



Submission to the Department of Justice
Family Justice Oversight Group on the Development of a National
Justice System

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Submitted by

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Purpose of Submission by Daughters of Charity Child and Family Service (DoCCFS)

This submission aims to support the work of the Family Justice Oversight Group in the development of a national family justice system by highlighting areas of consideration from the experience of the Daughters of Charity Child and Family Service, that has been providing services to families for over 100 years.

The focus of the submission will be on the themes:

- The place of Mediation on Family Justice
- The Family Courts

Basis of Submission by Daughters of Charity Child and Family Service (DoCCFS)

DoCCFS is a not-for-profit public service organisation and was established in the late 1890's. We provide a range of therapeutic supportive services to children and families based in the greater Dublin region and supported **2372 children and families** in 2019 and provided over **12,000 sessions** to those most in need. We are committed to research and evaluation of our Service and have worked with Professor Spratt in Trinity Research in Childhood Centre, Trinity College Dublin, as our research partner since 2015. The information gathered helps us to improve our service, ensure our services are outcome focused and to provide a high-quality service to families. Our Services include an Early Childhood Development Service (ECDS), Therapeutic Family Centre Service, Assessment Service for Tusla Social Work Department, and a domestic, sexual and gender-based violence service, Dublin Safer Families Service (DSFS)

Early Childhood Development Service

Our dedicated preschools provide early childhood care and education to children between two and six years and also provides support to parents and carers. Our centre in Mosney County Meath works with children whose parents are asylum seekers. Child development assessments in our centres lead to early detection of additional needs and appropriate plans for intervention and support are made through onward referrals to appropriate services such as Speech and Language, Occupational Therapy, Psychology, Assessment of need, etc. Parents are supported and included through the provision of parenting programmes, educational talks, Parents Advisory Committees, family fun days, sports days, and for therapeutic support to our Family Centres if this is needed.

Therapeutic Family Centres

Our work with children and families is done through evidence-based programmes and includes individual therapeutic support for the child, group work, family work, and advocacy. Family Centres are welcoming and non-clinical with professionally qualified staff working in partnership with parents and referrers to provide interventions that are therapeutic and supportive. Our main sources of referral are from TUSLA and by self-referral.

Assessment Service (Tusla Social Work)

Our specialist assessment teams only accept referrals from TUSLA Social Work Departments. This service has been conducting Initial Assessments where children are at risk of harm for approximately ten years and has extensive knowledge and experience of the intervention's families and children experience. The staff are fully trained in Signs of Safety; the National Practice Model for TUSLA. The model is a strengths-based

approach with rigorous focus on child safety and partnership work with children, families and their wider networks of support. Children and families who experience initial assessment can, and often are, referred to the Family Centers for therapeutic support or to DSFS if there is domestic violence in the family. In our assessment teams, we also receive referrals every year for families that are undergoing Section 20 custody and access court proceedings and staff have attended court to speak to the assessment completed.

Domestic, Sexual and Gender Based Violence Service Dublin Safer Families Service

This service was established in 2017 and is a direct referral pathway for families through the social work department and through probation services. It is the only service in Ireland that provides a whole family intervention, based on systemic family therapy to domestic, sexual, and gender-based violence to increase family safety in order to prevent and stop domestic abuse. The service works with the victim, children, and perpetrator, and is focused on increasing safety and the reduction of violence, through a focus on the role of adults as parents and understanding the impact of the violence on their child. The service has been evaluated by Trinity Research in Childhood Centre since its inception in 2017 and the evaluation has identified that the outcomes of the service in reducing violence and increasing safety are being met.

Impact of Adverse Childhood Experiences on Families – Trauma Responsive System and Services

We believe that DoCCFS's multi-dimensional holistic approach to supporting families and children in high areas of need, disadvantage and in the asylum process for over 100 years is one that can add value to the Family Justice Oversight Group through this submission. Our Assessment Service has been completing Child Protection and Welfare Initial Assessments in Dublin North and later, in Dublin North City as partner agents with TUSLA Social Work Departments for approximately ten years. Additionally, our ongoing research into the outcomes of interventions that work for the children who have attended our early years and therapeutic services is conducted with TRiCC (Trinity Research in Childhood Centre). We believe we can bring valuable insight into this area from several perspectives.

