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# An Evaluation of the Child Contact Service at the Togher Family Centre; The Voices of the Parents and Experience of Social Workers.

105769086

(SS6206)

**CARL Research Project**



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<b>Date completed:</b>	April 28 <sup>th</sup> 2014

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# ABSTRACT

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This study is concerned with detailing the experiences of parents and social workers using the child contact service at Togher Family Centre. A child contact service provides a safe, friendly and neutral place where children can spend time with their parent(s). The aim of the service is to provide a child-centred environment where parents and children can develop a positive relationship through play and age appropriate activities.

A mixed method of qualitative research tools were employed. Undertaken in collaboration with Togher Family Centre staff, qualitative questionnaires were distributed to all parents attending the service, service users were requested to complete the questionnaires and return to the researcher. Four Child and Family Agency social workers participated in semi structured interviews.

Using thematic analysis to interpret the data collated. A number of key findings emerged. All respondents both service users and social workers were satisfied with the service provision, highlighting the staff and elements of the facility as the most significant components of their positive experience. The study also identified the valuable resource the service provides to social workers with regard children in care cases. A number of reasons were outlined to why this was so noteworthy.

There were a number of implications regarding the effectiveness of the research. The study was limited due to a number of reasons. There is a dearth of literature regarding child contact provision in Ireland and the international context. Also the lack of response form services users made it challenging to deduce the overall experience of service users. However TFC have received an insight into the experiences of their stakeholders and obtained a number of suggestions as to how they might improve their service provision.

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Appendix A. Service User Letter

Appendix B. Questionnaire

Appendix C. Social Worker Consent Form

Appendix D. Interview Schedule

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# CHAPTER ONE: INTRODUCTION

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## **1.1 Title**

*“An Evaluation of the Child Contact Services at the Togher Family Centre; The Voices of the Parents and Experience of Social Workers.”*

## **1.2 Introduction to the Research**

The study is concerned with detailing the experiences of parents and child protection social workers using the child contact service at Togher Family Centre (TFC). The experiences of these stakeholders are gathered so that an evaluation of the service provision can be conducted. Once completed, the research aims to provide TFC with an appraisal of the child contact service, direct from stakeholders; regarding what elements of the service are working well and where/how improvements could be made.

## **1.3 Aims of the Research**

The aim of the research is to evaluate the child contact services at Togher Family Centre using the experiences and views of both the parents who use the service and the social workers who make referrals on behalf of the Child and Family agency.

## **1.4 Research Questions**

1. What are the experiences of the families using the child contact services in the Togher Family Centre from the perspective of the parent?
2. What are social workers views on the service that is being provided by TFC and if the service has been beneficial to them in managing their caseload?
3. Is Togher Family Centre providing a quality service or could it be improved? If so, in what ways could it be improved?

## **1.5 Background to the Research**

TFC is a community project running a child contact service on a pilot basis since 2012. In 2012 the centre manager recognised the lack of such a service in the Togher community and identified that the centre had the facilities available to provide such a service.

This service has been running for the past two and a half years and aims to provide quality child contact and access for children and parents who are not living together. To date 21 families have used the service, these families were referred to the service predominately by social workers.

As Togher Family Centre has only started to provide the above service in 2012, the Board of Management was keen to have its provision of the service evaluated. They wanted to know if they are achieving their objectives and if any improvements could be made to enhance the service. The Board required feedback from the individuals who use the service, in order to assess its effectiveness from a client perspective. As TFC is a community project, lack of funding restricts research options therefore TFC applied to the UCC CARL project programme to have a student conduct the research on their behalf.

## **1.6 Rationale**

TFC is one of only two child contact service providers in Cork City. The One Family report '*Supporting Child Contact: the Need for Child Contact Centres in Ireland*' (2009) was the first to highlight the need for such a service in Ireland. As there are no regulatory body for child contact centres established in Ireland it is important that the agencies involved in providing such a valuable service, review and appraise their service provision so that best practice standards can be maintained. This is very much in line with the ethos of TFC who are keen to listen to voices of their stakeholders and to ensure that they are providing a service that meets the needs of its stakeholders. Conducting research is vital to achieve this and maintain comparability with other pilot projects in Ireland.

## 1.7 Definitions

For the purposes of clarity, a number of key terms are defined as follows;

**Contact** can be defined as ‘the arrangements made in order for children to keep in touch with their family and significant others from whom they are separated’ (Department of Health and Children, 2003:70).

**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’. (One Family, 2014:2).

## 1.8 Conclusion

This chapter has introduced the reader to the research study by outlining the background to the study, along with the wider rationale for conducting the piece of research. Also the research aims were identified in conjunction with the research questions. Finally, for the purposes of clarity key themes of the study were defined.

## 1.9 Overview of Chapters

The study is comprised of five chapters which are outlined as follows;

### *Chapter One: Introduction*

Chapter one has introduced the reader to the basis of study.

### *Chapter Two: Research Design*

Chapter two will explore the theoretical framework, research methodology and research methods employed in the study. It will document the different stages of data collection, the type of sampling used and method of data analysis. Also there will be a focus on ethical considerations which emerged from the outset and throughout this study, plus the challenges encountered by the researcher.

### *Chapter Three: Review of the Literature*

Chapter three will provide an overview of the relevant literature regarding child contact provision in the Irish context, what are the positives in child contact centres, an historical overview of the origins of child contact centres and the legislative framework within which they operate.

### *Chapter Four: Findings and Analysis*

Using thematic analysis, in chapter four the findings from the qualitative questionnaires distributed to service users and the semi structured interviews carried out by social workers will be presented, discussed and analysed. Findings will be examined, incorporating relevant literature as part of the discussion.

### *Chapter Five: Recommendations and Conclusion*

Chapter five will draw conclusions from the themes identified in chapter four. Recommendations as suggested by the service users and social workers will also be included. It will also reflect on the research process, make conclusions and discuss learning outcomes from participating in the study.

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# CHAPTER TWO: RESEARCH DESIGN

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## **2.1 Introduction**

The aim of this study is to evaluate the child contact service at TFC through the experiences of two main stakeholders who use the service, parents and social workers. This chapter outlines the philosophical and theoretical underpinnings of the study, these subsequently inform the methodological approaches which in turn shape the course of the research process from the methods of data collection to data analysis. Furthermore, this chapter explains that a participatory research approach was taken in conducting the research and examines the implications of this for the study. Finally, the chapter concludes with a discussion of the ethical issues associated with the research and the challenges and limitations that arose from conducting the study.

## **2.2 Theoretical Underpinnings & Philosophical Stance**

To conceptualise and provide a basis to a piece of research, a researcher must be able to identify and explain why the research is being done in a particular way (Carey, 2009) and how it ascribes to a particular field of research, in this case the social sciences field. In order to do this, the research has to provide a theoretical framework on which the building blocks of the research process are laid. These building blocks consist of ontology, epistemology, methodology and research methods. In conjunction with identifying one's theoretical framework a researcher must also have a philosophical position on the subject matter of the study.

Philosophical Stance is defined as 'being able to identify a theory of knowledge, set of guidelines by which they may decide whether and how they know a social phenomenon, and a set of principles about how they will demonstrate that knowledge' (Savin-Baden & Howell-Major, 2013:53). In the case of this study the philosophical perspective that guides the ontological, epistemological and methodological perspectives is a Constructivist paradigm. 'Constructivism is based upon the notion that reality is a product of one's own creation... Constructivists believe that reality is an internal construction where individuals assign meaning to

experiences and ideas' (Savin-Baden & Howell-Major, 2013:63). As this study aims to document the personal experiences of individual's interactions with a service, the researcher must 'use a range of approaches to seek individuals' reconstructions of their realities' (Savin-Baden & Howell-Major, 2013:61) through different data collection tools such as interviews or qualitative questionnaires. A researcher's philosophical stance must acknowledge and guide the researchers ontological and epistemological positioning.

