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SUPERVISED CONTACT: THE VIEWS OF PARENTS AND STAFF AT THREE BARNARDOS CONTACT CENTRES IN THE SOUTHERN REGION OF NEW ZEALAND

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DEPARTMENT OF SOCIAL WORK AND COMMUNITY DEVELOPMENT
UNIVERSITY OF OTAGO

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CONTENTS

EXECUTIVE SUMMARY

1. AIMS OF THE STUDY

This report presents the findings of a study on the views and experiences of parents and staff involved in three supervised contact centres in the southern region of New Zealand, carried out in late 2005. The study was funded partly by the Families Commission and the University of Otago, in collaboration with Barnardos, the main non-governmental organisation in New Zealand providing supervised contact services.

Supervised contact allows for a child to see a parent or other significant carer in a safe and controlled environment. Over 40 supervised contact centres exist in New Zealand. While some limited previous research had been undertaken on parents' views of contact arrangements (Chetwin, Knaggs and Te Wairere Ahiahi Young 1999; Jolley 1999) this study was designed to explore the operation of supervised contact centres from the perspectives of parents and supervisory staff. Apart from parents' views, a gap identified in previous research was the need to explore staff practices, which help families cope with supervised contact and move towards other arrangements.

It was decided not to interview children as previous research (see, for example, Jolley 1999; Sheehan et al 2005) had explored their views, and additionally, we were aware that the timing of our study did not allow for the necessary consents and in-depth procedures required for interviewing children to be implemented. The views of parents and staff involved in three centres in the southern region of New Zealand – Oamaru, Invercargill and Dunedin – were sought. The broad aims of the study were: to explore the experiences of parents; to identify how Barnardos staff help parents involved in supervised contact; to identify some of the helpful and hindering factors in supervised contact arrangements and in transitions to unsupervised contact or other arrangements; and to find out if contact services are culturally appropriate.

2. METHODOLOGY

The researchers gained ethical approval from the University of Otago and a Memorandum of Understanding from Barnardos to approach parents and staff through centre co-ordinators. At the time this study was conducted there were approximately 53 families accessing Barnardos contact services over the three centres. We interviewed 12 participant parents who were from 10 of these families. So, while this study has a small sample size of parents, nevertheless 12 from a population of 53 is a fair sample size. Of these 12 participant parents, six were in visiting parent roles and six were in day-to-day caregiver roles.[1] Of the same 12, 10 were birth parents and two were Child, Youth and Family (CYF)-initiated foster-parents.

Data were also collected from 13 Barnardos staff who comprised the three centre co-ordinators and 10 supervisors. One key informant from a Māori social service provider was also interviewed in order to provide further understanding of the provision of culturally appropriate services. The total number of participants was therefore 26. The six caregivers were all female and all New Zealand European in ethnicity, and ranged in age from early 20s to early 50s. Three of the visiting parents were male and three were female; four of these were New Zealand European and two Māori in ethnicity. They ranged in age from early 20s to early 40s. The children visiting the contact centres ranged in age from two years to 15 years. Parents and caregivers were interviewed either by phone (four people) or face-to-face (eight people). Interviews were transcribed and sent back to participants for checking before being analysed. In addition to the parents, the three co-ordinators from Oamaru, Dunedin and Invercargill were each interviewed individually and 10 other staff who were contact service supervisors participated in a two-hour focus group. Of the 10 contact supervisory staff, eight were female and two male; all co-ordinators were female. All participants consented to involvement in the research. Data were collected from September 2005 to December 2005.

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[1] Caregivers: those who had the day-to-day responsibility for the children. Visiting parents: those who could only see their children through supervised contact arrangement.

3. VIEWS OF VISITING PARENTS

Visiting parents were grateful for the chance to see their children through supervised contact, and without such a service they believed they would not have been able to see their children. Visiting parents felt that supervised contact meant others viewed them as ‘bad parents’ from whom their children needed protecting, but they did not see themselves in this negative light. They had positive views about the overall value of the service for them, and particularly their children. There were some complaints about ‘the rules’ of the service being too child-focused; for example, visiting parents felt they were inhibited or prevented from some physical contact such as hugging their children. There were also complaints about the impact that contact had on their finances and lifestyles. But they really appreciated the support and skilled help from Barnardos staff, especially centre co-ordinators, in order to facilitate continuing contact with their children. It was assumed by visiting parents that they would eventually move to unsupervised contact if they kept to the rules and did what was required of them. They wanted Barnardos staff to have more influence over reviews of court-ordered contact in order to achieve unsupervised contact. Having to pay fees was something visiting parents also wanted to see changed, and they also wanted more flexibly operated rules.

4. VIEWS OF CAREGIVERS

Caregivers, like visiting parents, were largely positive about the contact service and staff. They were more likely than visiting parents to view contact as a safety and control mechanism, whereby visiting parents were told what they could and could not do. Two of the six caregivers were not the actual birth parents of the child/ren being visited and they had been engaged by CYF to act in the capacity of parent for the child. They were more critical of the contact service than other caregivers, although overall they still felt that it was the only option for their particular circumstances. Caregivers, in the main, spoke warmly of contact centre staff, especially their consistency about the rules, and their positive interactions with the children.

