



**Final Evaluation of the Barnardos/One Family
Pilot Child Contact Centre**

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Chapter One Introduction

1.1 Introduction

The pilot Child Contact Centre service based in Dublin and run by Barnardos and One Family received funding in December 2010 from Department of Children and Youth Affairs, the Health Service Executive (HSE), the Family Support Agency and Ballymun Regeneration for a two year period. Following a set up and recruitment period the service began accepting referrals in October 2011. As this is a pilot Child Contact Centre service¹, monitoring and evaluation is a key part of the process and accordingly funding was allocated to establish a comprehensive monitoring and evaluation system for the pilot in order to assess its performance and impact. This is the final evaluation of the pilot.

1.2 Objective of the Final Evaluation

The purpose of this final evaluation is to evaluate the Child Contact Centre's performance and impact and to identify key issues for future child contact service provision.

As the service was being set up, the evaluator agreed with the management team a logic model that spelt out the Child Contact Centre's clients, activities and outcomes, as well as the key measurement tools to be used in the evaluation. See Figure 1.1. Over the set up period the client data required to inform the evaluation was also agreed and this data has been collected by the Child Contact Centre staff for this evaluation.

1.3 Methodology

- The final evaluation begins with a brief description of the background and operation of the Child Contact Centre. It then adopts the following methodologies:
- Review of the literature on child contact²
- Analysis of the client data collected by the Child Contact Centre staff
- Presentation of feedback from Child Contact Centre clients
- Presentation of feedback from internal and external stakeholders
- Evaluation of performance and impact.

Finally the report concludes by presenting overall conclusions and recommendations to guide future policy and provision in this area.

Please note that the data analysed in this evaluation covers the period from commencement of the service in October 2011 to April 2013, a total of nineteen months.

¹ Referred to in the remainder of the report as the Child Contact Centre

² See also the report Supporting Child Contact: the Need for Child Contact Centres in Ireland A research report by One Family 2009

Figure 1.1 Child Contact Centre Logic Model with Key Measurement Tools			
Target Group	Key Activities	Outcomes	Key Measurement Tools
<p>Clients</p> <p>No of clients by:</p> <p>Non-resident /In care</p> <p>By</p> <p>-Type of service</p> <p>-Duration</p>	<p>Enquiries</p> <p>Referral</p> <p>Assessment</p> <p>Child contact sessions</p> <p>Key worker sessions</p> <p>Family support - counselling, parent mentoring, parenting courses.</p> <p>Referrals to specialist services.</p> <p>Review</p> <p>Closure</p>	<p>Children enjoy and maintain contact and develop relationships with parents</p> <p>Families are supported to 'move on' from the contact centre to more normalised contact arrangements as appropriate through access to family supports and through improved parenting skills</p> <p>HSE and family law courts needs are met.(e.g. contact centre staff writing reports for the court or attending court)</p> <p>Parents and children do not experience abuse/danger during contact</p> <p>Parents well-being is improved with reduced conflict between parents and with the HSE</p> <p>The child's voice is listened to</p>	<p>Analysis of client data</p> <p>Questionnaires for parents leaving the service</p> <p>Follow up of a sample of families</p>
Staff and Volunteers	Staff development	Child contact skills and expertise developed	<p>Interviews with staff and management</p> <p>Focus groups with volunteers</p>
Referrers	<p>Development and implementation of referral systems</p> <p>Feedback from referrers</p>	Appropriate child contact referrals made with benefits to referral agencies	Focus groups and interviews with key referring organisations and individual professionals
Funders	Feedback from funders	Perception of impact and future viability of the service	Interviews with representatives of funder organisations

Chapter 2 Background and Operation of the Pilot Child Contact Centre Service³

2.1 Introduction

In this chapter we look at:

- Background to the establishment of the Child Contact Centre
- Objectives of Child Contact Centre
- Description of the operation of the Child Contact Centre and of the services provided
- Planned number of child contact sessions
- Budget and expenditure to end July 2013
- Key findings from the Mid-Term Evaluation of the Child Contact Centre.

2.2 Background to the establishment of the Child Contact Centre

One Family carried out comprehensive research on the need for Child Contact Centres in Ireland: *Supporting Child Contact: the Need for Child Contact Centres in Ireland* (One Family, 2009). This research was endorsed by the then Minister for Children and Youth Affairs and by The Family Support Agency, and was carried out with the support of Barnardos, the Family Mediation Service, the Department of Social and Family Affairs, Ballymun Community Law Centre and Geoffrey Shannon, Family Law Expert.

The research involved a review of the international literature on child contact and of relevant national and international law in the area. It also involved interviews with legal and other experts as well as with a small number of parents concerned in child contact disputes. Finally it involved visits to child contact centres in the UK and the collection and analysis of information on Child Contact Centres in Australia and New Zealand.

This research recommended that specialist Child Contact Centres should be set up in Ireland initially on a pilot basis to meet the growing need for such services. Such centres should be modelled on international good practice and should be geared wherever possible to moving on to self-arranged child contact and should provide handover, supported and supervised contact services. The development of child contact centres in Ireland should be backed up by professional assessment and referral services and be developed in cooperation with other agencies in order to provide appropriate services for children in care and for those separated families where such services are necessary.

Further to funding from the Department of Children and Youth Affairs, the Family Support Agency, the Health Service Executive and Ballymun Regeneration. The pilot service began operating in October 2011 and was scheduled to conclude at the end of July 2013. Through a combination of savings and additional funding it was possible for the service to continue for existing families only until the end of 2013 and for some family supports to continue to be provided to families into early 2014. However no new families entered the service from July 2013.

2.3 Objectives of the Child Contact Centre

The original project proposal for the Child Contact Centre outlined the following overall objective:

‘The benefits for children are that the child’s emotional well-being is promoted through supporting their sense of identity and through having safe, positive, nurturing relationships with their key family members.’

³ See the Mid-Term Evaluation, October 2012 for a more detailed description of the set up and operation of the pilot Child Contact Centre.

More specifically it proposed the following objectives for the Child Contact Centre:

- *'Children enjoy contact with their key family members in a safe, secure and child friendly environment.*
- *Children maintain good and healthy contact with both their parents and with other key family members.*
- *Children and parents do not experience abuse and/or danger during contact visits.*
- *Statutory requirements of the HSE for children in care are fully met.*
- *The needs of the Family Law Courts are met in respect of children of separated parents.*
- *Parents experience significant positive benefits in terms of their relationships and mental health and well-being.*
- *Families are supported to 'move on' from the contact centre to more normalised contact arrangements as appropriate through access to family support input.*
- *That a model for Child Contact Centres is developed, tested, adapted and documented to inform future policy and practice.'*

2.4 Description of the Child Contact Centre

The Barnardos and One Family Child Contact Centre provided a new service that operated on a two year pilot basis in three locations in Dublin: Ballymun, Clondalkin and Tallaght. A Child Contact Centre is defined as follows:

'A Child Contact Centre is a safe, friendly and neutral place where children can spend time with the parent/s they do not live with. It is a child centred environment which allows the child to form or develop a relationship with the parent at their own pace and in their own way, usually through play and child centred activities.' <http://www.barnardos.ie/what-we-do/specialist-services/child-contact-centres.html>

The Child Contact Centre is for:

- Children whose parents are separated and who are unable to agree safe and appropriate arrangements for the child /children to have contact with the parent they do not live with.
- Children who are in the care of the Health Service Executive who need support to have contact with their parent(s).

Agencies and services targeted to avail of the Child Contact Centre included:

Family Law legal practitioners	District and Circuit Court Judges , Court clerks
HSE Social Work teams	Children's Services Committees
Legal Aid Board	County Childcare Committees
Local Youth Services	MOVE
Youthreach	Community Law Centre
Gardaí	Housing Associations
Men's organisation	Treoir
Family Resource Centres	Daughters Of Charity Family Centres
HSE Health Centres	Women's Aid
Domestic Violence Refuges	Society of Saint Vincent De Paul
Local Churches	Irish Assoc of Counselling and Psychotherapy
Citizens' Information Centres	Family Mediation Service
Adult Mental Health Services	FLAC
Childhood Development Initiative	MABS
Local GP's	Local Secondary Schools
Mediation Bureau	Local Drug Treatment Services

The philosophy behind a Child Contact Centre is that it is a *'time limited services so families need to engage with family supports so that they can move to self-arranged contact over time. The service requires the agreement and participation of both parents in discussing and agreeing what is best for their child / children. The service is designed to meet the needs of children, so their best interests will always be central to all decisions made.'*

Key elements of the Child Contact Centre service are described in Appendix 1.

2.5 Location of Child Contact Centre

The service is available to children who live in the following areas:

Dublin City North HSE Integrated Services Area: Ballymun, Santry, North Inner City, Drumcondra, Whitehall, Donnycarney, Marino, Clontarf, East Wall, Cabra, Finglas, Blanchardstown, Mulhuddart, Corduff, Clonsilla, Castleknock.

South Dublin County: Tallaght, Clondalkin, Palmerstown, Lucan, Rathcoole, Newcastle, Saggart, Templeogue and Rathfarnham

2.6 Resources available to the Child Contact Centre

The service consists of:

- Two full time staff members who process referrals, carry out assessments and reviews and provide contact opportunities supported by a team of volunteers.
- Two part-time staff members who deliver a range of family supports to assist children and families to move on to self-arranged contact.

Contact is provided at a number of locations in the Ballymun, Clondalkin and Tallaght areas and is delivered at times to best suit the families including evenings and Saturdays.

2.7 Specific services provided in Child Contact Centre

The Child Contact Centre service provides both child contact and family support services. The following specific services are provided to children and parents:

Child contact

Supervised child contact

Supervised child contact is normally used when it is considered that there is a risk that the child could suffer harm during contact and it is in the best interests of the child to have contact. Supervised child contact aims to ensure the physical safety and emotional well-being of a child during contact by fully supervising and supporting the contact, with trained child contact centre staff carrying out the supervision. Supervised child contact is carried out on an individual basis with the supervisor always in sight and earshot of the parent and child. During supervised child contact sessions all contact is closely observed and recorded in a manner appropriate to the purpose of protecting children and working in a planned way with parents.

Supported child contact

Supported child contact is where parents and children can meet in a safe and friendly environment with the support of volunteers and a trained staff member. Staff and volunteers are available for assistance, but there is no close observation, monitoring or evaluation of individual contacts or conversations. Several families may be together in one, or a number of, rooms.

Handover

Handovers take place at the centre and are suitable for families where there is no threat of harm to the child but there is a conflictual relationship between the parents that makes it difficult for them to meet each other. Parents do not have to meet as the handover will be done by centre staff/volunteers. The non-resident parent takes the child out of the centre for an agreed period of time, bringing them back to the centre afterwards.

Family support services

Specialist family support services additional to key working with all clients are provided to parents and children engaging with the child contact service, based on a detailed assessment of each family. These services include the following:

- Parent mentoring
- Mediated parenting plans
- Counselling for parents
- Counselling for adolescents and teenagers
- Play and art therapy for children
- Practical information services on a wide range of areas including legal issues, social welfare, signposting to local supports, childcare etc.

These services are provided in preparation for child contact to commence as well as in parallel with such contact occurring.

2.8 Planned number of child contact sessions

The original project plan proposed to offer a minimum of the following level of service each week:

Table 2.1 *Planned number of child contact sessions*

Service type	Number of sessions per week	Number of families per week	Number of children per week
Supervised contact (one family per contact)	4	4	8
Supported contact (five families per session)	4	20	40
Handover (one family per session)	4	4	8
Total	12	28	56

This shows that the service planned to have 28 families using the child contact service per week when fully operational, involving an estimated 56 children. In the first year of operation, it was expected that families would remain in the service for an average of 8 months. As the service became established it was expected that this could be reduced to an average of 6 months. This indicates that the planned numbers of families in the pilot child contact service over the evaluation period was 70.⁴

⁴ This is made up as follows:

Oct 2011 – Sept 2012 (covering the set up period): 28 families x 1.5 = 42 families (each family in the service for 8 months)

Oct 2012 – April 2013: 28 x 0.5 X 2 = 28 families with the service provided for half a year and for 6 months for each family)

2.9 Budget and expenditure

Table 2.2 below shows the expenditure against income received. This shows that at end July 2013 total expenditure was €488,406 out of a total grant allocation of €510,000.

Table 2.2 Expenditure Details to end July 2013

	Total Grant Allocated €	Total Income and Expenditure as at 31/7/2013 €
Budget Type		
Salaries	357,433	370,334*
Provision of family support	77,924	47,248
Evaluation	20,000	18,550
Support costs (12%)	54,643	52,276
Totals:	510,000	488,406

* Additional resources were spent on salaries in order to avail of a panel of part-time staff to oversee contact and free up the core staff to undertake assessment and case management tasks.

This indicates that the budget has been spent broadly along the lines agreed with funders. However there has been an under spend on family support services against that planned.

The balance at end of July 2013 is being carried forward along with some additional funding from the Family Support Agency and Ballymun Regeneration Ltd to provide a reduced service to existing families until the end of 2013.

2.10 Key findings from the Mid-Term Evaluation (MTE) of the Child Contact Centre

The MTE identified a number of key issues for the remainder of the pilot. These are summarised below.

- Many of the families coming to the Child Contact Centre did not engage with other family support services and needed to be fully risk assessed by contact centre staff because of a credible risk to their child, to their ex-partner and/or to staff and volunteers with obvious resource implications.
- The need for this high level of assessment and support put strains on the service and was causing a bottleneck in families moving into child contact. It was suggested to allocate experienced staff to such assessment work and related key-working with families with additional staff being allocated to supporting child contact sessions and handovers. This approach was adopted by staff following the MTE.
- The resource implications of these changes needed to be assessed, as did the resources needed to assess referrals, including those that ended with a recommendation not to bring some families into the child contact service; and to provide feedback to the courts when required.
- Referrals from family support services and of families with children in care of the HSE were low than expected and further work was required to try and increase such referrals and to explore the extent to which families referred though these services have different needs to those coming through the existing routes.
- Parents coming to the Child Contact service were found to need a lot of support to develop their relationship with their child, especially when there was been a long absence of the non resident parent from their child's life. Family supports including key-working are essential to achieving the type of change the service is aiming at, one where the causes of conflict over

child contact are addressed. It was suggested that further aftercare supports may also be required to maintain agreed moving on child contact arrangements.

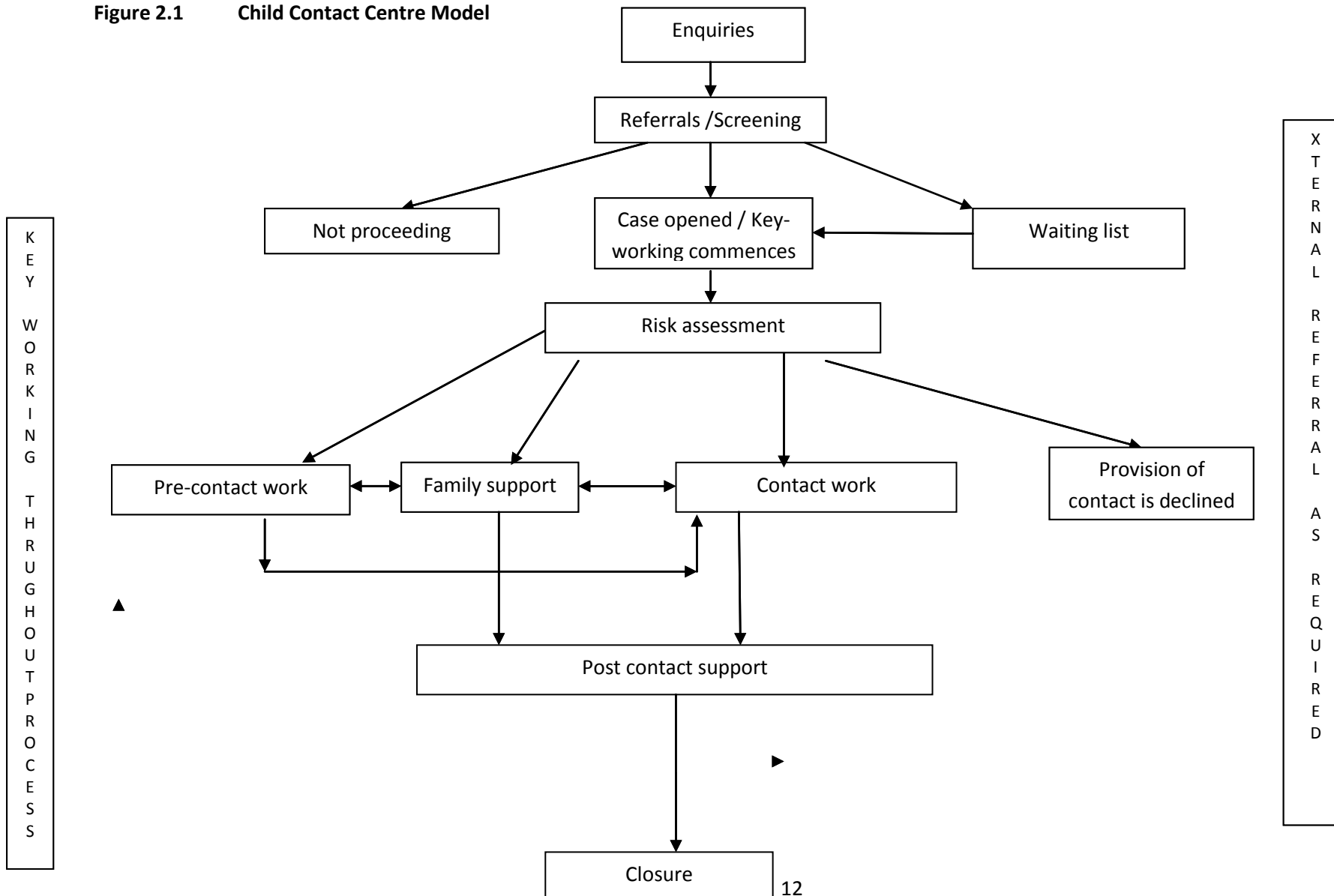
- Some children were found to have very mixed feelings about meeting the parent they did not live with. Pre-contact work and play therapy was often required for children in this situation and at all times it was found to be crucial that the child is at the centre of the service and that time and expertise was invested in finding out their needs, feelings and experiences.
- Not progressing to child contact or ending such contact can be a successful outcome if this is considered to be in the child's best interest. It was noted that it is important that staff have the resources and time to fully explore the needs of such children and to draw out the implications of these experiences for the wider roll-out of Child Contact Centre service.
- Regular support and supervision for staff and volunteers was an essential element of the service. It was observed that it will be important to ensure that staff can access the ongoing training and support they require to work effectively with families coming to the Child Contact Centre and presenting with a range of complex problems, especially in relation to domestic violence, addiction and mental health issues.
- Working with children in the Child Contact Centre has the potential to result in long-term benefits for the children concerned by reducing child protection risks, reducing emotional stress and empowering children to make decisions that are best for them. It can also result in savings to legal and court services by reducing return visits to the courts to deal with child contact disputes. It will be important to try and quantify such potential savings when making decisions on funding the wider roll- out of child contact centres.
- The Child Contact Centre Advisory Group could also play an important role in considering what type of child contact centre model or models will be required in a wider roll-out. For instance whether a moving-on model and a long-term child contact support model and related services are required.
- It was recommended that the management group should allocate time, during the remainder of the pilot period, to inform possible Child Contact Centre service users, referrers and funders throughout the country on the experience of the pilots and to help to inform the debate about the future provision of such services in Ireland. This should also include the current staff team providing advice on child contact related issues to relevant organisations and agencies.
- Finally, the MTE recommended that work should also commence on identifying which Government Departments and/or state agencies child contact services should be aligned with and on which are in a position to provide long-term funding for such services in the light of their role not only in supporting the family law courts but also in assisting the HSE and other family support services in addressing issues in relation to parental conflict over child contact.

This final evaluation assesses the extent to which these findings have been mirrored in the period since the MTE or have changed.

2.11 The Child Contact Centre model

Figure 2.1 shows how the Child Contact Centre model operates.

Figure 2.1 Child Contact Centre Model



Chapter 3 Literature Review - Supporting and Regulating Post-Separation Contact: The Role of Child Contact Centres

3.1 Chapter Overview

The empirical evidence base regarding the experience of post-separation contact for children and their parents is largely and in fact almost exclusively dominated by researchers and academics in the UK, North America, Canada and Australia. It is only in the last two decades that the lens of research interest in Ireland has sought to inquire about issues arising from separation and divorce (perhaps for socio-cultural and legal reasons) and only in the last decade that the issue of acrimony, domestic violence and the child's voice have been engaged with. Given the relatively small bank of Irish research, this literature review will reflect a more international presence. Where appropriate and available, details of both Irish and international research regarding jurisdiction and sample population information will be provided.

3.2 Introduction

Contact arrangements, post-separation, provide an opportunity for the child/children and the non-resident parent to continue to see each other regularly, in order to maintain and sustain, and in some cases develop, the parent-child relationship. There are clearly documented and obvious benefits to post-separation contact including: continued attachment to the non-resident parent and continued relationships to both sets of kin (Lamb, 2007; Radford & Sayer, 1999); the transmission of culture and tradition from one generation to the next (Hester *et al.*, 1994); helping the child cope with the separation (Hogan *et al.* 2002); providing respite for the parent caring alone; and reducing the risk of abduction. The clear message emerging from non-legal sources of knowledge and expertise, largely drawn from the medical, sociological and psychological or 'psy' professions across multiple jurisdictions (Kaganas & Day Sclater, 2004), is that parent-child relationships are integral to outcomes for children (Andersson, 2005). Children's need for stable continuous attachments and for a positive identity dominate the argument for continued contact with their non-resident parent (Hogan *et al.* 2002; Mahon & Moore, 2011; Pollack & Mason, 2004).

Contact between children and their non-resident parent (usually the father) may be arranged informally between the parties involved, agreed in mediation or directed more formally by the courts, as Mahon & Moore's (2011) Irish research highlighted. While this may seem a relatively straightforward process and in some cases can be arranged without major problems (Hester *et al.*, 2000), research conducted in the USA highlights that for approximately 10-30% of separating/separated families, the process by which contact is agreed is an 'uphill battle' (Dunn *et al.*, 2004), that UK researchers concluded is emotionally charged, problematic and potentially dangerous (Saunders & Barron, 2003; Trinder, 2007). Interestingly, Hogan *et al.*'s (2002) Irish research which engaged with a total of 60 children and young people aged 8 to 17 years of age, found that children were more likely to be unhappy with formal arrangements. As recommended by Buckley *et al.*'s (2006) Irish research on children's experiences of domestic violence, support or regulation of contact may require the formal intervention of the legal system, the involvement of a contact centre or other professional interventions in order to promote quality contact and ensure that contact is a safe one for all those involved. This first section critically explores the international emergence and role of the contact centre in supporting and regulating contact for children with their non-resident parent.

3.3 Child Contact Centres: Role and Function

Child Contact Centres have a historically established role in child protection work in the US for the facilitation and regulation of contact between children in care and their families (Dunn *et al.*, 2004). Over the last two decades contact centres have emerged internationally as a much needed resource where there are concerns about children losing contact with their non-resident parent (Humphries & Harrison, 2003; Hunt & Roberts, 2004); and also for what are considered high-risk or custody

disputing families who are litigating before the court (Birnbaum & Alaggia, 2006; Thoennes & Pearson, 1999). As such, they are rooted in and have grown out of a 'pro-contact discourse' that values and supports continuing non-resident child contact (Humphreys & Harrison 2003). Furthermore, the presumption that contact is in the best interest of the child and that contact is a 'right' of both parents and children, also underpins and has influenced the development of these centres (Cohen & Kearns, 2008; Kaganas & Day Sclater, 2004). By providing a 'neutral', safe and child-friendly meeting place where children can meet with their non-resident parent, the aim of the contact centres in many jurisdictions has traditionally been to limit the interaction and potential for dispute and aggravation between acrimonious parents (Furniss, 2000; Dunn *et al.*, 2004), particularly in the early stages of separation/divorce, to support parents make post-separation contact arrangements (Parkinson, 2006). In more recent years, centres in the UK have been increasingly charged with protective functions (Humphries & Harrison, 2003). Safety and neutrality are therefore two concepts that are central to the philosophy of these facilities.

- **Child Contact Centre Services**

Many centres offer exchange or handover services, which essentially involves the dropping off and picking up of children under supervised conditions, but the actual visit itself takes place elsewhere and is not supervised (Birnbaum & Alaggia, 2006). Other services offered by a small number of centres include counselling, mediation and play therapy and parenting work (Hunt & Roberts, 2004). Two primary types of contact centre – supported and supervised appear to dominate the literature, with clear differences apparent between the two. While the majority of centres across the globe offer supported contact, only about 12% provide supervisory facilities (Hunt & Roberts, 2004; Campbell *et al.* 2008). Supported centres, which are mainly run on a voluntary basis or with involvement from religious organisations (Dickens, 1999), function with several families in the same room under no more than a 'watchful' eye from the staff (Furniss, 2000). As such, the venue is supervised but the parents are not (McConnell-Trevillion, Coope, Postan, Lane, 2004).