### **2.2.1 Ontology**

Ontology refers to how the researcher understands 'being in the world' (Jones & Somekh, 2005:141). Key ontological concerns are 'whether or not social reality exists independently of human conceptions and interpretations and whether there is a common, shared, social reality or just multiple context-specific realities' (Snape & Spencer, 2003:11). As this study examines accounts of individuals regarding a particular service the ontological position that has been adopted is Idealism. As Idealism 'asserts that reality is only knowable through the human mind and through socially constructed meanings' (Snape & Spencer, 2013:11). It is not the position of the researcher to scientifically measure or place differing values on the participant's representations on their accounts of interacting with TFC, but to gather the information that participants hold with each respondent having a different construct of their particular experience and this is the reality for them.

### **2.2.2 Epistemology**

Leading on from the ontological position of idealism, an epistemological stance must also be identified. 'Epistemology relates to the different forms and types of knowledge that exist' (Carey, 2013:57). For the purpose of this study an interpretivist construct of knowledge is employed. 'Interpretive theory attempts to uncover the meaning and 'reality' (or interpretation) of people's experiences in the social world. The researcher endeavours to *understand* the opinions, emotional responses and attitudes articulated by the participants; and then link these to people's behaviour and actions' (Carey, 2013:60).

This epistemological position is at the core this study because while the aim is to evaluate the child contact service through the research methods discussed below, the researcher must interpret the data and decipher why each participant came to their particular conclusions on the

service and how they may have come to this position. The researchers own interpretation of the information gathered inevitably impacts on the study, yet it is the participants own experiential accounts that inform the understanding and knowledge of this topic (Carey, 2009).

## **2.3 Methodology**

Methodology incorporates the ontology, epistemology, and research methods. Part of the research endeavour is to make explicit one's own assumptions about the nature of social reality and how it can be studied, a detailed methodology should serve this process.

With regard to this study a number of methodological components not detailed previously require reference. The research is an evaluative study that is qualitative in nature, influenced by intepretivism which is grounded in a participatory research approach. The following sections will outline these different components in further detail.

### **2.3.1 Evaluative Study & Qualitative Research**

The reasoning behind the study being evaluative is the fact that it is looking at how parents and social workers view this particular child contact service. This is very much in keeping with the traditional view of evaluative research as suggested by Hall and Hall (1996). A traditional approach, encompasses 'a specification of the goals or intended purposes of a programme; and more critical interpretations in which programme participants [for example service users ] are involved in gathering information and may identify their needs and priorities and...draw up action plans in collaboration with the community' (Carey, 2013:112).

Qualitative research is often described as a 'naturalistic, interpretative approach, concerned with exploring phenomena 'from the interior' (Flick, 2009) and taking the perspectives and accounts of research participants as a starting point' (Ormston et al, 2013: 3). As outlined through the ontology and epistemology specific experiences and accounts of the participants are the basis of the study and using a qualitative approach is deemed one of the most successful ways of gathering this data (Snape & Spencer, 2003) as qualitative research aims to understand the world as experienced by those living in it (Sarantakos, 1998).

A qualitative approach works in tandem with an evaluative lens as before the researcher could gather the data it was vital Firstly, to examine if the service could be adequately evalu-



ated and this could only be done by applying qualitative techniques to the research question to discover what research methods were most viable (Carey, 2013).

### **2.3.2 Community-based Participatory Research Approach**

Community-based participatory research (CBR) is the cornerstone of the methodological approach of this study. CBR has three basic principles, firstly, it is a collaborative enterprise between researchers (professors/students) and community groups. Secondly, it validates multiple sources of knowledge and promotes the use of multiple methods of discovery and thirdly, it has at its goal social action and social change for the purpose of enhancing social justice (Stoeker, 2002:222).

In the case of this study, CBR was undertaken through the Community Academic Research Links (CARL) initiative made available by UCC. The remit of the CARL initiative is to provide an opportunity for community based organisations to have research conducted on an issue or topic that is of importance to their particular organisation by students completing dissertations or final year projects. It was a collaborative research process, involving CARL coordinator, UCC Staff, a representative from Togher Family Centre (the organisation) and the student undertaking the piece of research.

From the initial stages of the research process, there was collaborative engagement between all parties around what issues TFC felt would be worthwhile investigating and what information could help them further improve the services. A consultative approach was adopted by the researcher through regular email contact and meetings with TFC staff, leading to a relationship of reciprocity during the research process with the combining of knowledge and resources.

A valuable feature of completing a piece of research using CBR is the ‘bottom up’ approach and the fact that it aims to promote and project the voices of those who use a service like the child contact facilities at TFC. The CARL initiative provides a channel for small qualitative studies to be conducted which may produce valuable findings contributing to the wider debates surrounding the topic.

## 2.4 Data Collection Process

This stage of the research process involved identifying the most viable way of collecting the data for the study. This evolved into a mixed methods approach combining qualitative questionnaires<sup>1</sup> (the data collection tool with regard to service users) and semi structured interviews<sup>2</sup> conducted with social workers that use the child contact service.

In the early stages of the study it was proposed that semi structured interviews be conducted with a number of parents using the child contact service, however ethical concerns arose regarding the size of the sample available and it was identified that there may be difficulty in relation to guaranteeing participant anonymity.

After much deliberation between TFC, the researcher and UCC supervisor, it was established the most effective way to collect the data from service users would be through qualitative questionnaires that would be distributed to all service users attending the service.

The aim of the questionnaire was to ask open ended questions which enabled participants to articulate and explore their views, giving them time for reflection. A draft questionnaire was drawn up between TFC, the researcher and supervisor to ensure all relevant topics were covered. The questionnaire afforded service users an opportunity to partake in a semi structured interview to discuss their experience further by providing the researcher with their name and telephone number, this was at the discretion of each participant.

Participants were given a letter explaining the study<sup>3</sup> and the questionnaire when they attended their access appointments, asked to fill them in at their convenience by a TFC member of staff and to return the completed form directly to the researcher, thus adhering to ethical standards.

After the qualitative questionnaires were distributed to the parents and yielded a low response, the researcher decided that semi structured interviews with social workers who make referrals to the service would provide a valuable source of data that would complement the views and experiences of parents. In the interest of ethical considerations TFC provided the

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<sup>1</sup> See Appendix B

<sup>2</sup> See Appendix D-interview schedule: social workers

<sup>3</sup> See Appendix A

researcher with a list of social workers who used the service and the researcher made contact with a number of these social workers. Four social workers agreed to participate in the study. An interview schedule and consent letter<sup>4</sup> were drafted which linked with the questionnaire prepared for service users. The semi structured interview approach allowed for flexibility and an opportunity for social workers to express their opinion in the service.

### **2.4.1 Sampling**

A purposive sample was recruited for each of the following: research tools employed, qualitative questionnaire and semi-structured interviews. Purposive sampling is a form of deliberate sampling which employs some focus or purpose in choosing those participants whom are to be studied (Punch, 1998). As this study is an evaluative piece the participants either service users or social workers must have knowledge of how the service operates. The researcher purposely chose participants who had relevant knowledge of the research topic and whom are well situated to illumine the issues under analysis (May, 2002).

### **2.4.2 Data Analysis**

The method used for the analysis of collected data from both the qualitative questionnaires and semi-structured interviews was thematic analysis. ‘Thematic analysis focuses on identifiable themes and patterns of living and/or behaviour’ (Aronson, 1994:1). The process included identifying, coding and analysing key themes that emerged from the data gathered. New emerging issues, which the respondents raised within the interviews and questionnaires were also noted. The initial step involved reviewing the questionnaires and transcribing the interviews and subsequently listing patterns of experience and progressing, “to identify all data that relate to the already classified patterns” (Aronson, 1994:1). Therefore the researcher, had to colour code according to the theme, this made the themes easy to identify in the process of analysing the data.

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<sup>4</sup> See Appendix C

## 2.5 Ethical Considerations

“Ethical practice is a moral stance that involves conducting research to achieve not just high professional standards of technical procedures, but also respect and protection for the people actively consenting to be studied” (Payne and Payne, 2004).

In the case of this particular study ethical issues became apparent from the initial meeting to discuss the direction and basis of the research questions. The main ethical considerations were in relation to service users participating in the study. Families that use the facilities provided by TFC are by their very nature a vulnerable group in society and the proposed aim of the research covers very sensitive topics pertaining to an individual’s personal life, like having an acrimonious relationship with their spouse or why their children were taken into care. To this end issues such as informed consent, transparency, confidentiality and respect for the service users were vital. Many ongoing discussions between all research partners as to how to conduct the research in a sensitive manner occurred. A number of drafts for ethical approval were submitted to the Social Research Ethics Committee in UCC to ensure the study was designed appropriately and met University College Cork (2010) *Code of Ethics* and CORU (2010) *Framework Code of Professional Conduct and Ethics* guidelines.

