



SEPARATING WELL

For Children

Service model report

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Executive summary

One Family is Ireland's national organisation for one-parent families, offering support, information, and services to all members of one-parent families, to those sharing parenting, to those experiencing an unplanned pregnancy and to professionals working with one-parent families. One Family is committed to its mission of bringing about better lives for all members of one-parent families, through fundamental structural change and by supporting individual one-parent families through specialist, professional services.

One Family delivers the Separating Well for Children Project (SWP), which it developed in 2018 and is funded by Tusla - the Child and Family Agency. SWP is a specialist support service for families who are in the process of separation or parenting post separation where conflict is challenging and has a detrimental impact on children. The service supports both parents to negotiate the separation process and move forward in their transition to new family forms, with a strong focus on the needs of children.

In 2021 One Family contracted the Centre for Effective Services (CES) to strengthen the SWP service model. The purpose of this work was to ensure consistency, effectiveness, and efficiency in One Family's delivery of SWP, and to outline next steps to scaling up SWP to reach more families in Ireland. This provided an opportunity to reflect on the delivery and achievements of SWP so far, and to draw out learnings from practice and from the research literature to strengthen the SWP approach.

CES and the SWP staff team worked collaboratively to explore key issues such as how families' needs can be consistently understood from the outset and linked with appropriate interventions; how to account for many families' need for intensive, wraparound support to engage with the service; how to best serve families who experience ongoing or historic domestic violence, and how to ensure SWP maintains its strong child-centred approach.

About this report

This report includes an outline of how SWP is currently delivered, an overview and recommendations for implementing a strengthened SWP service model, and a literature review that has informed development of the SWP service model.

The current approach to SWP is represented in a logic model that was developed by CES and SWP staff. This provides a baseline understanding of how SWP operates currently.

A new service model for SWP is outlined, informed by current One Family practice wisdom, and by the research and evaluation literature.

The literature review explores what works to promote child wellbeing in separated families where interparental conflict or domestic violence is challenging.

Key messages from the literature review

Parental separation is a crucial transition point in family life, consistently related to stressful events, instability, and poorer life chances for parents and children. Findings show that interventions aimed at parents and children can contribute to better outcomes for children whose parent's separate, including those who experience domestic violence and interparental conflict alongside separation. The review highlights the following implications for service delivery:

- Domestic violence and interparental conflict are pervasive, serious challenges that impact on parents' capacity to meet their children's needs, especially during and post-separation. Effective, specialist services, delivered by skilled professionals are required for children and parents to prevent children being negatively impacted by separation, with the aim of keeping children safe and reducing the detrimental impacts of domestic violence and interparental conflict.
- The needs of families experiencing domestic violence and interparental conflict differ. Similar types of interventions are effective for both, though the content and focus must be tailored depending on whether domestic violence or interparental conflict are prevalent. Families experiencing domestic violence require a high level of support, with a focus on promoting safety.
- Effective interventions include assessment and screening, psychoeducation and skills training for parents, parenting programmes to enhance parenting capacity, children's group programmes to aid understanding and provide a peer support, therapeutic interventions, and holistic emotional and practical support.
- Increasing parents' understanding of the impact of interparental conflict or domestic violence on their children is an important contribution of services and can build readiness to engage in structured interventions.
- Children's needs and wishes should be accounted for and respected as far as possible. Services should focus on child protection and safeguarding.

The SWP service model

This report outlines a strengthened service model for SWP. SWP an integrated service with the aim of preventing escalating or entrenched interparental conflict, reducing safeguarding concerns in the family, and ultimately promoting children's wellbeing.

The core components that make up the strengthened SWP model are:

- assessment
- family support
- group-based programmes for parents and children, and
- therapeutic support.

These components are delivered through two support streams, with responses tailored to the needs of SWP's two core target groups:

1. Separation where interparental conflict is challenging or may impact on shared parenting
2. Separation where there is historic or current domestic violence and regular child contact with both parents.

The service is intended to be delivered in a stage-based approach, to allow for ongoing review and assessment that supports families to engage with the most appropriate intervention.

Recommendations for scaling up SWP

This report suggests that to scale up the reach and impact of SWP in an intentional manner, with a view to sustainability and meeting the need for the service in Ireland, several preliminary steps should be considered.

- Ensure that an effective measurement framework is in place to track how SWP works in practice, demonstrate the achievement of outcomes for children and parents, and facilitate learning and development within the service.
- Develop an evidence base for the service through an evaluation. Findings can be used to demonstrate the achievements of the service, pinpoint what works and for whom, and inform decision making around service development and scale-up.
- Explore how to scale up SWP in a way that that benefits families. Drawing on existing data, engaging with stakeholders, and carrying out a needs analysis are steps that can inform this exploration.

Introduction

One Family and the Centre for Effective Services (CES) have been working together on the codification and development of the Separating Well for Children Project (SWP), a service that supports separated parents and their children, where children are impacted by the separation. In order to build on and develop the SWP service, the CES team drew on evidence that included academic literature, grey literature, and consultations with One Family staff. These activities provided a strong foundation and focus for the project to propose an evidence-informed service model to strengthen SWP, grounded in research evidence and practice wisdom.

This report includes an outline of current practice within the SWP service, an overview and recommendations for implementing a strengthened service model, and a literature review that has informed recommendations to strengthen the model. The report is structured as follows:

[Part 1:](#) The current practice of delivering SWP within One Family.

[Part 2:](#) The proposed service developments for SWP that is suggested to strengthen the service, drawing on current practice and recommendations from the research literature.

[Part 3:](#) The literature review is presented in Part 3, which includes key takeaways for practice that has informed the development of this service approach.

Part 1: Current Approach to Delivering Separating Well for Children within One Family

One Family delivers the Separating Well for Children Project (SWP), which it developed in 2018 and is funded by Tusla. SWP is a specialist support service for families who are in the process of separation or parenting post separation where conflict is challenging and has a detrimental impact on children. The service aims to support parents to negotiate the separation process and move forward in their transition to new family forms, with a strong focus on the needs of children.

The service works with both parents and their children in a supportive, non-judgemental way, at the family's own pace, through the many challenges of moving forward towards shared parenting. The service offerings include:

- Assessment
- Counselling for parents and teens
- Creative therapies for children and young people
- Group-based parenting supports
- One-to-one parent mentoring
- Mediation for parents and family members

Services are delivered by a skilled staff team, with roles including Service Manager, Family Support Worker, Parent Mentor; Family Mediator, Parent and Teen Counsellor; Child Counsellor (play and art therapy), supported by an Administrator.

There is a strong demand for SWP supports, and a waitlist is operated for some components of the service currently. Professional referrals make up approximately 40% of referrals. Self-referrals typically come through One Family's public helpline or via the One Family website. In addition to the Tusla funded SWP services, One Family provides a range of additional parenting, career development, therapeutic and information services that SWP service users can access. Records show the levels of activity in each aspect of SWP; group parenting course, key working, needs assessment, mediation, counselling and play and creative therapies for children as part of SWP.

SWP component	Service user numbers			
	2021	2020	2019	2018
Key working	53	42	21	21
Needs assessment	25	30	41	41
Mediation	24	23	32	22
Counselling for adults and teens	42	39	70	–
Play/Creative Therapy for children	23	25	60	37
Parenting group courses	36	38	29	34

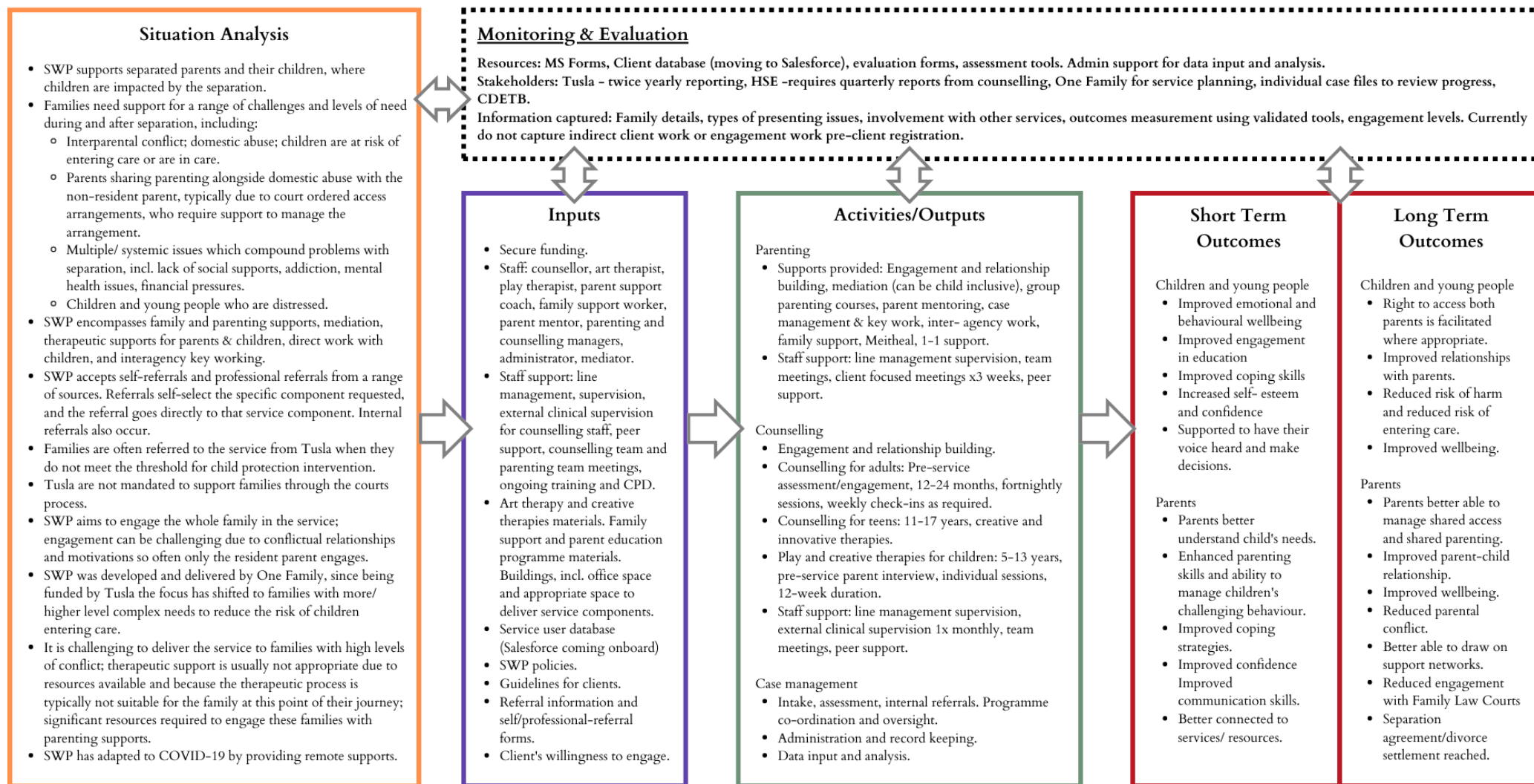
One Family began delivering SWP entirely face to face. With the onset of Covid-19 and to maintain service delivery, the service was delivered remotely. Since the easing of Covid-19 restrictions, adults can opt into either face-to-face or online counselling services, the parenting courses continue to be delivered online, and services for children have returned to face-to-face delivery. Online delivery has been positively received by families, a large proportion choose to engage with the online services and report that barriers to participation are mitigated in this way. Additionally, it has enabled families from across Ireland to engage with SWP, with approximately two thirds of families based outside of Dublin.

During this project, the CES team explored the current approach to delivering SWP and documented the context in which the service operates through the following activities:

- i) Existing materials were reviewed for the service.
- ii) Policies and procedures relevant to the implementation of the service were reviewed.
- iii) A brief review of the monitoring and evaluation tools in use was carried out (see Appendix 1).
- iv) Online workshops were held with SWP staff to develop a logic model for the service and to better understand the context for implementation, current implementation practices and the experiences and perspectives of staff and managers on delivering the service and how it can be strengthened.
- v) A brief literature review, conducted by the CES team, aided SWP staff reflection on current practice and future developments of the service.

A logic model was developed in collaboration with staff which outlines the current approach to delivering SWP. The logic model components outline:

- The **Situation Analysis** (the context, opportunities, problems and needs in relation to SWP)
- The **Outcomes** (the changes that occur as a result of SWP)
- The **Outputs/Activities** (key tasks and areas of work that will help to achieve the desired outcomes)
- The **Inputs** (resources needed to deliver SWP)
- **Monitoring and Evaluation** (the process for assessing progress and achievement of outcomes).



Process to strengthening the SWP service model

The process of strengthening the SWP service model involved capturing and analysing the current approach to delivering SWP through consultations with SWP staff and reviewing the research literature. These activities provided a baseline understanding of ‘what works’ for parents and children availing of the service, and organisational considerations. The CES team and SWP staff team then collaboratively developed a strengthened SWP service model.

Findings from the literature review that have informed development of the service model

The literature review explored what works to promote child wellbeing in separated families where there is interparental conflict and domestic violence. The literature review is included in full in Part 3 of this report. Key recommendations arising from the literature review that informed the development of the SWP service model:

- Effective, specialist services should be resourced and delivered for children and parents to prevent children being negatively impacted by separation, with the aim of keeping children safe and reducing the detrimental impacts of domestic violence and interparental conflict.
- Support services should focus on child protection and safeguarding, ensuring that children are kept safe in their family. Appropriate protocols must be in place regarding child safeguarding within services.
- Elements of effective supports were identified in the literature. Consideration should be given to providing supports that include a combination of these elements, working towards appropriate objectives depending on the prevalence of domestic violence or interparental conflict:
 - Effective assessment and screening of parents’ and children’s needs.
 - Psychoeducation and skills training for parents.
 - Therapeutic supports, delivered individually, to families, and in groups.
 - Parenting programmes to enhance parenting capacity and enable peer support.
 - Children’s group programmes to aid understanding and provide a safe space to talk and listen.
 - A holistic, wraparound approach incorporating emotional and practical supports.

- Skilled and experienced professionals from a range of professional backgrounds are crucial to the successful delivery of supports. Staff should be experienced and knowledgeable in the legal system and referral pathways required and hold appropriate expertise for complex cases.
- Staff should be supported in their wellbeing, be well trained in their role, and have a full understanding of all safeguarding procedures.
- There is strong evidence that conflict between parents can have a significant detrimental impact on children's long-term outcomes. Services should be provided that support separated parents to prevent escalating or entrenched conflict, reduce its damaging impact on children, and support children's ability to cope.
- Provision of interventions that support parents and children who are victim to domestic violence in cases of parental separation is essential, given the heightened risk of violence that comes with separation. Services should be adequately resourced to support victims of violence and should hold the appropriate levels of expertise and experience to effectively work with families.

Part 2: Separating Well for Children Project Model

The following sections outlines a model for SWP that is informed by current One Family practice wisdom, and by the research and evaluation literature addressing what works for children and parents going through separation where interparental conflict or domestic violence is a feature of the separation.

What is the SWP model?

SWP is a voluntary, centre-based service focused on children's needs during the process of two parent's separation and in the time following separation. It is an integrated service providing direct interventions, support and case management for adults and children, with the aim of preventing escalating or entrenched interparental conflict, and safeguarding concerns in the family, and ultimately promote children's wellbeing.

The core components that make up the SWP programme are:

- assessment
- family support
- group-based programmes for parents and children, and
- therapeutic support.

These components are delivered through two support streams, with responses tailored to the needs of SWP's two core target groups:

3. Separation where interparental conflict is challenging or may impact on shared parenting.
4. Separation where there is historic or current domestic violence and regular child contact with both parents.

Direct supports are provided for children impacted by their parent's separation. It is very important that it is deemed safe for children to engage with SWP, that children's parents understand and are on board with the aims of SWP, and that parents are willing for children to engage.

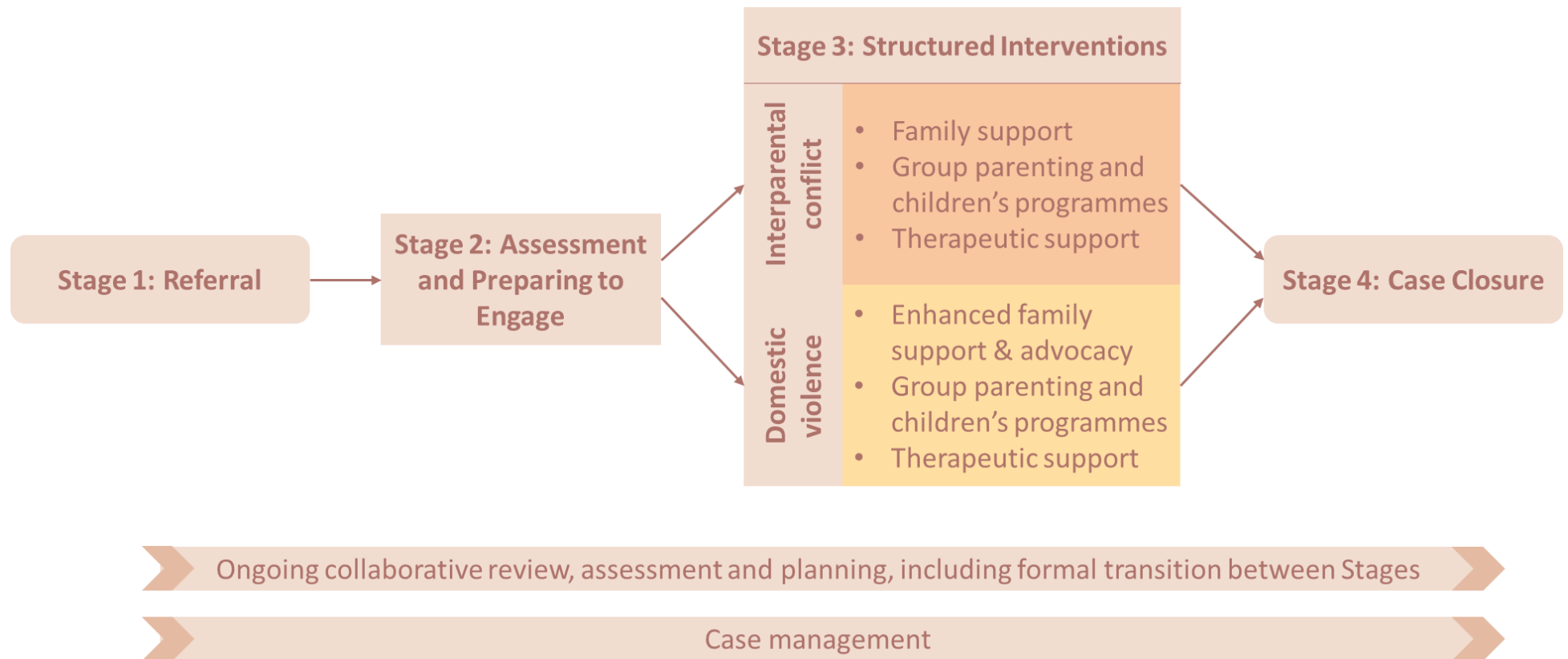
The service is intended to be delivered in a stage-based approach, to allow for ongoing review and assessment that supports families to transition to the most appropriate intervention at each stage.

Domestic violence and interparental conflict are understood as distinct, therefore requiring separate service responses.