In contrast, the high vigilance of supervised centres is reflected in one worker formally and closely monitoring behaviours and interactions during the contact session (McConnell-Trevillion *et al.*, 2004; Sproston, Woodfield, Tisdall, 2004). Supervisory contact centre staff are usually trained social or child care workers, assessments are conducted and court reports produced. The predominant reasons for attendance at a supervised contact centre include concerns about child safety and supervision is most usually court ordered, for a number of reasons. Concerns may have been expressed by involved professionals or by either parent about the parenting of the other (Furniss, 1999); there may be child protection and welfare concerns and/or concerns about the contact parent's mental health or addiction difficulties; the child may not have seen the contact parent for a considerable length of time or the child may not wish to engage in contact (Birnbaum & Alaggia, 2006; Hunt & Roberts, 2004; McConnell-Trevillion *et al.*, 2004; Sproston *et al.*, 2004). Hunt and Roberts (2004) surmise that about one half of cases attending supervised centres involve high levels of parental conflict, one-third involve domestic abuse and one quarter involve fears of child abduction (Furniss, 1999).

As such, child contact centres are documented in the international literature to work with a heterogeneous clientele including contact parents with limited parenting skills/experience at one end of the spectrum, and families with serious child protection concerns at the more serious end (Hunt & Roberts, 2004). It would appear that there are a variety of issues that result in the need for a contact centre, and that there are critical differences in the form and nature of services provided by these centres. Indeed while the difficulties experienced by some parents are resolved with brief and time-limited interventions, the majority of service users present with more complex and serious issues that require more intensive and long-term involvement (Pearson & Thoennes, 1997; Kaye, Stubbs & Tolmie, 2003).

- **Outcomes for children and families attending Child Contact Centres**

While there have been minimal attempts to evaluate contact services in other jurisdictions, the benefits of attendance at either a supervised or supported contact centre are clearly documented throughout the literature (Pearson & Thoennes, 2000), with studies assessing quality and measuring outcomes for child and parents of supervised visitation (Dunn, Flory, & Berg-Weger 2004; Jenkins & Lyons, 2006). Significant increases in visits between children and their non-resident parents have been found to occur after six months of supervised visitation, in addition to a concurrent lessening of verbal assault between partners, no reports of physical violence during their involvement with the contact program and a decrease in the use of physical punishment of the children (Dunn *et al.*, 2004). However Birnbaum and Alaggia's (2006) review of the international literature on supervised visitation caution that significant improvement in the parent child relationship and in the level of emotional and behavioural difficulties experienced by the child have yet to be found.

From their research in the Californian Family Law Courts, Johnston and Strauss (1999) encourage us to consider another dimension of children's well-being, notably emotional or psychological safety, which essentially involves minimising or preventing the re-traumatisation of the child. This, Strauss (2000) later asserted can only occur when there is an appropriate match between the services provided and the presenting need of the client group. With a documented increase in more complex and volatile cases presenting to the UK contact centres, particularly a large number of men using contact centres who have a history of domestic abuse (Humphreys & Harrison, 2003), concerns are consequently raised about the capacity of services, predominantly those most appropriately located under the umbrella of 'supported' contact services, to deal with the complexity and volatility inherent in these families (Marsh, 2000). Indeed the point is repeatedly made in the literature that contact centre services were designed to resolve contact problems and reduce exposure to parental conflict in the immediate aftermath of separation or divorce. They were never intended to be a long-term solution to more entrenched parental difficulties and as such, over-reliance on supervised visitation/exchange is minimised and not encouraged (Hunt & Roberts, 2004). Consequently, while the original aims of contact centres in many jurisdictions have not changed, the demand for them has, with increased numbers of complex and volatile domestic abuse cases being referred in, that are not matched with the requisite level of vigilance and security needed to ensure safety (Cohen & Kearns, 2008; Humphreys & Harrison, 2003). Simply stated, the informal and unsupervised nature of supported contact centres are not considered secure enough for women and children where there has been domestic abuse, stalking or child abuse (Furniss, 2000; Harrison, 2006). Humphreys and Harrison's (2003) UK research highlights however, that there are many opportunities in the process of deciding on child contact where domestic abuse and the accompanying questions of women and children's safety and protection can disappear or become irrelevant. The presumption of contact discourse, that is, the presumption that contact is *per se* in the child's best interests, is one such factor which negates any serious attention to these issues.

- **Presumption of Contact**

A doctrinaire adherence to a pro-contact discourse means that in only the rarest of cases will courts deny direct contact (Furniss, 2000). Mahon & Moore's (2011) Irish research in the Family Law Courts found post-separation contact to be the expected norm, even where there is a history of parental conflict. This concern was highlighted in Thoennes and Pearson's earlier (1999) national survey of UK court officers which found that 82% of officers favoured supervised contact even where inter-parental abuse was alleged. They concluded that even when there was evidence of violence, there was a reluctance to terminate contact. Similarly, Haselschwerdt *et al.*'s later (2010) research found the presence of domestic violence to be minimised by custody evaluators alongside a strong belief that abused women were unstable. This may result in contact arrangements that are based on the constructive role that men can play in children's lives and a belief in the need to encourage contact, rendering these arrangements potentially misguided and unsafe (Furniss, 2000, Harrison, 2006; Humphreys & Harrison, 2003). Implicit in this 'presumption of contact', Holt (2011a) concluded from

her Irish doctoral research, is a belief that no contact at all is considered more damaging for children than contact with an abusive man. It also raises questions, both about the initial process of assessment of potential attendees and the ongoing process of assessment of risk, safety, parental skills and capacity etc.

- **Assessment Issues**

Humphreys and Harrison's UK research (2003) specifies three points in the contact process where assessment can be problematic. The first involves the process of screening for domestic abuse at the point of referral to the contact centre, where haphazard systems result in this information not always being sought by the centre or alternatively not always being passed on by the referrer. Alongside this is the issue that Kieffer and Turell's research in the US (2011) raise concerning the fact that women and children may not have disclosed domestic abuse in a court setting and as such this history may not be recorded. This finding is also mirrored in and Irish context with Holt's (2011a) Irish research finding that abused women were actively encouraged not to disclose the history of abuse because that abuse was considered irrelevant to the contact decision as it was an adult issue and no longer of relevance as the parents had separated. Indeed Trinder *et al.* (2002) concluded from their qualitative study with eighty-three resident and contact parents and fifty-seven children in the UK that assessment procedures need to be more stringent in cases where there has been a history of domestic abuse in order to avoid referrals where the extent of risk surpasses the level of supervision available. However, Humphreys and Harrison (2003) note that even where domestic abuse is an established fact, a myriad of assessments can be made and conclusions reached about the relevance of this information for contact decisions. For example while 41% of contact centre co-ordinators asserted they applied risk assessment in cases where domestic abuse and/or child protection were highlighted, it emerged that these 'risk assessments' were not comprehensive, only taking the form of a brief and once-off discussion (Harrison, 2006; Humphreys & Harrison, 2003).

As such, the history of domestic abuse and/or child abuse may not be recorded in the absence of a comprehensive assessment. However, a further concern highlighted by Humphreys and Harrison's (2003) research, was the finding that a history of domestic abuse and/or child abuse may not be understood as requiring a comprehensive assessment to begin with, indicating that this history was seen as of secondary importance to the promotion of contact, a finding echoed by Holt's later (2011a) Irish research. Both Humphreys and Harrison (2003) and Holt (2011a) found that there was a risk that abusive incidents occurring during contact centre time would not warrant any punitive action against the father, with mothers of young children ending up facilitating contact when children were upset. It is also clear from the broader research base that while the views of children are integral to an assessment (Lord Chancellor's Advisory Board on Family Law, 2001), discussions with children about their perceived safety and risk seldom occurred. For example, while many children enjoyed contact, Humphreys and Harrison (2003) found two-thirds of the twenty-one children in their study consistently wanted their mothers close by.

Their reticence to actively engage with the contact parent was most often construed as manipulation by their mothers, rather than as a result of their experience of or exposure to abuse by their father. Despite their exposure to abuse, as Peled's (2000) Israeli research found, some children may want continued contact with their abusive parent and contact plans should not place them at further risk. Engaging directly with children to ascertain their wishes and feelings about the extent and nature of contact is also considered a critical part of a child focused assessment process (Holt, 2011b).

- **Ascertaining the views and wishes of the child**

'Ascertaining the discernible wishes and feelings of the child' is not a phrase which could be described as tripping 'easily off the tongue' (Piper, 1999:77), but has certainly come to occupy a position of considerable prominence in academic and policy discourse on children, childhood and

family life in recent decades. This contemporary trend of listening to what children have to say is evident across a number of domains (for example family law, children in care) (Mantle *et al.*, 2006) and across a number of jurisdictions (Kjorholt, 2002; Smart, 2002). A key driver in this regard has been the UNCRC (1989), which under Article 12:74⁵ explicitly calls for children to be granted the right of participation in legal proceedings that affect them.

The philosophical rhetoric underpinning the UNCRC reflects a construction of childhood that appreciates children as competent social actors (Emond, 2008). Arising from theoretical developments in the study of childhood, the lens of sociological interest has shifted from viewing children as 'mere objects of enquiry', to dynamic and key participants (Powell & Smith, 2009). In more recent years, the issue of engaging with children and involving them in private law proceedings in order to afford them a 'voice' in their parents' divorce, has developed considerable impetus (Buchanan *et al.*, 2001). This reflects an empirically grounded awareness that this involvement is not only a right, but also that such participation can improve children's skills and self-esteem, inform decision-making and as such promote children's safety and welfare (Alderson, 2000; Hill *et al.*, 2004; Powell & Smith, 2009; Sinclair, 2004).

However, despite our legal obligations under the UNCRC and an evolving consensus that recognizes children as social and competent actors, this rhetoric has struggled to achieve translation into meaningful practice reality (Butler *et al.*, 2002; Masson, 2003); remaining controversial for a number of reasons (Neale, 2002). Not least among these is the tension between two of the three 'P's' at the very heart of the UNCRC, those of the right to participation and that of protection (Kjorholt, 2002). This tension is also encapsulated in the rights versus welfare debate centred on a particular concern that rights to participation risk over-burdening children with responsibility and thus potentially jeopardises their right to protection while simultaneously denying them their 'childhood' (Morrow, 1999).

The research highlights that children and young people believe strongly in their right to be heard but do not want the power to decide post-separation/divorce arrangements (Hogan *et al.*, 2002; Barnett & Wilson, 2004; Hunt & Roberts, 2004; Morrow, 1999), particularly when that involves making choices between their parents (Hogan & O'Reilly, 2007; Tisdall *et al.*, 2004). When asked, children participating in recent Irish research also indicated great diversity regarding their wish to participate in family matters (Buckley *et al.*, 2005; Holt, 2011b). In the case of younger children, research carried out in the UK by Smart and Neale (1999a) clearly demonstrated their capacity to hold views and articulately express them, but also a wish not to participate and preferring no responsibility for decision-making. Finally children and young people ask for mutual respect and civility, especially where parents conflict (Neale, 2002).

- **Importance of Child Contact Centre Staff Training**

Chief amongst the findings of Aris *et al.*'s (2002) multi-method study involving eighty-six centres in England and Wales was a concern expressed by professionals that staff were not adequately trained to provide the required vigilance and that mothers were concerned about inadequate supervision of their child with the father. Humphreys and Harrison (2003) further noted that even where staff had undergone training in domestic abuse, they became focused on the current or presenting behaviours in the absence of any understanding of that behaviour in the context of a history of

⁵ Article 12:74 states: 'parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child. For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law'.

controlling and abusive behaviour. As such when what they saw and interpreted was amiable and reasonable behaviour on the father's part, with mothers presenting as apprehensive, controlling and obstructive, the victim status quickly changes. Thiara and Gill (2012: 134) refer to lack of insight into the dynamics of domestic violence may result in contact centre staff seeing 'men playing devoted Dads with professionals but playing games with women'. Untrained centre staff can become unwittingly complicit in the facilitation of tactical and controlling behaviour, particularly where the man is articulate and presents well and the mother is non-compliant with contact and deemed obstructive (Parker, Rodgers, Collins & Edleson, 2008). Holt (2009) stressed the need for this training to focus on the dynamics of domestic violence.

Bancroft and Silverman (2002) clearly detail the efforts abusive men go to, to 'look good' and present well during supervised contact. Their efforts to engage with their children, including bringing snacks and presents appeals to the pro-contact discourse, to the extent that the history of abuse becomes incidental and irrelevant. The limited ability of these centres to recognise dangerous behaviour and deal with high risk cases is perhaps reflected in the evidence of women murdered during contact (Holt, 2007) and the continuation of abuse before, during or after the contact activity (Holt, 2013; Jaffe *et al.*, 2003; Parker *et al.*, 2008).

Recommendations include the need for appropriately qualified staff (with specific training on the dynamics of domestic abuse) (Campbell *et al.*, 2008), for rigorous screening and risk assessment and for tighter collaboration and agreement on the purpose of the contact facility between the contact centre, the potential referrers and the service users themselves. Specifically, the role of safety and risk assessment procedures becomes critical to ensuring, at a very minimum, the safety of children (and their mothers) attending. A wider range of interventions aimed at addressing abusive behaviour and reducing conflict and/or risk may be required. Concurring with this sentiment, Parker *et al.* (2008) conclude that for contact centres to work as a facility for separated families with a history of domestic abuse and/or child abuse, they must be supervised by highly trained professionals. Further training needs are highlighted by Campbell *et al.* (2008) to include training in child development and in direct work and engagement with children to ensure they can play safely and freely and have their voices heard and validated.

- **Best Interest of the Child**

Scottish based researchers Morrison and Washoff (2012), comment that while the original aim and ultimate goal of the contact centre was that families would become self sufficient, with contact service only needed on a temporary and indeed transitional basis, it must be acknowledged that some families may need more intensive support over time, with an understanding that levels of risk may not improve. In agreement, while Trinder *et al.* (2002) clearly argue that the option of a longer term use of the contact centres should be deemed appropriate, they nonetheless are in accord with Sturge and Glaser's (2000) conclusion that contact does not always, and nor should it be assumed to, equate with child or adult welfare. Holt (2011a) concluded that when child contact is given prominence over an acknowledgment of the impact of domestic abuse in the lives of women and children, child (and woman) safety are compromised. In this way we find a pro-contact culture that understands contact to be almost consistently in the child's best interests, clashing rather heavily and at times fatally with a culture of safety and protection that by necessity underscores the philosophy and practice of interventions responding to domestic abuse.

Observers conclude that when a history of domestic abuse accompanies the child contact arrangement, the position of the contact centre becomes increasingly ambiguous and the original aims of those centres become obsolete (Aris *et al.* 2002; Harrison, 2006). Harrison (2006) specifically highlights the potentially untenable position Contact Centres can unwittingly find themselves in, promoting, facilitating and supporting contact for a child with their non-resident parent, the same parent who has a history of domestic violence and was considered a risk for child safety and welfare.

Hester's (2011) 'Three Planet Model' poignantly illustrates the dichotomous philosophical discourses underpinning each of the areas of domestic violence, child protection and child contact, creating what has been identified as a 'black hole' that women and children's safety can disappear into, when contact is prioritised over safety.

Parenting support for non-resident fathers is raised by Wilson (2006) who suggests that while a divorce education parenting programme may not seize the attention of separating or divorcing fathers, a programme specifically focusing on parent-child contact activity might have more appeal and this may also be an initiative that could be driven by the contact centre itself. In agreement, Rhoades (2002) asserts that the non-resident parent's need for parenting education is acute considering that they are unlikely to have been the primary carers prior to separation. Smart and Neale (1999) identify a clear difference between 'contact' and 'parenting', arguing that some non-resident fathers engage in the former, not the latter. This they also describe as a 'self-interested' as opposed to 'child-centred' attitude towards contact which manifests itself in inconsistency and unreliability regarding contact arrangements, failing to spend time with the children while on contact and lack of flexibility. Any of these practices can, as Holt (2009) found, result in the child withdrawing from contact or the contact parent (mother) refusing to facilitate it. The subtle but significant difference between making contact work or simply making sure it happens.

3.4 Making Contact Work or Making Contact Happen?

While research consistently demonstrates that post-separation/divorce parenting arrangements work best when they are informally arranged between two co-operative parents who are committed to making those plans work in the interests of their children (Amato & Sobolewski, 2004), the contentious, emotive and often conflictual nature of the separation/divorce experience for many families demands formal and legal regulation (May & Smart, 2007). However, Kaganas and Day Slater (2004: 5) describe the legal system as 'a clumsy tool for managing complex family problems', with a limited capacity to influence the quality of the contact experience and the quality of the post-separation parent-child relationship (Trinder *et al.*, 2002). While the law can impose arrangements for contact, its ability to influence the quality or indeed regulate the appropriateness of that contact is considerably more constrained – the subtle but crucial difference between making contact 'work' as opposed to merely ensuring that it takes place (Trinder, Connolly, Kellett, Notley & Swift, 2006). As in other areas of law regulating parent-child relationships, Holt (2011a) commented that the debate frequently focuses its energy on the logistics of contact—location, frequency and duration—with little attention to the content and structure that contact time will take, and subsequently, with limited ability to improve or repair damaged relationships or regulate parent-child interaction or parental behaviour. Echoing research findings in other jurisdictions, Trinder and her colleagues (2002) conclude that quality contact requires more than the absence of problems, and indeed the legal regulation of family relationships. Research with the families involved in post-separation/divorce contact fails to identify a solitary magic ingredient that makes contact work or not work; rather a wide range of factors which operate interactively, interdependently and dynamically (Trinder *et al.*, 2002), with the attitudes, actions and interactions of the key family players shaping contact and determining its quality. This next section considers the evidence base on post-separation/divorce contact and identifies the key ingredients or factors central to the successful occurrence of 'quality contact'.

3.5 Quality Contact

Drawing on the available literature, a framework⁶ consisting of four separate yet interrelated layers has been constructed in order to illuminate and explore the complex and dynamic factors quality contact is dependent upon. These four components are as follows:

1. Situational and socio-demographic factors, including income, education, geographic location, and the age and gender of the children;
2. Attitudinal factors, including attitude and commitment to post-separation parenting, parenting capacity and style, including the capacity for flexible responses to children's changing needs; and ability to separate out their parenting and partnering roles and the influence of emotional, drug/alcohol or inter-personal violence problems on parenting capacity;
3. Relational factors, including the quality of the parent-child relationship, both pre and post-separation; the inter-parental relationship and capacity for co-parenting; and the arrival of new partners and/or new children;
4. Supportive and regulatory factors, including the involvement and availability of Contact Centres, provision of family assessments, central to which is ascertaining the views and wishes of the child, and the issue of legal enforcement.

Having already focused on the fourth of these factors, the discussion will focus primarily on the first three factors⁷.

- ***Situational and socio-demographic factors***

Significant amongst these factors is the fathers' socioeconomic status, which the research systematically identifies as an important determinant of his continued involvement with his children following a parental relationship breakdown (Baum, 2004; Hunt & Roberts, 2004). Income is deemed a crucial factor on a number of fronts. At a most practical level, the often costly nature of activities separated fathers end up participating in with their children, demands an adequate income to support contact (Stephens, 1996). In agreement, Parkinson and Smyth (2004) suggest that both the financial costs of contact and the infrastructure necessarily associated with having children overnight and for extended periods, may result in infrequent contact. The father's habitual location is also related to income with money supporting travel and telephone calls (King & Heard, 1999).

- **Influence of Income**

Seltzer (1998) conducted research in the US with 161 families at two points in time; the first time when the parents were married or cohabiting, and then some four to six years later when they had legally separated or divorced. This research found that the greater the fathers' income, the more likely he was to be aware of joint custody as an option and therefore to share joint legal custody of the children, *and* the more likely he was to have frequent contact and pay child support. Seltzer (1998) review confirms this finding to be consistent with previous research. Other authors stress the impact that education has on fathers' parenting commitment and aspirations, with educated fathers considered more likely to be in employment and therefore with adequate disposable income.

Wilson (2006), amongst others, posits that adherence to maintenance or child support arrangements can be predicated by the father's employment status and income, with fathers who maintain direct contact with their children more likely to provide economic support (King & Heard, 1999; Maclean & Eeklaar 1997; Seltzer 1991; Smyth, Sheehan & Fehlberg, 2001). Indeed money

⁶ This framework was constructed by the author from the literature, influenced predominantly by the work of Cooksey and Craig (1998) work and Trinder *et al.* (2002).

⁷ Literature primarily equates non-resident parent with the father so much research is on absent father not mother.

emerges from the literature as something which can support a child's relationship with their father whilst simultaneously creating deep-seated resentment and conflict between the adult parents (Holt, 2009; Trinder, 2007). The presence of money in the form of income, supports contact, and regular contact supports the likelihood of child support; whereas paying support but not enjoying contact results in resentment and possibly discontinued financial support (Davis & Wikeley, 2002; Hunt & Roberts, 2004). The absence of such financial support has of course obvious and clearly documented implications for parental stress and parental coping (Lamb, 2007). Interestingly, while the research consistently finds that the payment of financial support by fathers is correlated with positive outcomes for children, because this leads to improved standards of living, educational achievements and well-being (Tolmie *et al.* 2009) the frequency of contact is not found to correlate in this way (Stewart, 2003). We will return to this later.

- Relevance of Education Levels

Closely connected to the issue of economic status is the level of education separated/divorced fathers have attained (Baum, 2004; Hunt & Roberts, 2004). Echoing Seltzer's (1998) finding on the correlation between education, income and commitment to contact, Stephens (1996) research in the US concluded that frequent contact with their children was more likely to occur when fathers had completed third level education compared with educational achievement at the level of high school or less. This, Stephens (1996) suggests, may arise from greater exposure to more contemporary and less traditional parenting ideals, with those ideals stressing the value and importance of the role of *both* parents in the child's life, alongside a commitment to more egalitarian parenting practices. This perspective views either parent as capable of fulfilling all parental roles. A father's exposure through education to such a perspective may encourage continued fathering involvement (Cooksey & Craig, 1998; Stewart, 1999).

- Where Fathers and Children Live

Another predictor of post-separation contact concerns where the father and child live in relation to each other (Smyth *et al.*, 2001; Stephens, 1996). The distance between the two parties involved has already been related to income, considering the cost implications of travel and the restrictions that distance can place on the type and extent of contact enjoyed (Cooksey & Craig 1998, Smyth *et al.*, 2001). Significant amongst the research is the finding that while geographical distance may significantly restrict direct contact, fathers with little or no direct contact seldom engage by way of compensation in other more indirect forms in order to maintain a link with their children (King & Heard, 1999). The actual physical space fathers live in also has implications for continued contact and the maintenance of relationships, where lack of appropriate physical space, particularly for over-night visits can challenge their ability to fully engage with the routine of their children's lives, resulting in an inconsistent and incoherent sense of their child's life.

- Age and Gender of the Child

The final situational or socio-demographic determinant of contact activity as highlighted by the research reviewed concerns the age and gender of the child. While some research findings indicate that older children are more involved with their fathers (King & Heard, 1999), other research finds no such correlation (Dunn, 2002). Indeed Stephens (1996) found younger children to enjoy more regular and structured contact, compared with older junior school children (children under 12 years of age) or teenagers. The research also found, interestingly, that fathers were no more likely to have contact with their sons than their daughters (Stephens, 1996), although there may be gender-specific trends in the type of contact fathers have with their children. For example fathers may be more prone to visit sons, with whom they can engage in typical male activity such as viewing or playing sports, but 'more likely to talk to daughters on the phone, which is a female gendered social activity linked to feelings of connectedness among women'(Cooksey & Craig, 1998: 188).

- **Attitudinal Factors**

Commitment to contact by both parents, mutual understanding and acceptance of both resident and non-resident parents' roles, parenting style and quality, are all found to influence the quality of that experience for the child (Logan & Smith, 2005; Trinder *et al.*, 2002). While the absence of fathers from children's lives has been mooted as a significant problem for children's healthy development (Lamb, 2004), Holt's (2013) Irish research echoed findings in other jurisdictions, that the mere presence of fathers in children's lives not enough to promote children's well being (Amato & Gilbreth, 1999). Silverstein and Bengston (1997) and Holt (2013) found that the frequency of contact in their study was a poor substitute for relationship quality, concluding that a narrow numeric focus on contact activity ignores the qualitative and relational aspects of the contact experience. The quality of parent involvement is therefore the significant factor affecting child well-being and predicting child adjustment, not the extent of such contact (Amato & Gilbreth, 1999; Holt, 2013). Even where regular contact is in place, it is improbable that non-resident parents who lack motivation and parenting skills will be of benefit to their children (Lamb, 1997). Amato and Gilbreth (1999) state emphatically that whether resident or not, fathers are a positive asset to their children's well-being only if strong emotional ties exist or are supported to develop between them and if fathers play an active role in their children's lives. Lessard *et al.* (2010) advise that professionals should consider the child's current and desired attachment to their non-resident parent as part of any assessment for child contact, particularly where there has been a history of domestic violence, and adapt the contact arrangements accordingly.

Authoritative parenting is another important feature of parent-child relationship quality. Coined by Baumrind (1968), the term 'authoritative parenting' refers to a parenting practice where parents are open to their child's views, are actively concerned with and involved in their children's education and activities, provide appropriate praise and autonomy alongside consistent discipline. This dimension of parenting practice is positively correlated with child outcomes (Gray & Steinberg, 1999; Simons *et al.*, 1999). Simons *et al.* (1999) developed a scale entitled 'quality of fathers' parenting', involving fourteen parenting behaviours⁸ that can occur independently of the parent-child residency arrangements. This fourteen parenting practices was administered to 207 young adolescent children regarding the parenting practices of their non-resident parent – the father in all cases. The focus of the fourteen practices concerned communication and consistency in the parent-child relationship. These include talking with the child about school, friends, issues or problems, both parents being supportive of each other's parenting and being consistent with rules, rewards and punishments. This study found that the parenting practices of non-resident fathers had a greater influence on positive or negative outcomes for both boys and girls, than the frequency of contact. This was also reflected in Holt's (2013) findings where young participants coined the concept of a 'proper Dad' who was 'there for them' without necessarily having to take them places or buy them things, but one who was reliable and emotionally available to them.