After a number of amendments, the study was approved. Yet a large portion of allocated dissertation preparation time was lost while waiting for the application to be deemed as a viable research piece. Further difficulties that arose will be mentioned in the following section and expanded further in Chapter five.

## 2.6 Challenges and Limitations

It is acknowledged that there were limitations to this research study. Trying to obtain ethical approval to complete the research with the participation of service users was a challenge. Adding to the fact that service users were initially the only participants in the study, the small sample size of service users complicated the research process further. Much discussion between the researcher, CARL co-ordinator, TFC and university supervisor around how to establish the most viable source of data collection was time consuming and yielded mixed views on how to proceed with the study. Once a decision was made, there was a diminished

timeframe wherein the questionnaire had to be drafted, reviewed by TFC and university supervisor, distributed to participants and returned for data collection and analysis.

The other major limitation of the study was the lack of response from service users in relation to returning the qualitative questionnaires. This was extremely challenging as an alternative source of data collection had to be established and conducted (interviews with social workers) in a very limited time scale. This challenge will be explored in greater detail throughout Chapter four, findings and analysis and feature in Chapter five, the recommendations and conclusions.

## **2.7 Conclusion**

From the theoretical framework, which incorporated a constructivist paradigm, idealist ontology and an interpretivist epistemology, emerged a methodology that was qualitative in nature and adhered to the principles of community based participatory research due to its CARL status. The methods of data collection use in the study were questionnaires and semi structured interviews, purposive sampling was employed to select participants. Thematic analysis was identified as method of data analysis. Finally, the ethical considerations and challenges encountered by the researcher as the study progressed were explored. The challenges will be revisited later in the study.

Chapter three reviews the relevant literature with particular consideration given to child contact services in the Irish context, the historical origins of child contact centres and the ramifications of Irish legislation regarding child contact service provision.

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# CHAPTER THREE: LITERATURE REVIEW

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## **3.1 Introduction**

This chapter presents how the literature was selected for review and the reasoning why particular studies will be highlighted. It will introduce the reader to the relevant literature in the Irish context and provide an overview of these studies. Subsequently an historical overview of child contact services will be outlined, incorporating studies from the UK for comparative analysis. Finally the prominent legislation regarding the concept of contact and its impact on child contact centres in Ireland will be detailed. The chapter will be concluded with a brief summary.

## **3.2 Literature Review Process & Reasoning**

During the process of compiling the relevant literature it was identified that there is a dearth in the literature regarding child contact centres and ‘only a small body of international research examining the views and experiences of parents and children using contact centres’ (One Family, 2009:56). A number of international studies concentrated on evaluating child contact centres (Strategic Partners, 1998; Pearson & Thoennes, 2000; Scottish Executive Legal Studies Research Team, 2004; Ernst & Young, 2005; Sheehan et al, 2005; Alaggia & Brinbaum, 2006) (cited in Durell, 2010). These studies provide a contribution to this piece of research regarding stakeholder’s experiences; however they are outdated in relation to current service provision policies and procedures. A more recent evaluative study was carried out in Ireland on a small scale basis which will be discussed later in the literature review. Despite these studies, there is a gap in research regarding the UK and Northern Ireland (Durell, 2010). This is significant as Ireland has followed the UK’s lead regarding the operation of child contact centres, this will be discussed further during in the historical overview.

In the main, the literature available for review is dominated by parental separation/divorce and its effect on parents and children (Durell, 2010; Hogan et al, 2002), child contact where there is conflict or domestic abuse (Buckley et al 2006; Humphreys et al, 2003), the complex nature of contact between child in care and their parents (Schofield & Ward, 2011; Anderson, 2005) with very little reference to the role of child contact centres.

Due to the size of this study, there is a restriction on the volume of literature that can be examined. As a result of this, the researcher has concentrated on exploring child contact services in the Irish context with reference to a small number of international studies that are of significance to specific issues. The array of literature supporting the maintenance of contact is vast, with wider debates around theories of attachment, grief and loss and the pro contact discourse being core to the literature at large (Schofield & Ward, 2011; Sinclair, 2005), yet do have the same relevancy in answering the research questions posed for this study.

### **3.3 Review of Irish Literature**

In the Irish context there has been one comprehensive report that examines the role of child contact centres published by One Family. *'Supporting Child Contact: the Need for Child Contact Centres in Ireland'* (One Family, 2009). One Family is Ireland's national organisation for one-parent families. Their role is to affect positive change, achieve equality and social inclusion for parents of one-parent families, through advocacy and researching issues of relevance for one-parent families (One Family, 2014).

This report is the first and only Irish report to explore the issue of child custody and contact for separated families.

'The aim of this study is to examine the need for child contact centres in Ireland and to explore how best this need could be met for parents and children experiencing contact difficulties following marriage and relationship breakdown'. (One Family, 2009:1).

The One Family report was a significant study that included interviews of professionals involved with child contact issues in Ireland, interviews with parent's experiences child contact issues and visits to child contact centres abroad. From the perspective of this study the important themes it has identified. Firstly the fact that contact centres provide a safe neutral environment where children can have contact with their parent(s). Secondly, that parents welcome the need for support and non-judgemental trained staff to assist with contact arrange-

ments and thirdly, there is a real emphasis, within contact centres, on listening to the wishes of the child regarding contact and the importance of providing a child centred environment (One Family, 2009).

The main conclusion to be drawn from the study was that it ‘clearly identified a significant level of unmet need in relation to children of separated parents. The report shows that based on international provision, Ireland could require 37 such centres throughout the country’ to meet increasing demand (Barnardos, 2012).

As a result of the One Family (2009) report Barnardos, independent children’s charity, in conjunction with One Family established “First of its Kind” child contact centre services on a two year pilot programme in three areas in Dublin, Ballymun, Clondalkin and Tallaght (Barnardos, 2012). In December 2013 an evaluation of one Ballymun contact service was conducted by Barnardos and One Family. The ‘*Final Evaluation of Barnardos/ One Family Pilot Child Contact Centre*’ (2013) also interviewed the stakeholders involved with the project, including children, who were interviewed regarding their experience of using the facility. The main findings of the evaluation were;

‘All those consulted during the course of this evaluation- parents, children, volunteers, staff and referrers-expressed satisfaction with the quality of the service provided. High quality supervised, supported and handover contact and related family support services were seen to have been provided to families progressing to this service within the catchment service.’ (Barnardos, 2013).

This evaluation also highlighted that the complexity of families presenting to the service with multiple issues required considerable staff resources with regard to conducting assessments providing on-going key work (Barnardos, 2013). Strong themes which emerged for parents and children were, the importance of being listened to and the centrality of providing a service that was in the child best interests. Since the completion of this evaluative study the child contact service facility has ceased provision of this service. This was due to funding issues rather than a lack of demand for the service.

In the international evaluations of contact centres similar themes emerged regarding a child-centred approach and providing neutral space that was safe which parents were comfortable using (Strategic Partners, 1998; Sheehan et al, 2005; Scottish Executive Legal Studies Research Team, 2004).



Neither the 2009 report nor the 2013 evaluation refer specifically to social workers experiences, they are cited in line with other professionals, but not specifically examined. In the international context, no studies were found to have documented the views of social workers regarding child contact centres autonomously. An Article '*Hearing the 'voice of the child'? The role of child contact centres in the family justice system*' (Caffrey, 2013) is representative of social worker views, however social workers contributions were limited due to a small sample size of eight social workers who agreed to participate in the study (Caffrey, 2013). The lack of social work contributions to child contact centre research is discussed further in relation to the historical origins of child contact centres.

The One Family reports summarised above provide the only sources of literature that inform the researcher regarding child contact centres service provision in Ireland. As a result of this there is a reliance on these documents throughout the literature review to provide a context for child contact provision in Ireland to date.

Reviewing this research, the question must be posed, what were the historical origins of child contact centres and how they have evolved to this current position and what legislation informs the practices of these services?

