 29 centres providing supported contact only. If provision were based on the Australian model, all centres would provide all services.

⁶⁸ This is a calculation based on the number of children using contact centres in the UK (NACCC estimates) as a percentage of all children in the UK.

⁶⁹ This is a calculation based on the number of children using contact centres in New Zealand as a percentage of all children in the UK.

⁷⁰ Based on Census 2006: there are 922,767 children under 16 in Ireland (CSO, 2007)

⁷¹ The number of children in UK divided by number of contact centres (see 5.2.1 of this report)

⁷² Based on Census 2006: there are 922,767 children under 16 in Ireland (CSO, 2007)

It should also be noted that because current need in Ireland is undefined and as there is no history of using such centres in an Irish context, it is likely that it will take time for such need to translate into demand for specific services. If a decision is made to proceed with such centres in Ireland it will be important to promote the possibility of using such a service and to provide detailed information to professionals working in the area and to parents on the services available in such centres, the benefits of utilising such centres as well as on the different type of services provided.

It will also be important to work with the HSE in developing contact facilities for children who have been identified as being at serious risk during contact and thus require supervised contact by trained professionals, and where possible pooling resources in order to provide appropriate services for such children in such cases whether they are in care or living with one parent.

9.1.10 Costs

International figures demonstrate the different costs involved in developing a largely volunteer lead model of contact centres versus a more professional, state funded model. It is worth noting that the more professional model includes the provision of a range of therapeutic services which many service providers believe result in better outcomes for children and parents alike. The limited research available indicates that professionally provided services are more successful in providing quality contact and in ensuring the safety of all the children involved. However little information is available on what proportion of cases requiring supported contact can benefit from a largely volunteer, low intervention model and what proportion require a more professionally driven service model.

The level of funding required in an Irish context to set up and run such centres will depend on the type of service provided, whether supervised or supported or a combination of both, on whether the centres are run by professional staff or by a combination of professional and volunteer staff and on the level and type of therapeutic and other supports provided. Appropriate potential funding sources which were identified during the research by the professionals interviewed include the Health Service Executive, the Department of Social and Family Affairs and the Department of Justice, Equality and Law Reform. Given the profile of contact centre clients in other countries, it is likely that only a small portion of such costs, if any, can be sourced directly from service users.

9.1.11 Profile of Clients

Based on the available international evidence, families using contact centres come from a wide variety of backgrounds. However many families using contact centres are likely to have limited access to financial resources. This suggests that the cost of services to the client will need to be either limited or free of charge. It is also likely that most children using a contact centre will be in the age group 0-10 and thus should provide facilities geared at this age group. However it will be important to ensure that some facilities in each centre are suitable for and attractive to older children, including teenagers.

9.1.12 best practice in the provision of Contact Centres

A consensus has arisen from this research that contact centres where provided should be locally-based, use child and age appropriate facilities, be available in the evenings and at weekends, simulate family surroundings, avail of existing facilities wherever suitable, incorporate regular review and supports to move contact on to a more normal footing wherever possible and be free or very low cost to the client. The staffing requirements vary depending on the type of service being provided, the type and level of professional staff required and the level of reliance, and the perceived appropriateness of reliance, on volunteer staff. International research indicates the benefits likely to arise from the development of a fully professional model, including the provision of appropriate and standardised assessment and review procedures, plus a range of therapeutic services. However, further research is required on what proportion of cases requiring supported contact can benefit from a largely volunteer, low intervention model and what proportion require a more professionally-driven model.

9.2 recommendations

The following specific recommendations are made:

Specialist contact centres should be set up in Ireland to meet a small but growing need for such services. Such centres should be modelled on international good practice and should be geared wherever possible to moving on such contact to more 'normal' arrangements, unless this has been professionally assessed as not being in the best interests of the child concerned.

Based on this international experience we estimate that 37 centres could be required in Ireland, given current population levels. However we recognise that it will take time for information on the existence and benefit of such centres to spread and that therefore demand is likely to be initially lower but to grow over time.

The decision to set up contact centres should be coupled with an information and promotion campaign, backed up with relevant training, for professionals working in the area and for parents as prospective users of such centres. The provision of such centres should also occur in tandem with the development of a comprehensive assessment service in the private family law courts to ensure appropriate referral to such centres, possibly to be provided in conjunction with the Probation and Welfare service. As referred to above the Probation and welfare Service is currently facilitating the preparation of family law reports required in the Circuit Courts in Dublin, Cork and Limerick. However this is a limited service and no decision has as yet been made on its future.