There were some concerns about confidentiality not being maintained. Some caregivers also wanted more feedback from Barnardos staff about how contact visits had gone. Better communication with ex-partners was mentioned as a factor in achieving eventual unsupervised contact arrangements, but it was recognised that unsupervised contact was facilitated by the time spent in the supervised contact setting, allowing for a sense of trust of the visiting parents’ intentions to develop. Some caregivers were adamant that the current supervised contact arrangement would never move to any other arrangement.

5. VIEWS OF STAFF

The co-ordinators and staff gave much thought and insight to their comments on the subject of providing supervised contact. They were clear about what they could offer and what they could not offer. They described their service as being strongly child-focused, including in this the intention to build or rebuild relationships between children and their parents. They felt they offered a comprehensive service overall but did identify some gaps; for example, the provision of appropriate age-based services for older children, off-site supervision services, and attention to cultural provision were seen as areas for further development.

In the focus group, the staff discussed their role as requiring an acute awareness of the requirement to balance the needs of the different parties involved in supervised contact and identified the importance of sensitivity and intuition in carrying out the tasks of supervised contact. They said that they used skills of encouragement, empathy and active listening to reassure both parents and children that they had their interests and welfare in mind. They pointed out that they reassured caregivers that their child was safe, and visiting parents that they were heading in the right direction in their relationships with their child/ren. They described a key skill they were using was that of modelling ‘good’ parenting behaviour for the visiting parents. They said that it was necessary to operate the rules flexibly but consistently, which was not always easy when taking different family needs into account.

All the staff members interviewed reported they enjoyed their work and considered that this was because they saw families were benefiting from their support, as well as achieving their goals of seeing their children and keeping them safe. The main aspects all the staff reported as difficulties in achieving their service aims were sudden and unexplained halts to the supervised contact arrangement, and having to enforce the rules. They suggested a range of service improvements: the provision of off-site supervision; provision of extra support services; follow-up to families moving to unsupervised contact; the introduction of child advocates; more specialist Māori workers to work with Māori families; and more male staff.

6. TRANSITIONS

The participants, both staff and parents, identified some factors that assisted the transition to unsupervised contact, or other non-centre-based arrangements. These included: visiting parents keeping to the rules; demonstrating an understanding of the developmental needs of their child; and increasingly developing a positive and stable relationship with their child. Other influences included: improved communication between caregivers and visiting parents about the needs of the child; and children themselves asking for more contact time with their visiting parent. Visiting parents were keener to move to unsupervised contact than caregivers. A helpful stepping stone to unsupervised contact available at one centre was the use of supervised changeovers, where the caregiver dropped a child off to the centre and the visiting parent collected the child for unsupervised contact a short while after. This was viewed as an important transitional step by staff and parents alike. It provided a mediating step between fully supervised and completely unsupervised contact. A safety net was still provided but it gave independence for parents to demonstrate their ability to manage their contact arrangements without the need for professional services.

7. CONCLUSIONS

While a study with this number of participants must necessarily be described as small-scale, it nevertheless does provide considerable in-depth knowledge on the provision and experience of supervised contact services. This study found that for this varied group of parent participants the provision of supervised contact reassured parents, whether day-to-day caregivers or visiting, and that safe contact could be achieved where previously conflict and violence had been present or feared. A clear focus of the service was the intention to move to a situation where contact could occur via alternative arrangements, for example changeovers or unsupervised contact, once a level of safety and stability was established.

The service enabled safety to be assured for caregivers and children, and for visiting parents reassurance that their concerns to see their children were taken seriously. It clarified that while visiting parents felt somewhat challenged by the supervised contact process, most were determined to see their children and prove they were not ‘bad parents’ who need to be controlled. We found that all parents were committed to making supervised contact work, as were the staff. Parents valued contact services, especially the work done by co-ordinators. The staff made every effort to include all parties and to understand their different perspectives. Staff commented that not everyone could be the focus of the service, and that the child came first. On discussion in the focus group, staff were aware that this child-first focus did not always fit with a Māori worldview and were keen to explore other arrangements for culturally appropriate supervised contact for different groups. Minor criticisms of the service included: some of the rules and their application or lack of application; the lack of off-site supervision or provision of additional support programmes; provision for older children; and lack of detailed feedback to caregivers about visits. Overall, the service provided by Barnardos for supervised contact arrangements was highly valued by this group of caregivers and visiting parents. Parents also reported that their children valued the service, and described situations where children moved from initial apprehension and unwillingness to looking forward to the contact visit and spending time with their visiting parent.

Staff identified the strengths of the service as being the child-focus, the provision of contact to people who would not have seen their children otherwise, and seeing children develop positive relationships with the visiting parent. They identified that the specific approach of a child-led service required a set of specialist skills within a general focus of neutral support and role modelling of parenting behaviour. Relationship skills of encouragement, non-judgementalism and support were central in carrying out these complex roles and tasks. Additionally, areas for further and future service development were identified.

A six-month funded project constrains the scope and depth of a project, as recruiting a sample of this nature requires ethical approval and appropriate consultation before sampling can even begin. However, a range of different participants' views was achieved and the major themes of the topic have been explored. These factors should be borne in mind when making policy and practice changes based on the study results alone. Our study, along with the other previous New Zealand and international studies, adds to the cumulative evidence of research material on the practices and experiences of supervised contact services.