### **3.4 Child Contact Centres: A Historical Overview**

In order to understand modern developments surrounding child contact centres, it is important to contextualise their beginnings. As discussed above the One Family Reports are the only terms of reference for examining the experiences of stakeholders using child contact services. This can be attributed to the fact that in 2009 child contact service providers were relatively new to Ireland. This was in contrast to the UK, America and Australia where 'centres began to develop at approximately the same time, the mid- 1980's' (Dickens, 1991:180). Why Ireland has been slow in providing this service can be attributed to the fact that it is only:

'in the last two decades that the lens of research interest in Ireland had sought to enquire about issues arising from separation and divorce and only in the last decade that the issue of acrimony, domestic violence and the child's voice have been engaged with' (One Family, 2013:13).

The historical trajectory of Irish child contact centres has many similarities to that of the UK. Traditionally in the UK, like Ireland, most of the staff who worked in child contact centres were volunteers and the movement evolved as a community response to the increasing levels of separation and divorce (Dickens, 1999). However in the UK the first voluntary contact centre was established in 1985 and after 1998 the contact centre movement grew rapidly (Dickens 1999). Ultimately what led to the progression of child contact services in the UK was the establishment of the National Association of Child Contact Centres (NACCC).

‘The establishment of NACCC co-ordinated efforts to establish the parameters of best practice and represent the interests of contact centre staff and volunteers, as well as those of children and parents’ (Aris et al, 2002:20).

This association is an accreditation body that provides vital services and support for child contact centres (NACCC, 2013). Child contact centres in the Republic of Ireland are not accredited to the NACCC, yet they are very much informed by their best practice guidelines and procedures and are referenced throughout Irish commentary regarding contact services. The UK’s progression in consolidating its child contact centres into a more recognised and needed service has left Ireland severely lagging behind.

Outside of these specific projects established by Barnardos and One Family the main service providers around the country are registered charities and family centres like TFC, that have identified a need for this type of facility not just for the children of separated parents but to support children in care and Child and Family Agency social worker demands for supervised access facilities, an issued that is neglected in the literature.

Throughout both the international and domestic literature the studies conducted predominantly concentrate on child contact services from the separated parents perspective (Strategic Partners, 1998; Pearson & Thoennes, 2000; Scottish Executive Legal Studies Research Team, 2004; Ernst & Young, 2005; Sheehan et al, 2005; Alaggia & Brinbaum, 2006; Durell, 2010; Gibbs et al 2007, One Family, 2009, 2013) with very little acknowledgement of the needs of service provision for children in care. Traditionally, two schools of thought as to why child contact centres were established emerged. ‘For Australians and Americans, the contact centre movement originated, and has grown, in response to issues of domestic violence and child abuse’ (Dickens, 1999:180). While in France, the emphasis was placed on maintaining the ‘psychological and emotional links between the child and the non-resident parent’ (Dickens, 1999:181). Despite the differing reasoning, a ‘pro-contact discourse’ has developed that val-

ues and supports continuing non-resident contact (Humphreys & Harrison, 2003). However, little commentary is present regarding children in care, especially in earlier evaluative research. This also may explain why the lack of research on social workers attitudes towards child contact centres, as such a model was not traditionally used for social work referrals for children in care. This issue is further discussed in chapter four in relation to findings from this study.

### **3.5 Legislative Framework**

One of the most prominent themes in child contact literature is the voice of the child, yet current legislation appears to silence this voice. The implications for child contact centres are detailed in following discussion.

Research has identified that Child Contact Centres in Ireland are neither governed by specific legislation nor regulated and operated by an accredited body. Rather, policies and procedures are produced, using an amalgam of legislative measures that encompass the legal rights of children and parents either married or unmarried, in relation to contact.

‘The principle statute governing access or contact in Ireland is the Guardianship of Infants Act as amended by the statute of Children Act (1987), Judicial Separation and Family Reform Act (1989), Family Law (Divorce) Act (1996) and Children Act (1999)’ (One Family, 2009:23). If a child is in care the Childcare Regulations (1995) are of relevance. The above Acts in conjunction with the Irish Constitution provides the framework of rights afforded to service users both parents and children attending any child contact service. Before examining the rights of parents and children, it is important to identify how the Irish Constitution recognition of the family presents wider complications for individual rights.

#### **3.5.1 Constitutional Definition of family**

Article 41 sets out the basis of the family based on marriage. The Constitution states;

*“The State recognises the family as the natural primary and fundamental unit group of Society, and as a moral institution possessing inalienable and imprescriptible rights, antecedent and superior to all positive law”* (Constitution, 1937).

The quote above represents the conflict of interest between rights of the family as a unit and the rights of the individual member of the unit. At present, the constitution offers little pro-

tection to children as the rights under Article 41 are enshrined in the family as a whole. Article 41 is only applicable to children that are born to married parents, excluding all other family formations, from same sex couples to heterosexual co-habitants. This has implications for child contact services as most service users are unmarried with many unmarried fathers being the most common service user (One family, 2009).

Despite the narrow parameters of Article 41, both national and international legislation has begun to recognise and promote the importance of contact.

### **3.5.2 Legislation Promoting Contact**

Article 9 (3) of the United Nations Convention on the Rights of the Child (UNCRC) which Ireland ratified in 1992, emphasises that;

*‘state parties shall respect the right of the child who is separated from one or both parents to maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child’s best interests’.* (UNCRC, 1989)

However, it is important to note that although ratified this convention has not yet been enshrined into Irish law (Kilkelly, 2008) therefore diminishing its effectiveness.

However reinforcing the right outlined by the UNCRC is the European Convention of Human Rights (ECHR) which stated under Article 8 that contact between parents and children is an essential component of maintaining family relationships. The ECHR has been responsible for placing controls over aspects of the provision of contact. The (ECHR) does go some way towards ensuring contact rights for parents as it was incorporated into Irish Law in 2003. However, one criticism that has been noted is the indistinctness of Article 8 ensures that the frequency of such contact is at the discretion of individual judges/ social workers, thus removing power from the individuals it aims to protect (KilKelly, 2008).

For children that are in the care of the state the Childcare Regulations (1995) state that access arrangements must be outlined as part of the each child’s care plan and the access arrangements are reviewed at regular periods. However the access arrangements are predominantly arranged by social workers involved with the case, with little input from parent or child. This is significant as it highlights the fact that at least with children in care, a social worker has reviewed the case and assessed whether a contact centre is necessary and the type of contact

that is required. For families who do not have social worker involvement, there is no direction or support available on how to establish access or even how to make contact with a Child Contact Centre, unless referred by a professional.

The Child Care Act 1991 was enacted as a result of the UNCRC. ‘This Act puts a legal responsibility on any person charged with the care of any child to act in the child’s best interest’ (McPartland, 2010:19). The Act underpins child protection services and regulating child care facilities and the staffing and operation of residential centres. However this is no provision for child care centres is made under the Child Care Act 1991).

### **3.5.3 Future Reform? New Legislative Developments**

‘In recent years there has been growing debate on how best to balance the rights of the parties involved in family law disputes. Questions have arisen over whether contact or access is truly a child’s right or parent’s right’ (One Family, 2009:32). This public debate led to the 2012 children’s referendum. This referendum sought to make amendments to the constitution to cement children’s rights in legislation and policy. The passing of this legislation has led to a number of interesting developments, the most significant of these being the Children and Family Relationships Bill 2013. The proposed Bill provides for:

“a contemporary legal architecture on guardianship, custody, access...there is a need to provide better support to the courts in family law and childcare cases to provide access to welfare reports and new mechanisms to ensure parental compliance with child maintenance and access” (Briefing Note, 2013).

This Bill is a welcome development to address contact issues as it may dispel some of the ambiguity that surrounds the current system. One Family have supplied submissions to the drafting of the Bill which is also a very positive step in ensuring that service users are represented and policy recognises the current challenges, however, it is unclear what the ramifications of this Bill will be for contact service providers.