Such centres should provide handover, supported and supervised services as outlined in the study. The exact combinations of such services should be guided by local need and by the nature and level of existing services and facilities. Such centres should be designed to be child and family friendly and geared primarily to the needs of children aged 0-10 but also including some facilities for older children, including teenagers.

Where possible existing locally-based facilities which have child-friendly facilities and professional expertise in child and family support should be funded to expand their services. This may include the expansion of Family Resource Centres and other community based family services.

Additionally appropriate supervised contact facilities should be developed jointly both for children in care and for children in private family law cases who require a contact service to have contact with their non-resident parent. Unless suitable facilities already exist in an area to provide supervised contact for children in care, which can also be used for appropriate private law cases, we recommend that new centres should be resourced and designed in such a way as to be able to provide both supported and supervised contact and that such services should be open to children in care and children in private law cases.

Staff in centres should be trained to a level where they can provide a fully professional service, including the ability to develop good referral, assessment and review systems and related guidelines, possibly based on the work of NACCC in the UK, and to understand the complexity of issues involved in developing quality parent-child contact, particularly where there has been a history of domestic violence or where there are child welfare concerns. Contact centre staff should also be able to assess the need for, and be in a position to provide or refer, parents to therapeutic services where required to support the development of quality parent-child relationships.

We recommend that a small number of pilot contact centres be established initially with the aim of testing different models of provision, drawing on international experience. These pilots we recommend should be supported by an awareness raising and promotion campaign, as well as relevant training for contact centres staff, and should include comprehensive monitoring and review of their impact to guide decisions on further provision

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Appendix

Appendix One



Client Forms

Participant Consent Form

I _____ agree to talk to Candy Murphy/ Louise Caffrey/ Tricia Keilthy from One Family as part of research looking at the need for Child & Family Contact Centres in Ireland.

I understand that:

- The researcher will talk to me about my experience and opinion on the issue of child contact with my former partner.
- My participation is entirely voluntary. I am free to end the interview at any time and I do not have to answer any question I do not feel comfortable with.
- All information I give to the researcher will remain confidential and my name will not appear on any report. The report will not contain any information that could identify me.
- If the researchers are told something that indicates that a child might be in danger, they may need to talk to somebody else about this. If this happens such information will be discussed with me before it is discussed with anyone else.

Signed: _____

Date: _____

Name (in print): _____

Appendix Two

Interview Schedule for potential Clients Interviews

Introduction

Thanks for agreeing to take part in our research; your views are very important to our study. In contributing to this research your needs will be more clearly understood and this will hopefully lead to greater help and support for you and your children in the future. Before we start I just want to assure you that everything you say will be treated in the strictest confidence. If at any stage you would like to stop or take a break just let me know. Do you have any questions before we begin?

establishing the facts

Firstly it will help me to fully understand your needs if you can tell me a little bit about yourself and the situation which has led you to use or be interested in using or finding out more about child contact centres. Please only tell me as much as you are comfortable with.

Specifically now can you tell me about the type of child contact arrangements you have had and now have with your former partner.

Ensure that after this you are clear on:

- How the contact arrangements were agreed- Was it decided by the courts or worked out between the parties themselves.
- What were the terms of the contact arrangement?
- If contact was decided by the court why was this- Was access orders breached/ opposed by either party? What were the reasons for this?
- The interviewee's opinion on the way the judge made the decision
- Any variations that have been made to the agreement and why.
- What kind of issues have come up in organising contact?
- What kind of problems have arisen
- How have they affected the child/ren involved

Current Situation

- How is contact being organised at the moment?
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- How do you feel about the current contact arrangement? Anything you would like to

change?

- Are there any outstanding issues between you and your ex-partner regarding contact?
- How would you describe your child/children's views of the contact arrangements?