1.0 INTRODUCTION

In early 2005 researchers from the Department of Social Work and Community Development at the University of Otago, in collaboration with staff from Barnardos, identified the need to explore the role and function of supervised contact centres, in particular the experiences of parents and caregivers participating in supervised contact arrangements. Supervised contact allows for a child to visit, develop and/or maintain a relationship with a parent or other significant caregiver or kin (Burrage 2002). Such supervised contact is needed often because of ongoing conflict between parents and because of worries about the safety of children or their day-to-day caregiver/parent. While some limited previous research had been undertaken on parents' views of contact arrangements (Chetwin et al 1999; Jolley 1999), this study was designed to explore the operation of supervised contact centres from the perspectives of both parents and supervisory staff. The study began in July 2005 after receiving University of Otago ethics approval and a Memorandum of Understanding from Barnardos. We were also awarded a research grant from the Families Commission Blue Skies Fund. Apart from parents' views, a gap identified in previous research was the need to explore staff practices that help families cope with supervised contact and move towards other arrangements. It was decided not to interview children as previous research (see, for example, Jolley 1999; Sheehan et al 2005) had explored their views, and additionally, we were aware that the timing of our study did not allow for the necessary consents and in-depth procedures required for interviewing children to be implemented.

The broad aims of the pilot study were to:

> explore the experiences of parents and/or caregivers involved in supervised contact arrangements
> identify ways in which Barnardos staff provide assistance to families involved in supervised contact arrangements
> identify the helpful and hindering factors influencing supervised contact arrangements
> explore processes of transition to unsupervised access and which factors support or hinder transition to other arrangements
> explore appropriate cultural provision for families from different ethnic backgrounds.

Full ethics permission was granted by the University of Otago and a Memorandum of Understanding signed with Barnardos. The data collection stage, which included semi-structured interviews with 12 people in parenting and day-to-day caregiver roles, and interviews and a focus group with 13 Barnardos staff at three Barnardos centres – Dunedin, Oamaru and Invercargill – was carried out between September and December 2005. One key Māori informant was also interviewed. The total number of participants was therefore 26, and all 26 gave their consent to participate in the study. Interviews were transcribed and then analysed thematically. In this report we discuss previous New Zealand and overseas research before presenting the results of this study.

In the process of developing the research protocols it was discovered that the Ministry of Social Development had commissioned the Children's Issues Centre (CIC), University of Otago, to undertake a study that covered some similar ground. We contacted this research group and, in order to not over-research the participant population, we arranged a collaboration on the staff focus group section of the study. This meant that we jointly conducted a focus group with the staff in one area (Dunedin). The staff focus group findings described in an unpublished report (Gollop and Taylor 2005) are drawn from this collaborative arrangement.

1.1 A NOTE ON TERMINOLOGY

The terms 'supervised access', 'custodial parent' and 'non-custodial parent' under previous and some current legislation (Guardianship Act 1968, Domestic Violence Act 1995) were still in common usage when we undertook our research. However, a new Act, the Care of Children Act 2004 (implemented 1 July 2005), has replaced these terms. For the sake of consistency we will use terminology from this latter Act. The relevant terms here are:

> Supervised contact: where contact of a parent or other person with a child takes place in a safe, controlled environment.
> Day-to-day caregiver: the person with day-to-day responsibility to care for a child. We will use the term 'caregiver'.

> Visiting or contact parent: the parent who does not have day-to-day care of a child and who will be visiting their child at a contact centre. We will use the term ‘visiting parent’.

1.2 NEW ZEALAND SUPERVISED CONTACT CENTRE OVERVIEW

In New Zealand there are over 40 supervised contact centres countrywide, run exclusively by non-governmental organisations like Barnardos and church welfare organisations. Barnardos has over 30 centres and is by far the biggest provider of contact services, as well as many other services in support of families. Such centres have been in existence since the early 1990s and have always focused on providing contact for parents in a safe environment. In 1997, the New Zealand Association of Children’s Supervised Access Services (NZACSAS, http://www.nzacsas.org.nz) was set up, and developed standards and guidelines to support contact services aimed at providing professional supervised contact services (NZACSAS 1998).

In 2004-05 Barnardos contact centres provided 1,079 contact visits to 841 families throughout New Zealand (Barnardos 2005), with families having contact from just a few weeks to several years. In Dunedin, where one of the three centres studied is located, supervised contact services were provided to 38 different families at any one time. In Oamaru, five families were provided with supervised contact services, and in Invercargill, 10 families were catered for at any one time. The majority of children are NZ European in ethnicity, although no Barnardos statistics are kept on the ethnicity of parents, just of the children. Of the 65 children attending the Dunedin Barnardos contact centre in 2004-05, 60 (92 percent) identified as NZ European, with the others identifying with Māori or Pacific Island groups primarily (8 percent). One-quarter of children (25 percent) from Invercargill identify as Māori or Cook Island Māori and 8 percent of children in Oamaru’s contact centre identify as Māori and Pacific Islanders. Just under half the children attending the supervised contact centres in Dunedin, Invercargill and Oamaru are aged between birth and four years, about 40 percent are five to nine years, and 10-14 percent are aged 10 and older.