## **3.6 Conclusion**

This chapter outlines the lack of research regarding child contact centres, especially in the Irish context, especially in relation to contributions from social workers. The review of litera-

ture would suggest that legislative and historical origins of child contact centres have a significant impact on how service is provided and the volume of service provision in Ireland. The two comprehensive Irish studies highlight many of the important issues for particular child contact centres, yet the lack of a regulatory body makes it difficult to quantify and make comparisons between service providers.

Chapter four will discuss the key findings that were deduced from the research carried out with a discussion of the findings including literature that was reviewed in this chapter and additional material.

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# CHAPTER FOUR: FINDINGS & ANALYSIS

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## **4.1 Introduction**

The purpose of this chapter is to outline and examine the findings from the qualitative questionnaires issued to service users and four social worker interviews conducted. Due to the size of this study and limited word count two of the main themes will be explored. As previously discussed, a thematic approach was taken and the following themes emerged: Firstly, attending the child contact service at TFC was a positive experience for both service users and social workers, what factors that made the experience positive will be outlined under a number of headings. Secondly, the benefit of such a valuable resource for social workers, involved in child protection. The reasons will be identified. These themes will be presented and analysed with regard to the relevant literature detailed in chapter three and additional material. Discussion of the findings will conclude each theme. Finally, a concluding discussion will be outlined.

## **4.2 Context of Data Analysis**

This chapter draws on two sources of data to provide an account of how parents and social workers experienced engagement with TFC child contact service. However, of the twelve qualitative questionnaires that were distributed to service users that attend the child contact service, only four completed questionnaires were returned to the researcher for analysis, with none of the respondents agreeing to participate in a semi structured interview. As a result, the information provided by service users was limited, however the data that was collated did

very much concur with the views expressed by social workers in the semi structured interviews.

As a consequence of the lack of response from service users, the findings from the qualitative questionnaires and the interviews will be presented together where themes coincide. Questionnaire respondents will be identified as ‘Service Users’ and interview participants will be represented as ‘Social Worker’. Where both service users and social workers agree as a whole, it will be identified as ‘all participants’. Pseudonyms will not be used to avoid confusion. All staff of TFC will be identified as ‘Staff Member’.

### 4.3 Level of Service Provision

**Table 4.3.1 Total service provision**

<b>Total no. of Cases Jan 2012-Present</b>	<b>Supervised Contact</b>	<b>Facilitated Contact</b>	<b>Unsupervised Contact</b>
<b>21</b>	<b>13</b>	<b>8</b>	<b>0</b>

**Table 4.3.2 Current Service Provision**

<b>No. of Cases 2014</b>	<b>Supervised Contact</b>	<b>Facilitated Contact</b>	<b>Unsupervised Contact</b>
<b>15</b>	<b>11</b>	<b>4</b>	<b>0</b>

- ❖ The above tables represent the number of cases that the TFC child contact service has provided contact for since the project began in January 2012.
- ❖ Of the 21 cases that have been facilitated 17 cases were referred by Child and Family Agency social workers with four cases were family law cases.
- ❖ All 17 of these referrals from social workers were seeking supervised and facilitated contact<sup>5</sup>.

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<sup>5</sup> Supervised contact refers to a member of staff being present either in the room with the parent and child or observing through the observational window throughout the contact period. With facilitated access that staff would intermittently check in with the parent to ensure the access was progressing well, staff would not have to remain present for entire session.



- ❖ Of the four family law cases it was either outlined as part of a court order or directed by a solicitor that some form of supervisory access was needed regarding access arrangement.
- ❖ Currently, the number of children in care cases are 13. 11 supervised access arrangements and 2 facilitated contact cases.
- ❖ Staff members identified that referral levels have increased, with a greater level of inquiry from non social work stakeholders, Free Legal Aid, independent solicitors, Mná Feasa<sup>6</sup>, OSS Cork<sup>7</sup> and some self-referrals.

#### **4.4 Theme One: Attending the Togher Family Centre ‘A positive Experience’**

All participants commented at length on the positive experiences they have had using the child contact service at TFC. One Social Worker stated *“I am pleased with the service and the centre overall it has always been a positive experience for me and my clients.”* (Social Worker Two). This sentiment was shared by a service user who expressed *“At first I wasn’t happy about it because I didn’t want supervised access but after I went out there and got to no everyone and what the service was about I enjoyed going out there to see my kids”* (Service User).

The positive experiences of the stakeholders can be attributed to a number of factors, which are addressed in some detail in the following sections.

##### **4.4.1 Togher Family Centre Staff**

*“Very helpful, always laughing and joking with the kids, always interested in what was going on [with] me and my children’s lives”* (Service User).

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<sup>6</sup> Refers to domestic violence project in Cork.

<sup>7</sup> An inter-agency approach to domestic violence supported by the Department of Justice, Equality and Law Reform.

Key staff that are involved in providing the child contact service at TFC were held in high regard by all participants. On the questionnaire service users were asked ‘how they found the staff in the TFC? All service users ticked the positive column which contained the adjectives: **supportive, non-judgmental, facilitating, willingness to listen, respectful and helpful.**

All social workers interviewed paid compliment to the professionalism of the staff. One social worker referred to a staff member as “*very facilitating*” “*very skilled and very knowledgeable*” (Social Worker Four).

The contributions of staff are explored further under the following headings;

#### **4.4.1.1 Flexibility**

Social workers actively conveyed how flexible the staff at the centre are, with regard to access arrangements. One social worker stated that the centre has facilitated visits after 5.00pm and staff members have come in on days off to provide supervised access service.

#### **4.4.1.2 Understanding and Support**

Staff were also complimented on the level of support provided to service users. One case identified by a social worker involved a service user who did not feel comfortable attending the parenting classes so a staff member agreed to work with the parent on an individual basis which in the social worker’s opinion, really benefitted this particular service user.

Service users also welcomed the support;

“They gave in reports to court appearances...they kept my barrister up to date...they helped me when my child was upset”

Two other service users also acknowledged the staff to be ‘*professional*’ and ‘*caring*’.

Social workers reiterated this by describing staff as very caring and in tune with the needs of the child. Social workers outlined how staff sensitively intervene if a child becomes distressed or if a parent was unsure about how to cope in particular situations.

### **4.4.2 Family-Friendly Setting**

“*The centre was very welcoming and homely*” (Service User).

The sentiment expressed in the above quote from a parent was representative of the views of parents and social workers. One social worker expressed that the children in one of her cases “*found it [the access room] comfortable and familiar*” (Social Worker four). The three main reasons why participants felt it was family-friendly were;

#### **4.4.2.1 Informal Setting/Atmosphere**

*“I say there is more life to the building, which makes it less formal for the parents coming in, because it looks like they could be there for any reason, not specifically for access or to meet with Social Workers.”* (Social Worker Two).

This theme was echoed by the other social workers and one parent. Due to the variety of services provided by TFC, it was not apparent why an individual was attending the centre. This seemed to be welcomed by the service users, as another social worker commented;

*“There are more people coming and going, a brighter atmosphere, Togher Family Centre is less formal for the parents, because it looks like they could be there for any reason, Sometimes meeting with professionals can be very difficult for parents, so it makes it easier on them meeting here.”* (Social Worker Four).

#### **4.4.2.2 Facilities**

Three of the service user respondents awarded a four (Good), with one awarded a five (Excellent) when they were asked ‘how did they rate the facilities at TFC?’ Two of the parents noted the fact that there were tea and coffee facilities available. This was echoed by social worker three who stated *“Parents have also said they like that in Togher Centre there are facilities to have tea and coffee and there are also facilities for the parent to eat with the child. [another contact centre] do not have these facilities”*.

The same social worker went on to add;

*“They also like the secure play area and the play area outside, again [another contact centre] does not have these facilities.”* (Social Worker Three).

#### **4.4.2.3 Access Room**

Overall the access room was well received by all participants. All participants found the toys in the access room to be age appropriate and in good supply. Three social workers comment-

ed on the fact that bean bags were a “*nice touch*” in the room as older children liked to use them to relax and it provided a less formal atmosphere for children and parents to interact. “[Parents] *can have lunch with the child or they can sit and cuddle on the bean bags. Parents are very comfortable here.*” (Social Worker Four).

All social workers commented on the cleanliness of the access room and the centre in general, most felt it added to the appeal of the service.