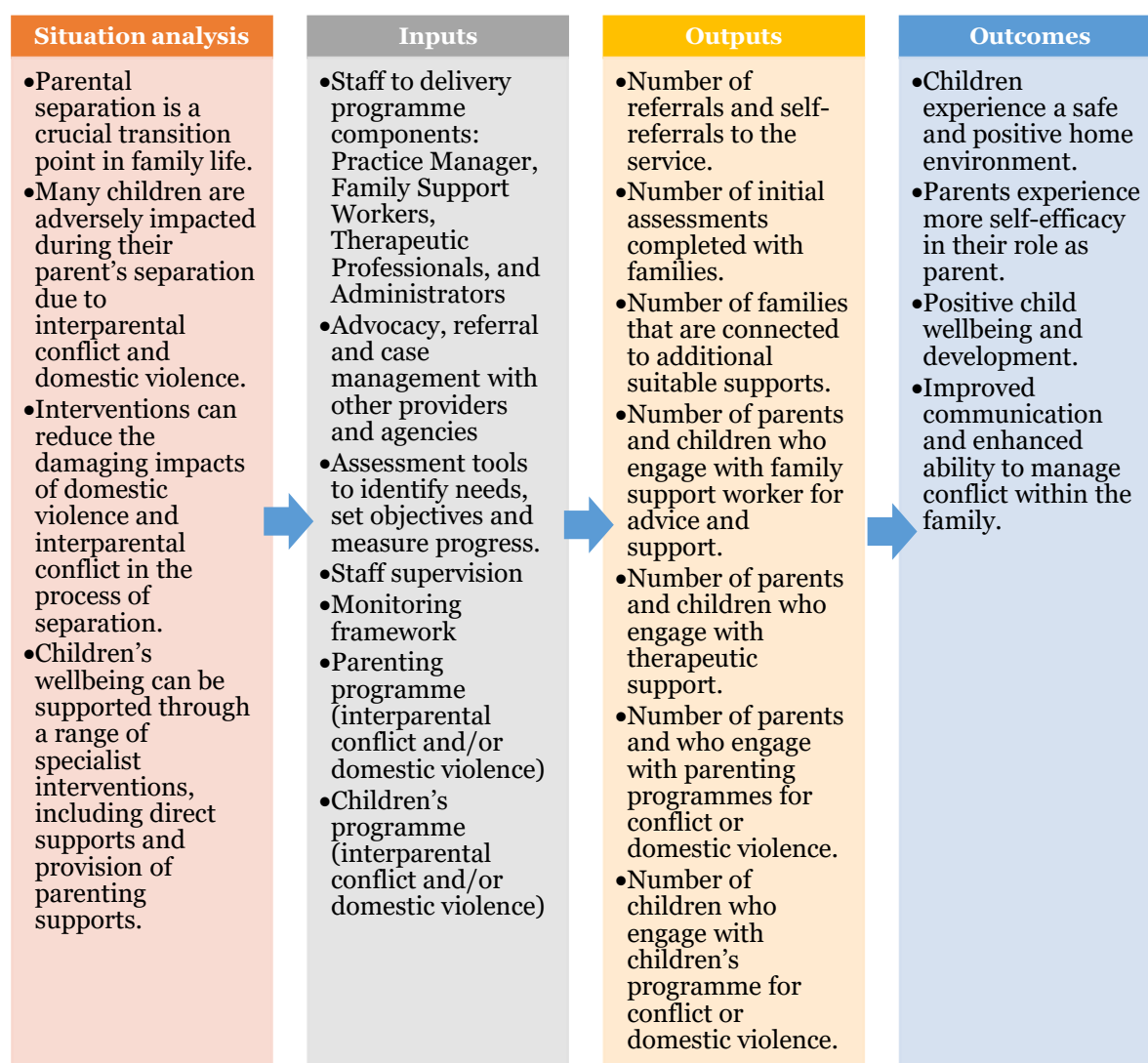
Domestic violence is a common, serious, and complex issue involving patterns of control maintained by a perpetrator in close adult relationships. After separation the risks of violence are often heightened, and the presence of children provides perpetrators with opportunities to continue patterns of abuse. Children impacted by domestic violence often experience a range of child protection issues directly or indirectly related to the abuse. Domestic violence victims often experience reduced parenting capacity and the parent-child relationship.

Interparental conflict can involve many of the characteristics of domestic violence, including bitter disputes and fights, but the distinctive feature is that power is typically more balanced, with disputes initiated and maintained by both parents. Separation is a time of heightened conflict for many families but is most detrimental to children's wellbeing when it becomes entrenched, destructive, underpinned by dysfunctional interpersonal dynamics, and when children are drawn into disputes. Parenting capacity can be diminished by conflict.

The SWP model



Logic model outlining the SWP model



Who is it for?

SWP is for parents who are separating or have separated, and their children who require support to establish post-separation arrangements that reflect the children's own needs. The service works with families who have been referred by Tusla, other professionals engaged with the family, and it also works with self-referrals. SWP supports children and parents who are experiencing complex challenges including emotional and behavioural problems, domestic violence, limited capacity to parent, and entrenched interparental conflict due to the challenging nature of the family situation.

How is it delivered?

SWP is comprised of assessment and a menu of direct intervention options which are tailored to the needs of each family, as well as family support work that encompasses

a wider system of multi-agency supports. SWP is comprised of two streams of support that are tailored to meet family's differing needs: separating where interparental conflict is challenging; separating alongside domestic violence (current or historic).

These streams are delivered through four consecutive stages, allowing for ongoing assessment and a formal transition between stages:

1. referral
2. assessment and preparing to engage
3. focused support
4. case closure.

The delivery of SWP in line with these stages is outlined in detail in Appendix 1.

In any given service it may be possible to partner with local specialist services to provide components of SWP if it is not possible to do so in one setting, for example by partnering with a specialist therapeutic support provider, or family mediation.

The timeline of delivery is guided by the needs of each family and will vary depending on the level of support required, the interventions engaged with, and depending on the intensity of support required at different times. The components of SWP are typically delivered in weekly sessions, with wraparound support through Family Support Workers. It is essential that sufficient time is allowed for assessment and preparing families to engage in structured interventions, which may take up to six weeks. The parent's group programme and children's group will take approximately ten weeks. Therapeutic support may take approximately twenty weeks but will be determined by the therapeutic professional and service user. Preparing for case closure may take two weeks.

Aspects of SWP can be offered remotely in order to aid engagement by mitigating barriers to participation such as childcare costs, travel, and time. Direct supports for children should predominantly be provided face to face. Group parenting programmes and therapeutic supports for parents can be offered remotely where possible and appropriate. Many parents are likely to opt into remote supports due to the enhanced accessibility it provides.

What outcomes is SWP trying to achieve?

The main aim of SWP is to achieve the best possible outcomes for children of separated families, limiting the impact of interparental conflict, and ensuring children's needs are met at all stages during and after separation. There are intended outcomes for parents, given that supporting parents to reduce interparental conflict or promote their safety is shown to support better outcomes for children.

	Separation with interparental conflict	Separation with domestic violence	Children's services
Aims	<ul style="list-style-type: none"> Enhanced capacity to parenting effectively and respond to children's needs. Better able to engage in shared parenting. Parent's improved communication skills. Decreased conflict or potential for conflict. Parent's improved confidence. Improved well-being of all family members Children at reduced risk of harm and/or of entering care and have needs met within the family. Children supported to have positive and meaningful relationships with both parents and family members. 	<ul style="list-style-type: none"> Victim-parent has enhanced capacity to parent and support children's coping. Better able to access community and peer supports. Coping skills improved. Reduced risk of harm to victim-parent and children. Increased wellbeing for parent and child. Children at reduced risk of harm and/or of entering care. 	<ul style="list-style-type: none"> Children are supported in their development and well-being is enhanced Children feel safe and loved and have basic needs met within the family setting. Children have a clear sense that their voice is important in all matters that affect them and be supported to voice what they need from family and community.

Staff team required to deliver SWP

The capacity of the SWP project team in any given setting will affect the case load and the interventions the project can offer. The exact composition of the team should respond to the level of demand for the service, the needs of those engaging with the service, the case load, capacity and other factors such as other services offered by the organisation and available community resources.

The core staff required to deliver SWP:

- The SWP **Practice Manager** has overall responsibility for the service, including overall managerial oversight of staffing, case management, service delivery, communication, practical arrangements for running the services, providing supervision and support to staff, monitoring and evaluation, and oversight of family care plans. The Practice Manager develops collaborative relationships with external agencies and services and supports staff in interagency work. They have oversight of monitoring, quality assurance and reporting for the programme.
- Family Support Workers** deliver one-to-one support, carry out assessments, and facilitate parent and children's group-based support programmes. The Family Support Worker is the main point of contact for service users to support their engagement with interventions in SWP and coordinates with other agencies/services. The number of Family Support

Workers needed will be contingent on the number of cases that the service can serve at any one time and amount of direct contact time that workers have with service users. If Family Support Workers are engaged with cases where there is domestic violence, they must be equipped with the skills to use and interpret standardised screening tools and demonstrate knowledge and experience of domestic violence. They should be experienced engaging with parents and children with complex needs. Parent mentors should be engaged to provide mentoring to parents.

- Qualified, accredited **therapeutic professionals** are responsible for delivering therapeutic supports for parents and children. They should have experience of delivering trauma-informed interventions, supporting victims and survivors of domestic violence, and working with both parents and children. Art or play therapists can deliver creative therapies for younger children and teens.
- **Administrative officer** whose role is to support the work of the SWP team by completing administrative tasks.

Skills and competencies of staff

It is essential that all SWP staff are appropriately qualified, have experience and are confident to work with the challenges that separated families will present. It is recommended that all staff hold a relevant professional qualification and membership of a professional body as available. In addition, the skills and competencies specific to delivering SWP are outlined as follows:

Knowledge	Knowledge of parental separation and the contemporary context of separation in Ireland including the family law system, its impact on child development, and an ability to heighten parent's awareness of this.
	Knowledge and experience of domestic violence and ability to identify this within families, as distinct from interparental conflict.
	Child protection and safeguarding knowledge and experience, and knowledge of child protection structures.
	Trauma informed practice.
Skills	Ability to work as part of a multi-disciplinary team, work in partnership with and build relations with other service providers.
	Ability to support service users through challenging emotions and experiences, including loss, trauma, shame, conflict, anger.

	Confident working with both parents to ensure best outcomes for children.
	Ability to build relationships with parents, children, and teens and act as an advocate.
Personal characteristics	Experience and maturity in area of professional expertise.
	Ability to respond creatively and flexibly to circumstances and to persevere.
	Supportive and non-judgemental.

Components of SWP

The core components that make up the SWP programme are assessment, family support, group-based programmes for parents and children, and therapeutic support.

Appendix 1 provides more detail on how these components are delivered in practice.

Assessment

A risk assessment, screening, and an assessment of needs process is carried out with each family at the outset. Safe and effective screening for domestic violence with all families at this stage is essential to SWP, and skilled, experienced professionals should be equipped to differentiate interparental conflict from domestic violence. Where ongoing or historic domestic violence is identified at this stage, the safety of children and the victim-parent becomes the priority. Safety planning should be carried out with parent and children, and links established with relevant services, including legal and child protection agencies. There should be clear criteria developed setting out when and if it is appropriate to engage with perpetrators.

Standardised tools are used to identify needs, risks and set objectives. Assessment is completed in individual sessions with parents and children. An assessment of needs is carried out with the children unless deemed inappropriate. The perspectives of the referrer and other agencies, professionals and members of the family's social network can be sought and incorporated into the needs assessment process, dependant on appropriate consent being in place.

Service users are deemed not appropriate to engage with the service if challenges within the family are judged to prevent them from engaging with SWP, such as significant mental health issues/ unmanaged addiction. In these cases, alternative specialist supports are explored, and the service user is supported by the Family Support Worker to access them. A decision should be made collaboratively between the Family Support Worker, Practice Manager and service user at the end of stage 2 as to whether they will progress to Stage 3.

As service users progress to Stage 3, the assessment determines the needs of parents and children and indicates the support streams most suitable:

1. separating where interparental conflict is challenging
2. separating alongside domestic violence (current or past)

In cases of domestic violence, the service predominantly works with the victim-parent and children. In cases of interparental conflict, two parents and children are supported to engage. The elements of each stream appropriate to the case are decided collaboratively between the service users, Family Support Worker and the Practice Manager, with the input of the relevant professional delivering the intervention sought where needed, and a plan is formed.

Direct supports: family support, group-based programmes, and therapeutic support.

Direct supports: Separating where conflict is an issue

- a) **Family support** encompassing individual emotional and practical support and advice sessions for both parents, multi-agency collaboration and advocacy, and case work.
- b) **Group parenting programme** development of communication skills which support effective conflict resolution or management through negotiation and compromise; the needs of children within the family and through separation; the rights of children; developing an ability to share parenting effectively in the best interests of children post separation.
- c) **Children's group programme** focused on peer support, sharing experiences of separation and loss; understanding of their needs and emotions; developing coping strategies and internal understanding of family change.
- d) **Therapeutic support** for adults and children to process the impact of the separation on the individual.

The direct supports integral to SWP provision are family support, group-based programmes, and therapeutic support. The delivery and timing of these supports are tailored to meet the needs of each family, based on the assessment. There are specific activities necessary to meet the needs of families where there is domestic violence, and where there is interparental conflict. This is summarised as follows:

Direct supports: Separating where domestic violence is an issue

- a) **Family support** encompassing individual emotional and practical support and advice sessions for victim-parents. Multi-agency collaboration and advocacy, and case work to ensure safety and appropriate supports. In some instances, some one-to-one work with perpetrators may be appropriate/ necessary, maintaining focus on the needs of the victim-parent and children.
- b) **Group parenting programme** provides a safe space for non-violent parents to discuss the impact of domestic violence with peers, promote parenting skills development and capacity, safety planning, develop understanding of children's experience and support children's coping.
- c) **Children's group programme** providing a safe space to talk, fun and respite, safety planning and develop understanding of domestic violence.
- d) **Therapeutic support** for parents and children to process the impact of domestic violence and potential mental health effects.

Direct supports: Children's services

- a) **Therapeutic supports**, including play/ creative therapy to support children with their own individual processing of family change and the impact such change may have on them physically and emotionally.
- b) **Children's group programme**, with a conflict or domestic violence focus.

Family support

Family support is integral to SWP, and all service users are provided with family support. Service users are assigned a Family Support Worker following the assessment process. Family Support Workers will work with parents in group-based supports, 1-1 interventions and support interagency work. This provides service users with wraparound, holistic support throughout their engagement with the service. Skilled Family Support Workers offer a flexible, needs-led, and strengths-based approach with a focus on the needs of children. Family Support Workers aim to build positive trusting relationships, enabling engagement with SWP and discussion of sensitive issues that they are experiencing. This support is provided to service users primarily through one-to-one sessions with parents, though at times separated parents can be brought together, and can include others as appropriate. The frequency of support sessions typically varies over the duration of the service user's engagement with SWP and is responsive to needs.

Service users engage with their Family Support Worker working alongside the structured interventions that make up the SWP approach. Any issues with the service user's engagement with interventions identified by the relevant professional are shared with the Family Support Worker for follow up. The Family Support Worker and Practice Manager are kept updated on the family's engagement and progress, while being mindful of service user confidentiality. This aids caseload management, ensures the service continues to meet needs, and ensures that the family is supported to continue engaging with the intervention.

A multi-agency model of work is central to SWP and is facilitated by Family Support Workers. The aim of this is to provide service users with the practical supports and services they need to engage with SWP. Family Support Workers work in partnership with external supports to ensure that there is cohesiveness in service provision, and to act as advocate on the service user's behalf, for example by connecting them to supports and resources in the community and attending professional meetings.

Family Support Workers can also work to develop parent's' readiness for family mediation. This involves education on the mediation and court processes, building communication skills and emotional readiness for mediation. Where mediation is not directly available in the service setting, SWP could form a clear partnership with a family mediation service. In this case, Family Support Workers direct parents to a family mediation service and continue to offer family support where necessary.

Family support in cases of **parental conflict** involves individual emotional and practical support and advice session for parents, multi-agency collaboration and advocacy to enable engagement with SWP, and case work.

Family support in cases of **domestic violence** encompasses individual emotional and practical support and advice sessions for parents. Family support workers also facilitate multi-agency collaboration – essential to ensuring the safety of domestic violence victims. Family support workers predominantly engage with the victim of domestic violence only. In some cases, when/ if it is deemed safe and appropriate, there may be engagement with perpetrators of violence, aimed at promoting parenting capacity.

Group-based parenting programmes

Parents are offered a place on a group-based structured parenting programme comprised of 6-12 weekly sessions, delivered by a Family Support Worker. The course provides parents with peer support, education, and skills-building. An introductory meeting or video call is held in advance of the first session in the course between each participant and the group facilitator as orientation to the group. Additional check-ins are provided where necessary for additional support.

Group parenting programme for **conflict** focuses on development of communication skills which support effective conflict resolution or management through negotiation and compromise; the needs of children within the family and through separation; the rights of children; developing an ability to share parenting effectively in the best interests of children post separation. **Both parents are engaged.**

Group parenting programme in cases of **domestic violence** provides a safe space to discuss the impact of domestic violence with peers, promote parenting skills development and capacity, develop understanding of children's experience and support children's coping and ultimately promote safety through safety planning. **The victim of domestic violence only is engaged.**

Children's group-based programmes

The SWP approach recognises the significant impact that parental separation, interparental conflict and domestic violence can have on children's wellbeing and development. SWP provides structured group-based programmes for children which offer children information about their experiences, a space to talk with and listen to other young people and develop coping skills. The programme content varies depending on whether the children have experience of separation and interparental conflict, or of domestic violence, and is tailored to those topics. For children experiencing ongoing domestic violence, the group offers children a safe space to talk about their experiences and get some respite, which may be more appropriate than recovery-orientated work given the ongoing nature of the abuse. Children's programmes are delivered weekly, over approximately 6-12 sessions. They are facilitated by a Family Support Worker.

Children's group programme focused on **conflict** provides space for children to share experiences of separation and learn about family conflict and coping strategies. It is focused on peer support, sharing experiences of separation and loss; understanding of their needs and emotions; developing coping strategies and building understanding of family change.

Children's group programme for children with experience of **domestic violence** providing a safe space to talk, fun and respite, safety planning, develop understanding of domestic violence.

Therapeutic support

Therapeutic support for adults and young people is a key offering of SWP, given the association between living with interparental conflict and/or domestic violence and the long-term harm this can hold for adults and children. There should be supports provided for adults, children, and young people, provided by qualified, accredited therapeutic professionals. Therapeutic responses can take a range of modalities within SWP, dependant on the expertise available within the SWP team, including counselling for adults and young people, and creative therapy for children and young people. Trauma-informed care is recommended in therapeutic work with adults and children. The number of sessions provided should be responsive to need. The number of sessions provided for parents typically varies from 12-30 and for children and young people up to approximately 12 sessions.

Where relevant, therapeutic professionals support parents and children to develop readiness to engage in family mediation. This typically involves building communication skills and emotional readiness for mediation. Where parents are engaged with a family mediation process, the therapeutic professional can continue to offer support as necessary.

Case management

Opening cases

SWP is available to all separated parents and children who are experiencing interparental conflict or domestic violence which is impacting on children's wellbeing, or may negatively impact on parent's capacity to share parenting post-separation. However, in order to manage the case load, the SWP Practice Manager manages referrals from a range of sources, including self-referrals. The initial review of referrals, intake, and registration processes are managed by the SWP Practice Manager. Once a referral is accepted to SWP, the Practice Manager arranges with the parents individually to complete registration and begin the assessment process.

The Practice Manager assigns service users to Family Support Workers following the baseline assessment, taking account of the level of need and matching this to the Family Support Worker's current caseload.

Managing cases

Implementing SWP requires a case management approach, led by the Practice Manager who has oversight of all cases. Case management is a process whereby all professionals involved in delivering SWP, supported by the Practice Manager, assess the needs of service users, and arrange, deliver and review service offerings to better meet their needs. A case file for each service user is opened after registration and is maintained for the duration of their engagement with SWP. The SWP team aims to ensure that service users experience SWP as a coherent 'whole', with seamless transitions between the professionals they will interact with, and the interventions provided.

Gaining service user's trust and keeping them engaged with the service is a core task within SWP. Service user's engagement may fluctuate as circumstances change over time. Sometimes service users will have to wait for availability for structured interventions. It is important that service users have clear expectations for their progression through the service. This requires the Practice Manager to maintain oversight of service user progression through the service to help manage caseloads.

The scheduling of interventions for parents and children is an important consideration, taking into account how parents and children access the physical space

and are affected before and after the intervention, and providing appointment at times that fit service user's schedules where possible.

Support and supervision

Staff support and supervision involves regular meetings and formal supervision between all workers and their line manager to agree on work plans, carry out individual case reviews, support decision making, and identify training and professional development opportunities. Staff support and supervision is a crucial element of delivering SWP to ensure quality in case management and service delivery.

- All professionals receive formal case supervision on an agreed regular basis, with their line manager, approximately monthly for one hour.
- Therapeutic professionals attend regular accredited clinical supervision in line with the requirements of their professional discipline/membership.
- All team members are encouraged to discuss challenges that they may be experiencing with their manager as the need arises and receive ad hoc support.
- Practice meetings are held regularly, attended by all staff delivering SWP, which assists in developing trust and supporting a collaborative and coordinated service delivery approach. It also provides an opportunity for staff to reflect on their practice and discuss issues arising in the service. These meetings take approximately fortnightly, for 1-2 hours.
- Maintaining staff wellbeing is a key issue given the challenging nature of the role, and self-care is a core element of staff support.

Establishing and maintaining links with external services

Multi-agency working is central to the SWP approach, given that a holistic, wraparound approach will support service users to engage with SWP most effectively. The Practice Manager is responsible for establishing and maintaining links with additional resources in the community. If it is not possible to provide all elements of the SWP approach on site, ongoing links can be formed to ensure that service users receive the support they need, for example to group-based support for adult and child victims of domestic violence or to family mediation services.

SWP costs

The following section provides an estimate of the resources required to deliver SWP in One Family¹. It is intended to provide an approximate indication of staff caseload and costs.

- It assumes a family is composed of two parents separating and one child.

¹ Costing was developed by One Family.

- It estimates a total caseload per annum of 45 families.
- Associated overhead and service delivery requirements estimated at 10% of staffing costings.
- All salaries are approximate, in line with Tusla/HSE pay scale, accounting for the level of staff experience required.