⁸ 1. How often does your dad talk with you about what is going on in your life? 2. When your dad tells you to stop doing something and you don't stop, how often does he punish you? 3. How often does your dad punish you for something at one time and then at other times not punish you for the same thing? (reverse coded) 4. When your dad is punishing you, how much does the kind of punishment depend on his mood? (reverse coded) 5. How often does your dad disagree with your mom about how or when to punish you? (reverse coded) 6. How often do the same problems seem to come up again and again with your dad and never seem to get resolved. (reverse coded) 7. When you and your dad have a problem, how often can the two of you figure out how to deal with it? 8. How often do you talk to your dad about things that bother you? 9. How often does your dad ask what you think before deciding on family matters that involve you? 10. How often does your dad give you reasons for his decisions? 11. How often does your dad ask you what you think before making a decision that involves you? 12. When you don't understand why your dad makes a rule for you to follow, how often does he explain the reason? 13. How often does your dad discipline you by reasoning, explaining, or talking to you? 14. When you do something your dad likes or approves of, how often does he let you know he is pleased about it?

Amato and Gilbreth (1999) caution however that the time limited nature of many contact arrangements may render many fathers anxious that children enjoy themselves and result in activities such as going to the restaurant or the movies. Whilst enjoyable, these activities may not facilitate the execution of authoritative parenting that perhaps assisting with homework or with friendship problems can, and furthermore they contribute little to children's development (Amato & Gilbreth, 1999). Indeed research finds that the tenuous nature of some father-child relationships results in a reluctance on the part of those fathers to be firm or set clear boundaries (Hetherington & Jodl 1994), making it difficult to establish or maintain anything other than a shallow relationship with their children.

Trinder et al (2002) concluded that when contact was working, parents were able to separate out their own needs from their children's; give permission for the other parent to play an active resident or non-resident parenting role; understand their ex-partners point of view and be sensitive to their feelings. Parental capacity however may be compromised by emotional difficulties, drug or alcohol dependence issues or mental health problems (Cleaver, 2000; Holt, 2013). Low self-esteem and poor parenting skills may render parents avoiding contact because it reinforces feelings of failure. Similarly, mental health or addiction difficulties may interfere with the basic act of turning up for contact at the right time, on the right day and at the right venue (Cleaver, 2000).

With the relationship between the parents integral to the quality of the father-child relationship (Dunn *et al.*, 2004), Madden-Derdich, Leonard and Christopher (1999) found the extent to which parents still perceived of themselves as partners rather than parents compromised a co-parenting strategy. Even where the relationship between the parents is such that they do not communicate, contact can work if they are both committed to it (Lord Chancellor's Advisory Board on Family Law, 2001).

- ***Relational factors***

Contact is about relationships, the success or failure of which is dependent on a number of inter-related and inter-dependent relationships (Trinder *et al.*, 2002). Indeed Trinder and her colleagues (2002) identified the quality of the relationship between parents and between each parent and child as directly determining the nature of the contact experience. While there is broad agreement in the international literature that the relationship between the resident and non-resident parents is perhaps the critical relationship in determining contact, it is not the only relationship that matters. The resident parent-child relationship and non-resident or contact parent-child relationships are also particularly significant influences on contact outcomes (Holt, 2009). The introduction of new partners and/or new children by either parent adds a new layer of relationships with each layer and triad or dyad influencing and being influenced by the other (Holt, 2009; Stephens, 1996).

While the state of the intimate partner relationship has necessitated the breakdown of that particular union, separation and divorce does not put an end to the parent-parent-child triad, nor can it end the parental relationship (Amato & Rezac, 1994). Holt (2009) concluded from her Irish research that it is noteworthy and somewhat paradoxical that the relationship that dominates the debate in child contact is the one that technically does not exist anymore, that of the separated parents. Contact demands a continued engagement between these two adults in their capacity as parents, the harmonious nature of which is dependent on the ability of them to co-operate and collaborate with their child's needs placed centre-stage (Cleaver, 2000). Making this triad of relationships work, is therefore essential to making contact work, with Hunt and Roberts (2004: 11) asserting that 'contact is not a good in itself; the value comes from the quality of the relationships'. Not only is the inter-parental relationship crucial in determining the quality of the contact experience, but how the parents behave is also instrumental in influencing outcomes for the child (King & Heard, 1999).

The child-contact parent relationship, in particular, is intensively attuned to the quality of the parent-parent relationship, with research also finding a strong correlation between the child's contact with their father and the mothers contact with the non-resident father (Dunn, 2002; Holt, 2009). A number of factors have been identified throughout the literature reviewed as negatively influencing quality contact relationships. These include: poor and conflictual inter-parental relationships; fear and mistrust (Baum, 2004; May & Smart, 2007; Trinder *et al.*, 2002); chaotic or non-existent contact (Cardia-Voneche & Bastard, 2007; Holt, 2011b); the emotional pain of living apart from their children (Stewart, 1999); parental anger or hurt from the separation/divorce process; criticism from and of the resident parent; and difficult relationships with stepparents (Stewart, 1999). Also identified however are key ingredients or factors relative to the inter-parental relationship that positively influence the success and quality of contact. Cognisant of the overwhelming research findings that correlate poor parent relationships with difficult contact experiences and negative outcomes for children (Amato & Gilbreth, 1999; Cardia-Voneche & Bastard, 2007; Lamb, 2007; Trinder *et al.*, 2002), this section will move to focus on exploring and understanding what parents need to do to co-operate to make contact work.

- Inter-parental factors associated with continuing and quality contact

A number of ingredients pertaining to the parental relationship have been consistently identified as making up the 'recipe' for positive and constructive continuing contact (Pryor & Rodgers 2001). These include a co-operative post-separation relationship between the parents, an important feature of which is the 'parental bargain'. This involves a high level of 'permission' on behalf of the non-resident parent to allow the resident parent be the primary carer (Wilson, 2006), and a simultaneously high level of permission on behalf of the resident parent to allow the contact parent maintain their parental relationship (Hunt & Roberts, 2004; Pryor & Rodgers, 2001).

The achievement of this is, to a considerable extent, dependent upon individual characteristics or attributes, particularly the parental ability to think through problems, the capacity for empathy and insight, and the ability to compromise (Holt, 2009; 2013). This firstly demands a degree of insight into their and their ex-partners needs and feelings, in addition to a level of empathy for the needs of all involved. It also necessitates an acknowledgement of the importance of the relationship between the other parent and the child and a willingness to actively facilitate this (Trinder *et al.*, 2002). Both parents need to be able to let go and to move on; to divert anger and accept differences in parenting styles; to develop other interests and talk through differences, and negotiate arrangements and boundaries. The ability to communicate is therefore fundamental to quality contact (Pryor & Rodgers, 2001; Wilson, 2006). Participating children and young people in Holt's (2013) research described contact arrangements that they felt reflected their father's need for control, with a marked absence of reciprocity in the parent-child relationships and an absence of the nurturance Peled's earlier (2000) Israeli research referred.

Both parents need to be committed to the contact; this involves limiting their conflict, compromising and putting their child's needs ahead of their own relationship to ensure the child's life between two residences is fluid (Cardia-Voneche & Bastard, 2007). Commitment to the contact process however is not in itself enough – each parent has to understand and accept both their role and the role of the other parent and accept the differences in parenting styles (Trinder *et al.*, 2002). Parents are not, of course, always able to be child focused. Research with children highlights their unhappiness with contact arrangements that they experience as 'parent-oriented' (Smart, 2004: 490). These arrangements reflect the parents' needs, perhaps for control, or arrangements that strive for parental equality which may maintain a 50:50 arrangement for many years beyond what is developmentally appropriate for growing children (Holt; 2011b; Smart, 2004). In these situations, what is 'right' for parents is not necessarily in the child's interests or indeed necessarily fair. Holt's (2011b) research led her to question whose needs contact was meeting and whose rights were being acknowledged. When the contact parent perceives contact time as their right, the child may

subsequently experience this time as controlling and manipulative and without the counterbalancing influence of their other parent (Smart, 2004). Similarly, where contact serves the parents' emotional or psychological needs, permission may not be given to the child to miss or communicate with their resident parent or to have play time with their friends during 'contact time' as this would be experienced as a rejection by the contact parent (Holt, 2013; Smart, 2004; Trinder *et al.*, 2002).

Holt's (2013) research also clearly highlights that, in cases of parental conflict, and in particular where there has been domestic abuse, the parents may be unable to separate out their children's needs from their own. This can apply to both mothers and fathers. This section concludes that a tacit commitment to this ongoing relationship, on its own, is not enough; **both** parents require the basic skills of communication and a willingness to compromise in order to reach the parental bargain required for post-separation co-parenting to work. They need to view contact as both a need and right of their child, as opposed to something that fulfils their needs and is their right to exercise. While many separating and divorcing parents make their own contact decisions without formal support or intervention and without recourse to the legal system, a smaller percentage of couples require intervention in order to 'shift not working into working' (Trinder *et al.*, 2002: 46).

3.6 Summary

Flood (2010) cautions that an uncritical assumption that contact with their non-resident parent is automatically in the child's best interest, fails to keep the needs of the child paramount, particularly where there has been a history of domestic violence and/or child abuse. In agreement, Stark (2009: 289) concludes that there is no substantive evidence to conclude that children benefit from contact with a violent parent and go as far as to say that 'devastating consequences frequently follow for women and children where genuine abuse is minimised or discounted'. Morrison & Washoff (2012: 712) question is it possible for contact in cases of domestic violence to be beneficial for children, and if not, are contact centres complicit in the continued exposure of children to abusive fathers? Given the centrality of children's rights and children's best interests, Holt (2011b) found that children's participation in the decisions that affect them is surprisingly limited. Participants in Holt's (2009) research, as reflective of the broader literature base, felt their voices were seldom heard, and if heard, usually discounted. Key to ensuring that child contact is meeting the child's needs and is in the child's best interest are issues such as staff training in the areas of domestic violence and direct work with children, stringent assessment processes, and clear policies and practices that place the child at the centre of all decisions and practices.

Chapter 4 Analysis of Child Contact Centre Client Data

4.1 Introduction

This chapter provides an analysis of the data collected by the Child Contact Centre staff profiling the 128 families in the service from the point of referral up to the end of April 2013.⁹ It also draws on data from the Exit Questionnaires that were completed by a small number of families. The chapter is divided into the following thirteen sections:

Section 4.2	Overview of Child Contact Centre activity
Section 4.3	Enquiries to the Child Contact Centre service
Section 4.4	How families were referred to the Child Contact Centre Service
Section 4.5	Profile of Child Contact Centre service users
Section 4.6	Attitude at the point of referral
Section 4.7	Services offered and engaged with in the Child Contact Centre service
Section 4.8	Risk Assessment identified
Section 4.9	Cases that did not proceed to a service
Section 4.10	Case Closures
Section 4.11	Referral to another Service
Section 4.12	Service User Feedback at Point of Closure
Section 4.13	Summary

4.2 Overview of Child Contact Centre Activity

Over the period October 2011-April 2013, there were 426 enquiries to the Child Contact Centre. These enquiries resulted in 128 families being referred to the service, involving 72 resident parents, 74 non-resident parents, 159¹⁰ children and two grandparents. Six of these children were in care. Of these 128 cases 56 families proceeded to a service while 72 families did not.

This next section of this chapter shows the number of enquires to the Child Contact Centre service while the remaining sections provide a range of information on families, parents and children referred to the service.

4.3 Enquiries to the Child Contact Centre service

Table 4.1 shows that a total of 426 enquiries were made to the Child Contact Centre service between its commencement in October 2011 and end April 2013. Of these, 115 enquiries were from outside the catchment area.

⁹ Please note that the data presented here is derived from administrative data collected and compiled Child Contact Centre staff. Some personal and demographic data is limited as it was not available at the time of referral and if a family did not later avail of the service the data could not be captured. While limited and incomplete at times, the quantitative data collected from the service provides valuable information about the families who engaged with the Child Contact Centre service.

¹⁰ Based on analysing the data by resident/non resident parent.

Table 4.1 Total Enquiries to the Child Contact Centre service (up to end April 2103)¹¹

Date	to end Dec. 2012	Jan 2012 -30th April 2013	Total
Total enquiries	394	32	426
Of which outside catchment area	100	15	115

Table 4.2 shows the source of such enquiries. This shows that 217 (51%) enquiries were made by professionals while a further 203 (48%) were made by parents, leaving 1% of referrals from children or source not known.

Table 4.2 Source of Enquiries

Date	Professional	Parent	Children	Not known	Total
1st Jan 2012-30th April 2013	16	14	-	2	32
Up to end Dec. 2012	201	189	4		394
Total	217	203	4	2	426

4.4 Families referred to the Child Contact Centre Service

a. Source of referral

In total 128 families were referred in to the service. As shown in Table 4.3, court referrals were the most prevalent, with over 1/3 of all referrals coming from the court. An additional 28.6% of referrals were 'self-referrals' However, it is worth noting that many of these self-referrals sought out the service after being advised to do so by the HSE or by the courts.

Ninety-seven percent of referrals gave the reason for referral as 'supporting child contact with family'. The remaining four cases cited 'parent separation' as their reason for referral.

Table 4.3 Source of Referrals*

Referral received from	Number of families	Valid Percent
Court	46	34.6%
Self referral	37	28.6%
HSE/ Other social worker	29	21.8%
Community agency	10	7.5%
Barnardos Service	8	6.0%
Family referral	3	1.5%
Total	133*	100.0

* 133 different sources of referral were given as some families gave two different sources. For example, one partner could be coded as referred by the court while another could be coded as a self-referral.

¹¹ The end date of end April 2013 was chosen here because it corresponds to the date at which collection of client data for this evaluation ended.

b. Service requested at point of referral

Table 4.4 below presents information on the service requested at the point of referral. It shows that the most frequently requested service was 'supervised contact' (61.8%), followed by 'supported' contact (15.4%) with a further 12% requesting a handover service.

Table 4.4 Service requested at point of referral^{12*}

Service Requested	Number of families	Valid Percent
Supervised	84	61.8%
Supported	21	15.4%
Handover	16	11.8%
Not Specified	15	11.0%
Total	136	100.0%

*A number of families requested more than one type of contact service at the point of referral. This occurred resident and non-resident parents requested different services at the point of referral. Therefore the numbers shown here are higher than the total number of families referred to the service

4.5 Profile of Child Contact Centre service users

A total of 307 service users from 128 families were referred for services to the Child Contact Centre. Of the 307 individuals referred to the service 72 were resident parents, 74 were non-resident parents, 159 were children and two were grandparents.¹³ As there was limited data available on the grandparents in the sample the analysis presented here focuses on resident and non-resident parents and children.

4.5.1 Profile of Parents and Families referred to the service

a. Demographic information on parents

Socio-demographic information for parents in the sample is presented in Table 4.5 and Table 4.6. As demonstrated, the vast majority of resident parents were female (90.3%) and nearly half were over the age of 35 (47.2%). The median age for both resident and non-resident parents is 33. A total of 77.8% of resident parents and 81.1% of non-resident parents were born in the Republic of Ireland.

¹² Based on analysing the data by resident/non resident parent.

¹³ Based on analysing the data by resident/non resident parent.

Table 4.5: Demographics of parents¹⁴

Demographic Variable	Response Categories	Resident Parent (%)	Non-resident Parent (%)
Gender	Female	65 (90.3%)	10 (13.5%)
	Male	7 (9.7%)	64 (86.5%)
Age	18-24	12 (16.7%)	11 (14.8%)
	25-34	20 (27.8%)	26 (35.1%)
	35+	34 (47.2%)	31 (41.8%)
	N/A	6 (8.3%)	6 (8.3%)
Country of Origin	Republic of Ireland	56 (77.8%)	60 (81.1%)
	European country (including UK)	8 (11.1%)	5 (6.7%)
	African country	4 (5.5%)	6 (8.2%)
	Other	2 (2.7%)	1 (1.3%)
	N/A	2 (2.7%)	2 (2.7%)

***Total Resident Parents: 72; Total Non-resident parents: 74**

As table 4.6 below indicates, a large percentage of both resident (42.1%) and non-resident (58.7%) parents were recorded as 'unemployed', with just 29.8% of resident parents and 33.3% of non resident parents reported as in employment.

Table 4.6 Employment status of resident and non-resident parents

Employment status of parents	Number & % of resident parents	Number & % of non-resident parents
Employed	17 (29.8%)	21 (33.3%)
Homemaker	8 (14.0%)	1 (1.8%)
In education	5 (8.8%)	4 (6.3%)
Unable to work	3 (5.3%)	2 (3.5%)
Unemployed	24 (42.1%)	37 (58.7%)
Total	57 (100.0%)	63 (100.0%)

***Total Resident Parents: 57; N/A = 25. Total Non-resident parents: 63, N/A = 11.**

b. Legal status of families

Table 4.7 shows that 78.9% of families were recorded as 'unmarried', with an additional 10.5% being as legally separated or divorced. The remainder were recorded as married.

¹⁴ Based on analysing the data by resident/non resident parent.

Table 4.7 Legal Relationship Status

Relationship status	Number of families	Valid Percent
Unmarried	52	78.9%
Married	7	10.6%
Legally separated	4	6.1%
Divorced	3	4.4%
Total	66	100.0

N = 66; data N/A for 62 families

c. Court status of families

Almost 60% of families had 'access orders'. An additional 27.8% were involved in court proceedings but had no formal court orders. Only 10.4% of families had no court orders or proceedings.

Table 4.8 Court Status*

Court status	Number of families	Valid Percent
Access order	69	58.3
Proceedings – no orders	31	27.8
No orders - no proceedings	13	10.4
Care Order	3	3.5
Total	116	100.0

N = 114; data N/A for 14 families *Two families had more than one court status so the total number of court statuses is 116 for 114 families

d. Other services involved at point of referral

A total of 119 families were involved with at least one other service at the point of referral. One hundred (100) families were involved with two other services and 50 families were involved with at least three services at the point of referral.

Table 4.9 shows the other services used by families and the percentage of families using each service. As evidenced, courts were the most common 'other' service with 72.4% of families being involved in the court system. Over 40% were involved with HSE Social Workers and 27.5% were working with lawyers.

Table 4.9 Other services involved with Child Contact Centre families

Type of service	# of families using service	% of families using service (out of total families)
Courts	92	72.4%
HSE Social Worker	51	40.2%
Counsellors/Mediators	10	7.9%
Lawyers	35	27.5%
Other*	80	63.0%

*There is no available information on what other services were involved

4.5.2 Profile of Children in the service

a. Demographic information on children

As Table 4.10 below illustrates, there was a near equal distribution along gender lines of children in the Child Contact Centre. The vast majority of children were aged 12 or under (88.7%), with 65.4% being 8 or under. The median age of children in the sample was 6.5 years old. Over 80% of the

children had been born in the Republic of Ireland, with 13.2% being born outside of Ireland and an additional 6.9% with no birth place recorded.

Table 4.10: Demographics of children¹⁵

Demographic Variable	Response Categories	Number	Valid %
Gender	Male	76	47.8%
	Female	83	52.2%
Age in Years	0-3	44	27.7%
	4-8	60	37.7%
	9-12	37	23.3%
	13+	14	8.8%
	N/A	4	2.5%
Country of Origin	Republic of Ireland	127	80.4%
	European country (including UK)	5	3.1%
	African country	10	6.3%
	Other	6	3.8%
	N/A	11	6.9%

Total N of children: 159

b. Children in care

Of the 159 children in the sample, six children were in foster care (Table 4.11). These children were all male and ranged in age from 2 to 7 years, and were from three families. Table 4.11 gives details of these children and of their care situation.

Table 4.11 Profile of children in care using service

Family	# of children	Type of care	Length of time in care
1	3	Non-relative, long-term	1-2 years
2	2	Relative, short term	1-2 years
3	1	Non-relative, long-term	1-2 years
Total	6		

c. Number of children per family referred to the service

As Table 4.12 shows the number of children in families referred to the service ranged from one to seven children, with over 40% of the families having only one child. The average number of children (median) in the family was two and the vast majority of families (80%) had between one and three children.

¹⁵ Based on analysing the data by resident/non resident parent.

Table 4.12 Number of children in family referred to service

Number of children in family referred to service	Number of families	Percent
1	54	42.2%
2	7	5.5%
3	41	32.0%
4	18	14.0%
5	6	4.7%
6	1	0.8%
7	1	0.8%
Total	128	100.0%

(N=128 Families)

d. Length of time since child last resided with their non-resident parent

Table 4.13 shows that 23.1% of children had resided with their non-resident parent in the past year. 13.7% of children had never resided with their non-resident parent, and an additional 32.4% had not resided with them in the past three years.

Table 4.13 Length of time since child last resided with their non-resident parent

Length of time in months	Number of children	Valid Percent
Never	16	13.7%
0-6	15	12.8%
7-12	12	10.3%
13-24	28	24.0%
25-36	8	6.8%
36-60	21	17.9%
60+	17	14.5%
Total	117	100.0%

* N=117; data N/A or missing for 42 children

e. Contact between children and non-resident parents and at time of referral

Data was available for 118 families regarding the level of contact occurring between children and non-resident parents at the time they were referred to the service. The majority (61.0%) of non-resident parents had no contact with their children, with an additional 9.3% having irregular contact. Approximately 30% of non-resident parents had regular contact with their children.

Table 4.14 Contact status at the point of referral

Contact status as point of referral	Number of families	Valid Percent
None	72	61.0%
Irregular	11	9.3%
Regular	35	29.7%
Total	118	100.0%

*N = 118, N/A = 10

4.6 Attitude at the point of referral

This section examines the data regarding parents' attitudes towards meeting each other when referred to the service. It also provides information on the attitude of individual family members towards the service at the point of referral.

a. Willingness to meet the other parent

Parents were also asked about their willingness to meet with the other parent when the family was referred to the service. As presented in table 4.15, 50% of resident parents said that they were 'never' willing to meet with the other parent, and an additional 26.6% were unsure if they would ever be willing to meet. These percentages were slightly lower for non-resident parents, 34.4% of whom said that they would never be willing to meet the other parent and an additional 31.2% saying that they were unsure.

Table 4.15 Willingness of resident and non-resident parents to meet the other parent

Willingness to meet the other parent	Number & valid % of resident parents	Number & valid % of non-resident parents
Yes	13 (21.7%)	21 (34.4%)
Later	1(1.7%)	0 (0.0%)
Never	30 (50.0%)	21 (34.4%)
Uncertain	16 (26.6%)	19 (31.2%)
Total	60 (100.0%)	61 (100%)

N = 60 resident parents, data N/A for 12; N= 61 non-resident parents, data N/A for 13

b. Attitudes towards the Child Contact Centre service

The attitude to the contact centre service on referral for resident and non-resident parents and for children is illustrated in Table 4.16. This shows that 68.8% of resident and 50% of non-resident parents had a positive attitude to the service on referral. Fifty per cent non-resident parents were reported to have either mixed or negative attitudes to the service on referral while the comparable figure for resident parents is 28.1%.

Data is unavailable for 44.7% of child service users, due in large part to the fact that many children in the service were under the age of three at the point of referral. Removing children for whom no data was available the data shows that, 44% of children had positive attitudes towards the service, while an additional 27% had neutral feelings.

Table 4.16 Attitudes towards service on referral for parents and children

Attitude to service on referral	Number & % of Resident Parents	Number & % of Non-Resident Parents	Number & % of Children
Positive	44 (68.8%)	31 (50.0%)	39 (44.3%)
Mixed	13 (20.3%)	20 (32.3%)	18 (20.5%)
Negative	5 (7.8%)	11 (17.7%)	7 (8.0%)
Neutral	2 (3.1%)	0 (0.0%)	24 (27.2%)
Total	64 (100.0%)	62(100.0%)	88 (100.0%)

* Resident parents: 64, N/A = 8; Non-resident parents: 62, N/A = 12; Children: 88, N/A = 71.

4.7 Services Offered and Engaged with in the Child Contact Centre service

a. Services offered

Of the 128 families referred to the Child Contact Centre service, table 4.17 below shows that 56 of these families were offered a service. For 24 of these families, this service involved an assessment, after which the case was closed, while a further four families were in the process of assessment at the end of April 2013. For the remaining 28 families, following assessment three were engaged in pre-contact work, 14 engaged in contact services while a further 11 were in receipt of post-contact services.

Table 4.17 Level of Engagement with the Service

Engagement with Service	Total Number of Families
Closed after assessment	24
In assessment at 30/4/2013	4
In receipt of pre-contact services	3
In receipt of contact services	14
In receipt of post-contact services	11
Total	56

b. Services Offered and Accepted

Table 4.18 shows the type and number of service sessions offered to these families. This shows that eighteen families were offered supported contact, twelve supervised contact and six handover services. It also show that overall 455 contact services, 250 counselling and 252 mentoring services were offered to these families.

Overall, acceptance rates for the services offered, ranged from 67.5% to 82.4%. For example of the of 252 parent mentoring sessions offered to 19 families the acceptance rate was just over 75% while supervised contact services was offered to twelve families with an 82.4% acceptance rate for these services.

When analysing service use for families by identified risks factors the data indicates that families identified as having such risks were offered a larger number of these sessions (eg: 80) compared to lower-risk families that we offered fewer sessions (i.e. between 1 and 10).