*“I find the place is always spotlessly clean which is great and something I always take note of myself and I would imagine others do too. It is important that we show the parents of the children that their kids are in a clean healthy environment”* (Social Worker Two).

Two service users and a social worker noted the fact the room has a rocking chair provided, with the social worker commenting that this “*helps the bonding process between mum and a small baby*” (Social Worker Two).

One drawback that was acknowledged by two social workers was that the size of the room could be problematic when a number of children need to attend, as one social worker commented;

*“Sometimes the room can look a bit crowded alright in particular to the 4 children as at times there will 6 people in the room including the supervisor.”* (Social Worker One).

Another social worker also commented that the size of the room and the fact that the observation window was smaller than that of other services that she has used. However she did not state that her ability to supervise an access was impeded by this.

The lack of space for larger families in the access room and no expansive outside play area were two of the most significant negatives highlighted by the Social Workers interviewed.

#### **4.4.3 Social Workers Representation of Children’s Experience**

Due to the ethical considerations of this study children that attend the contact service could not be interviewed, however social workers have provided an insight into children’s attitudes towards the service through their interactions with children attending contact at the centre.

Social worker four commented “*I have a little girl who was very nervous [about access] but the minute she was in the room and all the toys she forgot about being afraid*”

This was reiterated by other social workers;

*“The child loves going there as it is a more positive experience for her, before the centre she was just in the mother’s flat for access... The child has now refused to go to the flat and says she does not want to have access visits in there anymore and has said she wants to go to the special rooms where all the toys are. She is very adamant that this is where she wants to be, it is a very positive experience for her and she feels safer and happier there.”* (Social Worker One).

The above quotes reinforce the assumption that children attending the service are happy to use the space and a child centred environment has been created by staff and the facilities. This concurs with the experiences of parents who responded to the questionnaire. No social worker interviewed relayed to the researcher that they received negative feedback from any child that was attending the service.

### ***Analysis of Findings***

Drawing from the above findings, feedback from parents and social workers has been, in the main positive, regarding facilities and in particular towards staff. Similar findings were identified in the report *final Evaluation of Barnardos/ One Family Pilot Child Contact Centre* (2013) *“parents interviewed...referred to how staff made them feel and that they were ‘being supported whilst not feeling judged, being understood but most of all being neutral’* (One Family:2014:4).

The findings also concur with international research (Caffrey, 2013; Gibbs et al, 2007). A study conducted in New Zealand examined the experiences of 12 parents participating in supervised contact arrangements at centres. Overall the experiences of all the parents was positive with a number of parents appreciative towards the attitude of staff, *“visiting parents were likely to feel (initially at least) threatened and watched, as staff were usually within arms-length of the child, yet, parents were highly appreciative of contact staff and recognised that staff were there to help the visiting parent develop better relationships with their child”* (Gibbs et al, 2007:291).

Despite these encouraging findings it is imperative to state that those who are engaged with the service are more likely to participate in the evaluation of the service. This is apparent from the findings of the data collected regarding this particular study as respondents that

completed the questionnaires were engaged with the service. Two participants who gave the most detailed information on the questionnaire stated that they had gained something from the access, therefore believed it to be positive. Experiences of service users that are not engaging with the service are not represented by the findings.

Social worker representations of services user experiences are limited as service users and social workers have their own relationship in which service users may not be able to convey their true feelings regarding a particular service to their social worker for fear of reprisal. For greater depth of analysis interviews with all service users would be recommended.

Also the fact that children's voice is represented from a social work perspective may be misleading. According to social workers, children like using the service however a retrospective study of adults formally in foster care viewed supervised contact as negatively impacting on the time they spent with their families, due to the restrictive nature of the venue, lack of fun activities and with the presence of social workers seen as an uncomfortable intrusion on their access (Cooper, 2013). Once again, conducting interviews with children attending the service would provide richer contextual data for analysis which would deliver a more comprehensive picture as to the experiences of children.

## **4.5 Theme Two: Valuable Resource for Social Workers**

Leading from the findings of theme one and the positive experiences of Child and Family Agency social workers, Theme two analyses the responses from Social Workers further and what factors initiate a referral to the service. As stated in paragraph **4.3 level of Provision**, all of the social workers interviewed stated that they predominately make referrals to TFC service to facilitate supervised contact for children in care. The reasons why are detailed below.

### **4.5.1 Lack of Adequate Facilities**

All four social workers outlined that there are only two facilities that can accommodate supervised access in Cork City. One social worker explained that families living outside of the city who need to attend supervised access, must either use Child and Family Agency facilities or the social worker needs to make an appointment to use a Family Centre which may not be available or equipped for access. One social worker explained:

*“I contacted [Family Centre in Cork County] to see if maybe they have a room or somewhere appropriate that we could use, they had nothing at all, this really complicated the access arrangement”* (Social Worker Four)

For families living in the city, social workers deemed particular CFA facilities unsuitable for access;

*“While we do have a set up here for access, sometimes, it is just not appropriate either for confidentiality or child friendliness. We really would be lost without Togher.”* (Social Worker Two).

This opinion was reiterated by other social workers;

*“it would be very difficult for us to get an understanding of a family if we didn’t have the Togher facility, as we would have to use the room in [CFA facility] which is really not adequate to meet the needs of some families”* (Social Worker One).

In the CFA facility *“we would have to move furniture around before and after the access and there would still be things that are unsafe and things we could not possibly move, children could knock their heads off the table corners. We don’t even have proper toys here; all we have are few bits that are old, broken and dirty at this stage”* (Social Worker Three).

#### **4.5.2 Caseload Management**

The Social Workers all expressed the time consuming nature of supervising access. Two Social Workers felt that, with an ever expanding caseload, Child Protection Social Workers would make more valuable use of their time identifying risk of child abuse than facilitating supervised access. In their opinion, TFC contact service afforded social workers the opportunity to use their skills in a more appropriate manner;

*“Without Togher we would have less time for more cases where an actual physical danger could be present, because we would have to attend to supervised access for every case that needed it”* (Social Worker One).

Social Worker Four added;

*“I was doing the supervising myself but I could not continue because of work demands, so I rang [TFC Staff Member] and explained the position...the [staff member] was most helpful in facilitating me, she was willing to do access”*

#### **4.5.2.1 Report Provision**

Social workers acknowledged that comprehensive reports are produced by staff regarding each individual case attending the child contact service. Social Workers have noted that these reports have been a valuable contribution to the compilation of Social Worker files and court reports.

*“Staff are great at keeping us informed...and have provided important reports when it comes to access custody court cases”* (Social Worker One).

### ***Analysis of Findings***

The above findings illustrate the reliance social workers have on this particular service, particularly in relation to children in care. On a wider scale it highlights the lack of adequate facilities and the pressurised environment in which social workers have to operate within (Burns & Lynch, 2013). Due to a lack of resources and ill equipped buildings that are not conducive to facilitating contact, social workers are forced to source an alternative option. From the findings above, it is apparent that whilst social workers are grateful to have such a facility available in TFC which is partially funded by CFA, it would be more appropriate if suitable access facilities were available within CFA premises, thus allowing social workers to provide children in care access directly from their own facility. This would in turn make TFC available to provide a contact service for the growing demand within the community, where self-referrals and non social worker referrals are increasing. However, TFC is currently stretched to the maximum.

The high number of Child and Family Agency cases using the contact service in TFC is in contrast to the findings produced by the 2013 evaluation of the Dublin service, in which only 29% of referrals were from ‘HSE/Social workers...reasons for this are unclear’ (One Family, 2013). Through interviews with social workers and discussions with TFC staff members, it was evident that TFC are keen to work in conjunction with the social workers, providing updating reports on the cases that have been referred, however TFC staff do not have an assessment framework nor do they carry out their own assessments on cases prior to the



family engaging with the service. There is a reciprocal relationship between social workers and TFC. Social workers carry out the assessment based on risk and recommend the type of contact that needs to be provided, whilst TFC staff, work with these recommendations, and keep social workers updated on the progress of the contact sessions. However, as most of the cases relate to children in care, ultimately the responsibility of contact provision rests with the Child and Family Agency social worker. If the provision of service was to expand to facilitate more cases, especially referrals from the community, a number of questions need to be addressed;

Firstly, due to the statutory obligations to children in care and the fact that many cases are referred as a result of court directions, does this restrict the level of input the TCF staff can make regarding cases? TFC have a social worker facilitating the child contact service, however a framework of case assessment and a plan of specific TFC intervention strategies are currently lacking, this is significant for regarding self referrals especially, as it would be unclear what TFC could provide the family other than the actual space.