SWP staffing levels and annual service delivery to 45 families in One Family

- SWP Practice Manager FT
- Family Support Worker x 2 FT
- Creative Therapists x 2 FT
- Counsellor, 3 days per week x 2
- Senior Manager, 1 day per week
- Administrator, FT

Overheads

- Office Space/ Meeting Rooms
- Printing / Stationery
- Insurance
- Health and Safety
- Travel
- Finance

Programme costs

- Participant costs
- Programme materials
- Staff continued professional development
- Staff supervision
- Self-care for staff

Case management

- Database registration, data analysis and reporting

Total costs per year x 45 cases = € 385,844.90

Recommendations for scaling up SWP

Having carried out a review of implementation practices within SWP currently and proposed an approach to strengthen service delivery, findings suggest that effective, specialist services should be resourced and delivered for children and parents to prevent children being negatively impacted by parental separation characterised by interparental conflict and domestic violence. The SWP service model articulated in this report provides an approach to keeping children safe in their homes and securing better outcomes for children and their parents. To potentially scale up the reach and impact of SWP, several high-level recommendations are proposed, and discussed in turn:

1. Ensure that an effective measurement framework is in place
2. Develop an evidence base for the service
3. Explore the scale up of SWP.

1. Measurement framework

It is recommended that a robust measurement framework is in place, closely linked to the practice and aims of SWP. Through the collection and use of robust service data, the activities and impact of SWP will be clear, and it will be possible to articulate how SWP works in practice. This holds a range of other functions: to demonstrate the ongoing achievement of outcomes for children and parents; for internal case management; for reporting; and for learning and development within the service. As part of practice, SWP staff should be engaged in the routine collection and use of data. General principles to be considered when implementing a measurement framework include:

- a. Matched pre- and post-measurements are required to track service user's progression through the service.
- b. The capacity of staff to administer tools and input data should be considered when choosing measurement tools.
- c. The organisational capacity, in terms of IT infrastructure and processes, that are in place to collect and manage data.
- d. Ideally, measurement tools should be administered face to face with service users.
- e. The burden on service users of measurement should be considered and should be kept to a minimum.
- f. The competencies required to administer tools should be considered.

In terms of the suitability of the current standardised measures in use in SWP, the measures that are currently in use are evidence based and widely used. The SWP staff team are familiar with them. Therefore, these measures seem to be appropriate. Given that the delivery of SWP is changing somewhat, it may be helpful to plan a review of the measures used. Once enough data has been collected, for example after multiple

families have engaged with the service, then the findings can be reviewed by the SWP team and the measures changed if needed, for example if it is felt that the measures in place are not capturing relevant information, are too challenging for respondents to fill out, or respondents feel there are too many measures.

Effective outcome measures should be in place that incorporate all components of SWP. Outcomes are the changes that occur because of a family's engagement with SWP, whereas outputs refer to the activities of delivering the service. Standardised clinical outcome measures are recommended to capture the changes arising from therapeutic interventions within SWP, as well as standardised outcome measures to capture the elements delivered by Family Support Workers (one-to-one supports; structured programmes etc.).

Aside from standardised measures, it is very helpful to capture families' perceptions of SWP, i.e., their satisfaction with SWP and the impact they feel SWP has made to their lives and to their children. This can be captured through an evaluation form following case closure – developing this is recommended.

It is also important to capture SWP outputs, i.e., uptake of SWP in terms of number of parents and children registered, number of clients attending each strand of SWP (parenting programmes, therapeutic support etc), the number of sessions provided, number of planned case closures. It should be possible to disaggregate this by family/individual, so that it's possible to calculate the average number of sessions attended within each service strand by families. This can also be used to inform service planning going forward, such as caseload, dosage and associated staffing levels.

Two key considerations in terms of resourcing monitoring and evaluation: the capacity to administer the measurement tools, and capacity to analyse the data.

In terms of administering the data, using MS Forms or other online data collection systems can reduce the administrative burden of inputting the data for staff and for some respondents. It is also important to also provide the option of completing the forms using pen and paper and ensure that the language of the measures is very accessible and clear (translation may be needed for instance). Clear and compelling information provided to respondents about what they are filling out and why, as well as regular reminders can increase response rates. Responses should ideally be carried out in private and be confidential (do not ask for names). There is some sort of ID system required however, in order to match pre- and post- responses of an individual for evaluation. Each form could be marked with a random ID number, for instance. For the standardised measures used to identify levels of need within the programme, having the data identifiable is necessary, e.g., to allow for onward referral and case management – so in this case using names is necessary.

In terms of analysing the data collected, findings from the routine data collection can be interpreted with skills in descriptive statistics, using software like Excel. Main findings will indicate what has changed for families, how they feel the service was delivered, and key indicators of service outputs. Ideally this analysis should be done at regular intervals and reviewed regularly.

2. Develop an evidence base for the service

It is recommended that an evaluation of SWP is conducted to demonstrate the achievement of outcomes for children and parents and to inform the strategic and operational development and implementation of SWP into the future. Evaluation findings can be used to demonstrate the achievements of the service, pinpoint what works and for whom, and inform decision making around service development and scale-up. This would demonstrate the credibility of the intervention and establish demand for it to be implemented.

If there is capacity to analyse data in One Family then a self-evaluation can be carried out, which will pull together the data collected and highlight key changes and messages from the service over a period of time. If there is not capacity within One Family to analyse data, then bringing in external support to analyse the data could be possible on a once off basis. Another option is to carry out an external evaluation which could be a costly and lengthy process. A self-evaluation demonstrates commitment to quality and would show the impact of the service.

3. Explore the scale up of SWP

Finally, it is recommended to carry out an exploration of any potential scale up of SWP to inform how to best meet the needs of families. A range of activities can contribute to this analysis.

When the effectiveness and advantages of SWP are clearly articulated, as well as the need for the service, then the relevant decision makers, funders, service delivery settings and other stakeholders can be engaged with to encourage buy-in. Identifying and engaging with stakeholders will inform whether SWP is a good fit for an implementing setting or area and is a good way to raise awareness of SWP.

Before engaging with stakeholders, the approach to scale-up should be decided. For example, it may be to *replicate* SWP in other sites, *expand* the delivery within One Family, or to work towards *adoption* of SWP at a national/ regional level through policy/ institutional change. All options are feasible – but the approach to stakeholder engagement will depend on the scale up strategy decided on because the implications for groups will vary accordingly.

In practical terms, there is likely to be governance arrangements in place already for how to reach a range of agencies/ organisations. For example, through a national coordination function or national forum.

Given the importance of multi-agency working to the effective delivery of SWP, it is recommended to engage with relevant existing supports at a very early stage. The SWP model encourages interagency collaboration due to the significant role of holistic, wraparound supports. Furthermore, any given setting may choose to partner with another service provider to enable the provision of specific elements where it is not

possible ‘in house’, such as therapeutic support for children and adults, or family mediation².

It will be necessary to maintain the integrity of SWP during scale up by identifying the components which are essential for the intervention to be effective and those which should be adapted to local context. The SWP service model describes assessment, family support, group-based programmes for parents and children, and therapeutic support, delivered by skilled professionals as essential. However, different delivery methods may be best suited to different contexts, for example, specialist organisations may partner to deliver each component. Additionally, in some settings it may not be possible to deliver support for families experiencing interparental conflict *and* domestic violence. Some aspects of the service are currently delivered successfully online, including parenting programmes and one to one support for parents. This presents the opportunity for skilled, experienced practitioners to reach more families around Ireland as part of the SWP model.

It is recommended that a needs analysis is carried out to clarify the extent to which SWP is a good fit for communities in a particular setting or area. The questions answered by a needs assessment are: What are the gaps? What is causing them? What can we do to fix it? (Department of Health, 2018). The Hexagon Tool³ (Metz & Louison, 2018) is a planning tool that can be used to better understand how SWP would fit into a new site.

In terms of the broader considerations, SWP is situated in a shifting policy context, with major new initiatives underway. The Family Court Bill 2020 aims to reform the family justice system so that courts are more efficient and user-friendly, put families and children front and centre in the process, and give greater emphasis to mediation. Regional hubs will be resourced to provide a ‘one-stop shop’ of family law services such as mediation and specialist therapeutic support. The Draft National Strategy on Domestic, Sexual and Gender Based Violence 2022-26 aims to see zero tolerance of domestic, sexual and gender-based violence (DSGBV) in Irish society through a whole of government approach. The plan will see the development of integrated national support services for children who are victims of DSGBV, trauma informed therapeutic counselling services for adults and children; and specialist trauma informed parenting supports.

The Family Court Bill and the new DSGBV National Strategy are strongly aligned with the ultimate aim of SWP to protect children from the detrimental impact of escalating interparental conflict and domestic violence, often heightened through separation. Therefore, opportunities will likely arise to scale up SWP as these initiatives roll out. Possible avenues may be to deliver the SWP approach in line with the planned Family Law Regional Hubs, through the planned network of integrated specialist DSGBV

² The Family Mediation Service is a free service provided by the Legal Aid Board to help separating couples and parents whose relationship has broken down to negotiate their own agreement <https://www.legalaidboard.ie/en/our-services/family-mediation/>

³ The Hexagon Tool is available here: <https://nirn.fpg.unc.edu/resources/hexagon-exploration-tool>

services across the state, or through the existing national network of Family Resource Centres.

Part 3: Literature review

Section 1: Introduction

This literature review has been undertaken by CES, informed by SWP staff and management discussions, and explores the evidence of what works to support children impacted by these experiences, and to illustrate similar programmes and approaches which address interparental conflict and domestic violence in the post-separation family context. The purpose of the review is to inform understanding of the context of SWP, and to inform work to further strengthen SWP. For this evidence review, a search was carried out in available databases and in the grey literature to find documents to answer the question

“What works to promote child wellbeing in separated families where there is interparental conflict and domestic violence?”

It is important to note that this was not a systematic review; strict scientific review methods were not used; and this review is not intended to present a comprehensive sweep and interrogation of the literature. There are therefore limitations to the review due to factors including time limitations, and the focus of many evaluations on outcomes with limited evidence available on effective processes. Academic literature was retrieved via EBSCO (a collection of online searchable databases, e-books, journals and magazines across a range of disciplines including social care, health, education and politics). Several relevant online sources were searched for grey literature.

This report draws together findings from a brief review of the research evidence on what works to promote child wellbeing in separated families where there is interparental conflict and domestic violence. The structure of the report is as follows:

- Domestic violence and interparental conflict are two key factors that impact children’s adjustment post separation. The features and implications of domestic violence and interparental conflict are considered in [Section 2](#).
- [Section 3](#) is concerned with key messages from the literature about how children impacted by domestic violence and interparental conflict in the context of parental separation can be supported.
- [Section 4](#) provides an overview of interventions aimed at supporting children where there is domestic violence or interparental conflict post-separation.
- [Section 5](#) summarises what the research can tell us in response to the research question, with take-away points for service provision are outlined.

Section 2: Factors influencing children's adjustment to parental separation

Parental separation is a crucial transition point in family life and has been consistently related to stress and stressful events, instability, and poorer life chances for parents and children. However, the impact of parental separation on children depends on features of family functioning before and after the actual separation, with numerous family and individual factors associated with children's adjustment. Children vary widely in their experiences of separation, and there are significant differences in how separation is experienced across family types. Variables such as the quality of family relationships, the mental health of parents, parenting quality, household income, and the type of contact children have with their non-resident parents have all been linked to children's adjustment to separation (Mooney et al., 2009).

Protective factors which support children's resilience following separation have been identified (Kushner, 2009; Emery, Otto and O'Donohue, 2005):

- Minimal interparental conflict in the post-separation
- Shared parenting, and in particular when the child resides in two homes
- Children's primary residence being with a parent (mother or father) they have a good relationship with, and who has good psychological wellbeing.
- A good relationship with a supportive non-resident parent.
- Parenting styles involving parental warmth, responsiveness, authoritative discipline and appropriate monitoring and supervision.

There is a substantial body of literature outlining the risks posed by both domestic violence and interparental conflict in the context of parental separation. The research evidence suggests that concerns for children's wellbeing when living with interparental conflict and domestic violence are well founded. This review is concerned with key messages from the literature about the form and impact of domestic violence and interparental conflict.

Domestic violence – some definitions

Article 3 of the Istanbul Convention, ratified by the Republic of Ireland in 2019, defines domestic violence as “all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners...”.

A definition developed in Ireland by the Task Force on Violence Against Women in 1997 is widely accepted:

“Domestic Violence refers to the use of physical or emotional force or threat of physical force, including sexual violence, in close adult relationships. This includes violence perpetrated by a spouse, partner, son, daughter, or any other person who has a close or blood relationship with the victim. The term “domestic violence” goes beyond actual physical violence. It can also involve emotional abuse; the destruction of property; isolation from friends, family and other potential sources of support; threats to others, including children; stalking; and control over access to money, personal items, food, transportation and the telephone” (Report of the Task Force on Violence Against Women, 1997)

Nationally, one in four women have experienced abuse by a current or former partner, with global estimates suggesting that nearly one third of women and men have experienced some form of domestic violence (Women’s Aid, 2020; WHO, 2013). Data gathered over the last two years indicates that globally and in Ireland domestic violence has risen since the outbreak of COVID-19, due to an increase in risk factors for domestic violence, such as unemployment and stress, and a decrease in support available. The Gardaí reported a 25% increase in domestic violence calls in spring 2020 compared to spring 2019. (Doyle, 2020).

The Domestic Violence Act 2018 introduced the new criminal offence of coercive control, cementing into law recognition that domestic violence goes beyond physical violence. Experiencing domestic violence can involve psychological abuse, patterns of controlling, coercive and threatening behaviour, and cause victims to live in fear of violence, lose contact with their social networks and isolate them from their children (Women’s Aid, n.d.). Domestic violence, then, involves a complex interplay of (often gendered) power dynamics, motivations, and impacts that are experienced differently within each family. A range of academic and ideological perspectives attempt to explain the root cause of domestic violence, including feminist analysis which points to patriarchal socio-economic structures that cause and enable violence to persist, family conflict perspectives which point to the perpetration of violence by men and women in families, and trauma-informed perspectives which point to childhood experiences as a cause of violence.

“Separation is not a vaccination against domestic violence” (Jaffee et al., 2003 cited in Holt, 2016). In Ireland 508 disclosures were made to Women’s Aid in 2019 about women being abused by their ex-partners during post-separation access visits with children, often in front of their children (Women’s Aid, 2021). Custody and access arrangements that directly facilitate abuse are an issue of long-standing concern because when children are present, perpetrators are often granted opportunities to continue the abuse, especially given the ‘pro-contact’ discourse that tends to assume the importance of post-separation contact with fathers (Holt, 2020). According to Holt (Ibid) this discourse is grounded in three assumptions, which ultimately fail to keep the needs of the child at the centre: first, that contact is more than likely in the child’s best interest; second, that abuse ends with separation; and third, that children’s participation in the decision-making process is harmful. Post-separation, Holt

identifies evidence of psychological abuse, harassment, stalking, threats of violence (including death threats), physical and sexual assaults, and threats or attempts of suicide, all of which can be witnessed by children (Holt, 2016).

This can create a highly fraught context whereby victims and professionals working to secure the safety of families can be undermined by the Criminal Justice and Family Law systems (Hester, 2011). The Children Living with Domestic and Sexual Violence Group (CLwDSV) calls for research to understand these dynamics and patterns in the Irish context (CLwDSV, 2020). The Department of Justice recently published a review of effectiveness of the current structures in place to oversee policy and its implementation in relation to Domestic, Sexual and Gender Based Violence (Department of Justice, 2021), finding gaps in services for victims caused by fragmentation between policy, funding and services, and deficits in funding and in data processes.

How children are impacted by domestic violence

Domestic violence can have a serious and long-lasting impact on children's health, development, and wellbeing. Children's exposure to domestic violence between parents is recognised as a form of abuse in its own right, and as an adverse childhood experience (ACE)⁴. Even when children do not witness abuse directly, children are likely to be acutely aware of what is happening (Hogan and O'Reilly, 2007). There is also significant evidence that parents who are abusive towards another adult are at increased risk of abusing their children – in more than 40% of cases, children who live with domestic violence abuse are also frequently directly abused, physically or sexually themselves (Tusla, 2015).

Domestic violence can have a varied impact depending on the developmental stage of the child, as outlined by Buckley et al. (2006). Young children who cannot verbalise their feelings can display sleeping and feeding problems, temper tantrums, clinginess, and fear of being alone, regression in language and toilet training behaviours, and aggression. Young children often have a sense that the violence is their fault because of their inability to understand the perspectives of others. Research points to particular concern about the impact of violence on pre-school children, who spend more time with their parents and have less access to the buffering effects of peer and school environments (Campo, 2015). School aged children may struggle to articulate their feelings and may experience a lack of self-confidence and self-esteem, as well as externalising problems. Teenagers may have difficulty forming healthy relationships, trusting others, may 'act out' after their parents, can blame their mother, and can experience extreme reactions like self-harm and substance abuse. In their review of the evidence, Buckley et al. (2006), draw particular attention to the detrimental impact of domestic violence on the quality of the attachment between the mother and child, which may in turn impact children's future functioning.

⁴ Domestic Violence is also referred to in Children First National Guidance for the Protection and Welfare of Children as a factor that may place children at greater risk of abuse or neglect.
https://www.tusla.ie/uploads/content/Children_First_National_Guidance_2017.pdf

A meta-synthesis of 32 different qualitative studies from the UK, Australia and the USA outlines findings related to children's experiences of domestic violence (Noble-Carr et al., 2019). Children experienced complex and diverse forms of violence in their homes, and understood, were affected by, and coped with violence in very different ways. The nature of the violence, other compounding factors, including disadvantage and lack of supports, the extent to which violence disrupted their lives, and individual coping styles were all found to influence children's experience. Children often cannot make sense of their experiences, or gradually develop understanding as they grow up or with the assistance of adults. This can result in minimisation of the violence, by describing what is happening as 'fights' or 'arguing'. The impact of domestic violence endures after children have been removed from their environments, with continued feelings of fear and worry.

Parenting and domestic violence

Pre-separation, there is a wealth of evidence demonstrating that in households where there is violence, both parent's ability to meet the needs of children, and the quality of parenting are severely compromised (Buckley et al., 2006). Experiencing domestic violence impacts severely on victim's self-esteem and creates feelings of guilt about failing their children; and the parent-child bond is often intentionally damaged by the abuser (Nolas et al., 2012). The stress of ongoing enforced contact post-separation can be detrimental to victim's mental health, parenting capacity and relationship with their children, which can in turn compromise the parent-child relationship. Since secure attachment is understood as the foundation of positive child development, the long-term effects of this are viewed with concern (Campo, 2015). However, it is important not to hold victims responsible for children's exposure to violence (Holt, 2008), and furthermore there is evidence that some victims compensate for the violence and poor parenting of the violent partner. Buckley (2006) argues that parenting in the context of domestic violence does not necessarily result in poor relationships between the child and victim-parent

A review of the evidence informing parenting plan decisions (Warshak, 2014) identifies domestic violence as a circumstance that departs significantly from the norm and does not lend itself to the same general recommendations that apply to most parenting plan decisions, with domestic violence understood as a risk warranting access to children be withheld from the perpetrator. Research on the attitudes of violent fathers towards their children indicates poor parenting skills, including heightened physical punishment compared to other fathers, more anger directed towards children, unrealistic expectations of children and poor understanding of child development, attributed to a sense of entitlement, self-centred attitude, and over-controlling behaviour (Humphreys and Campo, 2017). As part of one UK-based study, children expressed a mixture of conflicting feelings towards their father where domestic violence was a factor. The strongest emotion they felt was fear; fear of further abuse, kidnap, and their father's anger (Morrison, 2009).

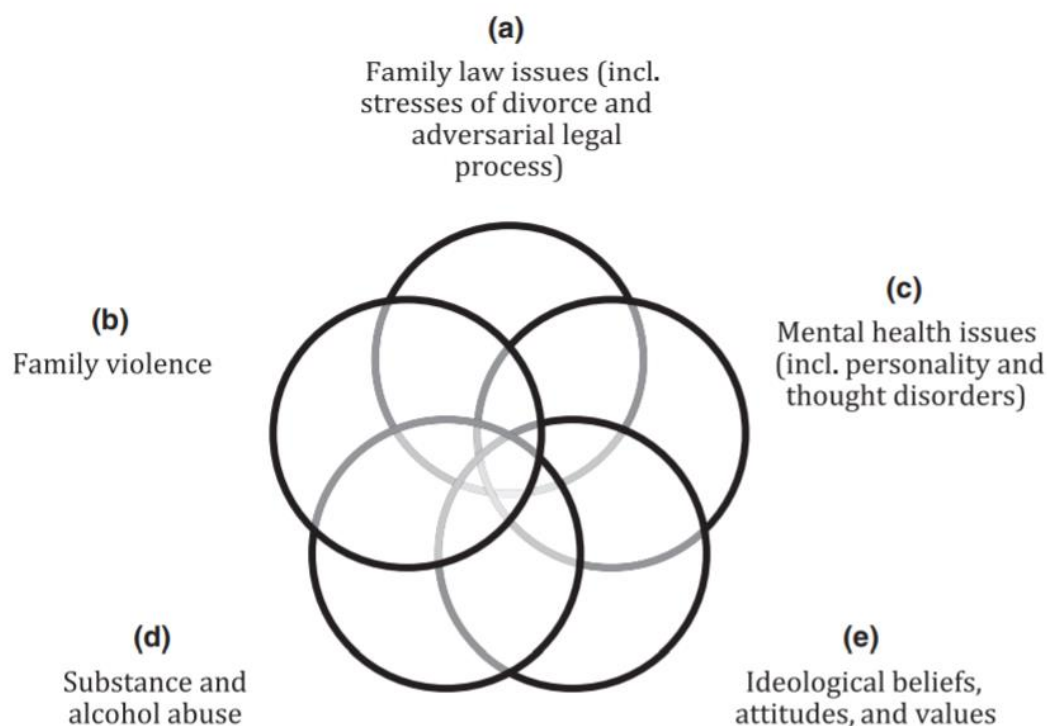
Interparental conflict

High-conflict separation is a process involving long, bitter, and protracted disputes over financial support, child custody, access/contact time, or methods of child rearing (Johnston and Roseby, 1997, as cited by Laletas and Khasin, 2021). It can include a wide range of factors including anger, unresolved grief, hostile contempt, uncooperative coparenting, verbal abuse, and legal conflict between the parents (Mahrer et al., 2018). Although most families adjust successfully to the new family structure after a period of adjustment to separation, 10–15% of separated households are characterised by prolonged interparental conflict (Stokkebekk et al., 2019).