A typical contact process at one of the Barnardos centres begins with a referral to the local co-ordinator. This person, who might be a qualified social worker or related professional such as an early childhood educator, will discuss what Barnardos can offer the family in question. Self-referrals are very common as are Family Court referrals. Lawyers for either parent and/or social workers from CYF may also make referrals. The co-ordinator then meets the caregiver to outline the contact services available and address any concerns a caregiver may have. Next, a meeting with the visiting parent will occur. In both meetings the co-ordinator will outline the conditions of service (known as the rules) and expect the parties to sign a contract to abide by the conditions. The co-ordinator will then arrange to spend time with the child or children to both explain the contact process and to find out how the child or children feel about seeing their visiting parent, depending on age and level of understanding, but always ensuring the child’s best interests are paramount. In some cases this means not offering a service if the child is clearly too distressed about seeing a parent. The assessment could take a few weeks or less. Then begins a familiarisation process whereby the caregiver and child/ren will visit the centre where contact will take place. When the child and caregiver are ready, supervised contact with the visiting parent will begin. Usually contact occurs weekly or fortnightly for between one to two hours but it may be for longer and may depend on court orders that are in place. Group sessions with several families and children occur in contact centres, as do individual one-to-one sessions. All families are allocated an individual supervisor each time a contact session happens. At some centres this is the same person each time a supervised session occurs but at other centres a different supervisor may be allocated to a family each time they visit.

There are no particular timeframes in which supervised contact must occur or shift to unsupervised contact. In Barnardos centres families can receive supervised contact services for years, although months are more the norm. Every case is reviewed after approximately three months and some families move to supervised changeovers whereby the caregiver drops off the child to the centre and the visiting parent collects the child and has him or her unsupervised for an agreed period of time before returning him or her to the centre for the caregiver to collect, thereby ensuring that parents still in conflict do not meet each other. In other cases, parents start to talk and begin to agree to unsupervised contact and take control over their own arrangements. In Dunedin for example, during 2004-05 15 families moved on to unsupervised contact. In many cases the supervised contact continues. Sometimes the supervised contact breaks down and reasons for this include: the visiting parent not turning up; the child not wanting to see the visiting parent again; or the caregiver refusing to bring the child. Sometimes those people who have moved on to unsupervised contact find that, over time, the arrangement breaks down and supervised contact with Barnardos has to be re-initiated. One of the aims of this research is to explore the transitions of supervised contact to see if any more specific assistance could be provided to families to facilitate more positive contact arrangements, whether supervised or unsupervised.

2.0 LITERATURE REVIEW

This review will focus mainly on the previous relevant research undertaken in New Zealand and then outline overseas research before concluding with a summary of the main issues and questions arising from the literature.

2.1 PREVIOUS NEW ZEALAND RESEARCH ON SUPERVISED CONTACT

Most of the previous New Zealand studies in the area of supervised contact have been small, in-depth explorations of particular aspects of the topic. For example, in 1994, an in-depth study of the Care for Kids contact centre in Auckland was undertaken and a small number of staff and parents were interviewed. In the main, respondents were positive about contact and caregivers felt reassured that safety was provided during visits (Jolley 1999). Issues for staff were identified as not wanting to move parents on to unsupervised contact too early, and the tensions of trying to remain neutral when having to intervene during visits to protect the interests of children.

In 1999, Jolley undertook a small piece of research for her Masters qualification (Jolley 1999). She interviewed 11 children aged between seven and 14 years and eight parent caregivers, in order to understand the processes by which children were prepared for supervised contact and how they felt about contact once visits were in place. Overall, the children mostly enjoyed their visits, although quite a few of them were not sure why they had visits at a centre or what the role of the centre was. Parents were satisfied with the contact occurring at a centre but only one of the eight was prepared to consider unsupervised contact in the future; the rest were strongly against it. Parents also mentioned concerns about safety while at centres and that staff might not be trained adequately in some areas of risk assessment and/or intervention. Jolley identified both positive and negative aspects of attending supervised contact centres from her research:

Positives of contact centres	**Negatives of contact centres**
Children more settled	Centres not well equipped and/or suitable for children aged 10 years plus
Children less traumatised	Contact arrangements can be intrusive of normal routines
Staff are great	Not enough verbal or written feedback after visits
Staff are neutral	
Arrangements work well	
Reduced worries over safety	
Some visiting parents more reliable and committed to their children	

Jolley (1999:119) also identified that "communication between the staff and the custodial parent influenced how the custodial parent felt towards the staff attending the centre"; thus suggesting that staff play a critical role in the development of overall perceptions of parents about contact services.

In her conclusion, Jolley (1999) noted that children need to be better informed about why contact is occurring and they need to be offered counselling and other programmes designed to keep them safe, in addition to the supervised contact. Parents needed to have a better understanding of the role of the contact centres, and more open communication should occur between staff and parents, especially about safety concerns.

Another small study was conducted by Burrage (2002) for her Masters research. She interviewed five supervised contact co-ordinators working at Barnardos centres. The practice issues she identified from analysis of the data included:

- Children need an individual approach from co-ordinators to ensure their needs are catered for.
- Co-ordinators need to work with parents in a holistic manner to ensure children's needs are met.
- All parties need to be fully prepared for contact visits.
- Play between children and the contact parent during the visit will enhance the quality of the visit.

- The role played by supervisors is pivotal; this includes their ability to maintain neutrality but also to support the parents in a way that parents *feel* supported.