Table 4.18 Services Offered and Accepted

Type of Service	# of families	# of sessions offered	# of sessions accepted	Total % accepted
Supervised Contact	12	148	122	82.4%
Supported Contact	18	234	158	67.5%
Handover Contact	6	73	53	72.6%
Counselling	17	250	196	78.4%
Parent Mentoring	19	252	191	75.8%

4.8 Risk Assessment identified

Families in the service were risk assessed. Table 4.19 shows the risks identified per family, as well as the percentage of the total number of families who displayed that risk as a percentage of all families that were offered a service(N=56). This shows that the most common type of identified risk was child abuse, with 58.9% of families that were offered a service being identified as 'at risk'. A total of 50% of such families were identified as being at risk for domestic violence and 41.1% at risk for substance misuse. Just over 25% were identified as presenting a risk to staff in the service.

Table 4.19 Total number of identified risks per family

Risk issue identified at assessment	Number of families at risk	Percent of total families
Child abuse	33	58.9%
Domestic violence	28	50.0%
Substance misuse	23	41.1%
Mental health self harm	22	39.3%
Staff safety	15	26.8%
Physical health issues	12	21.4%

N=56

Child protection referrals

Child protection referrals were made for 23 families (Table 4.20). According to this data, child protection notifications were made in respect of 40 individuals. Seventeen families involving 26 children had one child protection referral, four families involving eight children had two referrals made while three separate referrals were made in respect of four children in two families.

Table 4.20 Total number of child protection referrals by family

Number of risks identified at assessment	Frequency of families	Number of children	Percent
One referral	17	26	73.9%
Two referrals	4	8	17.4%
Three referrals	2	4	8.7%
Total	23	38	100.0%

4.9 Cases that did not proceed to a service

As stated above as of April 2013, of the 128 families referred to the Child Contact Centre, 72 had not proceeded to a service, representing 59% of all cases referred. Of these, two had been referred recently, and an additional 14 were on the waiting list.

Of the remaining 56 families who had not proceeded to a service, the reasons for not proceeding are shown in table 4.21 below. This indicates that the primary reason for not proceeding was due to both parents not consenting to the service. These accounted for 52% or 29 of these families. In 2% of cases there were unacceptable safety concerns and in a further two cases the child declined contact with their non-resident parent.

Table 4.21 Reasons for Cases Not Proceeding to Service

Reason for Case Not Proceeding to Service	Number of Families
No consent from one or both parents	29
Child declined	2
Referrals indicated safety concerns	2
Other	23
Total	56

*There is no available information on what 'other' reasons there are for cases not proceeding to service.

4.10 Case Closures¹⁶

Of the 56 cases that were opened 20 were still open as of 30th April 2013 while the remaining 36 had been closed. Of the 20 cases still open at the end of the evaluation period, four were in the assessment process, nine were in contact, and seven were in post-contact.

The closed cases can be broken down as follows:

- 24 cases closed while in assessment
- 3 cases closed during pre-contact work
- 5 cases closed following contact work
- 4 cases closed having proceeded to post-contact work

The reasons for the case closures are presented in Table 4.22.

Table 4.22 Reasons for Case Closure

Reason for Closure	Number of Families
Case closed due to family dropping out	25
Service withdrawn	6
Case closed moved to self-arranged	3
Closed due to court order	1
Closed as the family moved away	1
Total	36

Table 4.22 shows that 3 families had moved on to self-arranged contact while in six cases the service had been withdrawn.

4.11 Referral to another Service

Of the 69 resident parents in the data file¹⁷, 24 (34.7%) were referred to one other service and this was most commonly to an adult counselling service (See Table 4.23). Eighteen (28%) of the 64 non-resident parents for whom information was recorded were referred to one other service and this was most commonly to another One Family service.

¹⁶ Data in this section is derived from information provided by Barnardos on cases that are now closed.

¹⁷ A number of referrals made to the service were recorded as a child referral only. For those families that progressed within the service data was collected on the both the resident and on the non-resident parent.

Table 4.23 Referral of Resident & Non-Resident Parents to One Other Service

Referral to one other service	Number & % of resident parents	Number & % of non-resident parents
Adult counselling services	19 (79.2%)	11 (36.7%)
Other Barnardos services	1 (4.2%)	0 (0.0%)
Other One Family services	4 (16.6%)	18 (60.0%)
Adult Addiction Services	(0.0%)	1 (3.3%)
Total	24 (100.0%)	30 (100%)

Resident parents= 24: N/A for 48 resident parents

Non-resident parents = 30: N/A for 44 non-resident parents

The figures for resident / non-resident parents referred to a second service are presented in Table 4.24. Thirteen resident parents (18%) and 10 (13.5%) non-resident parents were referred to a second service. For both resident and non-resident parents most were referred to another One Family service.

Table 4.24 Referral of Resident & Non-Resident Parents to a Second Service *

Second service referred to	Number & % of resident parents	Number & % of Non-resident parents
Housing / homeless services	1 (7.7%)	0 (0.0%)
Other Barnardos services	1 (7.7%)	0 (0.0%)
Other One Family services	11 (84.6%)	7 (70.0%)
Adult Counselling	0 (0.0%)	3 (30.0%)
Total	13 (100.0%)	10 (100.0%)

*Of the 72 resident parents, a total of 57 (79.2%) were coded N/A while an additional 2 (2.8%) were uncoded. Of the 74 non-resident parents, 61 (82.4%) were coded as N/A while an additional 3 (4.1%) were uncoded.

4.12 Service User Feedback at Point of Closure

Ten families who were leaving the Contact Centre service provided feedback on their experiences in the form of a short 'exit questionnaire'. The feedback received was largely positive. All respondents were either 'satisfied' or 'very satisfied' with the Contact Centre facilities, services, staff, volunteers, and procedures. More specifically, all respondents were satisfied or very satisfied with key working, initial assessments, feedback sessions, parental supports, counselling, and other supports and services. When asked to reflect upon the perceived improvements during their time at the centre, the majority of respondents had seen improvements in their communication with their child, their child's behaviour, and the quality of contact experienced with their child. Only two participants felt that their situation had disimproved during their time at the centre. Furthermore, the exit questionnaires indicate that while mostly positive improvements are noted by the participating parents, particularly in terms of significant changes in the parent-child relationship and quality of contact, improvements in inter-parental relationships were found in only a minority of these cases.

4.13 Summary

This chapter has provided a comprehensive account of the engagement the Child Contact Centre service has had with the 128 families that engaged with the service from the point of referral to the end of April 2013. In summary the data shows that:

- The majority (61.8%) of referrals requested supervised contact.

- Children were divided almost equally along gender lines and almost 90% of them were aged 12 or under and six children were in care.
- The average number of children per family was two.
- Almost a quarter of children had resided with their non-resident parent in the last year while 13.7% of children had never resided with their non-resident parent.
- Of the 128 cases referred to the service, 56 were opened while 72 families did not receive a service.
- Of the 56 families who received a contact centre service, 24 families received an assessment service only while the children of 25 families proceeded to contact, with 11 families moving onto post-contact.
- Of the 72 families that did not receive a service two had been referred recently, 14 were on the waiting list while 56 families did not receive a service principally because both parents did not consent to the service.
- Families engaged in a total of 122 supervised contact sessions, 158 supported contact sessions, 53 handovers, 196 counselling sessions and 191 parent mentoring sessions.
- The uptake by families of all services offered was high, ranging from 67.5% to 82.4%.
- Three families moved on to self-arranged contact.

A detailed profile of those families also provides insight into the issues and difficulties affecting such families and leading to referral. It indicates that the families are characterised by high risk, high need, volatile inter-parental relationships and fragile non-resident child relationships. Reflecting on the literature reviewed in the previous chapter, a number of themes that emerged resonate to various degrees in this present chapter.

Echoing research conducted in the UK and other jurisdictions (Humphreys & Harrison, 2003; Hunt & Roberts, 2004), among the many reasons cited in this chapter for families attending Child Contact Centres spanned the spectrum to include support where parenting skills/experience were considered limited at one end, to families with serious child protection concerns at the more serious end. Similar to Pearson and Thoennes (1997), while the difficulties experienced by some parents can be resolved with brief and time-limited interventions, the majority of service users in this sample present with more complex and serious issues that require more intensive and long-term involvement (Kaye, Stubbs & Tolmie, 2003).

Resonating Humphries and Harrison's (2003) research, the families being referred to the Child Contact centre were presenting with complex and volatile issues, including domestic violence, mental health and addiction issues, alongside concerns for the safety and welfare of the children involved. The need for ancillary services such as parenting support which was highlighted in the literature reviewed is also reflected in this chapter. Wilson (2006) raised the issue of parenting support for non-resident fathers, a point supported by Rhoades (2002) who asserted that the non-resident parent's need for parenting education is acute considering that they are unlikely to have been the primary carers prior to separation. For a number of families engaging with the Child Contact service, children had either not lived with their non-resident parent for some time and in some cases, had never lived with their non-resident parent. This has clear implications for the non-resident parent-child relationship and subsequent exposure to parenting practices.

In terms of the key ingredients for quality contact as reviewed in the literature, a number of those ingredients were reflected in this data analysis chapter. Touching firstly on situational and socio-demographic factors, it is interesting to note that while income levels were not captured in the analysis of client data, employment levels were, which can be another indirect source of data on income levels. The high unemployment rates reflected in the data analysis suggests that perhaps for both resident and non-resident parents, there were limited other options for the facilitation of contact arrangements. Trinder et al (2002) highlighted the importance of the parental relationship

between resident and non-resident parents as critical in ensuring quality contact. This factor emerged potently in this current study as a potential inhibitor to quality contact occurring, with potentially problematic attitudes to meeting with the other parent identified at the point of referral to the service. This finding has of course to be located in the context of largely litigious and problematic inter-parental relationships. The importance of the 'parental bargain' involving a high level of 'permission' on behalf of the non-resident parent to allow the resident parent be the primary carer (Wilson, 2006), and a simultaneously high level of permission on behalf of the resident parent to allow the contact parent maintain their parental relationship (Hunt & Roberts, 2004; Pryor & Rodgers, 2001), emerged with potent force in this present study and is reflected in the attitudes towards the other parent upon referral. The complex and conflictual nature of those relationships is potentially leading to long-term involvement in the service.

The literature clearly highlights that a lack of capacity to shift from an 'inter-parent-focus' to a 'child focus' can impede contact moving on from simply 'happening' to working in the best interests of the child. Finally, echoing Flood's (2010) cautions against an uncritical assumption that contact with their non-resident parent is automatically in the child's best interest, it is clear from the analysis of this data, that the Child Contact Centre's decisions regarding child contact are driven primarily by a consideration of what is in the child's best interest.

Chapter 5 Follow Up of Client Families

5.1 Introduction

This chapter draws on two sources of data in order to provide a reflective account of how parents and children experienced engagement with the Child Contact Centre. Firstly, a total of 15 family members drawn from five families participated in qualitative interviews, including five resident parents (all mothers), five non-resident parents (all fathers) and five children and young people aged between four and 13 years of age. Four of the five participating families had been involved in contact within the service. Secondly, this chapter also includes the qualitative responses participants provided on the exit questionnaires. For the purpose of clarity, qualitative interview participants have been given pseudonyms while the responses from the exit questionnaires will simply be referred to as 'Exit Questionnaire Respondent'.

These 15 participant family members were not selected to reflect or represent all families, rather to reflect all families that had progressed to a stage where the impact of engaging in the Child Contact Centre service could be assessed, whether that engagement resulted in contact or not. As such, families where there was no contact taking place, those in supervised contact, with handover arrangements, and those who had moved on to self-arranged contact were included in the sample. The families were initially identified by Child Contact Centre staff and agreed with the evaluators.

The participating children and young people included three girls and two boys. The resident parents' home was the venue for the interviews of four resident parents and all five children. Four parents (one resident and three non-resident) were interviewed at one of the contact centre locations and the remaining two non-resident parents were interviewed at a neutral city centre location. Eight of the 15 interviews were digitally recorded with the permission of the interviewees; this included one child interview. The interviews with the younger children used an arts based approach, considered more appropriate for this age cohort. Insofar as it has been possible, all identifying information has been changed and pseudonyms have been given to participants. To further protect the anonymity of the participating children and young people, the gender and age ascribed to them may not correlate with their actual gender and age. The two sources of qualitative findings are presented in two parts. Part 1 (section 5.2) focuses on eliciting the outcomes for families from engagement with the Child Contact Centre service while Part 2 (section 5.3) explores the processes involved in the Service which contributed to or hindered the outcomes being achieved.

5.2 Outcomes for the Families

The findings are presented here according to six targets set by the Child Contact Centre service for their engagement with families. These are as follows:

1. Children enjoy and maintain contact and develop relationships with parents
2. Families are supported to 'move on' from the Child Contact Centre to more normalised contact arrangements as appropriate through access to family supports and through improved parenting skills
3. HSE and family law courts needs are met.(e.g. Childs Contact Centre staff writing reports for the court or attending court)
4. Parents and children do not experience abuse/danger during contact
5. Parents well being is improved with reduced conflict between parents and with the HSE
6. The child's voice is listened to.

1. Children enjoy and maintain contact and develop relationships with parents

All ten parents participating in the interviews described their relationships as acrimonious and hostile prior to coming to the Child Contact Centre, with varying levels of family law involvement,

and by and large where contact arrangements had broken down and the children's contact with their father ranged from no contact at all to intermittent and irregular contact. The reasons stated by the ten participating parents for the breakdown in contact arrangements were alcohol and drug related, involved concerns about domestic violence and child protection and welfare, alongside inconsistent and erratic contact which was described as upsetting for the children. At the point of interview four of the five non-resident parents were engaged in regular contact with their children, in accordance with the parenting plans they were supported by One Family to develop and implement. Three of the five children were also enjoying and developing relationships with their non-resident parent following their engagement with the Child Contact Centre service. For the remaining two children, the family assessment conducted by the contact centre had resulted in a decision that it was not in the children's best interest to have any form of contact with their father.

Some participants referred to situations where the adult relationship had ended when the child was very young. This combined with the inter-parental hostility militated against the father-child relationship developing, as this father explains:

'I suppose the father-son relationship (had) broken down with Alan, with Becky it was non-existent, it was like I felt like I couldn't be a parent, the relationship felt so fragile'. Peter

Another father, Christopher, also commented on the impact that not seeing his son for some time had had on their relationship:

'In the beginning there had been a long gap since he's seen me whereas now he is taking to me. In the beginning I noticed he'd be looking at me over the top of his little glasses, now you can see he is happy to be here, big smiles as he runs in. The bond has grown between me and (son) and continues to grow, I just have to show them I can be drug free.' Christopher

One resident mother, where there had been a history of drug addiction and domestic violence surmised that in the absence of the Child Contact Centre service *'I don't think I'd be bringing {child} to see Dad, and I couldn't have him coming here (family home).'* Patrice

This non-resident father, Derek, recalled not having seen his three-year old child for some months as 'really hard' and talked about the move from supervised contact to handover arrangements. He described his relationship with his child as *'100% better now'* compared to when he first engaged with the Child Contact Centre service. Echoing this experience, Peter stated that the service had helped him move from a situation where he had *'no relationship with me kids'* to one where he believed his children would describe him as *'an attentive father.'*

Support and advice around parenting was something many parents (both resident and non-resident alike) highlighted as significant in improved parenting abilities and subsequently in the parent-child relationship.

'Because I felt so bad about everything that'd happened and he knew the relationship had deteriorated that I couldn't be a parent, the staff here helped me to help build up the confidence and then the kids kinda realised oh hang on this is, this is working out quite well and then obviously, as the relationship built then, it started to, I was able to control them as my confidence built and as I started to feel like...as a parent again.' Peter

As stated earlier, addiction and aggression were two issues that led to a number of resident parents fearful for their child's safety when with their father. This, in a number of cases, had led to the resident parent not facilitating contact between the child and their non-resident parent. The facility of supervised contact and handover was significant in moving the contact status from 'no contact' to supervised contact that was regular and facilitated the building up of the parent-child relationship, as these two parents acknowledge:

'I just like having the security of knowing that they're there every time he comes in (to the centre)... whereas if I had to hand (child) over...like I think it would be too late then, even if I did think something was wrong.' Patrice

'I'm not so worried now because someone is watching him (the Dad)..(child) is much happier and his behaviour is much better. (Ex-partner is) parenting more responsibly – he behaves here because he knows people are watching him.' Gloria

One of the parents interviewed (non-resident) considered that the Child Contact Centre service had not helped him with his relationship with his children. This parent believed that there was no problem with him as a father and therefore his relationship with his children did not need to be regulated or assessed. He stated:

'I think that it isn't quite suitable to my needs or for the children and as a father, looking at it from their view, I felt that it wasn't quite adequate for their needs either.' Michael

The majority of parents however and some of the children interviewed were able to clearly articulate and identify improvements in their child's happiness following Child Contact Centre involvement. Marie reflected on a recent moment when she heard her child laugh with friends:

'I heard (child) laughing with a friend and (child) later said to me 'I haven't laughed in a long time, like a real laugh, (child) could put on a laugh but (child) was actually laughing at something, I mean really laughing' Marie

'I can see that the kids are starting to enjoy themselves, that obviously lifts everyone as well...honestly I am eternally grateful and I dunno where any of us would be without here.' Peter.

This finding also emerged with clarity from the exit questionnaires:

'The children were safe and happy in the centre. Their relationship with their father improved.' Exit Questionnaire Respondent

'The centre provided a safe place for us all to try to find a way forward and air our concerns'. Exit Questionnaire Respondent

This section concludes with an extract from the field notes on the interview with five year old Amy. The interview took place in Amy's house, Amy's Mum was interviewed first and then the researcher sat down on the floor with Amy and some art materials (See Appendix 4). These included A3 pages titled 'My House', 'Feeling Faces', and pictures of cartoon people (adults and children) and stick people. Amy engaged easily and enthusiastically in the activity.

We started with the larger picture of 'My House' and put the number of Amy's house on the front door. Responding to the question 'who lives in your house?' Amy told me her Mum, her older sister and herself. I showed Amy the pictures of the cartoon and stick people and asked her to choose images for herself and her Mum and sister. She chose a picture of a little girl to represent herself, a picture of a woman to represent her Mum, with striking similarity to the picture she chose of herself, and a red stick female to represent her sister. She promptly placed the picture of her sister 'in her bedroom'. I invited her then to pick a feeling face that was her face living in this house with her Mum and sister. She chose a happy smiling face which we cut out and placed beside her in her house. I asked her was everyone in her family in the picture, to which she responded 'yes'. I asked her was she sure, she thought about it for a few seconds, then broke into a big smile and said 'My Daddy'.

We moved on to the second house then which she was keen to know who this belonged to. I said it was 'Barnardos' (her Mum had told me that was what she called the Contact Centre she attended). Another beaming smile followed by an excited 'I go there every Saturday to see my Daddy'. Similar to the first picture, I asked her to pick a cartoon or stick picture of herself and her Dad to put in the Barnardos house. This time she chose a more adult picture to represent herself and a male stick person to represent her Dad. She chatted excitedly about meeting her Dad every Saturday and going off on the bus into town. She remembered when they stayed in the house and played with the toys but when asked, said she much preferred going out with her Dad. I took the stick image of her Dad and placed it in the first picture of the house she now lives in and invited her to choose a feeling face that was Amy's face when Dad lived with her and her sister and her Mum. She looked at all the feeling faces and chose one that said 'Hurt'. I asked her was she happier with Dad at the Barnardos house and she responded with a big smile. We then put the stick image of her Dad back in the second Barnardos house picture. I asked her were the two houses ok now. She looked at both, quickly nodding a few times and then asked if she could go back out to play. Amy (5)

2. Families are supported to 'move on' from the contact centre to more normalised contact arrangements as appropriate through access to family supports and through improved parenting skills

'We moved on...I suppose we're self-sustainable at this stage.' Peter

As reflected in the above quote, the participating families where contact was occurring (This involved four of the five participating families) clearly identified their engagement with the Child Contact Centre and related services as integral to positive improvements in contact arrangements and in improved parenting skills and capacity. Peter reflects in this next quote on the impact engaging with the Child Contact Centre service has had on his relationship with his ex-partner:

'It's very, very difficult to explain how low things were at... there was no relationship, no morality, no trust, no communication and you know it's completely different, now the odd time we're still walking on egg shells but as part of what we've learnt here, is how to actually have this agreement but not conflict. There's a big difference between the two.' Peter

Another father, Derek, had experienced a similarly turbulent contact experience and relationship with his ex-partner. Without the involvement of the Child Contact Centre service, Derek believes:

'It probably wouldn't have, wouldn't have happened so...well maybe it would have, it would have moved on eventually but eh I don't think it would have happened as quick and it would be very messy cause there's no mediation at all so the Judge would be then taking my word against hers again, at least this way it's monitored and it can go down on paper.' Derek

Echoing Derek's opinion regarding the pace of change, Patrice explained that without the Child Contact Centre she would not have been happy for her ex-partner to have their child unsupervised.

'I was very nervous about him taking (child) out like, she (staff)kind of just made me take one week at a time instead of thinking about a month's time or two months time when he is going to start taking (child) out she (staff)kind of just said take it week-by-week and when we get to that point, we'll deal with it.' Patrice

This sentiment was also recorded on the exit questionnaire, as this respondent explains:

'I think that this is a very important service as I was fearful of[daughter's] safety with her father. If this contact centre didn't offer me support when they did I would most likely have refused any access, court ordered or not. I have never broken the law before, but when it comes to your child you will keep them safe no matter what the price. Children have to be protected. '

Exit Survey Respondent

The focus on parenting advice and support was highlighted by resident and non-resident parents alike as a critical factor in the change making process. The quotes from Liam and Sinead (parents from two separate families) and an exit questionnaire respondent below illustrate this:

'One Family was where (worker) helped with the parenting and the parenting agreement. She was really good, told me I was doing parenting right. That helped move things on. I can't say a bad word about them.' Liam

'The Contact Centre helped him to be a better parent and was a comfort zone for me because I knew they were safe and were having a better quality time because he was being helped so I was ok with them going.' Sinead.

'Rediscovering my parenting skills I thought were long gone.' Exit Survey Respondent

While Peter clearly identified the 'positive reinforcement' he received from Child Contact Centre staff as 'boosting my confidence as a father', Anna felt that with her ex-partner 'through the centre, they pushed him, they wrote everything down and he signed it, then he had to do it.'

'I did find it difficult after a while to keep (child) occupied with the same area, same toys, you know but it is better when you just get out and about, 100% but I just think that it had to be the way it was for a while until certain areas of trust were built up and things calmed down '
Derek

In terms of meeting the children's needs, interventions for them were also highlighted as a positive influence on change, as Sinead explains:

'Play therapy helped Alan come to terms with our separation, helped with the frustration and upset.' Sinead

3. HSE and Family Law Courts needs are met.(e.g. Child Contact Centre staff writing reports for the court or attending court)

Eight of the ten parents had experienced longstanding acrimonious and litigious disputes prior to engaging with the Child Contact Centre service and indeed for some, the referral to the service had initially come from the Courts. For all of those eight parents, engagement with the Court process had significantly diminished, as Peter explains:

'I mean now we've only been in court once, and that was just more of a, of a hang-over from the previous 17 court appearances.' Peter

In the absence of regulation and direction by the Family Law Courts, both resident and non-resident parents alike spoke about being supported to reach parenting plans that were acceptable to both parents. This next quote from Derek illustrates the benefits of the mutually agreed plan:

'What we're working towards is an agreement and if we have an agreement, it's an agreement we've agreed it on paper, with these people involved, Barnardos and One Family. If we don't have an agreement, I think ultimately the Judge will bring us in and probably decide something that we both don't like, and I know we've been there before, they could appoint care workers to monitor the situation, the whole thing can be very intrusive and stressful and I certainly don't want that.' Derek

Working with the Child Contact Centre service also meant that families did not have direct HSE involvement.

There was an issue with social workers but they sort of said 'oh you're with Barnardos' and we said 'yep' and they said 'okay then we're happy with Barnardos to kind of carry forward the work'. Peter

4. Parents and children do not experience abuse/danger during contact

The quote below from eleven year old Sara illuminates the importance of safety and the critical role the Child Contact Centre staff plays in both addressing abusive behaviour and taking protective action when children and parents are fearful for their safety arising from contact.

'These people are specially trained so I'd feel and not just be much safer.' Sara (11)

For many non-resident parents like Patrice, the confidence she felt in the Child Contact Centre service that her child's safety and welfare needs were paramount, allowed her to trust that the contact experience would be in her child's best interests:

'Yeah, I just felt that he (ex-partner) ever comes in and looks like he's out of it or if he's not able to look after her, then they'd cancel the contact and I knew that I could trust them (staff) ...that (child) was going to be in safe hands when (child) was here with them.' Patrice

In a similar vein, Gloria described herself as being *'not so worried now because someone is watching him'*, in tandem with the fact her child is *'much happier' and 'behaviour is much better'*. Gloria could identify that engaging with the Child Contact Centre had resulted in her ex-partner parenting more responsibly – *'he behaves here because he knows people are watching him'*. When asked about the improvement in her child's behaviour, she attributed that to her child *'mimicking the Dad's behaviour'* and because his Dad is *'being watched, she feels that his behaviour is 'more responsible' and that her child is 'mimicking that behaviour instead'*. Gloria

Ensuring that children did not experience abuse or danger arising from contact can sometimes lead to a decision that contact cannot happen safely at this point in time. This was the case for Sara (11) and her brother Eoin (13). Sara could see clearly that the decision for her not to have contact with

her Dad was recommended by the Child Contact Centre because *'they only want to protect me. I know that they only want what's best for me, they told me that so many times which is the main thing for me'*. While Sara stated that she ideally wanted to have a relationship with her Dad, she also said that a *'little part of me was relieved with the decision and relieved that they made it, not me. Just knowing they are on your side...even more is just better'* Sara (11). When Sara was having contact with her Dad, she described herself as *'a pebble at the bottom of a stream'* and that her dad was this river and that she was *'being knocked against other stones all the time'*.