Harold and Sellers (2018) argue for interparental conflict to be understood as a continuum from ‘destructive’ to ‘constructive’. Destructive conflict can involve violence, aggression, conflict about the children, and ‘the silent treatment’. Constructive conflict involves managing and resolving conflict in a controlled and respectful manner, it is linked to less children’s distress and this approach highlights the importance of conflict management strategies for parents.

Smyth and Moloney (2019) explore the dynamics at play within interparental conflict, and present the issues that often intersect and cause post-separation interparental conflict:

Figure 1 The intersection of multiple mutually reinforcing areas of complexity in divorce-related interparental conflict



(Smyth and Moloney, 2019, p.8)

The authors suggest that it is necessary to identify different forms of post-separation interparental conflict. When interparental conflict that is rooted in factors like those outlined in Figure 1, and in parents' genuine efforts to resolve their issues, it can be best described as *circumstantial* interparental conflict. On the other hand, the primary factor is not always the content of the dispute itself, but the dysfunctional interpersonal dynamics underpinning and/or triggered by that content, described as *entrenched* or *enduring* interparental conflict (Smyth and Moloney, 2019).

How children are impacted by interparental conflict

Exposure to high levels of interparental conflict is one of the most well-documented factors accounting for the increased risk for problem outcomes for children who experience parental divorce as well as being a considerable risk factor for children regardless of family structure (O'Hara et al. 2019). Harold et al. (2016) outlines the potential negative impact of severe and/or ongoing interparental conflict on children:

- Externalising problems including aggression, hostility, non-compliant and disruptive behaviours, verbal and physical violence, anti-social behaviour, conduct disorder, delinquency, and vandalism.
- Internalising problems such as withdrawal, inhibition, fearfulness and sadness, shyness, low self-esteem, anxiety, depression, and suicidality.
- Reduced academic performance potentially caused by sleep problems, and/or difficulties adjusting to school and relationships with peers.
- Physical health problems including fatigue, abdominal stress, headaches, reduced physical growth.
- Social and interpersonal relationship problems such as poor interpersonal skills, problem-solving abilities, and social competence, greater parent-child conflict, more hostile relationships with siblings, and elevated conflict with peers during primary and secondary school.
- Reduction in overall life chances for the children themselves and for relationship behaviours to be repeated and replicated across generations.

Children can be made to feel 'caught in the middle' between their parents, when they blame themselves, or feel responsible for the conflict (Stokkebekk et al., 2019, Harold and Sellers, 2018). In the context of separation, this can occur when one parent asks the child to carry hostile messages to the other parent, prohibits mention of the other parent, directly involves children in arguments, or by disclosing negative information about the other parent. This can cause conflicts of loyalty and stress in the children, which can potentially be detrimental to their long-term emotional wellbeing and

mental health outcomes into adulthood, as well as leading some children to lose contact with one parent following separation (Laletas and Khasin, 2021).

Conflict is a normal part of family life, however the potential to lead to longer term effects on children is linked to its intensity, duration, severity, and content, how it is resolved, and whether children blame themselves, rather than its actual occurrence. Harold and Sellers (2018) argue that multiple family system processes are at play at the interparental, parent-child, and child levels that link interparental conflict and poorer outcomes for children:

- **Interparental:** the intensity, duration, severity, and content of conflict, and how it is resolved, and whether it is ‘destructive’ or ‘constructive’.
- **Parent-child level:** the quality of relationships between the child and their parents. Parents who are in conflict are more likely to be hostile towards their children, and less responsive to their needs.
- **Child level:** how children make sense of the conflict and cope with it; whether they perceive it to be their fault; and whether it is perceived as a threat to their wellbeing and a threat to their ‘emotional security’.

Children of all ages can be affected by conflict through infancy, early and middle childhood, and adolescence. Different effects have been identified depending on the developmental stage of the child (McIntosh, 2003; Rhoads, 2008; Sellers, 2016). Very young children aged up to four to five are more likely to blame themselves, and to take sides with one parent to make sense of the situation. Older children, ages seven to nine, can have a better understanding of being pulled into the middle of interparental conflict, and can have a lower threshold for perceiving interparental conflict. Older children can be more likely to step in to attempt to stop an argument, with teenagers more likely to avoid it. As children grow up, they are better able to understand other people’s perspectives and experiences, which sometimes increases their exposure to interparental conflict because they are more involved in family decision-making which carries increased risk of self-blame. Older children are likely to have had more repeated exposure to interparental conflict over the years and may be more likely to spend time ruminating over their parent’s conflict. Children over the age of ten have been found to have stronger negative responses to interparental conflict compared to children under the age of ten (Rhoades, 2008).

Parenting and interparental conflict

After separation, parents are increasingly expected to coordinate and share parenting duties. Many parents arrange custody and access between themselves but for parents in conflict, building and maintaining shared parenting arrangements can be extremely difficult, if not impossible. There is a considerable body of literature demonstrating that most children fare better following parental separation when they are cared for by both parents, and reside in both parent’s homes (Steinbach, 2018) as opposed to when

they are cared for by only one of their parents. However, the benefits are less clear cut in cases of high interparental conflict (Mahrer et al., 2018; Berman and Daneback, 2020). Mahrer et al. (2018) outlines competing theories regarding how contact with the parent who has less parenting time predicts child adjustment in high-conflict divorces:

- The conflict hypothesis: when there is conflict, more time with the non-resident parent creates more opportunities for conflict. Therefore, increased contact is only beneficial in low-conflict families.
- The benefits hypothesis: the benefits of children spending time with the non-resident parent outweighs any potential harm from conflict. This only holds when children receive high quality parenting from both parents.

The empirical data related to these theories, reviewed by Mahrer et al. (2018), indicates that the trajectory of conflict matters. When there is conflict at the time of separation, though not persistent i.e., it does not last for many years after the point of separation, children's outcomes are not negatively impacted by shared parenting. On the other hand, shared parenting alongside persistent conflict that lasts long past the point of separation poses more negative outcomes for children. Furthermore, quality parenting by *both* parents is a protective factor for children, rather than by one or the other. (Mahrer et al., 2018).

Concerns have been raised in the literature about the suitability of shared parenting for young children under the age of four. The potential for insecure attachment (Berman and Daneback, 2020) and negative effects, such as conduct problems, lasting into older years (Pires and Martin, 2021) has been demonstrated. According to Warshak's (2014) overview of the literature, with 110 endorsements from researchers and practitioners, shared parenting should be encouraged for children of all ages, including very young children, and even in cases of conflict. Specifically recommended are overnights with both parents and maximising the children's time with both parents. These recommendations draw on theories of child development and data which shows that young children normally form attachments to both parents. This report recommends that the quality of parenting in both parents is an important consideration, and that better transitions, such as handovers between parents should be encouraged, to reduce the opportunity for conflict to arise. The authors are careful to point out that these findings apply "in normal circumstances, for most children with most parents" (Warshak, 2014, p.60). That is, children who previously had a relationship with both parents, and where there are no child protection concerns.

The legal system plays an important role in assisting parents to separate and transition to new family forms. However, the process can confound dysfunctional family relationships and can sustain or increase conflict. The adversarial context of the courts can further entrench the 'diminished capacity to parent' that accompanies separation, because parents may be afraid of how they will be portrayed in court and will feel watched and potentially exploited. (Pruett et al., 2005).

Berman and Daneback (2020) argue that taking children's views into account is important. In their study children report that they are happier in shared care arrangements that are flexible and child-focused, where parents can cooperate and when the children have had a say in the arrangements (Berman and Daneback, 2020). Qualitative interviews with nine Norwegian children aged 10 -16 years in circumstances of prolonged interparental conflict gives some insight into how children navigate life with shared care arrangements (Stokkebekk et al., 2019). 'Keeping balance' within the family was one of the dominant positions that children reported adopting in their family, indicating the sensitivity children have to their parent's relationship and their own position in relation to their parents. Children reported adopting a range of tactics to keep the balance, such as staying out of conflict (typical of younger children), taking on a sense of responsibility for conflict (typical of older children), and staying silent about the conflict. The main family concern of many of the children interviewed was a challenging relationship with one of their parents. In response, children reported 'keeping distance' to reduce the negative effects of this and aligning themselves with the other parent. Children reported that the 'troubling parent' made negative disclosures about the other parent and expressed resentment and bitterness. For many children, especially older children, life is more than their experience of interparental conflict. Some, mostly older adolescents, reported confidence in their ability to manage the challenges of family life, carrying on with their interests outside the family.

Discussion

Domestic violence is a common, serious, and complex issue involving patterns of control maintained by a perpetrator in close adult relationships. After separation the risks of violence are often heightened, and the presence of children provides perpetrators with opportunities to continue patterns of abuse. Children impacted by domestic violence often experience a further range of child protection issues directly or indirectly related to the abuse. Interparental conflict can involve many of the characteristics of domestic violence, including bitter disputes, but the distinctive feature is that power is typically more balanced, with disputes initiated and maintained by both parents.

Continued child contact with perpetrators post-separation is commonplace, though it is understood to not be in children's best interests in most cases and can facilitate ongoing abuse of the other parent. Victim's parenting capacity and the relationship with their children is often compromised because of experiences of domestic violence. Perpetrators typically have poor parenting skills and children have complicated feelings, sometimes ambivalent, towards their violent parents, but dominated by fear. Domestic violence is linked with a much-heightened risk of other forms of abuse for children, including physical and sexual abuse. Consequently, professionals engaged with families experiencing domestic violence should be suitably equipped to manage

safeguarding concerns, with robust frameworks in place regarding when other agencies should be involved.

Children have varied reactions to the experience of domestic violence and so require individualised responses that are sensitive to their own needs and contexts. Children often cannot make sense of or verbalise their experiences. Supports are needed that provide a safe space for children to express their feelings and develop understanding. Some supports should be available that are not dependent on talking, such as play or art therapy. Services should be aware that children can still be managing the negative effects of domestic violence long after exposure has ended, such as feelings of intense fear and worry.

Interparental conflict is a normal part of family life and conflict and can be unsurprisingly heightened during and after separation. However, for some parents, conflict becomes intractable. Children are at risk of adverse outcomes when their parent's conflict is entrenched, destructive, underpinned by dysfunctional interpersonal dynamics, and when children are drawn into disputes. Parent capacity can be diminished by conflict, with parents who are in conflict less responsive to their children's needs. Children are active participants in the family system and adopt a range of strategies in response to conflict, such as establishing distance from the parent they perceive as most troubling. Interparental conflict places children at heightened risk of a range of long-term, adverse outcomes. Post-separation, high quality parenting by both parents can protect children from the impact of conflict, and when parents are supported to resolve their conflict or insulate their children from conflict, children's outcomes can be improved.

Section 3: What works to promote child wellbeing in separated families?

This section of the report is concerned with the key messages from the literature about supporting children impacted by domestic violence and interparental conflict in the context of parental separation. It begins by considering supports for children impacted by domestic violence. Next it considers the evidence base for interparental conflict supports and interventions.

Domestic violence

Risk assessment and safety planning

Risk assessment and screening are common features of interventions for parents and children affected by domestic violence and are crucial factors in determining appropriate responses and intervention planning (Buckley et al., 2007). It should be an ongoing process because many parents are reluctant to disclose abuse, particularly at the outset of engagement, and because domestic violence is a dynamic process with new risks being disclosed and arising. Sensitive routine enquiry is a practice that offers victims the opportunity to disclose abuse at an ongoing basis, when they have chosen not to disclose at the outset (McVey, 2015).

In a review of the international literature on risk assessment systems carried out by Aoibhneas (Murphy and McDonnell, 2008), findings showed that risk assessment tools can be a crucial factor in interrupting the cycle and escalation of violence. The findings suggest a need for more formalised risk-assessment systems in all organisations and service providers which come into contact with victims and perpetrators. Risk assessment should be a standard practice and should be carried out using standardised tools, they argue, with professionals equipped with the skills to use and interpret them.

Assessment for children should be holistic, considering both individual and contextual factors, and the strengths and needs of the child (Buckley et al., 2006). Factors identified by Buckley et al. (2006) that should feature in assessment include exposure to other traumatic events; nature and duration of the child's presentation and the impact on the child's functioning; child's perceptions of, and experience with, the violence; ability to speak about the violence; the safety of the current environment; the child's role within the family, before, during and after the violence; the child's age, gender and developmental stage; and available support and coping strategies. The authors suggest that assessment can involve an interview with the child, as well as information gathering from key people in the child's life, such as teachers and parents subject to appropriate consent.

The Framework for the Assessment of Vulnerable Children and their Families (2006) was developed by Buckley and colleagues in the Trinity College Dublin Children's Research Centre in 2006. It is a child-centred, risk assessment framework that combines an assessment tool with the practice guidance and was developed for use by

social workers as well as practitioners on multi-disciplinary teams providing services for children. The *Safe and Together* model is another example. It is a suite of tools and interventions for statutory and non-statutory services working with families where there is domestic violence. It is based on three core principles: keeping children with the non-abusive parent; partnering with the surviving parent as a default position; and intervening with the abuse perpetrator to reduce risk and harm to children. Findings show that it is linked with better assessment, better partnerships, and case plans. It must be borne in mind however that there is little research into outcomes for service users associated with use of the model (Bocioaga, 2019).

Where screening for risk shows a high level of danger and the presence of domestic violence, the next step is to develop individualised safety plans in collaboration with victims and their children (Johnston, 2006). Best practice guidance produced by the Scottish Women's Safety and Support Service (McVey, 2015) indicate some points to consider when safety planning: safe contact details, establishing how supports can be accessed in complete confidentiality, and planning for an emergency.

Multi-agency communication and collaboration in working with domestic violence in families is an essential component of ensuring safety and is understood to be an effective way to meet the needs of families (McAughtrie, 2016). Collaborative partnerships span informal communication between professionals of different disciplines to formal, shared policies and guidelines that facilitate cross-agency communication.

Children's self-identified needs and features of interventions

Findings from a meta-synthesis of research into children's experience and needs in relation to domestic abuse gives insight into children's self-identified need for support (Noble-Carr et al., 2019). Children reported that an important first step is to break the silence of domestic violence, and assist them to understand what was happening, whether with peers with similar experiences, with parents or other trusted adults. Physical safety and emotional wellbeing were identified by children as important needs that go in tandem; it is only when they feel physically safe that they can manage the ongoing impact of violence. Children indicated they want to be included in decision making, particularly around safety planning and housing. Supporting children's important relationships, particularly the mother-child relationship, was seen as very important for children's long-term wellbeing.

Howarth et al. (2016) carried out an evidence synthesis of 13 studies, involving ten different intervention programmes for children who have been impacted by domestic violence, and categorised and defined the interventions:

- Advocacy – staff work with service users to provide emotional, social, and practical support, to build a support network and assist with access to services such as legal services, childcare and child services, financial assistance.

- Psychoeducation – increasing understanding of health information or experiences and encouraging behaviour change
- Psychotherapy – assisting the child to develop a better understanding of themselves through a therapeutic relationship, talking and play.
- Play therapy – exploring issues effecting the child’s life through play.
- Parenting skills training – aims to change parenting behaviour and enhance parent-child relationships using instruction, practice, and feedback.

The report outlines the duration and frequency and number of sessions for parent and children for all interventions studied⁵. There was a broad range, however most psychotherapeutic and psychoeducation programmes were 5–10 weeks in duration, with one 50-week psychotherapy programme. Advocacy interventions were provided for between 16 weeks and 18 months. An intensive play therapy intervention plus group psychoeducation lasted two weeks, with daily play sessions, another play therapy intervention involved eight sessions weekly. Parenting skills was delivered up to 90 minutes per week for eight months.

Effectiveness of interventions

Two large scale evidence reviews concern the effectiveness of interventions for children affected by domestic violence: the British Columbia Centre of Excellence for Women’s Health Review of Interventions to Identify, Prevent, Reduce and Respond to Domestic Violence (2014), and the IMPROving Outcomes for children exposed to domestic Violence (IMPROVE) evidence synthesis (Howarth et al., 2016). These studies, and most interventions, focus on support that takes place after abuse has ended. The IMPROVE study draws attention to the uncertainty of how best to support children who live with ongoing abuse and provides some considerations for practice.

The systematic review carried out by the British Columbia Centre of Excellence for Women’s Health (2014) assessed a range of interventions responding to domestic violence and found the strongest evidence to support therapeutic interventions delivered to both mother and child in improving child behaviour, mother-child attachment and stress and trauma-related symptoms in mothers and children. Moderate evidence was found in relation to parenting-focused programmes and psychoeducation delivered to children alone, and evidence relating to psychoeducation delivered to mothers and children was found to be mixed. There was weak evidence for therapeutic interventions aimed at the child alone. The reviewers recommend interventions to strengthen the relationship between the non-abusive parent and the child.

⁵ Full details of all programmes reviewed in the IMPROVE study:
<https://www.ncbi.nlm.nih.gov/books/n/ukphr0410/app5/>

The IMPROVE study findings suggest a more nuanced picture. The findings suggest that advocacy plus parenting skills training⁶ may be the most effective intervention type for improving child behavioural outcomes, and that psychoeducation and play therapy may be effective for improving children's mental health outcomes. Therefore, different interventions are likely useful in response to different types of problems, and for many children a combination of approaches aimed at addressing a range of problems may be helpful. The authors suggest that for behavioural problems, it may be useful to involve parents, for example through enhancing parent's behaviour management techniques or understanding the impact of abuse on their parenting. To improve children's internalising problems, it is likely that parents do not need to be directly involved given that processes that underpin recovery from trauma like disclosure and reattribution of blame do not require parental involvement. All interventions delivered to children that were reviewed were delivered in a group format and had a psychoeducational component.

The 'advocacy' work described in the IMPROVE study encompasses what is commonly understood as 'family support' in the Irish context: providing assessment of needs and the provision of a needs led package of support, involving emotional and practical support, and actively assisting parents to access community resources. Advocacy for children also involved assessment, emotional support, and taking practical steps to reach identified goals like supporting access to hobbies. The Barnardos *What's The Harm* report (2016) identifies the critical role of family support for children and parents experiencing domestic violence in Ireland. The report recommends family support as a complement to specialised domestic abuse interventions.

The IMPROVE study highlighted that participating in interventions can have negative effects. Tensions were identified where the abusive parent was involved in the intervention. Mothers reported that the dynamics of power and control remained present throughout the intervention and afterwards, which was a barrier to therapeutic work. Some perpetrators used the insight gained in the programme to undermine mothers' efforts to bring about change outside the programme, and mothers and practitioners reported deep concerns about this. There were also costs associated with safety planning for children, which is a common intervention component, because it can increase children's sense of fear and worry, and the authors suggest that for some children it could trigger long-lasting 'vigilant responding' patterns. Sexual abuse prevention can be very uncomfortable for some children in a group setting, as can managing the often-painful memories and emotions that arise through the intervention.

Acceptability of interventions

As well as reviewing the effectiveness of interventions, the IMPROVE report also provides recommendations for developing acceptable interventions based on

⁶ The advocacy plus parenting skills training programme referenced here ('Project Support') is outlined in more detail in Section 4.

qualitative research findings. This helps to answer the questions: ‘if we offer it, will people come?’ (Howarth et al., 2016).

Ongoing abuse: Consultations with mothers and children highlighted that some form of intervention is needed where there is ongoing violence. ‘Time out’ interventions that enable fun and respite from the abusive situation, especially in groups that provide opportunities to meet peers with similar experiences, were approaches suggested by children and mothers. The children and mothers consulted felt that recovery/therapeutic work might not be appropriate when abuse is ongoing. However, there is uncertainty as to how to best support children in these circumstances. Children may more assertively challenge the behaviour of parents after an intervention that helped reframe their experiences, or a child could be put at more risk if the abusive parent discovered a child’s involvement with supports, thereby potentially increasing their risk of harm. This raises the challenge of engaging with children without dual consent of both parents.