Supported or Supervised contact

If contact is or has been supervised or supported make sure you have a clear view of the following:

- Who is doing this? –family, organisation?
- Where it is done?
- Why it is being organised this way?
- How is it done-hours, level of supervision, facilities, etc
- Arrangements with the service-do they sign an agreement, if so what does it contain, is progression built in? etc.
- Are there any restrictions imposed on them?
- Have they moved on and why? How was this organised/ facilitated?
- Do/did they also get other supports, parenting, counselling etc –if so how important are/were these?
- Did they have to pay anything? Do they know how it is/was funded?
- What they think/thought of the service available?
- How might it be improved?
- What would an 'ideal' contact centre/service look like?
- What do they think would have happened if this service was not available (Try to get a good quote here)

Views on child contact services generally

- What do you think of the services that are available in Ireland/ Dublin/your area at the moment?
- What would the existence of a dedicated contact centre mean to you, what difference would it make to you and your children/child?
- What kind of services would be important for you/your children in a CCC? Counselling, family mediation, positive parenting?
- What would make access easier for you and your children?
- How do you think your child/ren would feel about using such a contact centre?
- What are the particular issues from a rural perspective?

wind down: Ten minutes before end of interview

- What might encourage you to use a CCC
- What might discourage you?
- What recommendations would you make for this kind of service?

Finally

- If possible get relevant background information: age, marital status, number of children and their age/gender, current custody/access arrangements, employment status.
- Reconfirm that all is in confidence.
- Make sure that they are happy to have their story as an anonymous case study/profile and to have non-attributable quotes.
- Also that we may have to check some facts with them later and that we may ask them to a focus group in the New Year.
- Check if they need support-give out referral list or if very upset tell them to ring Sherie.

Appendix Three

The International Legal Context in brief

Study visits to child contact centres abroad in four different countries were made as part of the study. Naturally each of these jurisdictions presents a different legal context which influences the processes and practices surrounding the functioning of the centres. A thorough examination of the legal context of the four international jurisdictions visited was beyond the scope and resources of this research project. Nonetheless some brief points on the jurisdictions visited are provided below as a backdrop to the research findings. Note this refers to legislation in place at the time this report was prepared. That is up to 2008

england:

- Legislative changes in England extended automatic parental responsibilities and rights to unmarried fathers with children born after 1st December 2003 where the father is recognised in the Register of Births. All mothers and married fathers have automatic parental responsibility and rights.
- The welfare of the child is always the paramount consideration in any contact case. However in practice it is assumed that contact is in the best interests of the child (Perry, 2007).
- The Children and Adoption Act 2006, gives the court powers to promote contact for example by making contact activity directions or contact activity conditions, both associated with a contact order, to require a parent to take part in activities such as Programmes, classes, counselling or guidance sessions to promote child contact.
- A key agency providing support to family courts in contact cases is the Children and Family Court Advisory and Support Service (CAFCASS) which represent children's interests in family courts and provide child welfare reports to the courts.
- A legal representative of the child may be appointed.

Scotland

- Legislative changes in Scotland extended automatic parental responsibilities and rights to unmarried fathers with children born after 4th May 2006 where the father is recognised in the Register of Births. All mothers and married fathers have automatic parental responsibility and rights.
- The welfare of the child is always the paramount consideration in any contact case. However in practice it is assumed that contact is in the best interests of the child (Perry, 2007).

- Children must have legal representation where necessary. In determining what action is in the child's best interests, the child's views must be actively sought and considered, taking account of the age and maturity of the child concerned (<http://www.scotland.gov.uk>).

Northern Ireland

- Legislative changes in Northern Ireland extended automatic parental responsibilities and rights to unmarried fathers with children born after 15th April 2002 where the father is recognised in the Register of Births. All mothers and married fathers have automatic parental responsibility and rights.
- The welfare of the child is always the paramount consideration in any contact case. However in practice it is assumed that contact is in the best interests of the child (Perry, 2007).

New Zealand:

- The New Zealand family court system emphasizes children's rights, consulting children about decisions that affect them, parental responsibilities (rather than rights), ongoing joint parental responsibility after separation, and cooperative parenting after separation.
- Parenting orders have replaced custody and access orders, with an emphasis on parents cooperating with each other and reaching agreement about the care of their children. If parents cannot agree, the Family Court can intervene, drawing on services such as professional counselling, mediation conferences, and a formal court hearing; parenting orders are seen as a last resort.
- As in other jurisdictions, the child's welfare and best interests is the most important criterion in the court's decision-making about a parenting order.
- However new legislation in 1995 brought an important change to the approach taken by the Family Courts in relation to children involved in domestic violence cases. The new approach no longer assumes that contact is in the best interest of the child in cases of domestic violence. It provides that when a person has been shown to have used violence in a domestic situation, that person is not to have custody or unsupervised access to children until the court can be satisfied that the children will be safe with them. Orders which limit access to supervised access only are intended to protect children both from direct physical harm and from the harm that results from witnessing violence within the family. The Act has a rehabilitative focus with those involved required to attend programmes to address their violence. Approved education programmes are also available free of charge to protected persons and their children