Secondly, is there is a reliance on the service to have Child and Family Agency social worker input due to the lack of an assessment framework for referrals? All decisions regarding contact arrangements are currently the responsibility of the referring agency, in most cases the social workers, however it is unclear where the responsibility lies if there is no social work involvement outside of TFC.

Neither of these questions can be resolved without extensive interviews with staff members.

## **4.6 Conclusion**

This chapter outlined the key themes that emerged from the data collected. The themes acknowledged the positive experiences outlined by both service users and social workers who use the facilities at TFC and recognised the valuable contribution of the staff at TFC to the overall service. Also, the findings examined the social workers reliance on this service in the absence of adequate facilities at CFA and the demands of the social work role. The reciprocal relationship between the Child and Family Agency and TFC was also highlighted. Through this examination a number of question arose which remain unanswered due to the lack of staff contributions to the study.

Chapter Five will draw on the conclusions made in this chapter resulting in recommendations for both the service and the researcher. This will include a summation of the overall study and a reflective piece.

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# CHAPTER FIVE: RECOMMENDATIONS AND CONCLUSIONS

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## **5.1 Introduction**

This final chapter will outline the objectives of the research in conjunction with a brief summary of the research process. Conclusions and an appraisal of the study will produce recommendations that will apply to the service and to wider policy debates. Implications for social work practice will be outlined and a reflective piece to document the researchers thoughts and feelings about conducting the study.

## **5.2 Objectives of the Study**

The key objectives of this study were to provide answers to the following research questions.

1. What are the experiences of the families using the child contact services in the Togher Family Centre from the perspective of the parent?
2. What are social workers views on the service that is being provided by TFC and if the service has been beneficial to them in managing their caseload?
3. Is Togher Family Centre providing a quality service or could it be improved? If so, in what ways could it be improved?

To provide answers to the above questions the following approach was taken by the researcher;

This primary research piece was guided by the principles of community based participatory research. The theoretical framework consisted of constructivism, idealism and intrepitivism. The study employed a qualitative approach which was evaluative in nature. All service users attending TFC were requested to complete a qualitative questionnaire, due to the lack of response from service users four semi structured interviews were conducted with Child and Family Agency social workers. The data received from both service users and social workers was analysed using thematic analysis.

**Key findings that emerged from the analysis were;**

- ❖ Service users that responded to the questionnaire and social workers interviewed were satisfied with the standard of service provision at TFC.
- ❖ All participants spoke very highly of TFC staff, noting flexibility, understanding and support provided as the key reasons why staff held in such high esteem.
- ❖ Facilities were rated by service users as either good or excellent, this was congruent with social workers views. Reasons outlined were, informal atmosphere, cleanliness, appropriate toys available for children, tea and coffee facilities available, appropriate furniture, for example bean bags and a rocking chair.
- ❖ Two shortcomings of facility were acknowledged by social workers. Firstly, the access room can be overcrowded if there are four or more children attending access with a parent(s). Secondly, the lack of an expansive outdoor play area for activities like football is a drawback.
- ❖ Child and Family Agency social workers dependency on the child contact service to facilitate supervised contact for children in care.
- ❖ Lack of appropriate CFA facilities for child-parent contact was identified as a reason why social worker use TFC.
- ❖ TFC providing supervised access for social workers affords social workers more efficient use of their time regarding the demands of their caseloads.
- ❖ Reciprocal relationship has been identified to exist between TFC and Child and Family Agency social workers.

**5.3 Conclusions**

Drawing from the key findings outlined above, it is fair to say that the research questions have been answered on a basis level. A sense of the service and its provisions has been portrayed by the data collected. The findings do give a reflection of how some service users experience the service and an indication of how the service is benefitting social workers is acknowledged. Also a number of suggestions have been outlined by social workers as to where improvements could be made, i.e. more room for outside activities and more space provided in access room.

Despite this, there is a lack of rich contextual data from participants. As highlighted in the analysis of theme one the views represented in the study are only those of the service users that returned the completed questionnaire, therefore there is a lack of knowledge of the experiences of those who, for whatever reason, did not complete and return the questionnaire. Their experiences may have provided a contrast to that of the opinions detailed in the study. Without interviewing all service users it is difficult to deduce what the perception is of the service for the majority of service users.

Also the design and content of the data collection tools (questionnaire and interview schedule) made have contributed to the lack of analytical data. The interview schedule for social workers especially may not have been sufficiently inquisitorial or thorough in its probing of the relevant issues. This can be attributed to the initial lack of knowledge on behalf of the researcher regarding the issues that frame the topic.

## **5.4 Appraisal of Study**

### ***Strengths***

- ❖ TFC have been provided with an insight into the experiences of their stakeholders and have received suggestions as to how the service could be improved.
- ❖ TFC have been given a clear indication that they are providing a satisfactory service from a social worker perspective.
- ❖ TFC are now more aware that further research is needed to fully research the experience of stakeholders.

### ***Limitations***

- ❖ The data that was collected, when analysed appeared to be one dimensional. A limitation of the study clearly was the lack of response from service users. The small sample size of service users compounded this issue. Ethical considerations considerably narrowed the type of qualitative data collection tools that could be used to collect the data needed.
- ❖ The small sample size of social workers also presented complications as the social workers needed to have knowledge of the service and had knowledge of cases attending the service in order to evaluate it honestly and fairly.
- ❖ The absence of up-to-date literature in the international context and a lack of research regarding child contact services in the Ireland presented challenges to the researcher. The service providers that were outlined in the One family Irish study are providing a service predominantly for separated parents, not children in care with resources in place to conduct assessments to identify risk and design a plan to progress families to a point where a contact facility is no longer needed, this is a much more comprehensive service provider as its sole purpose is to provide all services linked with contact issues, unlike TFC which also runs other projects for many members of the community. As a result of this making a comparisons is very difficult as they are essential two different types of service, yet it is the only form of literature regarding child contact centres.

## **5.5 Recommendations**

Drawing from the conclusions and appraisal of the study, the research recommendations are as follows;

- ❖ TFC review the concerns raised by social workers and explore if providing additional space in the access room or an expansive outdoor play area are viable options.
- ❖ Further research should be conducted. Semi structured interviews with a majority of service users would be advantageous. Also interviews with staff would provide greater clarity regarding some of the questions raised in this study.
- ❖ Further research of child contact providers that are operating a similar facility so that a comparative analysis could be made. It would greatly benefit the service to see if stakeholders of other facilities are having similar experiences and if concerns are related across service providers.

- ❖ The establishment of a regulatory body, or contact centres becoming affiliated with an organisation like that of NACCC in the UK, would greatly benefit TFC as it would provide a benchmark for service provision and raise greater awareness of the role and service provided by child contact centres.

## **5.6 Implications for Social Work Practice**

This study has highlighted two important implications for social work practice.

Social workers are providing a service in a larger system that is understaffed and underfunded. Pressures on social workers are great, as caseloads are expanding and cases are complex, requiring more time and expertise. It is the responsibility of social workers to ensure that facilities are child centred and meet the needs of the service user. If a social worker cannot meet these needs directly, due to lack of facilities or time, then they are referring the case to a service that they can stand over. Social workers should be seen to advocate for this type of service and work in partnership with it for the greater benefit of service users.

This study emphasises the social workers need to be mindful of the vulnerability of service users. As a social work research piece, abiding by ethical considerations and ensuring the respondents are treated with the upmost respect is paramount (CORU, 2010). Social work values, like respect to confidentiality should translate from practice to research. Regarding the limitations of the study, it would be wrong to suggest that service user's lack of response to the research was in any way indicative of how they are as a parent or as a person. Or that a parent does not care about contact with their child. Social workers need to recognise that service users are the experts in their own lives and It is the role of social workers to empower and encourage service users to feel able to contribute to research pieces, like this study, that document that have real issues impacting on their lives.