Two government-funded projects exploring supervised contact and related matters have also been undertaken, one by the Ministry of Justice (Chetwin et al 1999), and one funded by the Ministry of Social Development and undertaken by staff from the Children's Issues Centre, Dunedin (Gollop and Taylor 2005). Chetwin et al (1999) reviewed the Domestic Violence Act 1995 and child access/contact. They interviewed 82 parents, of whom 45 had day-to-day care of the child/ren (all women) and 37 were visiting parents (all men). The parents were asked about their experiences of both formal and informal supervised contact as well as unsupervised contact and no contact at all. In terms of formal supervised contact most caregivers felt that supervised contact centres ensured that their children were physically safe and were happy with contact, but there were some worries about children's emotional safety. Some caregivers reported continued harassment from their ex-partners near contact centres. Parents viewed the limitations of supervised contact provision as inflexibility regarding time and location, costs, difficulties accessing centres and some parents' inability to comply with conditions of attendance. Chetwin et al (1999) identified factors that worked well in formalised supervised contact and factors that did not work so well:

Factors that worked well in supervised contact:

- Children had safe contact with visiting parent.
- Contact was regular and consistent.
- Contact between parents was avoided.
- Caregiver got a break from the children.
- Centre staff were helpful and dedicated to children.
- Centre gave caregiver a written report after every session.
- Facilities were good.
- Visiting parents had the opportunity to be assessed.

Factors that did not work so well in supervised contact:

- Children being left at the centre and visiting parent not turning up.
- Visiting parent not staying for the whole session.
- Distance of centres from home – costs involved.
- Inflexibility of time, having to fill in time before pick-up of child.
- Visiting parent bringing gifts/sweets when not agreed to.
- Difficulty of changing the arrangements.
- Feeling watched/like a criminal – visiting parent.
- Extended family/whānau not involved.
- Children relating to supervisor more than parent.
- Artificial environment.
- Sessions not long or frequent enough.
- Contact very restrictive, eg what can and cannot be done.
- Older children getting bored.

Chetwin et al (1999) concluded that the domestic violence legislation had led to more use of safer contact arrangements where violence was an issue. The improvements they suggested focused on the need for more services for Māori, better information about contact services for parents, addressing safety outside of centres and improved funding for contact centres.

The most recent study undertaken by staff from the Children's Issues centre (Gollop and Taylor 2005), was commissioned by the Ministry of Social Development to explore what support is provided to families to enable them to move to unsupervised contact, as well as what kind of support is offered to ensure quality of service. Forty-six parents and caregivers filled in a questionnaire and reported high levels of satisfaction with contact centres; only 11 percent were negative about centres. Parents mentioned the familiar limitations: for example, inconvenient locations; inadequate number of session times; and resources lacking for older children. Otherwise, parents were happy with services and viewed the staff as positive and friendly; although a few parents felt judged by some staff. Most parents reported feeling safe at the centres.

In the Gollop and Taylor study, 21 former clients of contact centres were interviewed – all parents. Over 90 percent (19/21) were positive about contact centres. Issues for them included taking time to adjust to how centres worked, although parents noted how staff at centres helped them adapt to the routine. Some staff were viewed as warm, welcoming and friendly; some were viewed as inexperienced or too young. Caregivers felt supervised contact reassured them in relation to safety concerns. Visiting parents found supervision restrictive and intrusive at times but accepted it to achieve their goals of seeing their children. About half of the parents viewed the cost to attend centres as an issue of concern. Suggested improvements for contact centres suggested by parents included:

> no payments/fees
> more opening times
> activities for older children
> staff remain neutral and/or non-judgemental
> more male staff
> services which cater for extended family visits
> more help to shift to changeovers and other arrangements
> more off-site supervision
> strict adherence to arrival and departure times.

In the Gollop and Taylor study, 18 children aged between 4.5 and 14.5 years were interviewed. Overall, they were positive about their time at the centres and spoke highly of staff. However, they wanted a greater say in their contact arrangements and often wanted more frequent and longer contact.

Staff who were interviewed (21 of them via focus groups[2]) noted the limitation of their services to older children but they also felt that centres were, in the main, doing a good job. The staff skills of being impartial and non-judgemental were viewed as pivotal in making the experience of contact positive or negative for parents. In the study, it was identified that transitions to other contact arrangements were often abrupt, unplanned and had little to do with contact centre staff. It was concluded that transitions could be better managed by deliberate staff involvement, and planning and provision of additional services post-supervised contact (Gollop and Taylor 2005).

2.2 AUSTRALIA

Australia has over 35 supervised contact services nationwide, as well as compatible guidelines for services similar to New Zealand schemes. The Australian Children's Contact Services Association (ACCSA) was developed at the same time as the New Zealand Association of Children's Supervised Access Services (NZACSAS) in 1997. Two major pieces of research have been undertaken in Australia (Strategic Partners 1998; Sheehan et al 2005). The study by Strategic Partners evaluated 10 newly established government-funded contact services. The data collection was comprehensive and included over 100 parent interviews, a survey of 600 parents and nearly 50 observations of children on visits to centres; 12 children also completed a questionnaire. In addition, interviews, focus groups and workshops were held with staff. The research took an action research orientation, whereby initial findings were taken back to contact centres with a view to practice application and implementation.

From the parent interviews, mothers (who, in the main, were the day-to-day caregivers) reported that contact centres provided them with a sense of relief and safety, and that they felt their children were fine about the visits. They complained that they wanted more debriefing after sessions and more flexible session times. They were also adamant that they did not want to move to unsupervised contact. Fathers' responses (from a visiting parent viewpoint), suggested that many were resentful at having to use contact services but accepted them and found the services positive overall. Fathers tended to want more support in how to parent, as well as wanting to move to unsupervised contact in the future (Strategic Partners 1998).