Readiness: Children shared their perspectives on readiness to take up an intervention, citing three factors: (1) the extent to which they had assimilated changes in their circumstances (2) their willingness to talk about their experiences of domestic violence; and (3) the extent to which they recognised or accepted that domestic violence had taken place. Teenagers wanted to receive support that was (perceived to be) completely independent from their parents – appointments on different days, not sharing routine information with parents, and attendance in services not depending on parental involvement.

For parents, readiness was affected by the passing of the initial crisis that prompted help-seeking, the ability to see beyond their own needs and focus on those of their children and acknowledging that their children could have been affected by domestic violence.

Practitioner views included in the study highlighted that there are often few options for children whose parents are not yet ready to engage. The authors emphasise the importance of working with parents to build readiness, through rapport building and preparation.

Cultural appropriateness: practitioners working with women from minority ethnic groups in the UK reported that culture has an important role in determining whether an intervention is acceptable, and service providers should be aware that not all service users will perceive the intervention in the same way. For example, for some groups confidentiality is of heightened importance.

Duration of the intervention: Children felt that the interventions should be longer than 3 months and shorter than 1 year, citing concerns about their ability to connect with a practitioner, disclose, and then move on from the support in a short time frame. Parents typically want longer intervention duration and longer regular sessions. For many families affected by domestic violence, an intervention may be just one rung on the ladder for them in seeking support and improved wellbeing. For children at an earlier stage in the recovery process, the primary benefit of an intervention may be a

shift in their willingness and ability to engage with therapeutic work further down the line.

Characteristics of professionals delivering interventions: In the trials reviewed, staff were mostly graduates with expertise in disciplines allied to mental health, specialist domestic violence workers and groups or professionals with mixed backgrounds. Professionals acknowledged that clinical staff increase the cost of delivering an intervention so can have a smaller reach. Skilful practitioners who can engage children and parents and facilitate engagement is very important – the worker’s personal characteristics were deemed very important for this, alongside experience and knowledge of domestic violence.

Setting of the intervention: Children welcome interventions delivered in specialist service provider sites, which are not overly clinical, offer anonymity, are relaxed, and provide space for socialising before and after supports.

Wider community and organisational context: Expert stakeholders emphasised that the success and sustainability of interventions, no matter how well evidenced, are heavily dependent on the broader community response to domestic violence and the strength of multiagency partnerships in the local area. Funding cuts and insecurity reduces the range and number of services that can be provided, reduces the ability to offer tailored needs-led interventions, and reduces practitioners sense of what other services are on offer because of a constantly shifting landscape. When an intervention is embedded within a broader co-ordinated community response it is perceived to be more credible and sustainable. Interventions delivered in rural settings, covering a large area with poor transport, can have limited uptake, especially for group interventions dependant on filling spaces before they can run.

Therapeutic support

Adult victims of domestic violence are at risk of a wide range of long-term negative effects from their experience of abuse, including trauma, and ongoing psychological symptoms. Psychological therapies for women who experience intimate partner violence include integrative, humanistic, and cognitive behavioural therapies, all of which have some evidence to support a reduction in symptoms including depression, anxiety, PTSD, stress and may support a reduction in women’s experience of future violence (Hameed et al., 2020; British Columbia Centre of Excellence for Women’s Health, 2014). Helping to Overcome PTSD through Empowerment (HOPE), and Cognitive Trauma Therapy for Battered Women (CTT-BW) are two examples of trauma-focused interventions for domestic violence victims that demonstrate positive outcomes (Warshaw, Sullivan and Rivera, 2013).

Alongside the well documented developmental and mental health risks posed by exposure to domestic violence, children consistently state their need to talk about and understand what is happening to them, highlighting the need for direct therapeutic support for children (Buckley et al, 2006; Noble-Carr et al., 2019). Furthermore, drawing on the IMPROVE study findings, children may not need their parents to

successfully engage with supports for them to achieve improvements in internalising problems (Howarth et al., 2016).

Trauma-informed care is recommended in therapeutic work with children (Campo, 2015), with research pointing to the effectiveness of trauma treatment for improving outcomes for children with complex trauma, through well-evidenced programmes such as Attachment, Self-Regulation and Competency (ARC) and Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) (Bartlett et al., 2018; Cohen et al., 2006). The delivery of TF-CBT involves parents and children engaging with 12-20 sessions of 45–50-minute duration (Cohen et al., 2006). Cohen et al (Ibid.) suggest it is likely that effective treatments for children impacted by one type of child maltreatment or violence exposure will also be effective for other types of trauma, given that the overarching concepts of stress and resilience are more useful than the specific trauma categories children have been exposed to.

The Integrative Family Therapy for Disputes involving Child Custody and Visitation, outlined in Section 3, is an example of a family-based approach that the authors recommend can be modified in cases of domestic violence. When violence is disclosed or becomes evident, safety becomes the first and most important aim for the approach, with special measures introduced such as only holding individual sessions (Lebow and Newcomb, 2007).

Working with the ‘relational domain’ with children is recommended, and many therapeutic supports for children are group-based (Bunston et al., 2016), as evidenced also by the programmes reviewed in the IMPROVE study and others. Bunston et al. provide suggestions on best practice for facilitating groups, derived from the experience of delivering ‘*Parkas*’ a child-led, ten-week, process-oriented intervention for children (aged 8 to 12 years) and their mothers affected by family violence. Children attend their own group and mothers (and at times carers, grandparents, or non-offending fathers) attend a separate group on separate days. The same facilitators run all components of the intervention from assessment to follow up, which is important to integrating experiences. Suggestions on best practice for facilitating groups:

- Be child led and respond flexibly to the needs of the group, rather than sticking to a meticulous plan for each session
- Attend to the important attachments in children’s lives, and explore complicated feelings
- Offer children and parents reparative relational experiences
- Provide a safe space for the children in a way that they clearly understand
- Use the personal characteristics of the facilitator like music, play and humour
- Good supervision is vital for good group work
- Take time to set up the group and build trust with referrers and families

- Undertake full assessments at the outset, which is a space for potential participants to get to know and trust the facilitator and for the facilitator to create a child-led approach
- Do not approach problems in terms of absolutes, instead encourage deeper thinking and reflection (Bunston et al., 2016).

Engaging with perpetrators of violence

The evidence base for working with perpetrators of domestic violence is under-developed and is a contested area of policy and research. On the one hand there are calls to hold perpetrators to account, and on the other, a lack of real evidence for the effectiveness of domestic violence perpetrator programmes (Wieshmann et al., 2020). Alongside this stands the real risks and challenges that such approaches hold, such as inadvertently colluding with the perpetrator (Howarth et al., 2016; Humphreys and Campo, 2017). However, as discussed in Section 2, many perpetrators do remain involved with their children post-separation, with victims and professionals working to ensure the safety of children in this context. Whether and to what degree perpetrators are engaged with strongly depends on how domestic violence is conceptualised, with different goals depending on the underlying theory of why violence happens and how it can be ameliorated. The family conflict perspective, for example, would emphasise the importance of exploring mutual patterns of violence between parents in a family, with engagement with perpetrators a key aspect.

Child Family Community Australia's 2017 publication (Humphreys and Campo) explores the practice and evidence base for working with families where the perpetrator of violence remains in the home or in contact with children following separation. The publication outlines programmes and intervention strategies in response to this context:

1. Focus on safety: The safety of women and children is the priority; explicitly address the issue of domestic violence and discontinue work if there are threats to safety
2. Centre-based programmes: Most interventions are not carried out in the home, which may increase the safety of the worker and the non-abusive parent and child and allow for clear guidelines to be in place
3. Worker training: the importance of staff training and experience in areas including adult and child psychotherapy, working with perpetrators, working with children, risk assessment, safety planning, verbal de-escalation techniques and non-violent self-defence. Professional supervision is also emphasised.

4. Assessment processes: separate initial assessments and risk assessments of the intervention participants are necessary, usually involving an extensive engagement with each parent assessing safety, motivation, and parenting.
5. Not all men are suitable for entry into these programmes: Parents who are able to constructively engage in the intervention, as determined by the assessment period, are permitted to take part.
6. Child focus: interventions generally focus on parenting and co-parenting rather than relationship issues between the parents, maintaining the focus on the child and the development of parenting skills and child development.
7. Multi-agency working: Making connections to wider services is central to most interventions, along with the understanding that no one intervention can provide for the safety and support needs of every family member

Project Mirabal was a large-scale study of eleven domestic violence perpetrator programmes in the UK. The findings give some insight into the extent to which working with perpetrators can reduce violence and increase safety and well-being for women and children, and how change happens. The researchers based the study on six measures of successful outcomes identified through previous research:

1. An improved relationship underpinned by respect and effective communication.
2. Expanded 'space for action' for women which restores their voice and ability to make choices, whilst improving their well-being.
3. Safety and freedom from violence and abuse for women and children.
4. Safe, positive, and shared parenting.
5. Enhanced awareness of self and others for men, including an understanding of the impact that domestic violence has had on their partner and children.
6. For children, safer, healthier childhoods in which they feel heard and cared about.

The outcomes of the programmes were reported by victims, who reported that the participants demonstrated improvements in most indicators across the six measures of success.

16% of participants had no contact with their children, typically because of a decision by the family courts or child protection services. Of those with contact, there were only slight improvements in the parenting domain, with no reduction in victim's fear of leaving children with the perpetrator following the programme, and only a minimal reduction in perpetrators enlisting children to report on the victim.

In terms of how change happened for participants as reported by the researchers, group work enabled men to see themselves through the eyes of others, by challenges from peers and guidance from skilled facilitators. The length and depth of programmes allowed perpetrators to take time, consideration, and reflection to understand and change embedded behaviour - a 'tick box' exercise for perpetrators is unlikely to promote any deeper change and can be used instrumentally by the perpetrator to their advantage. Programmes lasted for approximately 12 months⁷. Techniques and tools that promote self-awareness and question gendered assumptions were useful, such as positive self-talk and learning to take time out of situations where they would otherwise use violence.

A key feature of all programmes was the initial assessment, with perpetrators assessed for readiness and suitability. Those who deny that they have been abusive or are assessed as too dangerous to work with were deemed unsuitable. In these cases, the referrers are informed, and other possible interventions are offered. In some cases, a place is offered to the perpetrator on the condition that other processes are completed such as substance misuse work or criminal proceedings. All programmes also involved victim's support services, mostly undertaken over the phone, comprising developing support and safety plans and recommending other support services. A small number of women accessed group work and face-to-face support. Interventions with men consisted of both one-to-one support and group work with peers and a facilitator. Few of the programmes did any work with children. A significant amount of programme work consisted of assessing perpetrators and reporting for family court proceedings, children's services and child protection cases, and criminal cases.

Alternative dispute resolution involving domestic violence

The Family Solutions Group recommends that domestic violence cases and high conflict cases should be dealt with differently, to ensure that those who need to be safe are directed to the appropriate services as soon as possible. The different pathways are the 'safety pathway' for domestic violence cases, and the 'cooperative parenting pathway' where there is conflict, but no evidence of domestic violence. Domestic violence is differentiated from high conflict when there is a victim and a perpetrator. The Group promotes the use of screening tools by a skilled professional to establish which pathway is appropriate from the outset. Key recommendations concerning domestic violence:

- Safe and effective screening for domestic violence from the outset, regarding key areas of knowledge required to differentiate between domestic violence and conflict.

⁷ The Caledonian System (40 sessions of individual and group work) and Alternative to Violence (24 weekly 2-hour long sessions) are two additional examples of long-term interventions engaging with perpetrators.

- The importance of saying ‘no’ to service users unsuitable for services; offer hope and another pathway to support through knowledge of collaborative working with relevant services
- Mediation may be appropriate in the future for service users with a history of domestic abuse who are in a safe space.

Victims of domestic violence often do agree to family dispute resolution however, for a variety of reasons such as it being a means to avoiding court, having not identified their experiences as abuse themselves at that point, or having not yet disclosed it (Field and Lynch, 2014). A mediation programme for families where there is domestic violence, *Coordinated Family Dispute Resolution*, is outlined in detail in Section 4. The Mapping Paths to Family Justice study (Barlow et al., 2013) findings also suggest that family dispute resolution can be appropriate where there is experience of domestic abuse if after fully exploring the nature of the abuse and its effects, it is determined that the perpetrator has acknowledged the abuse and sought to make amends, and the victims accepts this as genuine. Enhanced screening and safeguarding procedures are needed to properly assess risks to adult and child victims of domestic violence.

Discussion

Ensuring the safety of victims of domestic violence is at the heart of supports. Wraparound supports and case management, with an emphasis on communication and collaboration between professionals and agencies engaged with the family, is essential. There is a high likelihood that children exposed to domestic violence are experiencing other adversities, and professionals should be attuned to and experienced in child protection with clear frameworks for when other agencies, including Tusla’s child protection services or An Garda Síochána, should be involved. Parents and children experiencing ongoing domestic violence value having a safe space to talk about their experiences and get some respite, and for children this may be more appropriate than recovery-orientated therapeutic work.

When perpetrators are engaged with, establishing safety for practitioners and for the mothers and children through safe and effective screening is a pre-requisite. Mothers and children should always be engaged with alongside perpetrators so that the impact of the intervention is known. Perpetrators who do not take responsibility for their violence should be a cause for concern. They are unlikely to be suitable to work on their parenting and may be engaging maliciously for their own benefit. Interventions aimed at changing perpetrator’s behaviour should not be ‘tick–box’, with examples of programmes lasting 12–24 months.

Interparental conflict

Supports for parents and supporting parenting

The research evidence indicates that the provision of supports for parents experiencing conflict can improve children's outcomes, while being mindful of the calls for more research to identify the best approaches (Mahrer, 2018), and awareness of the fact that improving parenting patterns is difficult, time-consuming, and expensive, particularly when couples are distressed, or interaction patterns are deep-rooted (Lucas-Thompson et al., 2020).

Harold and Sellers (2018) argue that parental conflict and the quality of the parent-child relationship is the central mediator of family stress for children. In this way, better parent relationships act as a buffer to social and contextual stressors, but when the parental relationship is conflictual, these stressors negatively affect parenting and children's long-term outcomes. Therefore, enabling parents to manage and reduce conflict in a more constructive manner could be an approach to achieving better outcomes for children. Professionals can point out the behaviours that make up conflict as the responsibility of individual parents (Stokkebekk et al., 2019).

For some parents, like those experiencing *circumstantial* conflict (Smyth and Moloney, 2019), it may be better to support them to work through practical issues like childcare arrangements or housing disputes that are at the root of conflict, rather than interpersonal dynamics.

When parents in high conflict situations can suppress their conflict, and do not involve their children in their disputes, such children do not differ from children whose parents have low or no conflict (Mooney, Oliver and Smith, 2009; Xerxa, Rescorla et al., 2020). Mahrer et al. (2018) suggests that supporting parents to reduce their children's exposure to conflict could also lead to better child outcomes. In most cases conflict does reduce over time after the initial period of separation, suggesting that early interventions to prevent conflict from becoming entrenched in the family could be beneficial.

The quality of parenting has been identified as a protective factor for children, thus, supporting high quality parenting – a warm parent– child relationship and use of appropriate discipline – ideally by both parents (Mahrer et al., 2018) could enhance children's wellbeing.

Even when parents have been referred to or recruited into interventions, many do not fully participate in them. The Early Intervention Foundation (EIF) carried out an evidence review to understand what is known about engaging disadvantaged and vulnerable parents with parenting and parental conflict programmes and services. Findings show that interventions were most successful at retaining parents when they are as accessible as possible, when content and delivery is adapted, when a strong therapeutic alliance is developed with the practitioner, and when stigma associated with seeking support is removed (Pote et al., 2019).

Developing and maintaining shared parenting arrangements can be very challenging for parents who are in conflict, and when not delivered well, can be harmful for children (Pires and Martin, 2021). A review of evidence-based programmes supporting children's wellbeing in separated families (Paterson et al., 2021) found that managing conflict and increasing cooperative co-parenting is a common feature of programmes for parents. Oftentimes, approaches incorporate content on emotional regulation, parenting skills, the impact of separation on children, skills in negotiating, resolving relationship problems, and managing conflict in co-parenting relationships and coping strategies that support positive co-parenting.

A systematic review and meta-analysis of 21 group co-parenting programmes aimed at both separated parents and couples (Nunes et al., 2020) reported a small but significant effect of co-parenting programs on outcomes related to parents' well-being, relationships, and the quality of co-parenting. The review was not able to identify evidence to support the effect of co-parenting programmes on children's outcomes. The authors suggest that this could be due to the lengthy processes that bring about improvements for children, and the resultant need to measure outcomes in the long term which many of the studies did not do. Furthermore, only 9 out of 16 studies reported on child-related outcomes at all, and of these, they only measured children's behaviour. Children react differently, some more emotionally rather than behaviourally. The authors suggest that further research is needed to ensure that co-parenting programmes benefit children.

The key intervention strategies identified in the co-parenting programmes reviewed by Nunes et al. are outlined:

1. Psychoeducation on topics such as divorce/separation, child development, and how to share parenting. Across all the programmes reviewed, this was identified as the key strategy, and the authors suggest that it facilitates parent's engagement in the programme and increased motivation to improve co-parenting.
2. Skills training on topics such as mutual support, negotiation, and co-parenting. This was done through role-playing, homework, and games, and focused on co-parenting support and communication. The programmes also aimed to decrease undermining of the other parent. Communication skills training also aimed to decrease destructive conflict
3. Creation of a co-parenting plan aimed at settling essential aspects of family structure, addressing roles and tasks. Programmes frequently worked on implementing the plan as well as developing it in the first place.
4. Group-guided discussion aimed to generate new social resources in the group and promote sharing. This approach was shown to be particularly useful for

separated parents. In the programme included in the study, each parent attended a different group.

A further intervention strategy specific to programmes for separated parents:

- Therapeutic work to identify emotions that can create miscommunication and conflict between parents, with a consistent attention to the child's perspective on miscommunication and conflict.

Nunes et al. (2020) only assessed group programmes where the attendance of both parents was required, citing research that the presence of both parents (whether in the same or parallel groups) enables work on the relationship and improves outcomes at the individual and interpersonal levels.

Harold and Sellers (2018) point to education, building motivation to change, and skill-building as effectiveness components of interventions aimed at reducing destructive conflict after separation.

Three typologies of co-parenting are described in the literature: conflicted, cooperative, and parallel, with cooperative parents considered the ideal (Stokkebekk, 2021). When conflict is entrenched, parents can be closed off from the possibility of cooperative co-parenting and working to promote co-parenting could exacerbate conflict. Stokkebekk (2021) argues that for parents in conflict where co-parenting is not possible, their duty is simply to parent, which can be done quite autonomously and in parallel to the other parent. This 'parallel parenting model' requires parents to take responsibility for their own parenting and relationship with their child, and communication between parents is kept to a minimum to avoid conflict. Accordingly, learning to accept the inability to intervene in the other parent's parenting approach and family life, and learning skills to decrease undermining of other parent could be especially relevant to parents experiencing very low cooperation, low communication, and high conflict. This shifts the focus away from solving co-parenting problems and towards promoting child and family resilience.

Parent education programmes

Psychoeducation is a common intervention strategy aimed at supporting parents to understand the challenges of separation for children's wellbeing, how to support children's coping, and the key role of co-parenting for family functioning. Nunes et al. (2020) defines psychoeducation as the provision of systematic, relevant, broad, and up-to-date information to increase parents' awareness. In a review of court-ordered education programmes for separating parents in the US, Sigal et al. (2011) found that the topics covered typically included non-residential parent-child contact, the co-parenting relationship, the quality of parenting or the child-parent relationship, parental adjustment to divorce, the impact of separation on children, maintaining child support payments, and instilling a sense of competence. According to Sigal et al. (2011) education programmes that work best teach parents to improve the quality of parenting, to support rather than undermine each other's parenting efforts, and

provide opportunities for active skills training through modelling, role-playing, and feedback. In Nunes et al. (2020) review of co-parenting programmes outlined above, psychoeducation was found to be a key strategy in raising awareness of the importance of co-parenting and increasing motivation to improve co-parenting. Education programmes typically have a high level of participant satisfaction, though few have been robustly evaluated for effectiveness. On the whole, though, research points to the effectiveness of education programmes as part of a spectrum of services (Hunt and Roberts, 2005).