## **5.7 Reflection**

Undertaking this piece of research has been very interesting and a valuable experience. From a professional perspective it has provided the opportunity to hone my social work skills, communicating with different agencies, through collaboration discussions, analysing the different perspectives to make an informed decision, having an ability to reassess information

and change the research course when presented with challenges and to examine information analytically, all of these skills are key to a social worker role, particularly with regard to the compilation and writing of social work reports.

From a personal perspective, it was of great significant to me to complete a piece of research that was rooted in community based participatory research, due to the fact that it would benefit a community organisation and have a wider consequence than fulfilling the specifications of the Masters in Social Work programme. Conducting research on behalf of a third party, for me, makes the process more real and engaging, despite the challenges it may present.

## **5.8 Conclusion**

The final chapter outlines a summary of the overall research methods and key findings. Conclusions and an appraisal of the study outlined the limitations and posed some questions for further examination. Recommendations were made with regard the organisation and wider policy issues. Finally implications for social work practice and a reflective piece were discussed.

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# APPENDICES

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## Appendix A

February 2014

Dear Participant,

My name is Karina Kennedy and I am a second year social work student in University College Cork. As part of my social work course I have to conduct a research project. I have agreed to undertake a research project in partnership with Togher Family Centre. The purpose of the research is to evaluate the child contact services at the Togher Family Centre from the point of view of the parent. To this end, I kindly request that you complete the following short questionnaire regarding your thoughts and opinions in relation to the child contact service.

This questionnaire should take no longer than 15 minutes of your time. Your response is of the utmost importance to both the Togher Family Centre and I, the researcher.

Please do not enter your name or contact details on the questionnaire. It remains anonymous. **Unless you wish to be contacted to further discuss the issues raised in the questionnaire.**

Kindly return the completed questionnaire to the address which is on the postage paid return envelope on or before **20<sup>th</sup> March 2014**.

Once completed, the research will be published and will be available on the Togher Family Centre website: [www.togherfamilycentre.ie](http://www.togherfamilycentre.ie) in May 2014.

Should you have any queries or comments regarding this survey, you are welcome to contact me on 0877791837 or e-mail [karinakennedy@gmail.com](mailto:karinakennedy@gmail.com). I look forward to hearing for you.

Yours sincerely,

Karina Kennedy

(Masters in Social Work)



## Appendix B

# Togher Family Centre Questionnaire

### ***Instructions***

Answer questions as they relate to you. Tick the box(es) most applicable to you or fill in the blanks.

### ***ABOUT YOU***

#### **1. Your Age**

(Select only one.)

- 17 or less
- 18-25
- 26-35
- 36-45
- 46-55
- 56-65
- 66-75

#### **2. Your Gender**

(Select only one.)

- Female
- Male

#### **3. How Many Children**

(Select only one.)

- 1
- 2
- 3
- 4
- 5 or more

#### **4. Age of Child/ Children**

(Select all that apply.)

- Less than 12 months
- 1-3
- 4-7
- 8-11
- 12-16

## **ARRANGEMENT OF ACCESS**

### **5. How has access been arranged?**

- Family Court i.e separated parents
- Court directed on advice from Tusla
- Discretion of Tusla
- Other

If other, please state the circumstances.

### **6. Have you attended any other contact centre?**

- Yes
- No

If **YES**, Please state how does it compare to Togher Family Centre?

### **7. How do you think access with your child/children would be arranged if the service was not available?**

Please state your thoughts/opinions/feelings.

**8. How do you feel, as a parent, having to attend a contact centre to see your children?**

Please state your thoughts/opinions/feelings.

**STAFF SERVICE PROVISION**

**9. How do you find staff in the TFC?**

(Select any that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> Supportive            | <input type="checkbox"/> Unsupportive   |
| <input type="checkbox"/> Non-judgmental        | <input type="checkbox"/> Judgemental    |
| <input type="checkbox"/> facilitating          | <input type="checkbox"/> Unfacilitating |
| <input type="checkbox"/> Willingness to listen | <input type="checkbox"/> Do not listen  |
| <input type="checkbox"/> Respectful            | <input type="checkbox"/> Ignorant       |
| <input type="checkbox"/> Helpful               | <input type="checkbox"/> Unhelpful      |

**10. Do the staff support you if your child becomes upset or difficult?**

- Yes  
 No

If **YES**, Please explain how the staff have supported you.

**11. Do staff offer support around court appearances, court reports, child in care reviews etc?**

- Yes  
 No

If **YES**, Please explain how and where staff have supported you.

## **QUALITY OF FACILITIES PROVIDED**

### **12. How do you rate the facilities at Togher Family Centre?**

Rate 1 to 5: 1=poor , 5=excellent

Poor

Basic

Adequate

Good

Excellent

**Please state why you selected that number.**

### **13. How do you feel about the room provided for access? Would you change anything about the room?**

- Yes
- No

If **YES**, Please explain what you would change.

### **14. Are the toys/activities age appropriate and of good quality**

- Yes
- No

If **NO**, please state any suggestions for what toys/activities that you would like provided

**15. Do your children get bored or upset in the room?**

(Select only one.)

- Yes
- No
- Sometimes

If **YES** or **SOMETIMES**, how do you think that this could be prevented?

**16. Do you think your children enjoy their time at TFC?**

- Yes
- No

If **YES**, what do you think they enjoy about the centre?

***SOCIAL WORKER SERVICE PROVISION***

**17. Has your social worker advised you of other services provided by TFC?  
From example parenting courses, conflict resolution.**

(Select one only.)

- Yes
- No

If **YES**, Please explain what services you have been made aware of?

**17b. If NO, would you like to know more about these services?**

- Yes
- No

**18. Have you attended parenting classes with TFC or another service?**

**(Select all that apply.)**

- With Togher Family Centre
- With another service

**19. Have you any other suggestions or comments to make?**

**(Please provide any extra feedback that you think would be useful to the Togher Family Centre regarding the child contact service)**

---

Thank you for completing this questionnaire

**Please tick the box if you would be willing to discuss the issues raised in the above questionnaire in an interview either over the phone or in person.**

- I would like to participate in a telephone or face to face interview.

**Please provide your name and telephone number so I can contact you to arrange an interview.**

**Name** \_\_\_\_\_

**Telephone/Mobile** \_\_\_\_\_

**Many thanks for your co-operation.**

**Appendix C**

**Consent Form**

I.....agree to participate in Karina Kennedy's research study.

The purpose and nature of the study has been explained to me in writing.

I am participating voluntarily.

I give permission for my interview with Karina to be tape-recorded

I understand that I can withdraw from the study, without repercussions, at any time, whether before it starts or while I am participating.

I understand that I can withdraw permission to use the data within two weeks of the interview, in which case the material will be deleted.

I understand that anonymity will be ensured in the write-up by disguising my identity.

I understand that disguised extracts from my interview may be quoted in the study and any subsequent publications if I give permission below:

(Please tick one box:)

I agree to quotation/publication of extracts from my interview

I do not agree to quotation/publication of extracts from my interview

Signed.....

Date.....

## Appendix D

# Interview schedule

## SOCIAL WORKERS

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### Section 1

- ❖ Given that you are a child protection social worker, Could you explain the role and interactions you have with the TFC? A specific case.
- ❖ Would you mainly refer court order cases?
- ❖ Who decides if the contact is supervised? The court on recommendation from social work report? TFC informed of type of contact that is in place?
- ❖ From the clients that you have using the service, have they expressed any opinions about the centre to you? What is the general consensus that you have noticed from clients using the service?
- ❖ What is the procedure if a client will not engage with the service? either court sanctioned and otherwise? In your experience is it always personal problems, addiction, mental health issues etc or has it been a direct problem or complaint they had about the service?

### Section 2

- ❖ Do you think the CCS at TFC is child centered or focuses more on the needs of the parents?
- ❖ What elements of access do you think the TFC are doing well?
- ❖ What elements could be improved?
- ❖ How do you think it rates in relation to other access facilities that you have either used in your current job or previous positions, outside the county??



- ❖ How difficult would it make arranging access if the service was not provided by TFC, are there alternatives?
- ❖ Would you advise clients that are referred about the services provided by TFC like parenting courses? Are you aware of the additional services?

Finally, Have you any further comments to make? Suggestions etc.