In the survey of 600 parents a 20 percent (121 questionnaires) return rate was achieved. Of the 121 parents, 67 were caregivers and 54 were visiting parents. Findings reported:

> Parents were pleased with staff at initial contact and found them caring, non-judgemental, impartial and professional throughout contact visits, although visiting parents felt they were not treated as well as caregivers.
> Lack of information about safety and debriefing after sessions was again mentioned as an issue.

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[2] One joint focus group of Barnardos staff was conducted with our own research team in September 2005.

- Most parents, nevertheless, were satisfied with the safety of themselves and their children while at the centres.
- Seventy percent of visiting parents and 48 percent of caregivers believed supervised contact and/or changeovers had been good for their children.

Even though, in the parent interviews, caregivers were not keen on unsupervised contact, in the survey 31 percent of them and 42 percent of visiting parents were confident that unsupervised visits would happen after their time at supervised contact centres ended. This still left the majority of parents not confident about unsupervised contact. Of the 25 percent of parents who had completed a programme of supervised contact and/or changeover, about two-thirds (22/32) were continuing on in unsupervised contact arrangements. It was also noted that unsupervised contact post-contact centre involvement was *more* likely to continue for those who had had supervised changeover arrangements after supervised contact at centres, rather than those who went straight to unsupervised after supervised contact.

From the combined data, Strategic Partners (1998) summarised factors that facilitated ongoing contact post-supervised contact programme:

- A parenting plan was in place and expectations of parents were clear.
- Parents were able to communicate with each other, either verbally, or via brief notes/letters, and communication was in a civilised manner.

Things that did not facilitate post-programme contact:

- Some types of restraining court order/family court decision.
- Abuse continuing.
- Mother obstructing unsupervised contact.

One of the conclusions of Strategic Partners (1998) was that contact services needed to develop a range of interventions to meet the needs of all family members, especially aimed at parents' self-management of contact. This might include extra parenting skills, mediation meetings between parents, safety programmes for children and supervision off-site. From their observations and interviews, Strategic Partners also identified characteristics of contact service staff that facilitate positive contact visits. These were: the ability to have a child-attuned focus; having a repertoire of skills to engage children and parents; the ability to 'spot' and respond to children in distress; fostering and modelling appropriate parental behaviour; establishing support to all parties; anticipating, diffusing and handling conflict; remaining actively engaged; and the ability to manage complexity. In addition, it was noted that contact centre staff need good quality training and supervision, especially related to violence and risk assessment, to help them achieve these skills.

The Sheehan et al (2005) study explored the role of supervised contact services, as well as the expectations that different parties had of such services in Queensland and Victoria. The researchers conducted 142 in-depth interviews with parents, children, referral agents, contact service staff and representatives of policy-making bodies. The researchers, like Strategic Partners, also undertook observations of visits and changeovers at centres, as well as a survey of 396 families, to compile background information.

Participants in the study held the following expectations of supervised contact centres:

Expectations of child contact centres
Enable contact to occur in a safe and secure environment without parental conflict.
Staff see their role as facilitating the repair and development of the visiting parent-child relationship, as well as protecting the children's interests.
Contact centres and staff help develop the parenting skills of the visiting parent.
Service neutrality.
Caregiver parents view centres as protecting them and their children from violence and/or abuse from visiting parents.
Visiting parents view centres as enabling them to have contact with their children, which would not otherwise occur.
Contact centres are a 'gateway' to other support services.

Five areas of tension were identified from the varying expectations of participants in the Sheehan et al (2005) study. First, centre staff having to stop visits when children became distressed, where it was not in the best interests of the child to continue, and the subsequent consequences arising from this action leading to providing no service to a family. Second, centres have a limited focus on parental safety, while concentrating on child safety, and this may put families at risk of violence and therefore contact centres need to consider a dual role to protect children and parents. Third, staff are expected to provide more information to a range of clients and stakeholders, which has increased their workload, but they may not be getting enough training or resources to fulfil this role. Fourth, a tension occurs where contact centre staff want to develop parent-child relationships by modelling parenting skills, but the wishes of visiting parents are to be left alone to parent their children. Fifth, participants believed that moving families to unsupervised contact was not a central role of contact services. This, however, is in tension with broader government policies and funding expectations. Few contact services in this study had a clear model of what a transition would look like, and how a transition to unsupervised contact would occur. The study authors suggested that more support during transition and help for parents to find ways of self-management of contact, like providing free backup services, should be provided.

On transitions, the data from the interviews in the Sheehan et al (2005) study suggested that movement towards unsupervised contact would be assisted by: children developing a positive relationship with visiting parents; a growth in parents' confidence to care for their children; parents' ability to communicate with each other about the children; staff mediating the family's movement towards unsupervised contact; and the legal system structuring formal court orders to take account of transition to different modes and stages of contact. Any movement to self-managed contact takes a long time and Sheehan et al (2005) recommended that sufficient funding be provided for long-term supervised contact, often for well over 18 months, if self-management was deemed to be the ultimate goal. Sheehan et al (2005) also noted that many families will *not* make it to self-management and their needs must still be catered for once formal supervised contact is stopped.