Family support

The evidence shows that decreased family functioning, including high conflict, is much more likely when families are exposed to other issues like poverty and financial instability, and socio-economic stress (Doubell et al., 2017). Lower income parents tend to seek practical support such as income support, housing, employment support or support for their children such as child-counselling, rather than disclose relationship difficulties (ibid). Drawing on the work of Smyth and Moloney (2019), referenced above, interparental conflict is a multidimensional process involving complex dynamics like mental health issues, substance/alcohol abuse, allegations of family violence or abuse, economic and other transitional stressors, as well challenging or poorly executed legal processes. Parenting support and family support are practice approaches that support families to increase family functioning and can incorporate these concerns through a systemic approach, drawing on principles of practice including partnership, flexible and needs-led, strengths-based, with a focus on the needs of children (Dolan et al., 2006). The evidence indicates that approaches to family support services and interventions that are needs-led and provide tailored, flexible responses to addressing needs may be more beneficial than specific, structured approaches to intervention (Fonagy et al., 2018). A key feature of parenting support and family support is relationship-based practice. Building positive working relationships with families has been found to be important for outcomes, even when families are involuntarily engaged with services. Family Support Workers report that a relationship of trust between the family and the case worker is a crucial component of an intervention, supporting families to engage with the service and to discuss sensitive issues that they are experiencing (Dolan et al., 2017).

Parent mentoring

Mentoring is an intervention where an individual is matched with an experienced and knowledgeable person who can provide support, encouragement, and guidance. In Ireland, the Irish Association of Relationship Mentors provides professional validation of relationship mentors⁸. Parent mentoring typically involves an element of peer support, and can be non-professional, with mentors drawing on their own lived experience to build relationships and support mentees. Parent mentoring is a common component of family support programmes and home visiting programmes in Ireland, but can also be delivered as a standalone intervention. The Le Chéile parent mentoring

⁸ <https://iarm.ie/onetonetwork/>

service involves volunteer mentors who work with the parents or carers of young people that are either at risk of offending, on Probation or in detention in Ireland. Mentoring takes place weekly for up to three hours, with roughly 15 sessions provided. An evaluation of the service identified positive outcomes for parents including improved self-esteem, better stress management, improved parenting skills, better relationships with children, and more involved in activities outside the home. Parents identified having someone to talk to and space for themselves as critical aspects of the service. (O'Dwyer, 2017). Research into a peer mentoring initiative for first-time mothers from areas of socio-economic disadvantage in Belfast highlighted that the relationship between mentee and mentor is important to the successful delivery of mentoring, as is ensuring a good understanding of the mentor's role. Developing a positive mentor relationship can involve offering friendship and talking about personal experience, with the aim of gaining trust and establishing an ability to approach sensitive topics (Murphy et al., 2008). In the programme Preparing for Life, mentors were found to build good relationships with parents who they visited weekly, and provided information about parenting and child development which enabled parents to make informed decisions (Northside Partnership, 2018). The COACH mentoring programme for vulnerable and isolated parents in Australia aims to address the social determinants of health associated with child health. An evaluation of the programme (Ayton, 2012) found examples of many programme participants who had been supported to improve their circumstances. Mentors in the programme are trained volunteers, supervised by social workers, who work with parents for at least 12 months to provide practical parenting support and emotional support and improve the life skills, social skills, and parenting skills of parents.

Therapeutic support

In adults, divorce and separation in general are consistently associated with poorer mental health outcomes, with more symptoms of stress, anxiety, depression, and social isolation than the general population and lower levels of psychological wellbeing. Furthermore, the wider socio-economic implications of separation, such as unemployment and lower income, are well established predictors of lower mental health following separation. (Sander et al., 2020).

Mental health problems can confound conflict between parents and can also arise from the ongoing stress and difficulty of living with entrenched conflict (Smyth and Moloney, 2019; Cashmore and Parkinson, 2011). Higher levels of divorce-related conflict have been found to predict worse mental health (Sander et al., 2020). One therapeutic approach targeted specifically to disputes over post-separation parenting arrangements is the Integrative Family Therapy for Disputes involving Child Custody and Visitation (IFT-DCCV) (Lebow and Newcomb, 2007), a family-based therapy for high conflict families who do not respond to low-intensity treatments. The approach encourages varied session formats depending on the specific goals of the case and draws upon a wide range of intervention techniques such as psychoeducation, establishing communication patterns, building disengagement skills, reattribution, and narrative change, and working with affect. The approach to working with children aims to talk about their feelings, build understanding of the separation and conflict,

and build coping skills. For young children using stories is recommended, and for older children, direct discussion of the issues is possible. At the start, a therapeutic contract is drawn up, which includes a statement of expected frequency and duration of meetings. The authors recommend that impact is usually made on the presenting problems after 15-30 sessions.

As discussed above, children who have been exposed to inter-parental conflict are at risk of a wide range of long-term negative outcomes including trauma and ongoing psychological symptoms. Therapeutic responses can include individual and group counselling, parent–child interventions with the aim of strengthening parent–child attachment relationships and take different forms like play-based or counselling-based therapy (Bunston et al., 2015). There is evidence to support the effectiveness of individual interventions for psychological trauma for people who have experienced ACEs, with the strongest evidence found for cognitive-behavioural therapy in one recent review (Lorenc et al., 2020). Lorenc et al. recommend that individual interventions should form part of broader strategies in order to address the social factors that can mediate the impact of ACEs, such as social isolation and poverty. Furthermore, they caution against treating the population characteristics that make up the list of ACEs as discreet, fixed characteristics. Experiencing multiple and overlapping ACEs is common, and the broader concepts like trauma and resilience could more usefully illuminate the dynamics at play.

In a study of Irish children’s experiences of separation, Hogan et al. (2002) found that children placed a high value on support services they had accessed following their parent’s separation. Children valued having someone to listen, support to understand their own and their parent’s experiences, sharing experiences with others, and the sense of trust and confidentiality. In terms of counselling or peer support services, for younger children, participating in a group helped to overcome a sense of isolation. Group and individual counselling helped children to understand the family situation better, to express their feelings about it and feel listened to.

Direct support for children

Children make sense of and position themselves in relation to their parent’s conflictual relationships. It is therefore imperative to address children’s perspectives and experiences in families where parents are in conflict. Stokkebekk et al. (2019) suggests that professionals in child and family services should avoid a totally “adult-biased” view of family conflict, and instead work to validate children’s experiences, promoting their sense of dignity and active engagement in the family system. The Family Solutions Group, tasked with recommending how to improve the experiences of families who separate in the UK, emphasise the central role that children’s views should play in improving their outcomes. A key recommendation of the Group is that all children over the age of 10 are offered the opportunity to have their voices heard directly in all processes for resolving issues between parents (Family Solutions Group, 2020).

Children's coping strategies can decrease children's feelings of self-blame and threat and reduce emotional reactivity, and can therefore be protective, leading to lower mental health problems. A longitudinal study assessing the general coping skills of children in families where there is conflict post separation found that positive cognitive restructuring coping, problem-focused coping, and coping efficacy are effective, echoing findings of previous research (O'Hara et al., 2019). Children's ability to cope is influenced by their parents and when parents are responsive to their children and encourage social support, children have better coping strategies (Stokkebekk et al., 2019). Miller et al. (2017) suggest that parents can support their children to learn and use coping strategies, and children's coping strategy development could be further supported through role playing, verbal and behavioural rehearsal, and practicing recall and review of coping strategy options.

Alternative dispute resolution

Parents can be supported through alternative means of obtaining a divorce or separation. In many jurisdictions 'out of court' family dispute resolution, including mediation, have been adopted as an 'alternative' to the more adversarial court process.

A UK project, Mapping Paths to Family Justice, investigated awareness, usage, experience, and outcomes of family dispute resolution in the UK. The project identified best practice for family dispute resolution services that emerged through the project, across all forms of family dispute resolution:

- Enabling informed and appropriate choice: Parents should be informed of the options available to them, with space to discuss them and what they have to offer; practitioners should work at the pace of the client and/or if necessary, refer them to other professional assistance; effective screening for the client for risk in domestic violence and child abuse cases, substance misuse, level of conflict and the appropriate response identified to the situation.
- Providing joined up support: This includes combining family dispute resolution with counselling, addressing the support needs of victims of domestic violence by referring to and working with domestic violence support services, encouraging parents to obtain legal advice before commencing the mediation process, referral to parent education programmes.
- Child focus and facilitating the voice of the child: ensure that the agenda is always driven by the needs of the children; include children's voices in family dispute resolution processes; educate parents about the child focus taken by the courts and about the impact of conflict on children; take a particular focus on children's needs and welfare where there is shared care.

- Maintaining a conciliatory approach: Including tactics such as reframing and addressing emotions rather than side-stepping.

Research suggests that traditional modes of dispute resolution, including mediation, negotiation in the courts and between lawyers are unlikely to help very high conflict parents. The underlying issues causing the conflict should be addressed for these very high conflict cases, through appropriate investigation and therapeutic intervention before working to reach agreement on parenting arrangement. Concern for the safety and wellbeing of children in the care of the other parent and children's resistance to contact were the key issues in the high conflict disputes reviewed by the authors. Properly investigating safety concerns, therapeutic interventions for parents, and parental education and skills training are recommended as interventions that could make a difference with highly conflictual parents who are prepared to listen and change (Ibid., 2011)

The UK Department for Work & Pensions Reducing Parental Conflict 'Challenge Fund' was aimed at gathering learning on what works to reduce parental conflict in parents who are living in the same household or are separated. The Fund is part of a broader £39 million Reducing Parental Conflict Programme for local authorities in England to address parental conflict. Two of the initiatives took a holistic approach to mediation by including counselling, educational elements, and the voice of the child in the process, before parents were offered access to mediation. One of the initiatives, *Mediation in Mind*, is outlined in Section 4.

Discussion

Supports for parents is a common feature of interventions aimed at improving children's outcomes in families where there is conflict, and supporting parents is likely to improve children's outcomes. It is important to assess the dynamics of conflict to identify the appropriate support strategy. For some parents, the cause of conflict is the dynamics of the relationship, and so supporting the development of conflict management and resolution skills within a more cooperative relationship would be appropriate. For others, the cause of the conflict is rooted in practical concerns like finance or child protection issues that must be addressed before any progress can be made. For parents with highly conflictual entrenched dynamics, shared parenting may not be a possibility, and so developing a parallel parenting model might be the best approach.

High quality parenting and a positive parent-child relationship, ideally with both parents, is a protective factor for children. Supporting parents to reduce their children's exposure to conflict and preventing conflict from becoming entrenched could be beneficial approaches. Co-parenting programmes adopt a variety of strategies to improve cooperative parenting including psychoeducation, skills training, creation of a co-parenting plan and therapeutic work.

Capturing views and perspectives and providing direct supports for children should be a core component of any approach. This can be through maintaining a child-focus with parents that upholds children's rights and best interests, as well as by actively engaging children in decision making and providing direct supports for children.

In cases where there is conflict and domestic violence, parents and children are likely to be experiencing a range of complex challenges that span a range of systems that the child is situated within, including individual mental health problems, housing insecurity, and challenges engaging in school. Families are likely to be involved with a range of agencies and services and/or uncertain in their engagement with support services. A holistic, wraparound approach that encompasses the practical and emotional support needs of family members and coordinates often fragmented supports, may be very beneficial to engaging families with interventions and achieving better outcomes. Family support has emerged as a practice approach to support family functioning in this way, through a relationship-based, needs-led, and holistic approach.

Highly conflictual separation carries increased risks for mental health for all involved. There is evidence to support the effectiveness of individual interventions for psychological trauma for adults and children who have experienced complex trauma in childhood, and children report wanting someone to talk to, whether in a group or individually. Effective coping strategies can also reduce children's negative feelings and lead to lower mental health problems. Professionals and parents can support the development of children's coping mechanisms and behaviours

Alternative dispute resolution, including mediation, can reduce family's exposure to adversarial traditional means of obtaining a divorce or separation. However, for parents in conflict, a significant amount of preparation is required for mediation to be possible. When intensive holistic supports are put in place, mediation can be successful.

Section 4: Interventions aimed at improving outcomes for children impacted by interparental conflict and separation

There are a range of programmes and interventions aimed at supporting families who are separating or have separated where there is domestic violence or interparental conflict. This section will provide an overview of interventions that aim to bring about changes in children's lives post-separation, both by working directly with children, or working with separated parents to support children's wellbeing. This is not meant to be a comprehensive overview of best practice programmes but a description of interventions which have demonstrated positive impact through evaluations, to explore different approaches and inform service model development.

Domestic violence interventions

Coordinated Family Dispute Resolution

A specialised model for dealing with family dispute resolution, called the Coordinated Family Dispute Resolution (CFDR), was piloted in Australia between 2010 and 2012 to support parents and children to participate in mediation where there is past and/or current domestic abuse. The evaluation of the pilot provides some insight into working with separated parents where there is a history of domestic abuse. The evaluation found that parents were mostly positive about the process, felt empowered, and valued the support of the professionals involved. Some parents reported that they felt unsafe in the process, and the evaluators caution against underestimating the potential of the service to cause or trigger distress. Findings suggest that effective team working, and the experience of practitioners lessened the likelihood of parents being exposed to unsafe situations.

CFDR involves a partnership between organisations with varied expertise, including family dispute resolution services, domestic violence services, men's services, and legal services. Experienced professionals from each of these disciplines work together collaboratively. There are four phases to the approach, and across each phase risk assessment and case management meetings are an important feature. Phases of the model as described by the evaluators (Kaspiew et al. 2012, p.3):

- Phase 1: Intake, involving specialist risk assessment and the development of a safety plan.
- Phase 2: Preparation of the parents for dispute resolution (including each obtaining legal advice in two separate sessions, attending three communication sessions, and attending a CFDR mediation preparation workshop), and a CFDR-specific intake process in which the CFDR practitioner (in consultation with the other professionals) assesses the readiness and capacity of the parties to engage in CFDR.
- Phase 3: Participation in CFDR, usually applying a co-mediation model, with a legal and possibly a non-legal advocate present for each client.
- Phase 4: Follow-up at between 1–3 and 9–10 months after completion of CFDR to review safety and best interests and discussion of ongoing additional support needs and referral options.

A key feature of the approach is its focus on careful screening and assessment and ensuring that cases not suitable for the service are linked with other services. The range and intensity of referral and support services provided by the service is noted by the evaluators. It reported it as a logistically difficult and resource intensive approach because of the need to coordinate client contact with multiple professionals, but the advantages of multi-disciplinary practice include the capacity to provide a more holistic 'bundled' service to clients.

In the service, 49% of cases were single-party cases, mostly women. Half of these cases received substantial supports, including the intake process, and services from the support and legal services involved. The minimum requirement from the perpetrator of violence is to acknowledge that a family member believes that family violence had impacted on the family and that this is relevant to working out the future arrangements for the children. They must also agree to participate. Assessment in relation to domestic abuse is based on the 'predominant aggressor' model. Approximately half of the cases involved a drug or alcohol issue with one or more family members, and a mental health issue with one or more family members was also present in half of the cases. Allegations of child abuse were common, at 18%. The timeframes of the service were reported: On average, 52 days elapsed between the first party's invitation to the service and the Phase 1 case management intake meeting. For those cases that progressed, 85 days elapsed until Phase 2 case management finalisation, and 211 days elapsed until the case proceeded to Phase 3 CFDR process. In two years the five pilot sites collectively completed 126 cases: 27 of these cases reached mediation. Of these cases, mediation resulted in a partial agreement in relation to parenting issues for 13 cases (48%) and full resolution in 10 cases (37%).

Project Support

Project Support is a home-based programme in the USA primarily designed to reduce child conduct problems in families impacted by domestic violence. It provides mothers and young children aged four to nine years with social and practical supports, helps mothers with problem solving skills, and teaches mothers to use child management skills designed to improve the parent-child relationship and reduce children's conduct problems. It is delivered to mothers who have separated from an abusive former partner. It is delivered through weekly sessions, 60- 90 minutes in length, usually six-eight months in duration (maximum of eight months) with an average of 20 sessions.

An evaluation of the programme (Jouriles, 2009) was carried out with 66 families randomly assigned to either Project Support or treatment as usual. The study found that compared to the comparison group, Project Support produced greater improvements for families. Child conduct problems improved, measured through the CBCL and the ECBI and through observed oppositional child behaviour. Mother's parenting improved, measured through inconsistent and harsh parenting behaviours. Mother's psychiatric symptoms and trauma decreased and continued to decrease in the follow-up period. The researchers found that reductions in parenting inconsistency, acts of psychological aggression directed at children, and maternal global psychiatric symptoms and trauma symptoms were especially important for improving child conduct problems. They found that providing support and assistance was central to engaging mothers in treatment, by offering what the mothers believed they most needed. 'Diligent attention' to the mother's main concerns and the provision of tangible help contributed to building trust in the motives of the programme staff through a sense that staff had the family's best interest at heart.

Families were eligible for the programme if mothers had experienced intimate partner violence⁹ in the preceding year. If significant psychiatric symptoms or substance use was judged to interfere with the family's ability to participate, they were supported to obtain alternative specialist help elsewhere. Before the programme started, programme staff met with the families and attempted to establish a helpful and positive relationship. The first assessment involved screening for child conduct problems, psychiatric illness, and substance abuse, and confirming that the family wanted to participate.

Weekly sessions, scheduled flexibly to suit the mothers, involved two primary components: (a) teaching child management strategies and skills, and (b) providing instrumental and emotional support. The instrumental and emotional support involved regularly assessing and addressing safety concerns, providing emotional support to the mothers, assessing families' current needs (e.g., food, transportation, etc.), offering referrals and help as needed, and delivering household goods. Analysis in the evaluation found that 25% of session time was devoted this practical support element. Work was primarily with the mothers and involved written materials, role plays, practice, feedback, and homework. The sessions were delivered by two staff members, one a trained therapist (master's level) and one undergraduate level therapist. The less experienced therapist spent time with the children during the sessions, acting as a child mentor, providing support and modelling.

The programme staff included eight master's level therapist and one psychologist who provided weekly supervision. Each therapist had as case load of approximately eight.

Dublin Safer Families Service

The Dublin Safer Families Service (DSFS), developed and delivered by the Daughters of Charity, seeks to reduce conflict and improve the mental health and wellbeing of adults in families experiencing domestic violence, with a consequent positive impact on their children. The service aims to provide an early intervention where there is an indication that violence and control are already features, or likely to become features of relationships. The programme involves detailed assessment of the patterns of domestic violence in each case followed by individual therapeutic sessions with victims while safety is being established. If safety is established, the perpetrator is invited for individual therapeutic sessions. Sessions continue for as long as needed to ensure safety and to deal with issues raised. Children can also attend individual sessions. Part of the work can involve joint sessions between the perpetrator and children or victim or family sessions. Tools and approaches utilised include safety plans, no-violence contracts, in-room consultant, psychoeducation, motivational interviewing, and cognitive behavioural therapy. A case study of one family's engagement with the service provides some more information on how it can be delivered. The mother attended 26 individual sessions, working towards safely separating from the abusive father, developing a safety plan, and identifying coping strategies. The family worker

⁹ Intimate partner violence is abuse that happens within a romantic relationship, between former or current partners.

provided flexible emotional support and practical assistance with housing and submitted child protection and welfare notifications. The father attended 16 individual sessions focusing on psychoeducational work to acknowledge and understand the impact of violence. Once the couple separated access with the children was arranged. One of the parent's daughters attended 8 sessions, focused on cognitive behavioural therapy and safety planning. This family's engagement with the service lasted 14 months.

An evaluation carried out on DSFS found a reduction in violence for both men and women, improved mental health and more positive relationships with children. Measures utilised in the programme were the Conflict Tactic Scales, to measure how family members engage with each other in conflict situations, the Conflict Tactics Scale Parent-Child, to measure psychological and physical maltreatment and neglect of children by their primary caregiver, as well as nonviolent modes of discipline, the Clinical Outcomes in Routine Evaluation, to assess psychological distress, the Child-Parent Relationship Scale to measure 'closeness' and 'conflict' between parents and children, and the Psychological Maltreatment Inventory to assess psychological abuse in a relationship.

Family Support Workers are educated to degree level in social care, psychotherapy, social work, or other related disciplines.

Community Group Programme for Children & Young People

This programme is a therapeutic and psychoeducational group work model for mothers and children who have experienced domestic violence. It is run in Ireland, known as *TLC Kidz*. Mothers and children participate in separate groups, attended by approximately seven people, and run in parallel. The children's group provides opportunities for children to talk about their experience, develop and practice safety plans, learn to reattribute responsibility, explore, and manage feelings, learn, and practice problem solving skills and provide a positive and fun environment. The mother's groups allow mothers to better understand their children's experiences and enhance the experience of the child outside the groups. The mother's groups also support women to live without violence, lessen the sense of isolation and build support networks, develop safety plans, and build self-esteem.

An evaluation (Nolas et al., 2021) of the programme delivered in London found that the primary strengths were in validating the children's experiences and facilitating understanding. Safety planning was also enhanced, with children likely to remember and implement their safety plan, such as stay in a safe place or call the police. The social impact of the group was very important for children and mothers. Children valued making friends and re-connecting with their mothers. Mothers reported feeling more socially supported and gaining a closer relationship with their children. The researchers suggest that there are three key elements to the group: the fun, the confidential and safe space it creates, and the choice to participate.

The programme is delivered by two facilitators from a range of professional backgrounds including Family Support Workers, social workers, psychotherapists, family therapists, early intervention workers. Facilitators received training in the model over two/three days. The evaluation found that the ‘background activities’ of running the groups took up a lot of time, including managing referrals, ongoing evaluative practices such as risk assessment, and continuous promotion of the programme in the local area.