Appendix Four Interviews

Focus groups, Organisations Consulted and Visits to Contact Centres

Stakeholder Interviewees

Catherine McGuinness-----	Chairperson of the Law Reform Commission
Inge Clissman-----	Barrister SC
Tabitha Wood -----	Barrister
Dervla Browne-----	Barrister SC
Natalie McDonnell -----	Barrister
Geoffrey Shannon -----	Solicitor/ Family Law Academic
Rosemary Horgan -----	Solicitor
Paula McCann -----	Solicitor
Pol O Murcha -----	Solicitor
Carol Coulter-----	Court Services Reporter
Helen Buckley-----	Academic/Child Protection Senior Lecturer
Stephanie Holt -----	Academic/PHD
Elaine O' Callaghan-----	Academic/PHD
Aidan Browne-----	CEO, Children's Acts Advisory Board
Polly Philmore -----	Family Mediation Service
Norah Gibbons -----	Barnardos
Freda McKittrick -----	Barnardos
Francis Chance -----	
Barnardos Miriam Lyne -----	
Barnardos Caoimhe Nic Dhomhnaill -----	
Psychologist Andrew Conway-----	
Psychologist Claire O' Kelly -----	
HSE	
Pat Berger-----	HSE
Tony Foley-----	Probation & Welfare, DJELR
Richard Fennessy-----	COSC
Sylda Langford-----	Office of the Minister for Children
Sinead Hanafin-----	Office of the Minister for Children
Sophie McGennis-----	Ombudsman for Children Office
Deirdre O'Shea-----	Ombudsman for Children Office
Dick Hickey-----	Family Resource Centres
Margaret Martin-----	Women's Aid
Oonagh Mc Phillips-----	Court Service, DJELR

Men's Focus Group Participant Organisations

Separated Fathers of Ireland
 AMEN
 Unmarried Fathers of Ireland

Organisations Consulted in Ireland

Time4Us-----Co. Galway
 Fathers Family Time-----Dublin 4 (now closed)
 Ballymun Men's Resource Centre-----Dublin 9
 Nucleus-----Co. Cork (now closed)
 South East Men's Network-----Waterford
 Wicklow Child and Family Centre-----Wicklow
 Sligo Family Resource Centre-----Co. Sligo
 Ballymote Family Resource Centre-----Co. Sligo
 Findlaters Presbyterian Church-----Dublin 1
 Bessborough Centre-----Co. Cork
 Boyle Family Life Centre-----Co. Roscommon

Child Contact Centres Visited outside of the republic of Ireland

Location		Services Provided		
Knock Child Contact Centre	Northern Ireland Belfast	Yes	Yes	Yes (provided in centre but by social services)
Cloona Child Contact Centre	Northern Ireland Belfast	Yes	Yes	Yes
Renfield Centre	Scotland Glasgow	Yes	Yes	No
Family Mediation Lothian (FML)	Scotland Edinburgh	Yes	Yes	Yes
Coram Child Contact Centre	England London	Yes	Yes	Yes
Accord Child Contact Centre	England London	Yes	Yes	Yes
Barnardos	New Zealand	Yes	Yes	Yes

Appendix 5

STANDARD referral Form (Standard for Supported Contact)

Name of Child Contact

Centre:.....

.....

Wherever possible this form needs to be seen and completed by both parties' solicitors and any other professionals involved with the family. Contact cannot commence until this form has been completed in full and received by the Centre Coordinator. All information will be treated in the strictest confidence. Please print clearly

Office use only	
Referral received	
Date of pre-visit	
Date of first contact	
Dates reviewed	
Contact ended	

1. Children			
Name(s)	Age	Date of birth	Boy (B), Girl (G)t
2. Adult requesting contact			
Name:			
Relationship to child(ren):			
Does this person have legal parental responsibility? (please circle)			Yes No
Length of time since:	a) They met children		
	b) They lived with children		
Address:			
Postcode:	Telephone:		
Solicitor's name:	Solicitor's ref:		
Name of practice:			
Address:			