One resident parent, Maria, explained that for her children while there was a *'sadness about not seeing their dad, that in some ways the decision not to have contact also gave them some sense of closure'*. The decision not to allow contact was taken by the Child Contact Centre staff following an assessment of what was in the children's best interests.

For another resident parent who had experienced domestic violence, the Child Contact Centre provided:

'a buffer between me and him – I don't have to engage with him so there are less opportunities for agro'. Sinead

Finally, for Gloria, there has been a huge *'relief at not having to hang around...the abuse has ended because I don't have to see him...and the contact is consistent...he is here every week whereas before he was always letting the child down'*.

5. Parents well-being is improved with reduced conflict between parents and with the HSE

'I used to be so frustrated and I felt like this'll (conflict with ex-partner) go on forever and ever and ever and I've come to accept with the help of (staff), that I need to focus on what I can actually control and what is in my power. I can't do anything about what (ex-partner) does or says, all I can do is try not to repeat the mistakes I have made and try and keep focused on the main thing and that's (child) being happy you know? It has made me much calmer.' Derek

The above quote from Derek identifies improved well-being for him following support and intervention from the Child Contact Centre staff. This intervention involved the staff spending time talking with this father, giving him the space to vent his frustrations and worries, as opposed to scheduled counselling sessions. Being encouraged to keep the focus on his relationship with his child resulted in reduced conflict with his ex-partner and improvements in his own well-being.

In a similar vein, Peter could identify tangible improvements in his own mental health and employment productivity arising from the support he received from the Child Contact Centre service:

'I had been on anti-depressants for about a year or more and under an awful lot of personal stress and a lot of it was court related. I haven't taken anti-depressants now in three months - it literally is a tangible thing and it is a direct result of the fact that that stress has gone. Now even in work. I've a very understanding boss and she was a great support, but even in work she said 'you can see that you're a lot more focused' and it's like we can now progress normally again, you know, as a separated family, as separated parents' Peter

Christopher identified one worker in particular as playing a significant role in his overall situation improving resulting in less conflict and improvements in his well-being:

'(Worker) really helped me understand that it was not all about (ex-partner) trying to stop me see (child)..that maybe (ex-partner) was struggling to trust me...and in fairness there had

been incidents. She helped me understand that and that made it easier for me to accept it (supervised contact) and just get on and manage it as best I could.' Christopher

For two parents however, reduced conflict was couched in more negative terms. Liam acknowledged that there was less conflict but only because *'I just avoid her as much as I can. I block her number.'* Another parent, Anna, when asked if conflict had been reduced stated:

'No absolutely not, even today I tried to make a call to him about divorce because I saw a solicitor and needed to call him but he blocked my number and didn't answer. How can we move things on and make decisions for (child) if he won't talk to me.' Anna

5. 6. The child's voice is listened to

'The children's needs were listened to and they felt that their opinion was respected and mattered.' Exit Questionnaire Respondent

Reflective of the sentiment expressed by the exit questionnaire respondent above, it was also evident for the five children who participated in this research, as stated clearly by them or as articulated by their parents on their behalf, that the child's wishes and needs were paramount in any decision made about contact. Eoin (13) describes his experience:

'They (contact centre staff) were great. They really listened to me. [Staff] asked me if I wanted to see my Dad and when I said that I didn't, they said that that was ok. I thought they would try to make me but they didn't.' Eoin (13)

Directly asking children what they wanted in relation to their relationship with their father was a recurring theme. Sinead's quote below echoes Eoin's experience:

'The kids were at the centre of all decisions. Alan (son) was asked what he wanted in terms of seeing his Dad and he said he did. Alan was happy that he was heard.' Sinead

For much younger children, careful attention was given to ensure their voice was heard in terms of their needs and wishes, without the need to verbalise those wishes, as Patrice explains:

'I think through the Art Therapy Amy found her voice, she didn't have to talk, they had their own way of making sure she was ok.' Patrice

Alongside having her voice heard was the critical importance for Sara of feeling understood; that someone *'had my back, not just listened to me but also understood why I felt the way I did. They were there for me and supported me through it. They understood my situation better than other people would.'* Sara (11)

5.3 The Child Contact Centre Process

The above section of this chapter has presented the findings on the outcomes for the families who participated in the research, arising from their engagement with the Child Contact Centre service. Emerging from their interviews however was a keen sense of significant aspects of the process, all of which contributed to the outcomes presented above. This section focuses on the processes identified by the research participants. These include the following:

1. Access to the Child Contact Centre service
2. Child Contact Centre staff
3. Parents feeling listened to and understood
4. Family-friendly setting
5. Parenting support received
6. Gaps

I. Access to the Child Contact Centre Service

Both initial access to the service in terms of the referral process and ease of access to the Child Contact Centre staff when engaged with the service were two points highlighted as contributing to positive experiences and outcomes for the participants in this research. All of the parents participating in the research stated that they were offered an appointment between one and three weeks after their referral had been received. One parent highlighted the speed and ease of access to the Contact Centre service as being in stark contrast to HSE Social Work services *'taking months and months, for nothing really at the other end'*. Marie

The relatively short amount of time from referral to the first appointment was particularly welcomed by one non-resident parent who had not had contact with his child for some time:

'I think it was three or four weeks, then I had my first visit with (child) in the contact centre.....I probably hadn't seen her in about three months maybe.' Derek

Participating parents also highlighted the unscheduled availability of the Child Contact Centre staff to them, when they needed advice or were concerned or upset about something, as the following quotes illuminate:

'I know (staff's) time is valuable but he spent 45 minutes on the phone with me one day when I was feeling really really really low, he didn't offer opinions or anything like that but he literally just listened and talked and just supported you know, most of it was venting but...better I vent at him then vent at (ex-partner)' Peter

'(staff) generally come back the same day or the next day.' Derek

II. Child Contact Centre staff

'Professional experienced child orientated service when there was nowhere else within the system offering the support we needed'. Exit Questionnaire Respondent.

Echoing the experience of the exit questionnaire respondent reported above, key staff in the Child Contact Centre service were held in high esteem by parents and children participating in the interviews. Parents talked about being supported whilst not feeling judged, being understood but most of all for being neutral, and for not taking sides:

'They were very supportive and I got a lot of guidance from (staff) as well around how to approach the situation with the break up with (child) and them also appreciating at the same time that I have all the other side of my own stuff going on.' Derek

The gender balance in the Child Contact Centre staff team was also highlighted as important, particularly for non-resident fathers who felt that they could identify easier with a male who they considered may understand their situation better.

Children and parents alike talked about how welcome they were made feel and that personal touches like the Child Contact Centre staff opening the door as they saw them approach and calling them by their first name, made them feel like they were *'not just another case'*. One participating child recalled arriving at the Child Contact Centre and being made feel very welcome and important – like it mattered what he said. He remembered (with a smile) the house, the rooms and the toys. Mostly though, he reiterated *'I was listened to.'* Eoin (13)

Sara (11) reflected back on her first time at the centre, stating:

'Yes I remember...I can be a bit nervous talking to someone for the first time but when we went there, (staff) was at the door to welcome us and he already knew my name which made me feel very welcome. Then he introduced me to (staff)– they showed around and took us into all the different rooms and they told us what their service was about and what they would be doing, only if like we were willing to participate.' Sara (11)

Sara contrasted this experience with other professionals she had encountered:

'(staff) always greets me at the door and I thought he might have forgotten my name 'cos he hadn't seen me in a year. Other people like the social workers were all business but Barnardos were just really friendly and talked about my personal life and wanted to get to know me whereas the others were all business like and just wanted to know what was going on at home, with my dad.' Sara (11)

Finally for non-resident fathers who were engaged in supervised contact, the ability of the Child Contact Centre staff to supervise them without the fathers feeling they were being 'policed' also made what was potentially a very difficult situation more palatable, as Liam and Derek explain:

'It was fine, it didn't feel like they were watching me...' Liam

'If I'm honest I was embarrassed about having to go to Barnardos to see me child like....being in their playground area trying to take a picture without the railings in the back every week ...but the staff are really nice, and that definitely made it easier.' Derek

III. Parents feeling listened to and understood

'I remember the first phone contact with Barnardos and I remember for the first time actually thinking... ..I had a huge sense the minute I spoke to (staff) God! That I could trust (staff) that I actually thought that (staff) is coming from the point of view of having our needs really at the centre whereas I didn't feel that with the others... it was more making sure the state was never ever brought to court for not having dealt with a child abuse situation really.' Marie

The sentiments expressed in the quote above from Marie are representative of the views and experiences of all parents and children interviewed, even in cases where contact decisions were not taken in favour of the parent concerned. For one father where contact had been denied, he reflected that this decision was communicated to him...*'very professionally'* and that he considered that he *'did get a hearing'*. This father went on to say:

'I was very positive, very positive, I liked the place, I liked the people and what it was aiming to do, but I felt... ..I felt it wasn't necessary for me.' Michael

Child Contact Centre staff were variously described as having *'a very kind of conciliatory type way..being a good listener..having a very good way with the kids'* and communicating in a way that parents could understand, as Marie continues to explain:

'It was really just the language she (staff) spoke back was completely different from the language any HSE person spoke.. it was completely different it was very much like understanding, listening to what was needed rather than listening for the alerts ...I was kind of afraid to hope that there could be someone who could actually be in that corner, that would be in your corner, she felt really like she was in our corner.' Marie

Parents were able to identify their growing confidence and trust in the service as the Child Contact Centre staff followed through on everything they said they would follow through on, supported their highs and lows and where resolutions were found and stability maintained, as Peter explains:

'Every time the bump came they made sure that we got back up and we got over that bump and that's what they were, brilliant and they kept us going. All I had to do was say it to (staff) and he'd say well okay, leave that with me and you'll figure out what to do and we'd come to some kind of agreement and it took a few weeks but it resolved itself, just like he said it would.' Peter

For Peter and others, this support contrasted starkly with other child contact-related arenas they had found themselves in, as Peter explains:

'In the Family Law Courts, I don't feel listened to, I don't feel respected I feel worthless .. and I come into here and my concerns were listened to, you know they're dealt with impartially, and they're acted upon, but to actually be listened to so I don't need to be angry, I don't need to get my feelings out cause I'm being listened to, and it's being acted upon, and slowly but surely it does disarm you, and it puts you off that war foot.' Peter.

IV. Family Friendly Setting

'I remember on the first day I went, they gave us coke and crisps. It felt like just going to my Mum's friend's house, it was so nice.' Sara (11)

As reflected in the above quote from Sara, the homely and relaxed atmosphere created in the Child Contact Centre as well as the layout and decor, were highlighted by all participants as important in supporting their engagement with the contact process. Marie described the *open door approach* she experienced, while for Christopher:

'The neutral venue is a key factor in it because I couldn't work with that anger and have fun with my child. Barnardos has worked for me in that way.' Christopher

In Peter's interview he talked about how his children call the Child Contact Centre (staff's name) house:

'They never saw this as an artificial environment, any way shape or form and they still call it, so every now and again, even though we have moved on to our own arrangement I get asked, when are we going back to (staff member's) house?' Peter

Becky (4) talked excitedly about *'all the toys'* and *'playing in the garden'*, while opportunities for baking appealed to Alan (11).

V. Parenting Support

Resident and non-resident parents alike talked about the direct parenting information/coaching and practical strategies they were given which supported their individual parenting style and helped resolve parenting difficulties and issues. One Child Contact Centre staff member was specifically and consistently highlighted as operating in a firm yet methodical and supportive capacity, starting with making plans with the non-resident parent for what they were going to do on contact, giving them advice on how to react to certain behaviours, working with each parent separately and finally bringing both parents back together to agree the *'Parenting Plan'* going forward.

Peter explains here how he was supported to deal with answering difficult questions about why he and his child's mother had separated:

'It was literally parenting advice, (staff) had kind of coached me, not just what to say but how to say it' Peter

For another resident mother who had had ongoing and serious concerns about her ex-partner's parenting ability but who had struggled to get anyone to listen to her concerns, the insight and support of this staff member was a huge relief:

'(Staff) was the only professional to see (ex-partner) for what he was. This was hugely supportive as I felt it was the first time anyone really saw what I was seeing and shared my concerns. All other professionals see a lovely man who clearly loves his (child). His love for his child was never in question, was never an issue. My issue with him was his inability to protect (child). I felt that nobody was listening to me, they saw me flustered and the more flustered I was, the more I looked mad but it was my fear for my child that was consuming me. (Staff) was the first one to see what I saw'. Gloria

Finally, the balance between having a good time with your child for the few hours a week that you have them, whilst also maintaining parenting standards was something that many non-resident parents reflected on, as captured here by Derek:

'Because I see her once a week I'll admit that I wouldn't be hugely strict on her when we're out because it's for one day a week, that's it like at the moment, so trying to make the best of it and trying to plan a nice day for her...like I'll discipline her on small things..all the basic stuff but that's how it is for the moment and I would gladly like to be there to help get her ready for school , do her homework with her, have a chance to do all the hard stuff as well.' Derek

5.4 Gaps

While the overall feedback from both resident and non-resident parents were overwhelmingly positive, participants did have some suggestions about how the Child Contact Centre service could be improved and what might have made their experience of the service even more positive. Restrictions around the times that the contact service was available Thursday evening in Ballymun and Saturday in Quarryvale) was a recurring issue, as these parents explain:

'My main concern, if you want to call it that, is that this (contact) can only happen on a Thursday evening and that clashes with bedtime and (child) can be cranky and very tired. I don't think this timing is good for (child).' Gloria

'For me it was a tough time actually because I had to do everything, work, look after child, do homework, twice a week going to Barnardos, it doesn't matter what weather it is, I need to be there whether it feels good or not. It was tough for me losing my job. I was hanging around waiting for child to finish contact when I should have been working.' Anna

For another resident mother, being tied into a contact arrangement every Saturday for the whole day, meant that visiting family outside of Dublin was not so feasible, as she explains:

'More options would be good. I don't like it's kind of your whole weekend gone like you've to go over there till 3 o'clock on a Saturday like I have family in (X location) and (Y location) and I can't really go down on a Friday night for the weekend.' Patrice

For another parent, follow on support services, either child-focused or parenting-focused, particularly where contact had not been taken up, was something they would have liked to be in a position to avail of, as Marie explains:

'The only bit that in fact I felt about the whole thing that there was this void.... I've struggled to try and get help for both of them since and I felt like nothing... ..there was this feeling of us all being suspended in time, not knowing where this is going next because there was nowhere to turn, there was nobody and also I had this feeling of 'I don't want Barnardos to back off because who was there then?' I think anything that would be done in the name of Barnardos the children would trust you see as well...and you know it's difficult because you're starting again each time.'
Marie

5.5 Summary

This chapter has presented an overview of the findings from the qualitative interviews conducted with ten parents and five children who were selected for participation on the basis of the stage they were at in the contact process – i.e. from referral or no contact at one end of the contact continuum to self-arranged contact at the other end. The qualitative responses from the exit questionnaires were also presented. As this chapter has reflected, for the participants in this research, the experience of engagement with the Child Contact Centre service was broadly a positive one, with clearly identifiable and tangible improvements for many family situations, both in the parent-parent relationship and in the parent-child relationship. However, even in cases where contact had become consistent or indeed had moved on to handover or self-arrangements, varying degrees of inter-parental acrimony still existed in all families interviewed, requiring intermittent support from the Child Contact Centre staff. Without this level of support and advice and indeed vigilance, it is questionable whether children would continue to engage in stable and safe relationships with their non-resident parent.

These findings are broadly consistent with the literature reviewed in chapter three. Resonating with the existing literature is the need to provide a 'neutral', safe and child-friendly meeting place where children can meet with their non-resident parent, particularly as Parkinson (2006) pointed out, in the early stages of separation/divorce, or indeed when parental relationships become entrenched in acrimony. Humphries and Harrison (2003) assertion of the need for contact centres to embrace protective functions also emerged for the participating resident parents as a significant issue, before they could engage with the idea of their child having contact with their ex-partner. Mirroring the literature reviewed therefore, safety and neutrality emerged in this present study as parallel issues for separating families needing the service of a Child Contact Centre.

Again in agreement with the existing knowledge base (Dunn, 2004), participants in this present study highlighted improvements in child welfare, in non-resident-parent-child relationships, in parenting practices, with less significant improvements noted with inter-parental relationships. A key consideration in the development and improvement in non-resident-parent-child relationship, as raised by Wilson (2006) is the focus in the Child Contact Centre service on parent-child contact activity, building the non-resident's confidence and capacity in their parenting abilities.

The importance of staff training, particularly regarding domestic violence is a dominant theme in the literature (Humphreys and Harrison, 2003), with Thiara and Gill (2012: 134) suggesting that a lack of insight into the dynamics of domestic violence may result in untrained centre staff becoming complicit in the facilitation of tactical and controlling behaviour. Emerging from this present study is a clear finding that resident parents felt that their concerns about the parenting of the non-resident parent and their fears for their own safety arising from a history of domestic violence, were taken seriously. This contributed significantly to the resident parent having confidence that contact for their child could be safe and also that they were being taken seriously and believed – sometimes for the first time. While robust risk assessments are reported in the literature as critical in the construction of safe contact arrangements, the centrality of the child's voice and the attention given to the child's experience, as reflected in this chapter, emerge keenly as core components in the positive experiences families reported.

The centrality of the child to the Contact Centre Service practice and philosophy clearly reflects also the philosophical rhetoric underpinning the UNCRC (Emond, 2008) and is clearly grounded for the Contact Centre service in an awareness that the involvement of children in decisions that affect them is not only a right, but also something that can improve their skills and self-esteem, can result in informed decision-making and consequently promote children's safety and welfare (Alderson, 2000; Hill *et al.*, 2004; Powell & Smith, 2009; Sinclair, 2004).

The path from consultation to safety was clearly articulated by service users participating in this study. This present study clearly concurs with existing literature that children and young people believe strongly in their right to be heard but do not necessarily want the power to decide post-separation/divorce arrangements (Hogan *et al.*, 2002; Holt, 2011a), particularly when that involves making choices between their parents (Hogan & O'Reilly, 2007). Similarly to existing Irish and international research (Buckley *et al.*, 2005; Holt, 2011b; Neale, 2002), when they are asked and regardless of their age, the participating children in this study and as reported by their parents, can clearly demonstrate their capacity to hold views and articulately express them. Furthermore, ascertaining their views and opinions is integral to their safety and welfare.

Chapter 6 Stakeholder Feedback

6.1 Introduction

A key objective of this evaluation was to obtain feedback from representatives of all the key stakeholders groups involved with the Child Contact Centre project. Following on from the feedback from parents and children presented in the proceeding chapter, below we present a summary of feedback for the other two main stakeholder groups- firstly internal stakeholders, staff and volunteers and secondly external stakeholders.¹⁸ The external stakeholders consulted covered the main referrer groups and the funders.

6.2 Internal stakeholders

All the stakeholders internal to the project, the Child Contact Centre team from both Barnardos and One Family, the project managers, from both Barnardos and One Family, the cover staff and the volunteers in the contact centre were interviewed for this evaluation. The feedback received from these stakeholders is summarised below. Please note for ease of reading these stakeholders are described as 'staff' in the commentary below. It is also worth noting that generally there was a high degree of consensus among this group in the feedback given and areas where there were significantly different views are indicated below.

6.2.1 Experience to date

Performance of the Child Contact Centre service

The Child Contact Centre Model

Staff reported that the existing child contact centre service model is working well. However staff found that the families referred to the service were unlikely to move to self-arranged contact due to the complex nature of their circumstances. Furthermore, in number of cases they stated that children declined to make contact with non-resident parent or one or both parents declined the service offered.

Staff highlighted how families coming to the service have not been previously assessed by the courts or by other relevant services. As a result detailed assessments of families coming to the service continued to be required throughout the pilot period before a decision could be made on the suitability of the service and on the type of contact service and family supports needed. This meant that the number of families in contact remained consistently below targeted levels due to a bottleneck of resources required at the assessment and pre-contact stages and also due to the resources required for ongoing key working with families while they are in the service.

Staffing

Training provided for staff, cover staff and volunteers is seen by staff to be adequate and appropriate. Good support and supervision for staff has proved to be vital and it was agreed that staff recruited into the service need to be highly experienced and trained. Team support has also been found to be very important. As child contact centre staff do not all work in the same building this they agreed has made effective team working more complex. Staff agreed that one overall project manager plus co-location of all staff could improve the speed at which decisions within the service are made. The two-agency approach is seen by staff to have also created added complexities for the project. For instance it has resulted in additional management time and costs as well as the need to spend time bringing together different cultures and different decision-making processes across the two organisations. However staff highlighted how the two-agency approach had also brought benefits including the bringing together of different skills, training, focus and experience.

¹⁸ See Appendix 2 for a list of external stakeholders consulted.

The bottleneck at the assessment stage, commented on above, has meant that all the volunteers recruited at the commencement of the service were not required. However cover staff recruited from other Barnardos services to assist in providing contact cover did allow the permanent staff to focus more on assessment and key working.

Volunteers who contributed to this evaluation welcomed debriefing by staff describing this as helpful in developing their skills and in dealing with issues that have arisen during contact. As numbers attending contact increased volunteers were called in more regularly and they agreed that this meant that they could build relationships with the families in the centre resulting in them knowing better what support each family needs, when to intervene and when not.

Contact centre premises

The locations where contact takes place vary and this has created a different dynamic in each place. Ohana House has a separate space for each family whereas in Quarryvale FRC families in supported contact share space with other families. Both arrangements were found to have their pros and cons. More customised space for older children with appropriate facilities, it was agreed by staff, would be helpful as would more storage and office space.

Catchment area and local linkages

Staff agreed that the very large catchment area for the Child Contact Centre and the lack of an ongoing staff presence at the contact locations has made the development of local linkages more difficult and has also made it less feasible to engage with other interagency fora. As a consequence staff stated that additional resources are needed to raise awareness about the Child Contact Centre service and to provide more information on the benefits of such a service locally.

Impacts of the Child Contact Centre service

Planned Outcomes

Staff agreed that planned outcomes, especially improved well-being for both children and parents and reduced tension between parents, have been achieved by families progressing to contact within the service. It was also agreed that 'non-contact' had been found in certain instances to be in the best interest of the child (where that decision is based on an informed and independent voice of the child) and that not moving on to self-arranged contact is sometimes the best outcome for a family. The main reasons why non-contact might be assessed as a positive outcome for a child were found to be: risks too high, presence of child protection risks, domestic violence and/or addiction issues.

When asked why some children were found not to want contact staff gave examples of where a child had been let down in the past, where there had been a long experience of broken promises or because of the impact of parents' mental health and/or addiction issues on the child. In all these cases staff emphasised that the child is facilitated to articulate what they want, listened to, and this situation is continuously reviewed.

Staff explained how initially the model aimed to support families to move-on to 'self -arranged' contact. A service could, therefore be refused if it was assessed that there was a lack of capacity to 'move-on'. However, staff found that the reality for some of the families referred to the service was that they did not and may never have the capacity to move-on to self- arranged contact due to the complexity of their circumstances. The service, in order to be meaningful, therefore had to work with this reality and offer contact to families where there was little anticipation that move-on could be achieved. Furthermore, while supporting families to move-on to self-arranged contact remained a goal, it was also recognised that self -arranged contact was not always in the child's best interest.

Positive outcomes like reconnections and improved relationships with non-resident parents, reduced stress for children and parents, less conflict between parents and practical things like maintenance being paid, all came to be understood as a form of 'move on' by the staff.

Staff therefore agreed that not moving on to self-arranged contact should no longer be an excluding factor for accessing the service, especially as this is hard to predict at the start.

Impacts on Children

Improvements in the well-being of children attending the service have been witnessed by all the staff consulted. They described how a weight is lifted from child, someone is seen to be listening to them and the child no longer feels that they have to make inappropriate decisions about contact. Play and art therapy has also been found by staff to be very important for the children involved.

Staff observed how in the service children have been found to develop better relationships with their non-resident parent as parenting skills improve, as stress around contact reduces and as the resident parent knows that their child is safe. Children are also observed to develop better relationships with their resident parent as conflict between their parents' decreases.

Impact on Resident Parents

Staff reported that resident parents also experience improved well-being when contact is in the contact centre and they are being supported around such contact. The pressure on resident parents, about contact arrangements, staff stated, reduces significantly when in the contact centre. However some resident parents continue to express a lot of anxiety around contact to staff and they are found to need on-going support in dealing with this from the contact centre staff.

Impact on Non-Resident Parents

According to the staff interviewed many non-resident parents also experience improved well-being when in the contact centre. 'Huge differences' staff agreed can be seen in parents' behaviour and in how they relate to the children over time in the centre. This is reflected in such parents beginning to see the positives around focusing on their child. Their attitudes and priorities are seen to change. However some parents, staff relate, do not have the capacity to do this at that time and need further support.

Impact of Family Supports

Where parents have received parent mentoring the impact of this is described by staff as '*quite incredible*'. Through accessing such supports staff witness parents getting to know their child and being better able to anticipate and respond to their needs. Parenting skills are seen by staff to have developed while in the centre leading to improved relationships between the parent and the child. Parents are described as becoming more confident in disciplining their children, more secure in their relationship with the child and in their parenting role. Relationships between parents are seen to improve but this it is believed may only last while in the centre and may disimprove when/if they leave.