Interparental conflict interventions

Family Relationship Centres - Family Dispute Resolution

Family Relationship Centres (FRCs) provide free or subsidised information, referral, and direct support to families in Australia to strengthen family relationships and support out of court dispute resolution following separation, established following family law reforms in 2006 (Parkinson, 2013).¹⁰

A review of FRC's work found that most clients who attend family dispute resolution provided by an FRC reached agreement about their parenting arrangements during or subsequent to attending FDR, parent's felt that children's needs were taken into account, and the parenting agreement worked for the children and for them (Moloney, 2013). There is also evidence supporting the effectiveness of the parental educational component of the FDR model (Parkinson, 2013).

With separated families, the focus is on providing a child-focused joint dispute resolution process for parenting and/or property disputes (Australian Government, 2019). Complex cases involving issues such as domestic violence, drug and alcohol abuse and mental health represent the bulk of the work in FRCs (Ibid.).

FRCs are staffed by advisors (law/social work/social sciences or related graduates with experience working with conflict and domestic violence) and accredited mediators. Advisors carry out initial assessments, assess suitability for the service, provide information about the service offering and provide the individual advice and support sessions. Legal professionals also work with clients in FRCs where legal assistance has been identified as a requirement. Appropriate professional supervision is provided to staff.

The FRC joint dispute resolution approach entails several steps to prepare parents for dispute resolution:

1. Intake and assessment
2. Group sessions for separating parents
3. Individual interviews for separating or separated couples, also available to children and other family members impacted by the separation.
4. Dispute resolution

Screening and assessment are carried out at an early stage and are ongoing throughout the client's engagement in the service. Tools in use include the Detection of Overall Risk Screen (DOORS).

¹⁰ The Operational Framework for Family Relationship Centres published by the Australian Government outlines how the service works. <https://www.ag.gov.au/families-and-marriage/families/family-relationship-services/family-relationship-centre-managers-and-staff>

In most FRCs it is mandatory for both parents to attend a group (in parallel) before accessing additional services. Group sessions have a particular focus on the needs of children following separation, developing parenting arrangements that reflect children's needs, getting the best out of dispute resolution, the impact of conflict on children, children's participation in decision making, children's developmental stages.

Individual sessions are provided for parents, children and other family members impacted by the separation, led by the needs of the individuals involved. During these sessions the assessment and triage function of the process is carried out, which is part of establishing a relationship, considering options, assisting decision making and identification of needs (Australian Government, 2019). Issues are re-evaluated as other family members and services are engaged with. The sessions address the often-wide-ranging impact of separation and provide personalised advice and support relating to issues such as mental health difficulties, benefit entitlements, financial management, housing needs, personal safety concerns, substance abuse problems, parenting advice and supporting parents to focus on their children's needs. When necessary, the client is referred to the relevant specialist agencies. The sessions provide the client with information on the dispute resolution process and consider appropriate next steps.

When a joint dispute resolution session is not deemed appropriate, parents are supported to access other services that may help either prior to, or instead of, a joint session. Where counselling or other ongoing individual support is needed, clients are referred to an alternative service. FRCs do not provide 'long term' help. Unless the case is judged unsuitable for a joint session with the other party, the other party is invited to attend with the same level of support and assessment to prepare for a joint session.

Joint sessions for parenting dispute resolution can focus on resolving conflict and reaching a workable parenting arrangement, and for other families there may be no dispute, but assistance is needed to draw up a parenting plan. Joint sessions can be provided by FRC staff or through an arrangement with another organisation. One session is provided for free, and following sessions are charged at a low rate, relative to income.

FRC services can be refused in cases where clients (Australian Government, 2019):

- Present a risk to the safety of staff or other clients. This can include clients whose conditions such as substance abuse pose a risk to themselves and others.
- Are clearly acting in bad faith, including those who are taking unfair advantage of the other party, using the service to mislead or humiliate the other party. If this is not clear cut, behaviour is managed through usual risk management processes.

- Cannot be assisted because the FCR services are inappropriate to the client, such as when needs would be better met through different specialist services.
- Has already received appropriate services at the same or another FRC and would not benefit further.

Mediation in Mind – Building readiness for mediation

Mediation in Mind, a service trialled in the UK, increased separated parent's readiness for mediation by providing a package of supports to parents before and after mediation, which increased the likelihood that parents would reach agreement. The service was provided by one counsellor and one mediator working closely together, and an administrator. Over the course of a year, 26 parents engaged in counselling, and 39 in mediation. Five young people took part in counselling. The service involved:

- A one-and-a-half-hour triage/ 'action plan' meeting for each parent, with referrals within Mediation in Mind and refer/signpost to other services
- One-hour information meeting with a family lawyer for education on the mediation and courts processes
- Six one-hour sessions with a counsellor; three to improve emotional readiness for mediation and increase the effectiveness of mediation, and three sessions after mediation
- A two-hour session with a mediator on building communication skills
- Mediation Information and Assessment Meeting (MIAM) and mediation sessions for parents.
- Counsellor facilitated programmes on life after separation
- Child inclusive mediation and counselling for young people

The service was aimed at disadvantaged parents and the referral criteria was quite specific, for example one of the parents had to be jobless. Most parents self-referred into the service. In terms of engagement, at the outset cancellations/missed appointments were frequent. When more consistent follow-up and coordination was implemented, engagement improved.

Overall, the evaluation of *Mediation in Mind* found evidence of increased readiness to engage in mediation, enabling parents to have a more productive mediation experience, and to reduce conflict. The evaluation findings must be interpreted with caution, due to the small number of parents (55) who engaged with the initiative as a whole and smaller numbers with the individual components, and the COVID-19 crisis which impacted on delivery. Cases involving drug or alcohol addiction, mental health issues or where there were issues of domestic violence or coercive control did not reach agreement in mediation, and it is recommended that more intensive, multi-agency

intervention would be needed to make a difference. The service signposted these parents to other appropriate services, but it is recommended that a more active support, referral, and follow-up role is needed.

Partnership with Parents – Parenting support programme

Partnership with Parents (PwP), developed by Barnardos, is an intensive, home-based, one-to-one parenting support programme for parents with multiple and complex needs. For 8% of parents, separation was the primary reason for undertaking PwP, and 56% of those engaged were lone parents. This programme is included in this review given the evidence that parenting quality can mediate the effects of separation on children and provides an example of how parenting can be improved.

An evaluation of the programme conducted by Barnardos (Connolly et al., 2019) shows promising results including improved parent-child communication; establishment of routines; enjoyment of being a parent; increased self-efficacy and confidence in their role; reduced anxiety; and feeling supported in their role as a parent. The relationship between the Barnardos worker and parents was found to be central to the success of the programme. The inclusion of children was very important to parents, children, and staff. The evaluation found that the programme was less impactful for families in chaos or in crisis, though the structure of the programme allows for pauses in programme delivery and for staff to implement crisis management approaches. The evaluators recommend that the availability of home-based parenting supports to lone parents, and parents going through separation should be increased, in line with evidence of the effectiveness of parenting support interventions more generally, and specifically because of the isolation that many lone parents experience.

The evaluation report gives insight into the delivery of PwP. Most referrals to PwP come from Tusla and social work teams, with 23% self-referrals. The programme is deemed unsuitable for parents who have limited capacity to retain information, be reflective on their parenting approach, or implement changes due to factors such as severe mental health, unstable/chaotic addiction, or intellectual disability.

The programme is tailored to meet the specific needs of each family, consisting of a menu of support options agreed collaboratively between the parent and their worker depending on needs: parent-child relationship, behaviour, social development, routines, education, physical development, crisis management and practical support. Parent and child sessions are also built into the programme, facilitated by the family worker.

The programme starts with an assessment, aimed at identifying needs of the parent and child, their context, and risks and protective factors. The parent's willingness and capacity to engage is also explored. Children are included in the assessment if possible. A standardised measure, the Parent-Child Relationship Inventory (PCRI), along with a PwP 'assessment wheel' is used for assessment and to measure progress in the programme. The PCRI measures the quality of relationships between parents and their children across seven domains: support, satisfaction, involvement, communication, limits, autonomy, and role. The PwP assessment wheel measured parent-child

relationship, behaviour, routines, social development, physical development, and education.

The programme length varies according to needs, typically lasting between 7.5 - 9 months with between 11 and 14 weekly sessions attended in total.

No Kids in the Middle - Children and parent's group programme

The “No Kids in the Middle” is a programme addressing high-conflict divorce or separation through a multi-family therapy approach. It was developed in the Netherlands in 2012 (“Kinderen uit de Knel”). The programme developers report promising results, and the programme has been piloted and evaluated in a UK setting, delivered by social care and mental health professionals. The evaluation of the programme showed positive results for parents and children and found that the programme was successful overall (Morris et al., 2020). The low number of families participating in the pilot, just 19, must be borne in mind. The measures used in the evaluation were the DWP Parental Conflict Questionnaire for Separated Parents to measure conflict, the Child Outcome Rating Scale (CORS) to measure self-report child wellbeing, the Strength and Difficulties Questionnaire to measure parent-report child wellbeing, Child Revised Impact of Events Scale (CRIES-8) to measure child trauma.

No Kids in the Middle uses a multi-family therapy approach, where two facilitators work with a parents' group and a children's group that runs in parallel over eight weekly sessions, each involving six to eight participants. It is aimed at high-conflict families who are not able to engage in individual family work due to the extent of the conflict, and for children who do not feel safe enough to engage in therapy. An important part of the programme is engaging the families' social networks. Before the start of the group, there is a Social Network Meeting where each parent invites 2-5 members of their social network to attend, without the children, to enlist the members of the social network to support the parents and identify how to best support the parents and children. For children, at the beginning of the group, they are encouraged to work on a project, taking any form they would like, such as an artwork, a poem, or a song, that demonstrates their experience of being ‘in the middle’. Children can share their project with their parents at the end of the programme, though they don't have to.

The parent's sessions involve role-play, psychoeducation about ‘destructive patterns’, problem-solving sessions and homework. At the last session, parents give a presentation to their child, sharing a positive message and reflecting on what they have learned. Children's sessions are semi-structured, with children encouraged but not forced to participate in the themes of the sessions. Children can play, talk, create, and listen to other children.

The pilot programme accepted self-referrals and professional referrals including from GPs, social services, and schools. Families were eligible to participate in the project if:

- They were identified by a professional as needing support to reduce parental conflict because of a child adversely affected by conflict

- There was at least one child aged 5-11 years old
- Parents were separated or divorced
- Both parents committed to attending the group

Families were ineligible for the project if:

- They were currently in legal proceedings
- The parents had only recently separated (less than 6 months ago)
- The child was not allowed unsupervised contact with either parent
- There was an on-going investigation about abuse perpetrated by either parent towards a child in the family
- Either parent had a restraining order
- There was current domestic abuse, including coercive control (though historic domestic abuse did not make a family ineligible), or uni-directional conflict
- There were concerns around current parental substance misuse

In the intervention pilot, a thorough assessment was carried out at intake, reported as essential to allow practitioners to establish a relationship and develop a good understanding the family dynamic. Additionally, the evaluation findings suggested that the groups worked better when all families had a similarly high level of conflict and so could relate to one another. Factors to review at intake reported by practitioners:

- Families should be willing to engage and motivated to change
- Conflict should be on-going at the time of referral
- Conflict must be bi-directional. Cases of coercive control are not appropriate – staff reported that this can be difficult to identify in referrals, but generally felt able to manage this during intakes.
- Both parties must accept that the relationship is over.

The evaluation suggests that a positive working relationship between parents and practitioners supports the successful running of the intervention. Practitioners in the pilot emphasised that delivering the programme was resource intensive, well beyond the hours allocated to the group sessions: time was needed for receiving referrals, conducting intake meetings with prospective families, planning group sessions, setting up, de-briefing, and maintaining contact with families in between sessions. There was a high level of key working required to deliver the intervention, which was reported as essential to its success. There was an informal one-to-one conversation held prior to intake, maintaining constant contact with families through the referral and intake process which continued through the group sessions, with check in calls and texts to

keep families motivated and keep abreast of situations occurring in the family. Additional staff may be required to facilitate the children's group, especially as the pilot study found that it is useful to split the group depending on age to ensure that it is engaging and appropriate for all ages. There was an emotional impact on practitioners who were delivering the programme. Supervision happened either in real time, where supervisors co-facilitated the group, or through weekly sessions.

The outcomes evaluation found that parents reported lower levels of conflict, and that children had better wellbeing, less experience of trauma around family conflict, and fewer internalised symptoms as reported by parents. Parents also had a positive experience of the programme overall, pointing to positive relationships with clinicians and the other families, and valued the advice they received from others. Children had mixed experiences of the group. Some found it hard to talk about their family situation and worried about the impact of what they said on their parents, and worried about making their parents feel worried. The evaluators recommend that children are not pressurised to talk about family issues if they do not want to and recommend that activities are engaging for all age groups.

Parents Plus – Parenting when Separated – Parent's group programme

The Parents Plus – Parenting when Separated (PP-PWS) programme is a parenting programme for parents with children between the ages of 0 and 18 who are preparing for, going through, or have gone through, a separation or divorce. The programme aims to increase parent's awareness of the impact of separation on children, support parents to gain skills in self-care, communication, and conflict resolution, leading to a decrease in conflict and child behaviour problems, and an increase in parental adjustment (Early Intervention Foundation, 2019). The programme is informed by developmental psychology, social learning theory, solution-focused therapy, and family system theory and therapy. It was evaluated through a randomised controlled trial conducted in Ireland (Keating et al., 2016) involving 16 sites and 161 separated families with children aged 3 years and older. A pre- and post-test was carried out (six weeks later). The study demonstrated improved child behaviour, improved parenting satisfaction, improved parental adjustment and reduced interparental conflict.

PP-PSW is delivered in 6 weekly group sessions, each lasting two hours. It is for both mothers and fathers, and for both custodial and non-custodial parents. Groups are attended by 6-12 parents and are facilitated by two qualified health or education professionals. There is a plan for each session outlining the key psychoeducational points to be covered and practical skills building activities for the session, including co-parenting, supporting children's coping, conflict management, and coping skills for parents. Parents receive a parent's booklet.

Practitioners who deliver the programme have 17 hours of programme training and are provided with regular case management and clinical supervision (Early Intervention Foundation, 2019).

Section 5: Discussion and recommendations

In conclusion, this review of the literature indicates that domestic violence and interparental conflict are considerable risk factors for children who experience parental separation. Interventions aimed at parents and children can contribute to enhanced wellbeing for children who experience these challenges. Similar practice components were identified for families where there is domestic violence and interparental conflict, including integrated wraparound supports, standalone group programmes and one-to-one supports, drawing on a range of approaches including psychoeducation, skills training and therapeutic approaches. Parents and children experiencing domestic violence versus interparental conflict present with different support needs, and the content and focus of programmes differs depending on whether there is domestic violence or interparental conflict.

Discussion and implications for practice

The evidence base considered in this review holds some useful considerations for practice to improve children's wellbeing in families experiencing interparental conflict and domestic violence in the context of separation. However, limited information was found about the content of interventions supporting families in these circumstances, and how they are implemented, with few programme manuals freely available and limited detailed information on the format and practice elements of programmes or trials.

The review identified broad characteristics of effective interventions for children impacted by domestic violence and interparental conflict post-separation. Similar practice components were identified in services aimed at families where there is domestic violence and interparental conflict, however, the content and focus within programmes appears to differ where work is with parents and children experiencing domestic violence versus interparental conflict.

In terms of domestic violence interventions, ensuring the safety of the victims is paramount. Service providers should be aware that victims of domestic violence are likely to experience its impact long after separation, either directly through ongoing child contact arrangements or through longer term impact on mental health and development. Victims are likely to be dealing with multiple issues – challenging child behaviour, substance misuse, mental health problems, poverty – and may already be engaged with a range of specialised services. Providing case management and advocacy support can ensure access to essential services and information sharing to ensure safety. Children are directly impacted by domestic violence and so should be provided with direct support. Interventions that have been shown to work for children in the literature include groups, individual and parent-child support, and therapeutic interventions, which provide children with information about their experiences, safety planning, someone to talk to, and an opportunity to have their perspectives heard. Group and individual interventions for parents can support a stronger parent-child

relationship and support building parenting skills and capacity, and awareness of their child's needs, therapeutic support, and safety planning. Parents and children experiencing ongoing domestic violence value having a safe space to talk about their experiences and experience some respite. Some interventions do work with perpetrators of violence to improve parenting. The child's safety and development should be the focus of any intervention through effective risk assessment, screening, and multiagency working.

Interparental conflict can involve many of the characteristics of domestic violence - the distinctive feature is that power is typically more balanced, with disputes initiated and maintained by both parents. Children are at risk of adverse outcomes when interparental conflict is poorly managed, when they are drawn into conflict, and the conflict is unresolved. These families may find it impossible to move on from conflict because of complex underlying issues causing disputes, or dysfunctional interpersonal relationships, and traditional means of dispute resolution are less effective or inappropriate. Many supports aimed at reducing conflict are aimed at parents who can be supported to manage conflict and establish parenting arrangements focused on the needs of children post-separation through group work, individual or family support and therapeutic supports. It is important to engage with and support children in their own right as active participants in the family system, to ensure that their needs are met. Both children and adults exposed to conflict are likely to benefit from therapeutic supports.

Families impacted by conflict and domestic violence may display many similar indicators – fighting, child neglect and other forms of child abuse, substance abuse, mental health problems, housing insecurity - all experienced differently within each family. Similar programmes and components were evident in the literature reviewed for families with conflict and with domestic violence: psychoeducation, skills training, individual emotional and practical supports, and therapeutic supports, delivered individually, to families, and in groups. Examples of evidence-based parenting programmes and children's programmes are described in the literature. A holistic, wraparound approach that encompasses the practical and emotional support needs of family members and coordinates often fragmented supports is an important contribution of services for separated families experiencing conflict and violence.

Effective assessment and screening of parent's and children's needs can direct families to the right supports. Families where significant challenges such as substance misuse or mental health issues are identified and judged to interfere with their ability to engage, may be better served by other relevant specialist supports. A key consideration for the choice of interventions is whether there is ongoing/past domestic violence, with different topics and focus needed within programme components for parents and children. Crucially, services working with domestic violence must be much more attuned to the immediate risks posed to the non-abusive parent and children, through the involvement of suitably qualified professionals, the use of standardised risk assessment and safety planning, and an explicit focus on domestic violence. The focus should be on the needs of the victims and children, for example domestic violence

group programmes should only involve victims. Any engagement with perpetrators should be focused on reducing risks and improving parenting where there is ongoing contact with children. Engaging perpetrators should be done with caution, and only when motivations are clear, and the abuse is acknowledged. Children experiencing ongoing domestic violence appear to benefit from group work; peer support and opportunity to talk with children who have similar experiences is valued.

Working with separated families where there is interparental conflict can include a focus on supporting shared parenting, conflict management and improved communication, as well as improving capacity to parent and the parent-child relationship. Families may benefit from supports that build readiness to engage with dispute resolution processes like mediation.

Interventions are typically delivered by multi-disciplinary professionals with expertise in various professional backgrounds including family therapy, social work, psychology, and early years intervention. It is essential that professionals engaged with families where there is domestic violence are experienced and knowledgeable in this area. The personal characteristics of staff can aid engagement and build trusting positive relationships.

There was limited evidence found on recommended duration of interventions and frequency of contact. Weekly contact with families appears to be common, though this should be flexible to accommodate family's schedules and be responsive to needs, and so may fluctuate over the period of engagement. Domestic violence programmes appear to provide sustained support for up to one or two years. Programmes for families in conflict may be more structured and less likely to provide 'long term' support, some of the programmes reviewed were run for up to nine months. Parents' and children's groups for domestic violence or interparental conflict appear to usually be run weekly over 6-12 weeks, with 6-12 participants. An example of a therapeutic intervention for family conflict was open ended with an average of 15-30 weekly sessions, with expected contact agreed with the family at the outset. A therapeutic intervention aimed at domestic violence victims involved 12-20 weekly sessions.

Overall, the evidence indicates that interventions aimed at parents and children can contribute to enhanced wellbeing for children who experience domestic violence and interparental conflict. Interventions include integrated wraparound support, standalone group programmes, and one-to-one supports, and draw on a range of approaches including psychoeducation, skills training, and therapeutic approaches. Parents and children experiencing domestic violence versus interparental conflict present with different support needs, and the content and focus of programmes differs depending on whether there is domestic violence or interparental conflict.

Recommendations

Key recommendations arising from the literature review are outlined, with key implications for service provision highlighted.

What is the impact of domestic violence and parental conflict on children's adjustment to parental separation?

Domestic violence and parental conflict are commonplace serious challenges that can be compounded by parental separation. Interparental conflict can involve many of the characteristics of domestic violence, including bitter disputes, but the distinctive feature is that power is typically more balanced, with disputes initiated and maintained by both parents. There is strong evidence that parental separation can have a significant negative impact on children's outcomes when there is conflict or domestic violence. Overall, the evidence indicates that a range of interventions aimed at parents and children can contribute to better outcomes for those who experience domestic violence and interparental conflict.