Our work with TRiCC has also enabled us to understand clearly the impact of Adverse Childhood Experiences such as poverty, parental conflict, family violence and domestic, sexual and gender-based violence on children and families and on the intergenerational trauma that this incurs. More information on this can be found on <https://www.docchildandfamily.ie/resources>

Theme 2 - The Place of Mediation in Family Justice

2.1 The desirability of using mediation to resolve family law issues.

We support the use of mediation to resolve family law issues as an option, however there are important considerations that must be considered before using mediation as a means of resolution. Many families that have been referred to our services are engaged with the court system due to acrimonious separation and conflict. In the cases of domestic, sexual and gender-based violence, coercive control is an all too prevalent issue and mediation can and has been used as a means for abusive parties to continue to exercise control over the victim. Safety must be established prior to any mediation taking place. Secondly, mediation can be used as a platform for the continuity of issues to be played out between both parties and can re-activate issues of the past rather than focusing on what needs to happen for both parties and more importantly, for children within the family. Mediation can deflect the focus away from the needs and the experience of the child and the impact of the parental conflict on children within the family.

While we would support the use of mediation in certain circumstances when it is safe and in the best interest of the child to do so there are several steps that could be taken first and post mediation so that it can be part of a suite of measures to resolve family law issues.

In our experience, engaging families in the evidence based 'co-operative parenting programme' has provided a safe and supportive environment for both parties to understand the impact of their conflict on each other in their role as parents and on their child. Sessions can be held with the child and the parents together in a restorative practice approach to enable the child to articulate (when safe to do so) the impact of the conflict on them. Using a programme such as this as a referral base prior to mediation would be a positive development for the family court system. This ensures that the child's voice is heard within the process and begins the process for professionals to advocate on the child's behalf.

Recommendation: We would recommend the use of mediation only when safe to do so and would advocate the engagement of families in structured evidence-based programmes such as co-operative parenting programmes.

2.2 Maximising family court users' understanding of the role mediation can have in settling family disputes.

In our experience there is much that can be done to ensure that parents and children are clear about the role of mediation as this is far from clear. One of the issues that needs further consideration in the collaborative work between services/organisations both statutory and voluntary and the court system is the conflict and distrust that can often exist between these organisations and entities, due to the ethos and the focus of their work on one category of service user. Parents engaged in mediation are often stuck in their issues due depending on the service that is supporting them and the remit of the service. This does not service either party.

Prior to engaging in mediation services, an assessment should be carried out to determine if mediation is understood firstly and required or if other appropriate services would be a more viable option.

A further issue relates to the confidentiality of therapeutic work which is carried out with the child and in our experience, can often be brought into the family court and mediation process. This represents a breach of the child's right to confidentiality and is often used by parties to substantiate allegations made thought drawing the findings of therapeutic work.

- We suggest the creation of a Standards Course for children as advocated by Professor Shannon that occurs prior to court hearings and allows them to understand such things as what happens in court, their rights and the court process. This course would allow for the child to understand the processes by which their views can be heard and to ensure that the limits to confidentiality are clearly explained, which relate to harm.
- This would also enable services and advocates working with children to be clear about the parameters of the therapeutic work and to ensure that parents in court proceedings are aware that therapeutic work is carried out in the child's best interest and should not be used in court proceedings.

Recommendation: A course should be developed for children engaged in the family justice system, from mediation to court attendance to enable their views to be heard and to enable a more effective interdisciplinary system to support the child which ensures that they can access therapeutic services safely and confidentially.