Factors that impact on the achievement of child and parent outcomes

The following factors were seen by staff to impact on the achievement of planned child and parent outcomes: a history of domestic violence, the nature of the previous relationship between the parents, and willingness of parents to engage with the service. Domestic violence, staff commented, is very common in the presenting families and can be very difficult to address, particularly if the domestic violence is not acknowledged. Violence at the level of control and emotional abuse is sometimes subtle and is seen to be hard to manage by the staff while for some families staff found that abuse continues after separation. These situations staff agreed have been found to create fear at the prospect of time in the contact centre ending. However staff also found that there is often little awareness among parents (both resident and non-resident) about the impact of domestic

violence on the other parent or on the child, while staff also agreed that domestic violence and mental health difficulties can sometimes block awareness by the parent of the need to focus on the child in relation to contact decisions.

Staff related how some mothers find relationships with the other parent particularly difficult if the father left during the pregnancy or in the child's early years. This they said can create a lack of trust and a fear that the children will be let down and hurt leading to a lot of family support work being required with these families.

Relationships with the family law courts¹⁹

Staff explained how the Child Contact Centre received a large number of referrals from the courts and that most judges respond very positively to feedback from the service. However some judges in their experience granted access in spite of the service indicating that it would be in the child's best interests that contact be stopped. On the other hand, staff also found that, if the contact centre advises contact to stay in the centre, judges tend to support this. Overall staff agreed that the family law courts have worked well with the service and that a very reasonable, balanced relationship between the service and the family law courts has been developed.

However more generally staff have found that the courts have extremely limited capacity or time to assess what is in the child's best interest in relation to contact and that safety issues for children are sometimes not given adequate priority in deciding on contact orders. They further considered that the impact of domestic violence on children appears to be poorly understood in the courts. Thus they concluded that judges need to hear more about the contact service and to be better informed around contact issues and their impact on children. Staff went on to say that they believed there is also a need for support around contact for parents and children using mediation.

Staff agreed that the lack of a court welfare service similar to CAFCASS²⁰ in England and Wales has put enormous pressure on the Child Contact Centre as families are coming to the service with no previous assessment of the issues affecting contact. As a result parents are often found to go back to court repeatedly and this can disrupt a growing trust in a process that is focused on the child rather than on the relationships between the parents.

Relationships with the HSE

Staff believed that the Child Contact Centre had assisted the HSE through providing safe contact for families referred to the HSE because of child safety concerns. However staff highlighted how referrals of families with children in care by the HSE has not occurred to a significant level and that the reasons for this are unclear. As a result staff considered that there is a need to create more awareness about the role that specialist, safe contact provision could play in relation to contact services for children in HSE care.

¹⁹ Staff explained how at the beginning of the pilot and once during it, service staff and management met with Judges from the Family Law Court. The service was explained and it was agreed that families would be ordered to attend the Child Contact Centre for assessment. As the Child Contact Centre was not a party to the order, contact would be arranged on the basis of the service assessment. In some cases the service assessed that contact was not in the child's best interest despite the court order for access. There was also an agreement that families would be asked back to the court and progress would be 'reviewed'.

²⁰ CAFCASS (the Children and Family Court Advisory and Support Service) represent children's interests in family courts and provide child welfare reports to the courts in England and Wales.

Key learning on child contact centre objectives

Staff identified the following as the key learning arising from the pilot in relation to the Child Contact Centre objectives:

- Detailed family assessments are the key to positive outcomes for families coming to the Child Contact Centre service as are on-going family supports. Contact is the issue the families come to the service for but this is only one of a number of other issues that need to be addressed and which will emerge during the contact centre process.
- For many families presenting to the centre move on to self-arranged contact is not possible due to domestic violence, addiction or mental health issues or a combination of all three.
- Key objectives for Child Contact Centre service are now seen to be the safety of each child and of each family member, assessment of the child's best interest and hearing children's voices.
- A key question that has emerged for the service is how to deal with the issue of domestic violence in the families coming to the service. This has raised questions such as: whether contact should in principle not be awarded by the family law courts where there is domestic violence? Should all domestic violence cases be referred for assessment before a decision is made on contact? Is it in child's best interest to have contact where there is domestic violence? What services are available for parents and children affected by domestic violence?

Impact of possible closure of the child contact centre service

The effects on children and families of a possible closure of the service are seen by staff to be that some children may be exposed to abuse and may witness more violence, some won't see their non – resident parent, parental stress levels will increase, some families will need to be referred to the HSE because of child protection concerns and cases will be re-entered before the family law courts. They expressed concern that these 'hidden children' will again be forgotten. However they emphasised that these children will continue to benefit from the time they had in the centre as they have seen positive role models; they have been given hope that things can change and improve and they have seen that it is possible for them to have a relationship with both parents

Potential savings for other agencies from the child contact centre's work

The type of savings that can be made by referring families to specialist contact services were identified by staff as follows: reduced court costs due to less families going to court, less time in court, an earlier ending of court proceedings; reduced need for free legal aid; reduced costs for families; reduced need for Section 20 reports and for *Guardian ad Litem* and reduced use of other family and child services.

6.2.2 Looking to the future

The staff's experience of the Child Contact Centre has illustrated that:

- i. There is a need to have a Child Contact Centre accessible to all areas of the country.
- ii. The current Child Contact Centre model should be further developed to include more key working with the child and with the parents, more supports for children e.g. close observation in assessment and in contact.

- iii. Each child contact centre service should have one location for all staff with possibly two separate teams²¹ in the service one providing referral, risk and assessment work with the family and the other providing key working and family support with the family around contact.
- iv. Staff in the service require adequate time for key working, networking, sharing learning and to develop strong interagency linkages.
- v. Child Contact Centre staff need to have the capacity to do family assessments, carry out supervised contact and to work with high need groups.
- vi. One overall manager is required for each child contact centre service with a higher complement of staff than at present, ideally with each contact site also having its own manager. The aim should be to provide more contact time for the families in the service by increasing the capacity of the service for assessment and case management.
- vii. Such Child Contact Centre services need to be more flexible in their availability and to be staffed by people who are trained to help parents build relationships with their children and to act in a parental role.
- viii. The extent of assessment required in future Child Contact Centre services will be influenced by developments in the wider environment –especially by the level and type of assessment that will be carried out in the context of the new Child and Family Agency and of the proposed reforms in the family law courts; as well as by how the outcome of the children’s rights referendum will be interpreted in law and practice.
- ix. Good referral and feedback systems need to be developed with the courts and with the new Child and Family agency as well as with the Gardai and with other relevant organisations.

In terms of **objectives**, staff believe that:

- The Child Contact Centre’s service should be aimed primarily at identifying and addressing the needs of children in relation to contact. They should hear children’s voices and make recommendations in relation to contact to the parents and to the courts.
- The service should be aimed at supporting parents to look at contact issues from the perspective of the child and to see how their actions affect their children.
- Key outcomes for the service should be redrawn as: safe and nurturing contact, alleviation of parental and child stress, better parenting, more focus on the child, children’s voices heard, courts making informed decisions in relation to contact and policymakers and other agencies more aware of the effect of domestic violence on children.
- The service should also work towards meeting the contact needs of children in care and more discussion is seen to be required to assess whether this should be a separate service.

In terms of **relationship with the courts** staff concluded that in future:

- A greater focus is needed on trying to ensure greater consistency in contact decisions by the family law courts, in ensuring that the child’s voice is heard and that the safety of any contact arrangement is the paramount consideration.
- If the current family law system continues in its current structure a Child Contact Centre will continue to need to provide full assessments in order to ensure that children are safe, to hear their voices and to provide assessments for the courts.

²¹ Some of the team disagreed with the idea of two separate teams as they believed that the trust built up during the assessment stage with certain staff members should be carried through into the on- going key working.

- These assessments should be heard by the court as reflecting the voice and best interests of the child and should be used by the court to make informed decisions on contact disputes in relevant cases.
- Family law court cases involving domestic violence should be referred for specialist assessment in relation to possible contact arrangements and support and access should not be awarded if a parent refuses to engage.

If the proposed reforms of the family law courts are fully implemented staff believe that they would have far reaching implications for the future operation of Child Contact Centres in Ireland. If family law courts in the future provide court welfare services staff considered that this would mean that broad assessments of families will be available before families come to a child contact centre. In such a situation the Child Contact Centre could focus on specific assessments relevant to contact only as well as on the provision of updated assessments and recommendations to the courts on move on options. Staff also agreed that a contact centre service should provide an information, advice and referral service regarding child and parent contact issues through having a presence in the family law courts.

Staff highlighted that further work needs to be done on how a growing focus on mediation in family law disputes will affect contact decisions and specifically at how children's voices will be effectively heard in such cases. Staff went on to express the view that mediation is not suitable in cases where there is domestic violence and that such cases should be referred for specialist assessment and to fully explore the wishes and best interests of the child in relation to contact. The future operation of Child Contact Centre services, staff stated, also need to be considered in the light of developments in child and family services in Ireland, specifically the development of the Common Assessment Framework (CAF) and Local Area Pathways. An integrated approach and common protocols it was believed should be developed between Child Contact Centres and the new Child and Family Agency, including the development of common referral and assessment systems. Staff believe that over time Child Contact Centres should be located in each of the seventeen Integrated Services Areas.

At a policy level staff expressed a need to ensure that issues around child contact are incorporated into a range of relevant policy documents; for instance, the National Children's strategy, the Early Year's strategy, the Young People's strategy and the National Parenting strategy.

Staff also stated that the Child and Family Agency should develop a comprehensive policy in relation to domestic violence and its impact on children and that the resulting policy should then be shared with and supported by the Department of Justice and Equality, the Court Service, the Legal Aid Board, the Family Mediation Service and the family law courts.

6.3 External Stakeholders

Feedback on the Child Contact Centre was received from legal professionals, HSE Social Workers, other NGOs as well as from funders. Key findings from this feedback are presented below.²² Please note for ease of reading these external stakeholders are described as 'stakeholders' in the commentary below. It is also worth noting that generally there was a high degree of consensus among this group in the feedback given and areas where significantly different views were expressed are indicated below.

²² Six external stakeholders gave a phone interview, 5 were interviewed and 4 attended the focus group meeting. (22/7/2013) See Appendix 2 for a list of these stakeholders.

6.3.1 Experience to date

Views on contact issues

All the stakeholders that are providing services directly to clients stated that they are dealing with child contact issues on a daily basis. Currently many child contact meetings they report take place in public places. In other cases grandparents or other family members have been found to supervise contact and there is often resulting conflict in these families. The majority of stakeholders consulted, especially those in NGOs and the HSE, agreed that supervision by other family members is not effective or in the children's best interest. Such stakeholders agreed that some parents use children to manipulate the other parent and in these cases children are caught in the middle and are sometimes not safe. However a number of stakeholders in the legal sphere were less concerned about family member' supervising contact and considered that this was adequate solution to many contact disputes.

However all agreed that a safe place for contact is required when there are high levels of parental conflict especially when there are issues related to mental health, addiction, including alcohol and drug misuse. The safety of the child, all stakeholders agreed, should be the main focus of all contact decisions. However many stakeholders reported that often parents are entrenched in their own views and perspectives while some parents lack the capacity or are unwilling to focus on the child's needs. These issues, they stated, are complicated by domestic violence which is common in such cases. Stakeholders working with families agreed that many parents have no idea of the damage they are doing to their children due to contact disputes

The social workers consulted stated that facilitating contact for children in care takes up a '*huge amount of time*'. In these cases there is often a reliance on foster carers to supervise contact; sometimes they said this works but not always. In relation to child welfare contact issues, they commented that these are now referred to community services but that there are very limited contact services available in the community. Historically, they agreed that, in Ireland there are very few specialist access workers and that it is very difficult for social workers to support both the parents and the children in relation to contact.

Legal stakeholders consulted said that contact issues need to be dealt with much earlier by the courts. By dealing with such issues earlier they agreed that entrenched positions are less likely to arise, high conflict cases can be identified and these can be transferred on to specialist services such as contact centres thus saving on court costs. Such stakeholders also agreed that a less adversarial approach to settling contact issues is required based on minimising the damage caused by the process for the child. Mediation is seen by these stakeholders as the preferred first approach to settling contact issues, except in cases involving domestic violence. However legal professionals emphasised that some parents are not willing to follow this route and want to go to court. These issues they concurred are complicated, in their experience, because there is inconsistency among judges at present in how they deal with contact cases and in how the voice of the child should be heard in legal proceedings.

The need for Child Contact Centres

The stakeholders consulted stated that they receive many enquires about child contact services for children not in care both inside and outside the catchment area. A number commented on how the setting of a court date for access to be considered can create a lot of stress and anger and that it is often then that parents look for options around access and realise how little support there is available for them. Generally all agreed that there is a significant gap in child contact service provision outside the care system in Ireland and some organisation needs to take ownership of contact issues outside of children in care. A number of those consulted believe that there is also a need for contact space for families with less complex needs, an '*alternative to McDonalds*'.

The social workers consulted agreed that families with child contact concerns come to their attention and there is often nowhere for them to refer such families to. In these cases they have to inform the families they have no role in this area. These social workers also commented on how they can sometimes be in conflict with the family about other issues and there is a need for a separate access service. When asked why referrals to the Child Contact Centre of families with children in care were low the social workers consulted were unable to identify a specific reason. Possible reasons given were a lack of knowledge of the Child Contact Centre and a '*traditional way of doing these things*'. However these social workers also recognised that Child Contact Centres can play a role in reducing social workers' waiting lists.

Experience of the Child Contact Centre

Each of the stakeholders consulted that work with families said that they had promoted the child contact centre service widely. However they had no information on how many of their clients followed this up. Each had referred families to the service involving a variety of situations such as a child not wanting contact; a father not agreeing to the contact arrangements proposed, the reintroduction of a parent to their child. They also commented on how many enquiries are outside the catchment area and that they believed there to be a lack of information on the service, especially within the HSE. Some commented on the need to reduce waiting lists - presently there can be a seven months delay for parents: three to four months before coming to the courts plus four months on a child contact centre waiting list.

Impact of the Child Contact Centre

The Child Contact Centre is seen by these stakeholders to provide a valuable service. Those that have direct contact with the staff in the Child Contact Centre said that they are seen to be well organised, well-run and well-linked into statutory services. Child contact centre staff have been found to prepare parents well for contact, to involve parents in the process and to improve outcomes. Assessments in the Child Contact Centre are seen by these stakeholders to be very good and to be beneficial to the HSE. Child Contact Centre staff have also been found by stakeholders involved in the legal service to have provided independent reports to the court on the quality of contact and these are considered to be very useful.

Overall these stakeholders stated that the Child Contact Centre is seen to be providing an opportunity for child-parent contact in a safe environment, helping to keep the mother safe and protecting the child from emotional and physical abuse. It was also stated by some stakeholders that the centre prevents the risk of children witnessing domestic violence. Time in the contact centre, it was also mentioned, can also allow other difficulties in the family to be picked up.

Other impacts referred to were that the Child Contact Centre provides quality time where families in contact can be observed and supported and that such sessions build attachment and reduce behavioural problems later. Children using the centre it was stated have been seen to have improved self-esteem and to have witnessed more positive relationships between their parents. The centre, some stakeholders commented, now have experience of working with a group of families with high needs not previously in contact with family support services.

When asked about their clients' experience of the child Contact Centre stakeholders consulted found them to be very happy with the centre. Access to parenting supports in the service was also seen to have had a major impact on parenting skills while counselling was also been seen to have had a positive impact on clients. Differences, stakeholders highlighted, could be seen in parents' behaviour when they have engaged with the service. Overall, the impact of attending the Child Contact Centre services were described by the stakeholders consulted as follows:

- reduced risks to families;

- mothers feel safe;
- stress is reduced; and
- the risk of abuse is reduced.

Stakeholders involved in the legal arena stated that the courts that have referred to the Child Contact Centre were satisfied with the service provided, respected their work and were increasingly aware of the service and of its benefits. The views of Child Contact Centre staff including their case reviews were stated as being highly valued by the court. Courts they stated are now more likely to understand the decision by the Child Contact Centre that if there is ongoing domestic violence there can be no contact in the centre.

However the Child Contact Centre was seen by some stakeholders to have overly complex administration/ vetting and assessment systems and this is leading to waiting lists and delays and that there needs to be a focus on how this situation can best be dealt with.

Views on Family law courts and contact

Currently the stakeholders consulted agreed that most access requests to the courts are granted unless there is seen to be a serious risk to the child, especially in cases involving younger children. However there were varying views by these stakeholders on the number of private law cases in the Dublin family law courts each year where a suitable arrangement for contact is an issue.

Stakeholders agreed that there is a gap between social services and the courts in relation to contact and that contact issues for children not in care are not 'owned' by anyone. One stakeholder stated that currently judges sometimes base their decision in relation to contact on the perspective that if there is no social worker present there is no problem. This, she said, can create a perverse response by some parents who will try to create a situation where a social worker is needed.

Some stakeholders also queried how access is provided in relation to the significant number of interim care orders that are made each month.

Another commented that while some judges interview children and this may be illuminating they lack the training needed to do this effectively, especially with younger children.

6.3.3 Looking to the Future

Views on the future of Child Contact Centres

Stakeholders working with families agreed that there is a need for Child Contact Centres in all areas, especially in Dublin city where there is nothing at present, or else that there needs to be a bigger catchment area for the current service. Community-based contact services it was agreed by the stakeholders are very limited and more specialist access workers are needed in the community.

Based on comments made above, the stakeholders working with families concurred that there is a need to clarify who is responsible for child assessment in welfare cases involving contact, particularly in the context of domestic violence. Feedback from legal professionals indicates that they would recommend a child contact centre where there are child welfare and safety issues but not where parents are '*just being pigheaded*'.

Some stakeholders also referred to the need for a contact service for families with less complex needs based in the community, an alternative to 'McDonalds', and that a decision is now required on who is responsible for resourcing such a service and for the development of its policies, practice and standards.

If the Child Contact Centre is closed down, it was agreed by those working with families that, there would be a dearth of support for families around contact issues. Some of those interviewed also stated that there is a need for Child Contact Centres for families to use for a much longer period than two years and that increased resources for court ordered supervised contact and for assessment of high conflict contact cases are urgently needed. There was also agreement that more resources are required to raise awareness about the role and benefits of a specialist Child Contact Centre service, and to facilitate contact centre staff to participate in interagency meetings in order to update other agencies on their work.

These stakeholders recognised the need to focus now on how future Child Contact Centre services can be made viable and that such centres cannot develop in isolation from other services but in the future should form part of a new family support model. Some referred to how the practical implications of children's rights as enshrined in the constitution have not been worked out yet and this will also have implications for child contact issues. Others emphasised the need to make the case that funding Child Contact Centres should be a priority and to identify where funding for such services could best be sourced.

Views on Family Law Reform

Stakeholders working with families agreed that an independent assessment service is needed to inform judges on what is in the best interest of children in relation to contact in 'high conflict' cases and that judges also need to be better informed on the impact of family disputes and domestic violence on children. Some suggested that perhaps Child Contact Centres should be seen as the only contact option if the court is aware of on-going risks to the parent or child with penalties imposed if such parents fail to engage with the service.

Stakeholders when asked about the proposed reforms to the family law courts indicated that there is little information yet on the proposed reforms and doubts were expressed by some that funding will be made available for such reform. A number stated that more transparency in the courts through removal of the in camera rule would bring mixed benefits to families. However the resulting reporting would, it was agreed, help to illustrate to the public what Child Contact Centres can do. A CAFCASS like service some stakeholders stated is needed with independent experts that see the parents and the child and provide a report to the judge.

Options for future funding of Child Contact Centres

Funders interviewed for this evaluation expressed how a 'business case' for child contact centre services now needs to be made aimed at accessing mainline funding sources. However making such a case they emphasised is very difficult in the current environment as such services are not seen to be a priority. They went on to express the view that child protection is the priority for child and family services and Child Contact Centres are not seen by funders as being in this 'zone'.

The types of information needed to assist decisions on future funding of Child Contact Centres were said by potential funders to include: Who are the main beneficiaries of the service, should Child Contact Centres be part of the provision of child and family services and /or court services, how are risks assessed, are there different levels of risk and how could a scaled up service be shown to be value for money?

In relation to possible future funding of Child Contact Centres the following issues were raised:

- I. Family Resource Centres (FRCs) are investing in developing their family support skills and are well placed to be part of any wider role out of community based child contact centre services. However there is no funding stream to cover such work in their current plans.

- II. Within the HSE a new commissioning strategy will mean that each Integrated Care Area (ISA) will map need, services and gaps in their area across the Hardiker model²³. They will then develop Local Area Pathways which will include a network of services aimed at addressing these needs. Child Contact Centre services could become a partner in these child and family support networks. However once again such services are not seen as priority at present and no funding source can be identified to continue such work at present.
- III. The 'Sustaining Regeneration' plan for Ballymun includes a strategy for the provision of children and family supports. A submission could be made to the group leading this for future child contact centre funding.
- IV. The resources saved by greater use of mediation in family law cases could be used to fund better supports for judges and mediators in making decisions /advising on what is in the best interest of children in contact cases including the funding of Child Contact Centres where needed.

²³ The Hardiker model describes different levels of need and related services for children within a population.

Chapter 7 Evaluation of the Performance and Impact of the Pilot Child Contact Centre Service

7.1 Introduction

In this chapter we evaluate the performance and impact of the pilot Child Contact Centre, drawing together and analysing the information presented in earlier chapters of the report, and spell out the implications of these findings for future provision of Child Contact Centres in Ireland.

7.2 Performance of the pilot Child Contact Centre

7.2.1 Implementation of the Child Contact Centre model

The activities outlined in the original project plan were delivered involving the implementation of a comprehensive child contact service model (See Figure 2.1.)²⁴. This model included activities related to enquiries, referrals, assessments, child contact sessions, key worker sessions, family supports, referrals to specialist services, reviews and post contact supports.

However as stated in the mid-term evaluation a number of these activities proved to be more challenging than originally expected, due to the high level of need in the presenting families and the lack of prior assessments, and this remained the situation throughout the evaluation period, reflective of the broader existing literature base (Pearson & Thoennes, 1997; Kaye, Stubbs & Tolmie, 2003). Many of the families coming to the service had serious domestic violence, addiction and mental health issues which needed to be considered in depth before decisions could be made on the optimum type of service that should be offered to the family. This decision was made based on a detailed assessment of the best interests of the child. The extent of domestic violence in families attending the Child Contact Centre service is reflective of both the existing literature and a historical and problematic feature of the Contact Centre service experience. While there are clearly documented and obvious benefits to post-separation contact, international research highlights that for approximately 10-30% of separating/separated families, the process by which contact is agreed is an 'uphill battle' (Dunn *et al.*, 2004), that UK researchers concluded is emotionally charged, problematic and potentially dangerous (Saunders & Barron, 2003; Trinder, 2007). This is particularly the case where domestic violence is present.

7.2.2 The assessment process in the Child Contact service

As shown in Appendix three this assessment process could take up to 17 weeks while further delays could occur while awaiting information/decisions from other organisations. For instance a new HSE assessment could take six months, a court hearing three months and information from the Gardaí four to six weeks.

The outcome of this assessment process could be any of the following decisions:

- Whether or not it is in the child's best interests that contact should occur
- Preparation is required prior to commencement of contact for the child, the contact parent and the resident parent, including helping the child to be emotionally ready to commence contact, helping the non-resident parent feel confident to meet and relate to the child and helping the resident parent to "let go" and trust the contact process.
- The type of contact to occur (supervised, supported or handover), frequency and duration

²⁴ The Child Contact Centre Advisory Group was not established due to difficulties in drawing together a group of key stakeholders. The alternative approach used was for the child contact service managers to meet individually with key stakeholders.

- Risk assessments and any specific safety conditions to be applied to the contact arrangements.
- Family supports to be provided in order to support the contact and to assist the parents move on to self-arranged contact over time.
- Other service interventions required by family members arising from the assessment.

The high level of resources required for client assessment and case management presented an ongoing bottleneck for the service. This bottleneck was reinforced in cases where domestic violence was present requiring particular and significant attention and resources in order for a child centred and safe assessment to be made.

Fifty-six of the 128 families referred to the service during the evaluation period were offered a Child Contact Centre service. Of these 25 were or had been engaging in contact sessions up to end April 2013 and 31 families had or were receiving an assessment or pre- contact service. Fifty-six families had declined a service before their case was opened.

When a family progressed to contact an ongoing process of review was put in place involving staff, parents and children. Such reviews could identify any unmet needs and any new interventions required as well as any emerging safety concerns. This could result in alternative child contact arrangements being offered or in the contact service being withdrawn if this was assessed as being in the child's best interest. These findings mirror the summary of the literature review in Chapter 3 to the effect that:

'Key to ensuring that child contact is meeting the child's needs and is in the child's best interest include issues of staff training in the areas of domestic violence and direct work with children, stringent assessment processes, and clear policies and practices that place the of the child as central to all decisions and practices.'(p. 40)

7.2.3 The quality of programme components

All those consulted during the course of this evaluation - parents, children, volunteers, staff and referrers - expressed satisfaction with the quality of the services provided in the Child Contact Centre. High quality supervised, supported and handover contact and related services were seen to have been provided to the families progressing to this service within the catchment area. The quality of the case management and family support staff and their expertise in working with the parents and children using the service was highly regarded by all those consulted. Feedback received from clients in the exit survey indicated that the experience of engaging with the contact centre was a positive one while families interviewed for the evaluation when asked to comment on specific elements of the service such as issues of safety and staff practice gave positive feedback, particularly in relation to the families feeling that they were listened to.