Postcode:	
Email:	Telephone:
3. Adult with whom the child(ren) reside	
Name:	
Relationship to child(ren):	
Address:	
Postcode:	Telephone:
Solicitor's name:	Solicitor's ref:
Name of practice:	
Address:	
Postcode:	
Email:	Telephone:
4. Referrer	
Name:	Profession:
Address:	
Postcode:	
Email:	Telephone:
5. CAFCASS, Contact Orders & Contact	
a. Has there been any CAFCASS involvement? (please circle)	Yes No
b. Is there an allocated CAFCASS officer? (please circle)	Yes No
If 'Yes', please give details: Name:	
Name of CAFCASS office:	
Address:	
Postcode:	Telephone:
c. When and where did contact last take place?	
d. Is there a court order relating to the contact? (please circle)	Yes No
If 'Yes', please either send a copy or indicate what it specifies.	
e. What other court orders have been made in relation to the child(ren) and when?	

f. Can the child(ren) be taken out of the Centre? (please circle)			Yes	No
g. What is the next court date (if any)?				
6. Arrival at the Child Contact Centre				
a. Are the parents willing to meet? (please circle)			Yes	No
b. Will the adult with whom the child(ren) reside be bringing them to and collecting them from the Centre? (please circle)			Yes	No
If 'No', who will be bringing / collecting the child(ren)?				
c. What is the preferred date of first contact at the Centre?				
d. How frequently will contact take place?				
e. For how long will each visit last?				
f. Names of other people allowed to participate in contact at the Centre:				
Name		Relationship to child		
7. Information Relating to Safety of the Child				
a. Are there or have there been sexual / child abuse allegations made in this family? (please circle). If 'Yes', please give details (over page)			Yes	No
b. Is this family known to Social Services? (please circle) If 'Yes', please give details (over page) If 'Yes', please give details (over page)			Yes	No
c. Has any person who will be involved in the contact ever been convicted of an offence against a child(ren)? (please circle) of an offence against a child(ren)? (please circle)			Yes	No
If 'Yes', please give details				
d. Has there been or is there likely to be a risk of abduction? (please circle)			Yes	No
If 'Yes', are procedures in place for holding passports, etc. (please circle)			Yes	No
e. Please give details of any allegations, undertakings, injunctions or convictions relating to violence involving either party, their respective families or the children.				

8. Health & Medical Requirements		
• Do any of the children have any illness, allergy, impairment, special needs or medical requirements? (please circle) If 'Yes', please give details	Yes	No
• Do any of the adults involved suffer from long-term physical / mental illness or an impairment? (please circle) If 'Yes', please give details	Yes	No
9. Additional Information		
a. What language is spoken at home?		
b. Is an interpreter required? (please circle)	Yes	No
If 'Yes', please give details of the interpreter to be used (include name and organisation if any)		
c. Has this family ever used another Child Contact Centre? (please circle)	Yes	No
If 'Yes, please give details (this Centre may be contacted).		
d. Additional background information (Please use a separate sheet if necessary).		

I have explained the rules of the Child Contact Centre to my client and given them a copy of the Centre's leaflet / guidelines. This form has been completed accurately and to the best of my knowledge.

Signed: Date:.....

N.B. Only dates and times of families attendance will be disclosed unless it is felt that anyone using the Child Contact Centre or a volunteer / staff member is at risk of harm.

Please return this form to:

.....

THIS REPORT WAS FUNDED BY THE FAMILY SUPPORT AGENCY.
THE VIEWS EXPRESSED IN THIS REPORT ARE THOSE OF THE AUTHORS AND DO NOT
NECESSARILY REFLECT THOSE OF THE FAMILY SUPPORT AGENCY.

This report is the second major piece of research undertaken by One Family. It follows up on the 2008 research report Lone Parents and Employment: What are the Real Issues? More information is available on www.onefamily.ie

One Family's Vision

One Family believes in an Ireland where every family is cherished equally, and enjoys the social, financial and legal equality to create their own positive future.

One Family's Mission

One Family is working to ensure a positive and equal future for all members of all one-parent families in Ireland – changing attitudes, services, policies and lives. Together with one-parent families and those working with them, we are committed to achieving equality and respect for all families.

In addition to striving for fundamental structural change, we support individual one-parent families as they parent through times of family, work and life change, and those experiencing a crises pregnancy. We know that every family is unique, and so we work in a family centred way to bring about better lives for parents and children.

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