In the Sheehan et al (2005) study, 24 children were interviewed, aged between five and 15 years. Most of them (20/24) enjoyed their contact visits and were happy with changeover arrangements if in place. They also felt safe at centres and supported by staff. Teenagers were less likely to feel their needs were met; for example, outdoor activities and peer support were absent. Children also wanted flexibility to better suit their needs at the time of a visit; for example, if they wanted to stop a visit and go home then they should be supported to do that. Sixteen of the 24 children believed that children themselves should decide whether or not they wanted contact and their overall comments suggested that children want more say in decisions about contact.

2.3 OTHER INTERNATIONAL STUDIES

In the US and Canada, supervised contact services are known mainly as visitation services, and have been established since the late 1980s. UK schemes also developed in the 1980s with well over 300 centres available nationwide. In the rest of Europe and Asia (notably Hong Kong and Singapore), contact services are widespread. Several studies have been completed in the US. A brief telephone survey by Pearson, Davis and Thoennes (2005) of 970 parents who used visitation services noted that such services increase contact between the visiting parent and child – with many visiting parents experiencing less conflict over access to their child – and also increase child support payments. Over two-thirds of parents were satisfied with supervised contact. Pearson and Thoennes (2000) completed a comprehensive study of supervised visitation in 2000, when they interviewed 201 parents (96 fathers and 105 mothers) about their supervised visitation experiences. They also viewed 676 case files. In addition, they spoke to programme administrators and legal personnel. The results showed that families used visitation services for an average period of seven months. Most visits were deemed successful but about 15 percent of case files recorded negative parent-child interactions. Overall, both caregivers and visiting parents viewed supervised contact favourably, and felt treated fairly and with respect. About half of the families exited the services without formal closure procedures, and after supervised contact had finished about one-third of parents reported no ongoing contact for the child with their visiting parent. Pearson and Thoennes (2000) concluded that visitation works best when other intervention programmes, especially to address some of the underlying problems that brought families to supervised visitation in the first place, complement it. In 2004, Oehme and Maxwell completed an overview of the issues arising from an analysis of Florida's supervised visitation programmes. They suggested that visiting parents can be emotionally volatile and better on-site security and training in the areas of substance abuse, aggression, mental illness and kidnapping need to be implemented (Oehme and Maxwell 2004).

Jenkins, Park and Peterson-Badali (1997) completed the only major study in Canada to date, in the early and mid-1990s, on 14 Ontario supervised contact programmes. One hundred and twenty-one parents, 29 children, 60-80 staff of centres and 27 legal representatives were interviewed. The authors reported their findings in three separate pieces, one concerned with the views of parents and children (Jenkins et al 1997), one with organisational matters (Park, Peterson-Badali and Jenkins 1997) and one with legal perspectives (Peterson-Badali, Maresca, Park and Jenkins 1997). In the parents' and children's study, 90 percent of caregivers and 70 percent of visiting parents were satisfied with supervised contact services. Children were also positive about their experiences; although children older than seven years felt that centres were not well equipped for their age group. Like the early New Zealand studies most children could not say why they came to a supervised contact centre. On the negative side, most visiting parents were not happy with being restricted to visits at a supervised centre and some children were still exposed to parental conflict and abuse. Jenkins et al (1997) asked whether in these cases supervised contact was in the child's best interests. In the article on organisational aspects, Park et al (1997) recorded that centres in Ontario were fairly tough on security and staff felt that centres ensured safety for parents and children. Indeed, it was rare to have rule violations, probably because of the tough conditions and security. The average time that families used contact services was 7.76 months. Staff roles at the centres were mainly to monitor the visits and ensure they were safe; staff identified that they needed more training about safety issues, the effects of divorce and custody issues on families, and in crisis intervention (Park et al 1997).

In the UK, the main study of contact centres was conducted in England and Wales (Aris, Harrison and Humphreys 2002). The study explored both *supported* and *supervised* contact, where supported contact involves staff keeping an eye on a number of families at once, and supervised contact involves active supervision by individual staff of individual families – 12 percent of contact centres in England and Wales were found to offer the latter. The research noted, from analysis of questionnaires from 31 staff, 20 child welfare officers and 111 parents, that a 'significant minority' of families may be at risk because of a lack of clarity about the levels of supervision and vigilance needed.

2.4 KEY ISSUES AND QUESTIONS ARISING FROM THE LITERATURE

2.4.1 Parents and children

The majority of parents and children are satisfied with, and supportive of, supervised contact arrangements. The few concerns parents have are mainly of a practical nature, ie the desire for more session times, reduced costs and easier travel to locations. A minority of parents want safety to be a bigger priority. Many parents want more feedback and debriefing post-contact visit and/or after changeover sessions (Strategic Partners 1998). Parents view the staff with high regard, acknowledging the staff qualities and skills that assist them to become better parents, or that reassure them. A few parents feel judged by staff and do not want help with their parenting skills. Children want more 'say' in decisions about contact, and older children want better services to match their age-related needs (Gollop and Taylor 2005; Sheehan et al 2005). Research shows that children still remain confused about why they are attending contact centres and the role of centres (Jenkins et al 1997; Jolley 1999; Sheehan et al 2005). Another noteworthy finding from the literature is that it is the *quality* of contact that matters and not always how often a parent sees a child (Smith et al 1997; Smith and Gollop 2001; Hunt and Roberts 2004). However, for a very young child, frequency rather than length is better; for example, three half-hour sessions per week rather than one of one and a half hours.