7.2.4 The role of family support services

Feedback from stakeholders, including parents that had used the service, highlighted the importance of family support services in supporting families availing of the contact service. Seventeen parents engaged in counselling services and 19 in parent mentoring service.

The provision of specialist key working and family supports that assisted parents to develop their parenting skills, to deal with issues of long-term conflict between parents, and to focus on the best interest of the children concerned were found by staff and parents to be key to the progression of families in the service.

Again these findings mirror the findings from the literature review (Chapter 3) that programmes specifically focusing on parent-child contact activity driven by the contact centre itself are needed to

create a 'parenting' rather than a 'contact' environment within child contact services (Smart & Neale, 1999).

7.2.5 Staff skills and staffing issues

Feedback from various stakeholders shows that staff involved in the Child Contact Centre service were held in high esteem by participating parents and children. Parents interviewed for this evaluation referred to how staff made them feel they were *'being supported whilst not feeling judged, being understood but most of all for being neutral, and for not taking sides.'* (See Chapter five). Resident and non-resident parents also talked about the direct parenting advice and practical strategies they were given which supported their individual parenting style and helped resolve parenting difficulties and issues.

The level of staff support and expertise required by the presenting families, especially at the assessment stage and also in terms of key working meant that available child contact space and contact volunteers could not be fully utilised over the evaluation period with the available staff resources. Following the mid-term evaluation cover staff from Barnardos were brought in to allow the contact centre core staff to concentrate on assessment and key working with the families. This did ease pressure on staff but staff interviewed for this final evaluation concluded that further specialist assessment staff are required to facilitate appropriate movement through the service, to reduce waiting lists and to use available contact time to the optimum extent. This finding echoes research in other jurisdictions which have highlighted the need for specialist child contact centre staff training, particularly in assessment, direct work with children and the dynamics of domestic abuse (Aris et al, 2002; Holt, 2009).

This strong focus by staff on assessment is supported by the literature (See Chapter three) which highlights that assessment procedure in relation to contact need to be stringent especially in cases where there has been a history of domestic abuse in order to avoid referrals where the extent of risk surpasses the level of supervision available (Holt, 2009). It also reflects recommendations that have been made in the literature on the need for appropriately qualified and trained staff and for rigorous screening and risk assessment (Parker et al, 2008).

The situation whereby the contact centre service staff were operating out of different locations was found to have slowed down decision-making as well as to have limited team working.

7.2.6 Whether the target audience was reached

Target audiences for the service were reached to varying extents. For instance strong levels of referrals came from individual family members, the family law courts and from solicitors. However while 22% of referrals involved the HSE or another social worker a small number of referrals were received from the HSE of families with children in care (3) or from other family support services. Following the mid-term evaluation steps were taken by the staff to broaden referrals, and to seek less complex families that might be able to move on more speedily. However referrals of families with children in care remained low while plans to bring in families with less complex needs had a limited impact during the evaluation period due to the short time period involved between the mid-term and final evaluation.

The experience of this service highlights the primacy of meeting the child's needs in relationship breakdown. Further work is required on how these needs can best be met in a variety of circumstances, e.g. whether a universal community based service with access to specialist assessment and/or family support requirements is required for some families with lower and less complex needs?

7.2.7 Families that did not progress to contact

The client data shows that 56 of the referred families had declined a service. The primary reason given for declining a service was found to be lack of consent from both parents to the service offered while in two of these cases the child declined the service offered.

Concerns were raised by stakeholders in relation to families that were assessed as not suitable for the contact centre service, due to safety concerns or because of a lack of co-operation from one or both parents, as well as for those families that have dropped out of the service. Such families may be having contact, sometimes court ordered, in other locations such as shopping centres, and concerns were expressed about the possible risks to the children and parents of such contact.

Comments from parents in the exit questionnaires highlight the effect these decisions can have on the families concerned. For instance two parents described situations where the non-resident parent refused to engage with the service and what they would like to see:

‘Access for the children to support services even if one parent refuses to engage with the service. The children felt left in limbo when X wouldn’t engage and hurt by what they perceived as a rejection. They had built up huge trust with staff in Barnardos and felt listened to.’

‘No consequences for cancellation / lateness. Now that access is out of the centre things seem to be falling back to old ways.’

This feedback highlights how important it is for the child to have a voice in relation to contact and also indicates that no matter how child-centred a service is parents can still refuse the contact service offered .

7.2.8 Profile of Clients

In terms of the profile of families referred to the child contact centre the client data shows that 87% of non-resident parents were male and 90% of resident parents were female. Over three quarters of parents were unmarried, with almost half of parents (47%) being over 35 years of age. while 42% of resident parents and 59% of non-resident parents were unemployed. The average number of children (not in care) referred to the service per family was two. Children ranged from 0 to 14 years of age with an average age of 6.5 years. This profiling information can provide pointers as to the type of service that is likely to be needed in any future roll-out of Child Contact Centres in Ireland.

7.2.9 Achievement of targets

Twenty-five families were or had been having contact in the Child Contact Centre compared to a planned number of approximately 70 over the period of the evaluation (see Chapter two). However if we include the families that received some service in the Child Contact Centre this increases this number to 56, reflecting the additional number of families that had received an assessment or a pre-contact service but had not proceeded to contact at the time the evaluation period ended.

According to the Child Contact centre staff the lower number in the service compared to the target number reflects the considerable amount of staff resources that were required to carry out assessments and to provide on-going key working with the referred families.

While the numbers progressing to contact were lower than planned due to the factors outlined above, the data also indicates that there is a considerable need for contact and related services with over 400 enquires to the service during the evaluation period. For the service to be sustainable as a contact service it is important to identify how best to increase the number of families progressing into and remaining in contact without compromising child and parent safety.

7.2.10 Type of contact service provided

Twelve families were offered supervised contact while 18 were offered supported contact sessions. This contrasts with the figure of 62% requesting a supervised service when referred to the contact service and indicates the need for an agreed definition of supervised contact in an Irish context.

7.2.11 Key factors influencing programme delivery

A number of factors have influenced the operation of the Child Contact Centre service. In particular, and as outlined above, the fact that families with complex needs entered the service with little or no previous assessment has meant that staff have had to spend a considerable amount of time assessing needs and risks and identifying what was in the best interest of the children concerned. Again, as stated above, this has meant that the number of families within the service that progressed to contact was lower than forecast in the original project plan. The most common risk factors identified were child abuse, domestic violence and mental health and related issues and in the case of twenty three families child protection referrals were made. This high level of risk influenced the delivery of family services also with families with identified risks being offered a larger number of these sessions.

The multi-risk nature of these families is also reflective of the international experience, where it was identified that up to half of cases attending contact centres involve high levels of parental conflict, one-third involve domestic abuse and one quarter involve fears of child abduction (Hunt & Roberts, 2004; Furniss, 1999).

Domestic violence and addiction issues were found by the staff to be very difficult to address, particularly if the domestic violence was not acknowledged and where there were diametrically opposed explanations of events by the two parents. Issues around control and emotional abuse were also found to be prevalent. However staff found that there was a low level of awareness of the impact of domestic violence on parents or on the child by parents themselves as well as among other services that were engaging with these families. It is of interest in this context to note that 40% of the families referred to the service were defined as having an involvement with the HSE with 22% referred through the HSE or by other social workers. This indicates the potential for greater sharing of information across services which in turn might result in a reduction in the amount of contact service resources that are required for assessment work. It also attests to the pivotal importance of staff training in the dynamics of domestic violence in the provision of safe contact.

Other factors were also found to impact on the achievement of planned outcomes including the willingness of the parents to engage with the service and with each other. The client data shows that:

- 50% of resident parents at the time of referral were identified as 'never' willing to meet the other parent compared to 34% of non-resident parents.
- While many were unwilling to meet the other parent, the data also shows that access orders were in place for 58% of these families while 28% had on-going court proceedings at the point of referral.
- 69% of resident parents, 50% of non-resident parents and 44% of children were identified as having a positive attitude to the service at referral.
- 61% of children were having no contact with the non-resident parent at the time of the referral.
- 30% of families were recorded as having regular contact with their non-resident parent at the time of referral.
- A third of children had not resided with their non-resident parent for the past 3 years.

Added to this the follow-up interviews with child contact centre clients referred to situations where the adult relationship had ended when the child was very young. This, it was found, combined with inter-parental hostility can militate against the father-child relationship developing.

These findings reflect the literature reviewed (Holt, 2009; Trinder et al 2002). For instance the willingness of both parents to engage with the 'parental bargain', involves a high level of 'permission' on behalf of the non-resident parent to allow the resident parent be the primary carer (Wilson, 2006), and a simultaneously high level of permission on behalf of the resident parent to allow the contact parent maintain their parental relationship (Hunt & Roberts, 2004; Pryor & Rodgers, 2001). It is important to note that the level of power and control exerted in domestically abusive relationships would militate against the development of such 'parental bargain'.

7.3 Impact of the Child Contact Centre

7.3.1 Achievement of objectives of safe contact and improved relationships and impact on parents and children

The findings of this evaluation indicate that the following objectives have been achieved in relation to families that have progressed to contact within the service:

- a) Children enjoy and maintain contact and develop relationships with parents
- b) Parents and children do not experience abuse/danger during contact
- c) Parents' well-being is improved with reduced conflict between parents
- d) The child's voice is listened to

Conflict levels were also found to have reduced in the families consulted in the course of this evaluation. Feedback from both parents and staff indicates that resident parents whose children are using the child centre have become increasingly accepting of child contact with the non-resident parent and perceive such contact to be safe for them and their children. Parents that completed the exit questionnaires were largely satisfied with the outcomes for their child having engaged in the service.

Similar to Dunn et al (2004) findings, stakeholders in this present study agreed that children were seen to have improved self-esteem and to have been central to decisions made about contact arrangements while in the centre. The feedback from families interviewed for this evaluation and echoing that of Holt's (2011) earlier work, clearly highlights how important it was for both parents and children that the wishes and needs of children were paramount in all decisions made about contact.

Experience in the contact centre was also seen to have demonstrated how relationships between parents and between parents and the child can impact positively on the development of the child.

All those consulted expressed the view that children in the service were benefiting from safe child contact and were being supported to develop positive relationships with both their parents. This is reflected in the views of the families interviewed for this evaluation. All of the participating families where contact was occurring clearly identified their engagement with the centre and related services as integral to positive improvements in contact arrangements and in improved parenting skills and capacity. These interviews also illustrated the critical role the service plays in both addressing abusive behaviour and taking protective action when children and parents are fearful for their safety during contact.

However the exit questionnaires indicate that while mostly positive improvements are noted by the participating parents, particularly in terms of significant changes in the parent-child relationship and

quality of contact, improvements in inter-parental relationships were found by only a minority of these parents.

The family interviews reinforce this view that while outcomes for children are highly positive and that safety for both parents and children has improved significantly, parental relationships often remain fraught making move-on from the contact centre problematic. This reinforces the view of the staff in the service that capacity to move-on should not be a service pre-condition and that children can benefit from quality contact with their parent whether or not such move-on is achievable.

7.3.2 *Achieving the objective of hearing the voice of the child*

A key driver in promoting the philosophy and practice of ascertaining the views and wishes of the child in decisions that affect their lives has been the UNCRC (1989). Reflective of this philosophical position, empowering children and young people to make informed decisions on contact with their non-resident parent and in supporting them in deciding whether or not they consider such contact to be in their best interests at this point in their lives has proved to be a key element of the work of the Child Contact Centre. This is strongly reflected in the feedback from parents and children that engaged with the evaluation (See Chapter five).

An issue remains however as to how best to ensure that the courts are aware of and accept such decisions. The existing literature highlights how a pro-contact culture can leave professionals blind to the potential for domestic violence to impact negatively on mothers and children in the post-separation period. This study found Child Contact Centre staff to be acutely aware of these negative impacts and not reticent to be unsupportive of a contact arrangement if it was not considered to be in the child's best interest.

7.3.3 *The role of child and family support services in the achievement of these objectives*

The family support services provided in the child contact service were seen by stakeholders to be key to supporting parents to improve their parenting skills and to deal with the conflicts that have prevented them in the past from focusing on their children's needs. The follow up interviews identified support and advice received from contact centre staff as significant in improved parenting abilities and subsequently the parent-child relationship. This focus on parenting advice and support was highlighted by both resident and non-resident parents interviewed for the evaluation as a critical factor in the change making process.

7.3.4 *Achievement of the objective of moving on to self-arranged contact*

Achieving the objective of moving on to self-arranged contact proved to be more problematic in the Child Contact Centre than originally anticipated due to the high level of need in the presenting families. Eleven families moved on to post-contact services during the evaluation period and three moved on to self arranged contact.; Feedback from staff indicates that most families in the Child Contact Centre will need such a service for long periods with some requiring further family supports services after leaving the child contact service and a number unlikely for the foreseeable future to move on to self-arranged child contact. Such families it was highlighted do achieve other positive outcomes, such as reconnections and improved relationships with non- resident parents, reduced stress for children and parents and less conflict between parents as well as practical improvements such as maintenance being paid and such outcomes should be recognised as a form of 'move on'.

This experience of the child contact service reflects the findings in the literature that while the original aim and ultimate goal of contact centres was that families would become self-sufficient, , it was acknowledged that some families may need more intensive support over time, with an understanding that levels of risk may not improve (Morrison and Washoff 2012)).

7.3.5 Achievement of objectives in relation to the HSE

As stated above, a fifth of referrals involved the HSE. Feedback received from a number of HSE staff that had referred cases indicated a high level of satisfaction with the service and a view that Child Contact Centres provide a more developmental service than could be provided by the HSE for such families on an on-going basis. However a very small number of families with children in care were referred to the child contact service and the view was expressed by stakeholders that there is limited knowledge about the benefits of specialist child contact services within the HSE. These findings indicate that there is a need for further discussions with the HSE and/or the new Child and Family Agency on the role and benefits of specialist child contact services in both child welfare and child protection cases, as well as in relation to children in care.

7.3.6 Achievement of objectives in relation to the courts

Thirty five percent of referrals to the child contact service were from the courts while 58% of the families involved had access orders and a further 28% were involved in court proceedings. Feedback from parents, staff and other stakeholders suggests that the child contact centre service provided a much needed service to the family law courts enabling them to make more informed decisions in relation to child contact issues. In cases where the staff were involved with court cases their views and assessments were believed to have influenced the contact decisions made in the courts and to be enabling the views and best interests of children to be better considered by the family law courts. However staff also found that the impact of domestic violence on children generally appears to be poorly understood in the courts, with concerns raised by these staff that in a small number of cases where the contact centre staff advised the court that contact was not safe the court nevertheless awarded it with limited safeguards in place. Such decisions were also found to increase the likelihood of parents going back to court repeatedly to appeal such decisions.

This finding mirrors the international research outlined in Chapter three of the report which found the presence of domestic violence to be minimised by ‘custody evaluators’. It also reflects the discourse in the literature around concerns about the prevailing attitude to contact which can be rooted in and grew out of a ‘pro-contact discourse’ that values and supports continuing non-resident child contact and that presumes that contact is in the best interest of the child and that contact is a ‘right’ of both parents and children.

The role of the Child Contact Centre in addressing issues around engagement with the courts is illustrated in the following quote from a parent in the service:

‘I think that this is a very important service as I was fearful of Y’s safety with her father. I wish the contact centre the best of luck in the future. I appreciate everything they did for myself and Y. I hope there are more centres like this in the future as judges can leave parents facing desperate measures to ensure the safety of their children. If this contact centre didn’t offer me support when they did I would most likely have refused any access, court ordered or not. I have never broken the law before, but when it comes to your child you will keep them safe no matter what the price. There should be more centres and more funding for these centres. Children have to be protected ‘ (quote from an exit questionnaire).

7.4 Drawing out the learning for future child contact services in Ireland

7.4.1 The need for child contact services

The child contact service received over 400 enquires from within its catchment areas over the period from the commencement of the service until end April 2013 and provided a service to 128 of these families during this period, 25 of whom moved on to avail of contact sessions within the service while 31 had or were receiving assessments or a pre-contact service. These findings indicate a significant level of unmet need within the catchment area alone.

This finding was reinforced by service providers consulted in the course of this evaluation (social workers, solicitors, other NGOs) who stated that they are dealing with child contact issues on a daily basis. Currently, in their experience, and echoing Holt's (2009) earlier Irish research, many child contact meetings take place in unsuitable public places often involving grandparents or other family members supervising contact. These stakeholders generally agreed that supervision by other family members is often not effective or in the children's best interest.

The view was also expressed by many of those consulted that there is a major gap in child contact service provision outside of the care system and that a specific organisation needs to be given responsibility for such contact issues and for ensuring the provision of a national contact service. Increased resources for court ordered supervised contact and for assessment and family support services for high conflict contact cases are seen to be particularly urgently needed. Some stakeholders also expressed the need for community based contact centres for families with lower levels of need than those presenting to the Child Contact Centre.

Those consulted in the course of this evaluation also expressed concern about the possible closure of the child contact service. The effects on families of a possible closure of the service are seen to include: some children may be exposed to abuse and may witness more violence, some won't see their non-resident parent, parental stress levels will increase, some families will need to be referred to the HSE because of child protection concerns while some will re-enter court proceedings. Nevertheless it was agreed that the children that had used the service would continue to benefit from their time in the centre.

7.4.2 Scale of need

Based on the findings of this evaluation there is a continuing need for child contact centre services within the catchment area for the service. The experience of the service also indicates that engagement with family law practitioners and with the HSE can result in a significant level of enquiries for a child contact service in a relatively short period of time.

Such a need also exists more broadly in Ireland as evidenced firstly by the number of enquiries that came to the service from outside the catchment area and also by the number of cases coming before the family law courts involving access issues and the number of care orders made indicating that this issue is regularly dealt with by the courts. For example:

- The Court Services Annual reports shows that in 2012 4,219 access orders were granted in the District Courts, 145 were refused and a further 1,245 were struck out while a further 600 orders for both custody and access were also granted.
- 1,384 care orders and 4,862 interim care orders were made in the courts in 2012.²⁵

The literature review (See Chapter three) points to the research evidence that for approximately 10-30% of separating families, the process by which contact is agreed is an 'uphill battle' (Dunn *et al.*, 2004), that is emotionally charged, problematic and potentially dangerous (Dunn *et al.*, 2004; Saunders & Barron, 2003; Trinder, 2007).

7.4.3 Type of need

The child contact service has played an important role in exploring in practice the type of needs families in Ireland can have in relation to child contact. The following needs around contact have been identified:

- i. The need for a specialist service to assess if and if so, what type of contact is in the best interest of the child in cases of dispute over contact.

²⁵ No sub-national figures are available.

- ii. The need for a place for safe contact to take place when there are concerns about safety.
- iii. The need for an appropriate child contact service for children in care.
- iv. The need for family supports to help develop relationships between non-resident parents and their child, to reduce conflict between parents, to help parents to focus on their child and to develop parenting skills.
- v. The need for a process to help families to move on to self-regulated contact when this is a realistic objective.
- vi. The need to advise the courts on contact cases especially where there is domestic violence and/or other child protection or welfare concerns.
- vii. The contact needs of wider family members.
- viii. The need to support children and parents in families that have dropped out of the contact service or are refused such a service but where contact is still occurring.

All these needs, aside from the last one, can be addressed by various elements of the Child Contact Centre model that has operated during the pilot, e.g. assessment, safe contact, family supports and move-on supports. In the context of a wider roll-out of child contact services in Ireland the question needs to be considered as to whether all elements of this service need to be provided by one organisation or whether, for example, different organisations could provide a location for safe contact primarily while others provide assessment and/or family support services? The resources required in possible different models and where these might be sourced, as well as the extent to which a different model could reduce waiting lists and/or dropout rates while not compromising child and parent safety, needs to be explored in planning future provision.

7.4.4 A Child Contact Centre service model or models for the future

As stated above, a number of different needs must be met in the provision of a comprehensive, safe and developmental child contact service. These needs are spelt out below:

Assessment services for families with child contact issues

The Child Contact Centre service has indicated the benefits of a specialist child contact assessment and review service for families with child contact issues. The benefits that can arise from this element of the service for the courts as well as for the HSE in relation to contact issues in child protection and welfare cases has also been demonstrated. The findings of this evaluation indicate that such an assessment and review service could provide more general advice to the courts and to the HSE on what is in the child's best interest in relation to contact which could involve recommending the use of a child contact centre for contact. This is particularly applicable in cases involving domestic violence, where the literature denotes a litany of problematic decision-making in such cases, particularly where the history of domestic violence is considered historical and not included in future focused plans for children (Holt, 2011a). The extent to which such a service could also help meet some of the obligations arising from the passing of the children's referendum as well as reduce time in the family law courts and the use of *Guardian ad Litem* services needs to be examined further.

Providing safe contact

The model of child contact centre services operated in the project has developed to meet the needs of families experiencing high conflict disputes over contact and where the safety of such contact has been a key concern. The experience of the indicates that a child contact centre model for such families requires the availability of adequate numbers of highly skilled and experienced staff to support such families, many on an on-going basis. Such a service should not be geared exclusively to moving such families on to self-arranged contact and should allow for an outcome of non-contact where this is, expertly and objectively assessed to be seen the best outcome for the child concerned. This service model includes relevant expert family supports aimed at ensuring that parent – child

relationships can develop in a way that focuses on the needs of the child and leads to high quality parenting.

Families experiencing domestic violence

The findings also indicate that the child contact needs of families that have experienced domestic violence require specific attention in the development of child contact services in Ireland. This includes the need to develop a coherent and co-ordinated policy and practice in relation to how child contact in cases of domestic violence are dealt with by the courts, by the HSE and by child contact services. Specialist training on the dynamics of domestic violence and on identifying the particular risks for children that can present in the post-separation period are central to the development of child centred and safe contact services. Further specialist professional practice development in working therapeutically with abusive men could also be considered.

Families with children in care

While discussions with HSE staff indicated that they see the value of a specialist child contact service, the small number of HSE referrals for families with children in care to the pilot service suggests that further attention is required to identify what type of contact services work best for such families and whether the needs of such families should be met by a separate service or as part of an overall child contact service.

Supporting families to move on to self-regulated contact when this is a possible objective

While the pilot has shown that some families can move on to self-arranged contact it has also indicated that some, if not many, families referred to these child contact services will require access to specialist contact-related supports and services over a long period. This raises the question as to whether there are families with lower needs than those presenting to the child contact service whose child contact centre needs may be less complex and perhaps could be met by local services? For example could organisations such as the FRCs which offer universal services with access to more specialist supports and services if required, provide a child contact centre service, following appropriate training and certification with links to specialist assessment and family supports and to proposed court-based information and referral services?

The role of family supports.

The experience of the child contact centre service has highlighted the key role that specialist family supports play in developing relationships between non-resident parents and their child, improving relationships between parents and in developing parenting skills. Any roll-out of Child Contact Centres would need to incorporate access to such services in a cost-effective manner.

The need to support children and parents in families that are not accessing contact centres.

As stated above concerns were raised by stakeholders in relation to families that were assessed as not suitable for the service, due to safety concerns or because of a lack of cooperation from one of both parents, as well as for those families that have dropped out of the service. Further research is required on whether these families are having contact in other locations, such as shopping centres, sometimes court ordered and on the risks such families are exposed to as a result. Such research could inform other services about the risks of unsupervised contact in high risk families and make recommendations on how such risks can be effectively mitigated.

Wider family members

The child contact service supported parents in relation to contact. However it was found during the pilot that wider family members can play a key role in supporting or hindering parents to develop child-centred relationships and therefore that any future child contact service should involve wider family members some of whom may be supervising such contact or may be acting as guardians for

the children involved. Wider family members may also be seeking contact themselves involving grandchildren, step-siblings etc and these should also be facilitated in future child contact services.

7.4.5 Staffing and structure of Child Contact Centres

Reflective of the international experience (Aris et al, 2002), the findings of the evaluation indicates that staff in a child contact service must have the capacity to carry out family assessments, supervise contact and work with high need groups, supported by access to specialist family support services including counselling and parent mentoring. Staffing levels must be adequate to ensure appropriate time for key working, networking, sharing learning and to develop strong interagency linkages, backed up by trained volunteers and supported by additional appropriately qualified staff to provide cover for contact visits when required. All staff providing such child contact services ideally should be well linked together with a sufficient complement of staff to ensure the smooth operation of such a service and to prevent bottlenecks, thus ensuring that optimum contact time is available for the families in the service.

Where contact centre staff are based in different organisations there is a need to ensure adequate systems to ensure speedy, co-ordinated and effective decision-making, drawing on the learning from the pilot service. Wherever possible all staff involved in the service should be co-located to support good team working. The optimum way of organising staff into teams providing referral, risk and assessment work and key working and family support around contact could benefit from further testing of different possible approaches in a wider roll-out of Child Contact Centres.