2.3 Interdisciplinary training in mediation for family justice practitioners.

Unfortunately, it has been the experience of our service and families referred to our services that the current court system both within child protection proceedings and family law proceedings can be a negative and adversarial process. A trauma responsive training that considers engagement in a system that is traumatic and traumatising and the trauma that many families and children are experiencing would be critical to include in the training of the judiciary and indeed anyone involved in the proceedings, including solicitors and barristers and advocates.

Recommendation: Trauma informed, and trauma responsive training should be included in interdisciplinary training modules for all involved in family justice proceedings.

Theme 3 - The Family Courts

3.1 What issues should always be prioritised for hearing?

In the current system our experience and those of the families that we work with are that there is a blurring of lines between child protection matters and family law matters (Public versus private). There needs to be greater joined up thinking between both systems as child protection will not consider any family law matters despite the impact on the parents in their parenting, in their wellbeing and the impact of the conflict on the child being a significant need. The Signs of Safety model, currently being operated within Tusla child protection services is one which can provide a sound template which can bridge both public and private processes as it provides a clear and concise assessment of the safety and harm being experienced by the child and identifies persons of safety within a safety plan in the child's family or within their community.

Recommendation: The needs and rights of children should be prioritised and cases that have children impacted should be prioritised for hearing.

3.2 What are the professional supports both privately funded and in the case of eligible persons, publicly funded that most benefit the participants in the process or the court in dealing with family cases (examples include psychologists, social workers, family support services, anger management training etc.)

There is a deficit in the current system in the availability of appropriate therapeutic supports for children and families engaged in the family justice system that considers the impact of trauma and Adverse Childhood Experiences that are transmitted intergenerationally from parents to children.

Our work with Trinity Research in Childhood Centre indicates that families referred to the Daughters of Charity Child and Family Services are experiencing significantly higher levels of need than the general population.

Adverse Childhood Experiences are measured through a 10-item questionnaire on areas of abuse and family dysfunction experienced in the first 18 years of life. The majority of the population have an ACE score of 1 or more. The higher the score, so increases an individual's probability of experiencing a range of poorer than average health and social outcomes over their life course. The mechanisms for translation include physiological embedding of trauma, distorted psychological processing, risk taking behaviours and

detrimental health choices. In a comparable region of size and demographic profile, Wales, ACE scores of the population were identified as follows, 53% of the population experienced zero ACE, 20% experienced 1 and only 14% experienced 4 or more ACE. In the study carried out by Trinity Research in Childhood Centre within Daughters of Charity Child and Family Services, 89% of children referred to our services over a 2-year period had 4 or more ACES. A further study identified that 165 mothers referred to our services in 2017 experienced an average of 6 ACES and ACES are transmitted intergenerationally.

Drawing from the data in Wales compared with people with 0 ACEs, those with 4+ were:

- 4 times more likely to be a high-risk drinker
- 6 times more likely to have had or caused a teenage pregnancy
- 6 times more likely to smoke tobacco or E cigs
- 11 times more likely to have smoked cannabis
- 14 times more likely to be a violence victim in last 12 months
- 15 times more likely to have committed violence in last 12 months
- 16 times more likely to have used crack cocaine or heroin
- 20 times more likely to have been incarcerated

The impact of ACES on children intergenerationally is well evidenced (Spratt, Devaney, Frederick, 2019). For families engaging in the family justice system, it is critical to ensure that early intervention and prevention services are available to break the cycle of ACE transmission through the provision of trauma responsive therapeutic services.

Funding of these services should be a priority to ensure that there is equality of access for all.

Early intervention and prevention services are key in this regard. In our experience, in cases where there is acrimonious separation, the provision of co-operative parenting courses has been of great support to parents and to children engaged in adversarial processes. In Domestic violence cases, training on coercive control is a significant need and clear referral pathways from the court to appropriate services are critical to ensure that those that need access to services, can attain them at no cost.

Recommendation: A range of supports need to be resourced and made available to children and families engaged in the family justice system which focus on therapeutic support, advocacy and parental support. Providers of support need to be trained on the impact of trauma on children and families and on the impact of Adverse Childhood Experiences intergenerationally.