Effective, specialist services should be resourced and delivered for children and parents to prevent children being negatively impacted by separation, with the aim of keeping children safe and reducing the damaging impacts of domestic violence and interparental conflict.

Support services should focus on child protection and safeguarding, ensuring that children are kept safe in their family. Appropriate protocols must be in place regarding child safeguarding within services.

What kinds of support works?

While more research is needed to identify the best approaches, elements of effective supports were identified in the literature reviewed:

- Effective assessment and screening of parents' and children's needs.
- Psychoeducation and skills training for parents.
- Therapeutic supports, delivered individually, to families, and in groups.
- Parenting programmes to enhance parenting capacity and enable peer support.
- Children's group programmes to aid understanding and provide a safe space to talk and listen.
- A holistic, wraparound approach incorporating emotional and practical supports.

These elements of service provision were evident in approaches for cases of domestic violence and conflict; however, the focus and objectives vary. In circumstances of domestic violence, child protection and promoting the safety of victims is the overriding concern within services. On the other hand, the impact of interparental conflict on children can vary depending on the dynamics at play within the parents' conflictual relationship, and interventions can assist parents to reduce conflict and protect children from its impact. Children are active participants in the family system and harbour their own individual responses, perspectives and preferences regarding

their parents' separation. As such, any support service should directly engage and respect the voice of children as far as possible.

Consideration should be given to providing supports that include a combination of these elements, and work towards appropriate objectives depending on the presence of domestic violence or conflict.

How should services be delivered?

Interventions reviewed are typically delivered by multi-disciplinary professionals with expertise in various professional backgrounds including family therapy, social work, psychology, and early years intervention. It is essential that professionals delivering services are experienced, confident, and knowledgeable in the areas of domestic violence, separation and conflict and can engage with mothers, fathers, and children. The personal characteristics of staff can aid engagement and build trusting positive relationships. Support for staff, including through training, on-going supervision, appropriate safeguarding procedures, and multiagency service links, are critical to ensuring that staff have the tools and competencies they need to successfully support families. Staff must also be supported in their own health and wellbeing given that challenges that working with this cohort can pose.

Skilled and experienced professionals from a range of professional backgrounds are crucial to the successful delivery of supports.

Given the holistic nature of supports, staff should be experienced and knowledgeable in the legal systems and referral pathways required.

Staff should be supported in their wellbeing, be well trained in their role, and have a full understanding of all safeguarding procedures.

How should services engage with parents and children in cases of interparental conflict?

Interparental conflict can shift parents' attention away from what is in their children's best interests. An important contribution that services can make is to help parents understand the cause and effect of interparental conflict and its impact on their children, and accordingly, build motivation to lessen its impact. This can encourage parents to engage with supports and build a sustainable plan for ongoing shared parenting arrangements after separation. This can reduce the potential for conflict to escalate or become entrenched. Incorporating the perspectives of children and providing direct supports for children should also be a core component of supports. Where there is conflict, parents and children are likely to be experiencing a range of complex challenges, which may be compounding conflict. Supports should consider adopting a holistic, wraparound approach that addresses issues the family is facing and enables them to manage conflict in a sustainable way.

There is strong evidence that conflict between parents can have a significant negative impact on children's long-term outcomes. Services should be provided that support separated parents to manage conflict

and reduce its damaging impact on children, and support children's ability to cope.

How should services engage with victims and perpetrators of domestic violence?

Ensuring the safety of victims of domestic violence should be the core aim of support services. Additionally, services should support adults and children to make sense of domestic violence and support the mental health of those exposed to violence. A holistic approach with an emphasis on communication and collaboration between professionals and agencies engaged with the family is essential. Professionals should be attuned to and experienced in child protection, with clear frameworks and protocols for when other agencies should become involved.

This review found a lack of evidence for the effectiveness of domestic violence perpetrator programmes to change perpetrator's violent behaviour. Alongside this stands the risks that engaging perpetrators holds, such as inadvertently colluding with the perpetrator and enabling contact with victims of domestic violence post separation. Services should consider operating different pathways of support for cases of domestic violence and conflict. At the outset, a thorough assessment with each family member must aim to identify cases of domestic violence and direct them to the appropriate support pathway. Where there are adequate resources and expertise, services should consider engaging with perpetrators who meet certain set criteria, such as acknowledging that violence is a problem. This pathway should aim to reduce safeguarding concerns and enhance parenting skills, reducing victims' risk of danger in cases of ongoing access arrangements. This must be run in tandem with victims support services.

Provision of interventions that support parents and children who are victim to domestic violence in cases of parental separation is essential, given the heightened risk of violence that comes with separation. Services should be adequately resourced to support victims of violence and should hold the appropriate levels of expertise and experience to effectively work with families.

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Appendix 1: The Stage Based Approach to Delivering SWP

This section outlines the process of delivering SWP through the stage-based approach. This

Stage 1. Referral

SWP is for families who have been referred by Tusla or other professionals engaged with the family, and self-referrals. Self-referrals and professional referrals are accepted through a standard referral form. From the outset, both parents and both sets of contact details should be identified on the referral form. The reason for referral and details of service users background and current situation should also be provided on the referral.

The Practice Manager carries out an initial screening of referrals. While it is challenging to say 'no' to referrals for whom SWP would not be suitable, these cases are supported to access alternative, mainstream supports where they are available. The Practice Manager works with the Family Support Worker to link referrals with other suitable supports.

Stage 2. Assessment and preparing to engage

The aim of this stage is to identify service users' needs, screen for risks, and develop a plan for their engagement with SWP. An important component of this stage is to build parents' readiness to engage with structured interventions by providing the necessary practical and emotional support and coordinating with other services as required. By the end of this stage, parents should also be better able to recognise the needs of their children and facilitate their children's access to interventions at the next stage.

A risk assessment and screening and assessment of needs process is carried out with each parent at the outset of each case by the Practice Manager. At the outset, all contact is initiated with the family by the Practice Manager, drawing on the support of specialist staff and administration support as required. This enables the Practice Manager to maintain oversight of the service and build a positive, trusting relationship with service users.

Safe and effective screening for domestic violence from the outset is essential to SWP, and skilled, experienced professionals should be equipped to differentiate interparental conflict from violence. Where domestic violence is identified at this stage, the safety of children and the non-violent parent becomes the priority. Safety planning should be carried out with parent and children, and links established with relevant services established, including legal and child protection agencies. Individual work with victims is carried out until/if safety is established, at which point it may in some cases be appropriate to engage with the perpetrator through

individual sessions. There should be clear criteria developed setting out when it is appropriate to engage with perpetrators.

Standardised tools are used to identify needs and risks and set objectives.

Assessment is completed in individual sessions with parents and children which assists in building a positive and trusting relationship with SWP staff, consider needs, and identify options, and build readiness to engage in interventions. The process also involves explaining the SWP approach and gathering informed consent to engage from one or both parents as appropriate. An assessment of needs is carried out with the children unless deemed inappropriate. It is essential for the needs of children to be brought to the fore, the impact of the family situation understood from their perspective and for children to feel heard and respected. This is either through a child focused approach which does not directly involve the child's participation, or ideally through one-to-one sessions with the child and assessor directly. The perspectives of the referrer and other agencies, professionals and members of the family's social network can be sought and incorporated into the needs assessment process, ensuring that appropriate consent is in place.

At an early stage, all service users are assigned and meet with the Family Support Worker who will support them throughout their engagement with SWP. They will meet with the Family Support Worker individually. The Family Support Worker aims to address basic needs identified through the assessment process which impact on the service user's ability to engage with SWP. They also aim to build a positive, trusting relationship to support parents to engage in the structured interventions. The key aim is also to build parent's readiness for their children to engage in SWP by supporting parents to understand the impact of separation and other challenges within the family from their children's perspective. Family Support Workers offer advice and supported referrals and signposting to community resources.

Engagement with SWP is recognised as unique to every case, for example, some parents may take time to decide whether or not to engage with the service. Time for engagement to be established is allowed right through stage 2 if it is felt that one of the parents needs time to decide to engage. Parents must demonstrate willingness to focus on the needs of the child and seek the best outcomes for them to engage in SWP. If parents are not in a position to engage, even though they consent for their children to receive services, children are provided with therapeutic interventions and/or a children's group programme when it is deemed to be supportive for the child.

Assessment is not a single activity and in practice will be revisited throughout the parent's and children's engagement with SWP. To complete this initial assessment approximately 3-4 sessions with parents (and/or children) are required, typically one session per week. The Family Support Worker meets with service users and progresses any supports required by them to enable them to engage with SWP, which may involve both direct and indirect work.

Service users are deemed not appropriate to engage with the service if challenges within the family are judged to prevent them from engaging with SWP, such as significant mental health/ substance misuse problems. In these cases, alternative specialist supports are explored, and the service user is supported by the Family Support Worker to access them. A decision should be made collaboratively between the Family Support Worker, Practice Manager and service user at the end of stage 1 as to whether service users will progress to stage 3.

When service users do progress to stage 3, the assessment determines the needs of parents and children and indicates the support streams most suitable. Support streams available within SWP:

3. separating where interparental conflict is challenging
4. separating alongside domestic violence (current or historic)

The elements of each stream appropriate to the case are decided collaboratively between the service users, Family Support Worker and the Practice Manager, with the input of the relevant professional delivering the intervention sought where needed, and a plan is formed.

Stage 3. Focused support

Parents and children engage with one-to-one interventions appropriate to their needs at stage 3, in line with the plan developed in partnership with the SWP team. Prior to first engaging with any of the available interventions, all service users should understand what this will involve. This stage typically begins four to eight weeks after the point of referral, however for some service users up to twelve weeks may pass depending on the nature of their engagement.

In cases where there is conflict and in those where there is domestic violence, the supports are structured in a similar manner involving group programmes for parents and children, therapeutic support, family support and multi-agency coordination and advocacy. However, importantly, when domestic violence is identified, safety becomes the priority, and the focus of SWP is on supporting service users to manage ongoing contact with perpetrators and to promote safety.

Where sites are not able to directly provide specialist domestic violence-focused support they should develop pathways to other services that provide these offerings to ensure families still receive the supports appropriate to their needs.

When both parents are engaged, acting in good faith, and committed to focusing on their children's needs, they are supported through the SWP conflict stream.

When the needs assessment period indicates that domestic violence is ongoing or historic, the focus is on supporting parents and children to manage ongoing contact with the perpetrator and promoting safety or managing the long-term impact of domestic violence.

In some instances, it may be appropriate for perpetrators of violence to engage with SWP through one-to-one sessions, to support parenting skills and education.

Support is available to children and young people irrespective of whether their parents can engage in SWP themselves, but nevertheless consent to their children receiving supports from SWP.

Family Support Workers carry out regular check-ins with service users to monitor progress in this stage and support them to engage with the interventions. A case review of a service user's progress should happen at least after completion of each planned intervention.

Stage 4. Case Closure

SWP cases can come to a close for several reasons:

- Expected- where service users have completed their participation in SWP, objectives have been met and/or a plan formulated for step-down services to meet outstanding objectives.
- Early-, where service users have achieved their objectives and are ready to transition from SW quickly. This should be identified through the case reviews held with their Family Support Worker.
- Unplanned-, where one or both parents become disengaged. When only one parent disengages, the remaining party is directed to alternative suitable supports in the community. Where children would benefit from continued support, the Family Support Worker makes every effort to secure this.

When a service user has completed the programme of structured interventions planned for Stage 3, the Family Support Worker will hold a review meeting to reinforce positive change that has been achieved. If there are outstanding issues that the service user is dealing with, the Family Support Worker should identify whether these can be met within SWP or through supported referral to community resources. The need for step-down support in mainstream services is also considered at this point. It is important that service users understand why their case is closing and they have a timeline for closure so that they can prepare, with the support of SWP staff.

A service user can decide at any time that they would like to stop their engagement with SWP. When one parent becomes disengaged from SWP or is no longer deemed to be working towards the best interests of their children, every effort is made by the Family Support Worker to understand the situation and support the parent who remains engaged to access alternative community resources. In this circumstance, children may continue to access therapeutic support or engage with the children's programme and the parent's may be referred to other services.

Appendix 2: Review of monitoring and evaluation tools currently in use in SWP

Currently in use within SWP are the Strengths and Difficulties Questionnaire (SDQ), Depression Anxiety Stress Scale (DASS), Parenting Daily Hassles Scale, Interpersonal Mindfulness in Parenting scale (IMP).

Strengths and Difficulties Questionnaire (SDQ)

The SDQ is a commonly used measure to assess for child behavioural difficulties and children's social and emotional well-being. The SDQ is a 25-item questionnaire that gathers information across five domains:

- conduct problems
- emotional symptoms
- hyperactivity/ inattention
- peer relationship problems
- prosocial behaviours.

The questions are framed both positively and negatively. The SDQ exists in several versions: the child (age 4-17 years), parent and teacher versions are designed to be administered in parallel. A slightly modified version exists for the parents and educators of children aged 2-4 years. Also, a version for self-completion by adolescents (age 11-17 years) asks about the same 25 traits, though the wording is slightly different. There's also a self-report and informant report version for those aged 18+ years.

The SDQ is designed to be administered by researchers, clinicians, and teachers. No specific skills for administration or scoring are stated by creator of the measure. It has been used in the national evaluation of the Area Based Childhood (ABC) Programme, Growing up in Ireland studies, evaluation of Functional Family Therapy among many other Irish and international programmes and studies about children's social and emotional development.

Within SWP, SDQs are currently used as part of initial assessment and to evaluate outcomes for children and young people engaging with therapeutic support. The versions currently in use are:

- Self-rated SDQ for young people (double sided version with impact supplement)
- Self-rated SDQ for young people, follow-up version
- SDQ for the parents of young people

Depression Anxiety Stress Scale (DASS)

The DASS Scale is a validated questionnaire that provides a measure of depression, anxiety and stress. The scale is divided into three subscales each containing seven items designed to assess the severity of the core symptoms of depression, anxiety and stress. The questionnaire is self-report, and measures symptoms over the preceding week. The depression scale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest/involvement, anhedonia, and inertia. The anxiety scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. The stress scale measures levels of irritability, tension, and agitation. It assesses difficulty relaxing, nervous arousal, and being easily upset/agitated, irritable/over-reactive and impatient.

No special skills are required to administer the DASS, seeing as it is a self-report scale, however the results should be interpreted by professionals with appropriate training in psychological science.

Within SPW a short version of the scale is used which has 21 questions, the DASS-21. It is administered to parents at the start and the end of parenting interventions.

Parenting Daily Hassles Scale

The Parenting Daily Hassle Scale (PDH) is a self-report questionnaire that measures how much parents/caregivers are affected by minor daily occurrences they may typically experience as a parent, for example, getting interrupted by children or sibling arguments. It comprises of two factors: parenting tasks and child challenging behaviour. Parents rate how much of a hassle each of the experiences are, and how frequently they occur. It can be used in reference to one or more children, and the time scale can be varied according to the focus of the assessment, though if used to measure progress, the same time scale should be used. The scale can be used to measure the frequency and/or intensity of parenting experiences. It can form the basis for discussion of the parent's experiences, can be used to measure progress, and can be used to plan interventions. The scale was used as part of an evaluation of Preparing for Life, and is used to measure parent's emotional wellbeing in the Parents Under Pressure programme.

Interpersonal Mindfulness in Parenting scale (IMP)

Mindful parenting involves paying non-judgemental, non-reactive attention to the child, with an ability to appropriately regulate parenting behaviours (Burgdorf and Szabó, 2021). The IMP scale is a 31-item instrument that measures the dimensions of mindful parenting, involving five dimensions as proposed by its creator (Duncan et al., 2009):

- Listening with Full Attention
- Non-judgmental Acceptance of Self and Child
- Compassion for Self and Child
- Emotional Awareness of Self and Child
- and Self-regulation in Parenting

The IMP scale is used to measure levels of mindful parenting in the Parenting Under Pressure (PUP) programme. One recent evaluation of the PUP programme points out that the measure is relatively new and has not been tested widely (Hollis et al., 2018). On the other hand, findings of a recent study suggest that IMP is a valid measure of mindful parenting in English-speaking, community-recruited mothers of children aged 0-18 years (Burgdorf and Szabó, 2021). This study found that non-judgmental acceptance of parenting, compassion and emotional awareness predicted child internalizing problems.

Appendix 3: Components of the proposed SWP model

	1. Separating where conflict is an issue	2. Separating where domestic violence is an issue (current or historic)	3. Children's support
Programme characteristics	<p>Separating parents where there are low, medium, or high levels of conflict</p> <p>Inclusion criteria</p> <ul style="list-style-type: none"> • Referred by Tusla or self-referred • Both parents willing to engage • Commit to attending group-based sessions for duration <p>Exclusion criteria</p> <ul style="list-style-type: none"> • Where only one parent is willing to engage, even after efforts are made to engage both. • Where domestic violence is an issue • Serious challenges that would prevent engagement with SWP/ 	<p>Parents and children experiencing domestic violence post-separation</p> <p>Inclusion criteria</p> <ul style="list-style-type: none"> • Referred by Tusla or self-referred • One parent (victim of DV) is willing to engage • Perpetrators only engaged after assessment, safety planning and accept violence as an issue – tightly managed and monitored <p>Exclusion criteria</p> <ul style="list-style-type: none"> • Where safety planning cannot be carried out or risks identified meaning SWP is not safe to engage with • Serious challenges that would prevent engagement with SWP/ specialist services more appropriate to needs. 	<p>Children impacted by their parent's separation</p> <p>Inclusion criteria</p> <ul style="list-style-type: none"> • Referred by Tusla or parents(s) self-refer • Child is supported to engage in SWP by their parents, though parents themselves are not availing of SWP support • Child's parent(s) consent to children engaging with SWP <p>Exclusion criteria</p> <ul style="list-style-type: none"> • Where safety planning cannot be carried out or risks identified meaning SWP is not safe for child to engage with

	specialist services more appropriate to needs.		
Outcomes	<ul style="list-style-type: none"> Enhanced capacity to Better able to manage shared parenting Reduced conflict Parent's improved confidence Improved child well-being Children at reduced risk of harm and/or of entering care Children are supported to have a voice in their day to 	<ul style="list-style-type: none"> Victims' parenting skills are enhanced Victims better able to draw on social networks Coping skills improved Reduced safety risks Children at reduced risk of harm and/or of entering care 	<ul style="list-style-type: none"> Children's social and emotional well-being enhanced
Core Components	Needs assessment	Needs assessment	Needs assessment
	N/A	Safety planning	Safety planning if needed
	Family support	Family support	
	Parenting programme for separating parents for both parents, can include a focus on adult relationship as well as focus on co-parenting	Parenting programme specific to impact of DV with focus on coping with DV and parenting	
	Group-based intervention for children	Group-based DV intervention for children	Group-based intervention for children
	N/A	Group-based intervention for children and their parent (optional – if dealing with DV is the focus)	
	Therapeutic interventions for parents and children	Therapeutic intervention considered, depending on how current DV is and needs of victim and children	Therapeutic intervention
	Interagency working	Interagency working	

Appendix 4: Estimated tasks, timing, direct & indirect time per family engaged with SWP, per professional

Time from referral	SWP Stage	Professional responsible	Service component	Number of sessions provided	Length of session (hour)	Additional indirect work (hour)	Total hrs service delivery per family
1 week	Stage 1. Referral	Practice manager	Initial referral screening, registration of cases and allocation to family support worker	1	1	1	2
		Family support	Onward referrals and signposting for cases SWP not suited to	1	1	1	2
6 weeks	Stage 2. Assessment and preparing to engage	Practice manager	Initial assessment and identification of needs	4	1	2	6
		Family support	Introductory meeting with each service user; referrals, signposting and advice led by need	2	1.5	2	5
		Family support/ practice manager	Safety planning and multiagency working in cases of domestic violence	4	1.5	4	10

40 weeks	Stage 3. Focused support work	Family support	Supporting engagement with structured interventions; liaising with SWP team re service user's engagement with interventions; case review following completion of intervention	15	0.5	7	14.5
		Family support	Parent's 10-week group based programme, weekly sessions, including preparation and follow up (10 participants)	10	2	10	30
		Family support	Children's 10-week group based programme, weekly sessions, including preparation and follow up (10 participants)	10	2	10	30
		Family support	Parent's domestic violence focused 10-week group based programme, weekly sessions, including preparation and follow up (10 participants)	10	2	10	30

		Family support	Children's domestic violence focused 10-week group based programme, weekly sessions, including preparation and follow up (10 participants)	10	2	10	30
		Therapeutic professional	Adult counselling	20	1	10	30
		Therapeutic professional	Teen counselling	20	1	10	30
		Therapeutic professional	Children's support	12	1	6	18
42 weeks	Stage 4. Case closure	Family support/ practice manager	Review, onward referrals and preparation for case closure	2	1.5	2	5