7.4.6 Objectives and impact

The findings of the pilot indicate that future child contact services should be aimed primarily at identifying and addressing the needs of children in relation to contact. They should provide a specialist service where children's voices are heard in relation to contact and where child centred recommendations in relation to contact are made to parents, other family members, other family services and to the courts. The service should also be aimed at supporting parents to address contact issues from the perspective of the child and to develop their parenting skills if required. Key outcomes for such services should emphasise:

- a. safe and nurturing contact
- b. alleviation of parental and child stress
- c. improved parenting skills
- d. more focus on the child
- e. children's voices heard
- f. courts making informed decisions in relation to contact
- g. policy makers and other agencies more aware of the effect of domestic violence on children

7.4.7 Relationship with the courts

The learning from the child contact centre service indicates that a greater focus is needed on ensuring consistency in the contact decisions made by the family law courts and in ensuring that the safety of any contact arrangement is the paramount consideration in any such decisions. Such deliberations should also include ensuring that the child's voice is heard. More dialogue with the Court Service is needed about the impact of contact disputes on children, about the benefits of access to a specialist contact services and how best such services could be provided. Child contact services in the future could also benefit from having a presence in the family law courts where they could provide specialist information, advice and referral services on child contact and perhaps also provide specialist assessments for the courts on the best interests of children in family law cases in relation to contact.

The development of child contact services in Ireland will be strongly influenced by the type of reforms that occur in the family law courts and specifically by the arrangements made for child consultation and assessment by such courts and related services in the future.

7.4.8 Relationship with HSE/ Child and Family Agency

The findings from the child contact service also indicate that there is a need for greater consideration of the role of specialist, safe contact services in achieving HSE/Child and Family Agency objectives around prevention and early intervention as well as in relation to children in care. Such deliberations should take place in the light of wider developments in child and family services in Ireland, specifically the development of the Common Assessment Framework (CAF) and the development of Local Area Pathways (LAP). The impact of common assessment systems on the assessment work of Child Contact Centres and on how best to include child contact services in the suite of services within the LAPs need to be discussed further with the relevant organisations. This should also involve the development of protocols on how best to share contact-related information across the relevant agencies.

To also ensure a focus on child contact services in future policy developments the issue of safe, developmental contact should be identified as a specific issue in a number of relevant policy documents; for instance, the National Children's Strategy, the Early Year's Strategy, the Young People's Strategy and the National Parenting Strategy. The development of a common policy on domestic violence and its impact on children in Ireland within this policy framework would also be beneficial. The resulting policies would then need to be shared with and supported by the Department of Justice and Equality in relation to the issue of child contact in the courts.

7.4.9 Viability of Child Contact Centres

The evaluation of the child contact service has indicated the need for, and the benefits of, specialist child contact services. Current funding constraints, means that a focus is now required on how child contact centre services could be funded in the future. The findings of the pilot, supported by the international literature, indicate that child contact services should include in-depth assessment, high vigilance for domestic violence and specialist family support staff, backed up by trained cover staff and volunteers if it is to ensure safe and developmental contact. Based on the experience of the pilot the costs of providing such a service for a family and their children have been estimated to be:²⁶

Table 7.1 Estimated costs for providing child contact services

Service	Unit cost per family	Unit cost per child
Assessment and contact	€5,745	€3024
Family support	€1,647	€867
TOTAL	€7,392	€3,891

In looking at the future viability of such services it is important to look at these costs in terms of the possible savings that could be made in other services by referring families to specialist child contact services. These savings relate to:

²⁶ This is based on the total cost of running the service of €240,000 per annum, including €62,000 for the delivery of a range of family support services and €178,000 for assessment, case management and delivery of contact services divided by an average of 31 families for assessment or contact and 25 families for family support (the maximum ever in these services at any one time) and an average of 1.9 children per family with each family spending an average of 12 months in the combined assessment and contact aspects of the service and 8 months in the family support aspects.

- reduced court costs due to less families going to court, less time in court, an earlier ending of court proceedings and reduced need for free legal aid;
- reduced private legal costs for families;
- reduced need for Section 20 reports and for *Guardians ad Litem*;
- reduced use of other family and child services; and
- freeing up of social worker time spent arranging supervised contact for families with children in care. (A social worker interviewed in the course of this evaluation estimated that arranging supervised contact for a client family with children in care could take up 50% of her time in any given week.)

The Interim Review of the Dolphin House Mediation Initiative (January 2012) found that the average number of appearances in court in relation to applications for custody, access and/or guardianship (with no domestic violence) is 4.7. If the number of these appearances could be reduced by attending a contact centre service the costs of these cases for the courts and related services as well as for families could be significantly reduced. The following estimates of such savings have been made²⁷:

1. Assuming both parents have legal aid the cost per hearing per family is €834. Typically the Legal Aid Board will only provide legal aid to two court hearings per year so the saving per family could be €1,668 if families did not go to court and their issues were resolved through the contact centre services.
2. Many families use private legal representation. A case example from the service is a family who had attended court on 20 occasions over a three year period. Following their involvement with the service this was reduced to a need to attend twice per year for court review. Assuming both parents were paying private solicitors at the same rate as the Legal Aid Board then this resulted in a combined saving of €3,892 per year by the two parents.

Such potential savings would impact positively on a number of government Departments and state agencies and these estimates need to be developed further to support the case for continued and expanded funding for specialist child contact services in Ireland.

It is worth noting that the Interim Review of Dolphin House Mediation Initiative (January 2012) also identified a number of 'Intangible Benefits' arising from their initiative. These included:

- 'Joint ownership of the issues and the solutions with the greater likelihood of adherence by both parties;
- More productive relationship between the parties relating to issues associated with the children with the consequent benefits to the children, the parents, many State systems and, ultimately, society;
- More speedy resolution of issues and, thus, less likelihood of matters festering;
- Capacity of the Courts and the Legal Aid Board to manage their waiting times and capacity more effectively.'

These benefits could equally apply to child contact centre services and also need to be taken into consideration in exploring the future viability of child contact centre services in Ireland. The final chapter of this report draws out the key conclusions and recommendations from this evaluation.

²⁷ Figures estimated by Barnardos based on figures from the Interim Review of Dolphin House Mediation Initiative, January 2012.

Chapter 8 Conclusions and Recommendations

8.1 Introduction

Based on the findings from the evaluation we draw out the following conclusions and recommendations.

8.2 Conclusions

8.2.1 *The need for and benefits of a specialist child contact service*

1. The Child Contact Centre service has clearly demonstrated the need for and benefits of a specialist child contact service to meet the needs of children and families, especially for those involved in high conflict contact disputes. The high level of need within the families referred to the service indicates that an adequately resourced child contact service is essential.
2. Children and parents progressing within the service to contact have experienced safer contact and improved parent-child relationships. While improvements in parent-parent relationships have also been achieved this has proved more problematic and such improvements may not be sustained if and when a family move on from the Child Contact Centre.
3. Hearing children's voices in relation to contact decisions has emerged as a key element in the development of an effective child contact service in Ireland and in ensuring that children are assisted in making informed decision as to what they believe is in their best interest. As a result in a number of cases it has been decided that not having contact is in the child's best interests and that this is a valid outcome in such cases.
4. Enquires and referrals have greatly exceeded the capacity of the pilot service to provide a service. Over four hundred enquires received within the catchment area have resulted in 128 families being referred to the service. Thirty one of these families had or were receiving an assessment or pre- contact service while 25 had received a contact service by the end of April 2013. It is important to also recognise that some referred families that never progressed to assessment received a range of supports from Child Contact Centre staff; involving for example court appearances for a staff member, telephone discussion , child protection notifications and meetings with the parents.
5. Available evidence in terms of: enquiries from outside the catchment area, numbers of access orders granted by the courts, international evidence as well as the views of stakeholders interviewed for this evaluation indicate that there is a need for Child Contact Centre services throughout the country.
6. Many of the families that have engaged with the service may not progress to self-arranged contact and some may have contact ceased if it is decided that this is in the best interest of the child/ren concerned.
7. In the current environment families that are not able to access such a service, are not considered suitable for the service, refuse the service offered, drop out of the service for whatever reason, or it is assessed by the staff that such contact is not in the child's best interest at the current time, may then have contact in other locations either court ordered or agreed between the parties. These contact sessions may involve significant levels of risk to children as well as to parents as they may not receive the type of supports, or provision of the kind of the safe environment, that they had or would have received in a Child Contact Centre.
8. As the levels of referrals of children in care remained low throughout the pilot, the role of specialist child contact services in meeting the contact needs of such children needs to be further explored with the HSE.
9. The extent to which there is a need for a community-based contact service for lower need families remains unclear, as does how best to address such a need if required and this

should be explored further. For example should universal community-based contact services be provided with access to parenting and other family supports, including assessment if required?

8.2.2 The child contact centre model

1. The child contact model developed during the pilot involved the provision of a range of services in relation to contact including, in-depth assessment, including risk assessment where required, provision of family supports, key working, development of mediated parenting plans, as well as the provision of contact sessions and post contact support and review. This was due to the complexity of the cases presenting to the pilot service and also due to the lack of alternative assessment and family support for the presenting group.
2. The pilot has demonstrated a clear need not only for specialist contact services for families, especially where there is a high level of conflict over contact, but also for a specialist assessment, family support and review service for such families in order to ensure that the best interests of children in contact disputes are professionally identified and met.
3. Participation in the child contact services resulted in some cases in a decision not to support contact or to end contact. Nevertheless the families concerned have received an important and uniquely child-focused service that have given the children concerned in particular a voice in decisions affecting their contact with their non resident parent.
4. Initially the model used in the service aimed to prioritise families with potential to move on to self-arranged contact. However the experience of the service indicates that such move-on is unlikely to be achieved for many of the presenting families.
5. The provision of key working and family supports together with contact services has been reported to have played a key role in the development of higher quality relationships between parents and between parents and their children as well as in the development of the parenting skills within families availing of such services.
6. The provision of such services were reported to have contributed, to a range of other improvements of benefit to individual children and parents as well as to society more generally; for example improvements in parental relationships, reduced use of family court and related services and freeing up of HSE resources previously allocated to contact issues, as well as leading to actions by some parents to address addiction and domestic violence issues.
7. In rolling out Child Contact Centres in Ireland it will be important to ensure that families referred to such centres receive an adequate level of assessment of need, of the best interests of the child and of the risks such contact may have for the children and parents concerned.
8. A numbers of families dropped out of the service and/or may have engaged in a limited way with its services and the situation of children and parents in such families in relation to contact needs to be explored further.
9. The experience of the service indicates that child contact services that can focus on:
 - i. identifying, meeting and reviewing the best interests of children in relation to contact in a wide range of situations, including those with a history of domestic violence
 - ii. ensuring that such decisions are given careful consideration by the family law court

are required as there is no other avenue at present where the needs and wishes of children in relation to contact are comprehensively addressed and where both parents are supported around their relationship with the child.

8.2.3 Staffing and organisational issues

1. Staff in child contact services need to be highly skilled and experienced in working with high conflict families and to have a range of expertise in areas such as key working, child and family risk assessment, counselling, parent mentoring.
2. Specialist family support services play a key role in improving parent- child relationships, in increasing the focus of the parents on the needs of their children and in developing the parenting skills of the families concerned.
3. High level specialist resources are required to provide the in-depth assessment and review required for families referred to the child contact service.
4. In turn resources available for contact work, especially volunteers, were found to be underutilised in the pilot service due to bottlenecks at the assessment stage. Due to these staff pressures limited resources also appear to have been available for outreach work into local communities, to developing local linkages and to promoting the service to relevant professionals and organisations and this would need to be addressed in future provision.
5. Child contact services staff with complimentary and specialist skills benefit from working closely as a team to share information and support speedy and appropriate decision-making.
6. The findings of the pilot should be fully captured, developed into transferable training and accreditation tools and widely disseminated and discussed with all relevant professionals and related services, both statutory and community based.

8.2.4 Wider environmental issues

1. Child contact services in Ireland ideally should be developed in conjunction with proposed changes in the family law courts²⁸ and in child and family services thus optimising opportunities to work towards common objectives and systems in relation to hearing the voice of the child and in developing child centred contact services. Key to this will be the development of a common assessment framework as well as agreement on how best to overcome the current challenges involved in sharing assessments across relevant organisations.
2. Such a common approach should be supported by the development and implementation of a common policy by the relevant Department and agencies for addressing children's needs in the context of domestic violence and particularly in relation to how contact decisions are made in cases of domestic violence. Such decisions need to be based on the best interest and safety of the child and on an informed participation of the child/ren concerned.
3. The family law courts and related services require access to an in-depth child and family assessment and review service if they are to ensure that the best interests of children are central to any decisions made in relation to disputes over contact. Such a service should place children at its centre and should have appropriate mechanisms in place to hear the voices of the children concerned, as required in the light of the recent passing of the children's rights referendum.
4. There is a need to investigate how best to optimise referrals from the HSE and from other family services to contact centre services in order to maximise potential savings in terms of social worker time and to ensure a consistent quality experience for the families involved. This should be done in the context of planned changes in child and family services.
5. A decision now needs to be made on what Government Department / Departments and state agency / agencies should be given responsibility for ensuring that the best interests of children in relation to contact are addressed in child protection and welfare cases and in cases before the family law courts and related services.

8.3 Recommendations

²⁸ See Children and Family Relationships Bill 2013 Briefing Note on <http://www.justice.ie>

The following recommendations have been split into those that Barnardos and One Family can progress and those that require action by other organisations.

8.3.1 *Barnardos and One Family*

1. Disseminate the findings of this evaluation widely in order to generate an informed debate on the future role of child contact services in Ireland, to raise awareness of the important role such centres can play in facilitating safe contact for children, especially in high conflict families, aimed at seeking agreement on how best to meet the need for locally accessible professionally run Child Contact Centres in Ireland.
2. Facilitate a meeting with relevant Departments, representatives of the family law courts and of the Child and Family agency as well as of community based child and family services in order to explore potential opportunities to divert funds from other services where savings can be made (e.g. due to reduced court appearances, reduced social worker time dealing with contact issues) to fund Child Contact Centre services.
3. Seek funding to fully document the model of a Child Contact Centre developed and implemented during the pilot, including the development of a service manual and of a training and accreditation process thus ensuring that the learning from the pilot is fully captured and can then be utilised in a wider roll-out of the service.
4. Further the learning from this service by seeking funding to follow up drop outs from the Child Contact service as well as those who for a variety of reasons did not engage with the service to explore their alternative contact arrangements and the impact of these on family members and on their support needs.
5. Seek funding to reopen the existing Child Contact service and to develop it as a model of child contact and related service provision; including provision for families that may not be able to move on to self-arranged contact. This should be based on a thorough review of the resources required to optimise the utilisation of available contact space without compromising safety and other objectives and to ensure that resources are available to disseminate the learning and to engage in an information campaign with key stakeholders both nationally and locally.

8.3.2 *Other Government Departments and state agencies*

To compliment and reinforce the work of the Child Contact centres there is a need for relevant Government Departments and/or agencies to take responsibility for:

- Ensuring that children's voices are heard in court proceedings in relation to contact.
- Ensuring that children's need for positive contact with the parent or parents they do not live with are comprehensively addressed.
- Agreeing how best the contact needs of children can be addressed when domestic violence, child welfare and child protection issues arise.

This should include the provision of:

1. An information, advice and referral service regarding children and parenting issues attached to the family law courts.
2. An assessment service for families whose cases come before the family law courts
3. A service which supports children in articulating their wishes and which ensures that their voices and best interests are central to all contact decisions.
4. Relevant contact services offering supervised, supported and handover contact.
5. A range of family supports for parents not living together and their children including counselling, parent mentoring and child therapy.
6. An agreed policy on how best to address issues in relation to child contact in situations of domestic violence.

Overall an integrated response by the Departments of Children and Youth Affairs and Justice and Equality, supported by their relevant agencies (The Child and Family Agency, the Courts Service, the Probation Service, the Legal Aid Board, the Family Mediation Service and COSC) would appear to be the best approach to progressing these issues.

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Appendix 1 Key elements of the Pilot Child Contact Centre Service

Key elements of the child contact centre service are described below:

I. Enquiries and referrals to the Child Contact Centre

Anyone can make a referral to the service. A service leaflet which has been circulated to agencies and those making enquires. Agencies and services targeted have included:

Family Law legal practitioners	District and Circuit Court Judges, court clerks
HSE Social Work teams	Children's Services Committees
Legal Aid Board	County Childcare Committees
Local Youth Services	MOVE
Youthreach	Community Law Centre
Gardai	Housing Associations
Parent organisation	Treoir
Family Resource Centres	Daughters Of Charity Family Centres
HSE Health Centres	Women's Aid
Domestic Violence Refuges	Society of Saint Vincent De Paul
Local Churches	Irish Assoc of Counselling and Psychotherapy
Citizens' Information Centres	Family Mediation Service
Adult Mental Health Services	FLAC
Childhood Development Initiative	MABS
Local GP's	Local Secondary Schools
Mediation Bureau	Local Drug Treatment Services

II. Risk assessment

Families coming to the service are risk assessed in order to agree:

- The suitability of the service for the child and parents
- The type of child contact most suitable for their needs
- The family supports needed to help the family move on to self-arranged child contact.

III. Pre-contact work

Pre-contact work is carried out with the families that are assessed as suitable for the service in order to prepare them for child contact and to address any concerns raised by the parents or children, that have arisen during the assessment phase or were highlighted at the time of referral. Pre-contact work can include referral to counselling, parent mentoring and play therapy.

IV. Review

The service works together with families to review their progress regularly and to ensure that their child contact plan can be varied to meet their needs. These reviews also help to identify when the parents can move on to self-arranged child contact over time. Families using the service have also agreed to participate in an evaluation process. Whenever possible children's views are sought for reviews and reviews focus on what is best for the child.

V. Self-arranged contact

All families using the Child Contact Centre must show a capacity and willingness to move on to self managed child contact within a reasonable timeframe, with the support of family support services.

VI. Child contact Sessions

Initially it was planned that 12 child contact sessions would be agreed with a review after eight sessions. These child contact arrangements are adapted and reviewed to meet the needs of

individual families. If children are in the care of the HSE, then child contact is a part of their care plan, a copy of which should be made available to Child Contact Centre staff. As stated above the aim of the Child Contact Centre service is to move the families involved on to self-arranged child contact. Therefore the services are offered on a time limited basis determined by the circumstances of each individual family.

VII. Liaison with the Courts

If child contact is court ordered then it requires that the Child Contact Centre staff have access to all relevant court papers and transcripts of any judgments in order to be aware of any risks and court requirements and to supervise effectively. Where necessary the permission of the court may be required to share these documents. Child contact centre staff provide the following information to the courts if requested: service records, dates and times of attendance/non-attendance, who attended, reasons given for non-attendance and for supervised child contact and family support. Letters are provided to the courts informing them of parents' engagement or non-engagement with family supports and making recommendations in relation to child contact arrangements.

VIII. Post child contact support

In some families it may be assessed that post-child contact, support will be required to support agreed moving on and to facilitate parents and children to access family support services if required.

Appendix 2 External Stakeholders consulted

<i>Focus Group attendees</i>	<i>24th July 2013</i>
1. Christina Maloney	Social worker
2. Rosaleen Moore	Saoirse Womens refuge
3. Valerie O'Carroll	Manager Ballymun DIW
4. Paula McNulty	Project worker Sonas house

<i>Phone interviews</i>	
5. Mona Keaveney	HSE
6. Sandra McAller	Solicitor
7. Gayle Patton	Solicitor
8. Judge Petria Mc Donnell	
9. Aisling Gillen	HSE
10. Lucy Roberts	Manager of Ohana House

<i>Personal interviews</i>	
11. Eoin Manning	Family Law Courts, Dolphin House
12. Liz Canavan	Department of Children and Youth Affairs
13. Bill O'Dea	Family Support Agency
14. Trish Flynn	Ballymun Regeneration Ltd
15. Karen Jonsson	Manager Quarryvale FRC

Appendix 3 Description of the Barnardos Child Contact Centre Assessment Framework

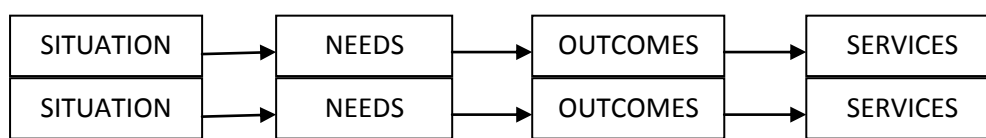
Definition of assessment:

“The consideration of accurate and reliable information collected on a child’s life, development and family history. It takes into account positive and negative experiences and links pieces of information together to make a coherent picture which informs further actions. ”

The Barnardos assessment process requires addressing core concepts including:

- Child development
- Attachment
- Reliance
- Parenting capacity
- Family systems
- Child protection and welfare
- Risk and protective factors
- Needs, outcomes and services
- Identity
- Social support networks / community networks

The Barnardos assessment framework seeks to logically link the following for a child and their family



The Barnardos assessment looks at the child’s life through six domains:

- Living environment
- Relationships and attachment
- Behaviour and social participation
- Health – physical and psychological
- Learning, education and employment
- Identity, self care and self esteem

1. Assessments in the context of the Child Contact Centre:

The outcome of the assessment process in the context of the Child Contact Centre would be:

- A decision as to whether or not it is in the child’s best interests that contact should occur
- The preparation required prior to commencement of contact for the child, the contact parent and the resident parent
- The type of contact to occur (supervised, supported or handover), frequency and duration
- Risk assessment and any specific safety conditions to be applied to the contact arrangements
- Family supports to be provided in order to support the contact and to assist the parents move on to self-arranged contact over time
- Other service interventions required by family members arising from the assessment.

The following table presents in column 1 the key steps in a typical Barnardos assessment process. Column 2 identifies some of the key issues which have arisen in the practice of the Child Contact Centre Service. Column outlines the typical timeframes and factors which can lead to delay.

Steps in assessment process	Issues for the Child Contact Centre	Timeframes
1. Relationship building	<p>By definition, it will be necessary to meet both the parents and for these meetings to be separate.</p> <p>One or both parents may be suspicious of the service and reluctant to engage. The service can only work with the consent of all parties and a parent or the child can decide not to consent to participation in the assessment.</p> <p>Often there are parallel court proceedings and parents consider their engagement with the service with reference to how it can strengthen their battle with their ex partner in court. This makes the building of honest, open and respectful relationships a challenge.</p> <p>The child may have mixed views about engaging in the service and feel conflicted about this.</p> <p>Parents are often focused on their on issues and on the relationship break-up – not on the needs of the child.</p> <p>Parents tend to have had little access to other agencies / support services. They tend to want to “tell their story” in detail from their own individual perspective with sometimes very little insight into the views of the other parent or the needs of their child.</p> <p>Often parents will make allegations against the other parent in relation to child protection, domestic violence and a variety of other matters. Typically this requires the making of reports to the HSE under Children First.</p> <p>A key issue for staff at this point of engagement is to try to get the parents to focus on the child’s needs and on the issues which impact on contact.</p> <p>Many parents have difficulties relating to alcohol or drug addiction, mental health issues and histories of domestic violence. Many parents habitually use control and intimidation as a way of meeting their needs and staff are regularly subjected to this.</p>	<p>2- 4 weeks normally</p> <p>A parent avoiding engagement could add another 4 weeks.</p>

<p>2. Gathering information</p> <ul style="list-style-type: none"> • From referrer • From the child • From the parents • From other agencies / other source 	<p>Children may find it difficult to give their own views for fear of being disloyal to either parent. This can require work with the parents to help them “give the child permission” to talk openly and honestly and work with the child – often through play therapy or art therapy – to help them express their feelings honestly. Children often feel that their views do not matter.</p> <p>Information given by one parent is often in direct contradiction to information given by the other parent. It can be necessary to explore information in some detail with each parent and get the input from others in order to reach a fair judgement on the likely veracity of information.</p> <p>Obtaining information from HSE Social Work services can be difficult and/or slow. For cases they have investigated previously, they sometimes provide minimal information. For newly referred child protection concerns, it can take some time for conclusions to be reached.</p> <p>Safety issues - for the child, for the other parent or for contact centre staff and/or volunteers - often arise. This can require consultation with the Gardai to assess levels of risk or referral to other services pending intervention (e.g. mental health and addiction services and anger management programmes).</p> <p>Frequently cases are pending in the family law courts and it may be necessary to await the outcome of a hearing before proceeding with or concluding the assessment.</p>	<p>2-6 weeks normally.</p> <p>Feedback from HSE of previous case takes up to 6 weeks.</p> <p>If the HSE need to undertake a new assessment this can take up to 6 months or more.</p> <p>Court hearings are typically held within 3 months.</p> <p>Gardai will generally give feedback within 4-6 weeks.</p>

3. Analysis	<p>Frequently the family history is complex and often contradictory with significant risk factors. Therefore there is a need to exercise care in reaching a fair and balanced conclusion.</p> <p>While contact centre assessments tend to concentrate on the domains of “relationships and attachment” and “identity, self care and self esteem”, frequently it is necessary to consider the needs of the child and family in other domains in order to address contact issues. For example the need for a parent to address a health or behavioural issue before commencing contact, the potential for positive or negative impact of contact on the child’s behaviour or educational attainment.</p>	Normally 2-3 weeks
4. Service planning	<p>The preparation for contact phase can take considerable time, helping the child to be emotionally ready to commence contact, helping the contact parent feel confident to meet and relate to the child and helping the resident parent to “let go” and trust the contact process.</p> <p>On occasion a parent can refuse to accept the assessment and / or the service plan, leading to a stalemate situation as contact can only proceed with consent of all parties.</p> <p>On occasions a service plan can be contingent on the input of other services in order for contact to proceed. Delays in access to or progress within these services can delay contact commencing.</p>	<p>This is post assessment.</p> <p>Where a child or parent needs preparation this can take up to 8-12 weeks.</p>

For further information on Barnardos services, visit www.barnardos.ie.

For further information on One Family services, visit www.onefamily.ie.

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Ballymun
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