2.4.2 Staff

Contact centre staff make a significant contribution to the way supervised contact services are perceived by parents and children (Gollop and Taylor 2005). Staff qualities and skills assist both visiting parents and caregivers to have more positive relationships with their children, as well as with each other. Now and again negative staff attitudes make parents feel judged and unsupported. Parents seem to be more positive about their contact service experience when they feel they are understood and supported by staff (Jolley 1999). A number of researchers have identified staff qualities and skills which assist in positive contact visits: for example, being attuned to the needs of children and parents; modelling positive parental behaviour; dealing well with conflict (Strategic Partners 1998); helping parents with plans for unsupervised contact (Sheehan et al 2005); having ongoing contact beyond visitation sessions (Fischer 2002); providing parents with education to increase their ability to be child-centred (Stocker 1992); and supervisors being non-judgemental, supportive of children and willing to intervene when necessary (James and Gibson 1991). In the literature, ongoing issues for training are identified for staff: training related to dealing with violence and the consequences of violence and risk assessment (Strategic Partners 1998); training in crisis intervention, dealing with mental illness and kidnapping issues (Park et al 1997).

2.4.3 Transitions to unsupervised contact

One of the major aims of contact services is to assist parents towards self-management of contact arrangements (Sheehan et al 2005), but in the eyes of caregivers, visiting parents and staff, shifting to unsupervised contact may be totally unrealistic and/or fraught with obstacles to overcome before achieving a positive outcome. Contact service staff are ambivalent about whether it is their role to help parents towards unsupervised contact; caregivers are mostly against unsupervised contact and, while most visiting parents want it, they lack the confidence, skills and financial means to make it happen (Jolley 1999; Sheehan et al 2005). Moving to unsupervised contact needs to be a slow, planned process, and the literature identifies that it is not possible for all families to move to unsupervised contact, especially where issues of violence, mental ill-health, substance misuse and sexual abuse are likely (Bailey 1999). More help is required to assist parents towards unsupervised contact; this may include provision of more mediation services, parenting plans, help for parents to communicate better with each other and improved legal system support (Strategic Partners 1998; Sheehan et al 2005). More funding is needed for contact services so that they can provide the additional help as well as longer supervised contact programmes for those families that need it.

2.4.4 Culturally appropriate contact services

No specific research has been undertaken to ascertain whether or not supervised contact services are culturally appropriate, although a Ministry of Justice-commissioned report by Pitama, Ririnui and Mikaere (2002) explored guardianship, custody and access for Māori and, along with Chetwin et al (1999) and Milne (2001), noted some important concerns:

- Māori parents lack information about the provision of supervised contact services, and they also want information to be given *in person* as a preferred mode of communication.
- The meaning of supervised contact to Māori and their whānau has not been fully explored or clarified. Current understandings of supervised contact may lead to the exclusion of whānau from involvement in supervised contact arrangements.
- NZACSAS standards (1998) and individual contact providers outline how they will practise in accordance with Treaty of Waitangi principles to ensure cultural sensitivity to the child and their families, but so far little is known about how this is done on a day-to-day basis.
- More work needs to be done to explore the linkages of supervised contact centres to iwi/Māori providers who may provide Māori families with a specialised service.
- A framework or practice model needs to be developed to help decide what culturally appropriate services might look like for supervised contact for Māori and other ethnic groups.

2.4.5 Integrated social services

Contact service families are ‘high-risk’ families and they have a multitude of needs, in addition to their needs for supervised contact services (Sheehan et al 2005). It is therefore necessary for more intervention programmes for all family members to be provided of the kind an integrated social service might support. Such a service would include additional parent and child counselling, anger management programmes, mediation sessions and safety awareness for children (Strategic Partners 1998; Pearson and Thoennes 2000; Sheehan et al 2005). Integrated social services would also include provision for culturally appropriate supervised contact services.

3.0 METHODOLOGY

Five broad research aims were developed for the pilot:

- > To explore the experiences of parents and/or caregivers involved in supervised contact arrangements.
- > To identify ways in which Barnardos staff provide assistance to families involved in supervised contact arrangements.
- > To identify the helpful and hindering factors influencing supervised contact arrangements.
- > To explore processes of transition to unsupervised access and which factors support or hinder transition to other arrangements.
- > To explore appropriate cultural provision for families from different ethnic backgrounds.

These were used to devise semi-structured interview guides for parents and/or caregivers, Barnardos co-ordinators and a focus group with supervisors at contact centres – see Appendices 1, 2 and 3. The interview with the key informant used Appendix 2. The framework adopted for the research was a qualitative design, much in line with that proposed by Ruckdeschel (1985) who suggested it is important to gather data from several sources; that people should freely participate in research; that people's views are influenced by the context in which they find themselves; and that reality is multi-layered. With this in mind we decided to gain perspectives from a range of caregivers and visiting parents and a range of staff, where time and finances permitted. Ethics approval was received for the project and each participant was invited to freely consent to participate and at the outset they were given full information sheets and the opportunity to ask detailed questions of researchers about the project.

Participants were selected using a purposive sampling technique (Gilbert 1993), whereby we relied on the selection of potential participants through the local Barnardos co-ordinators at the three centres – Dunedin, Oamaru and Invercargill. Each co-ordinator contacted parents and/or caregivers with whom they had working relationships to explain the research in brief and invite them to participate. If they expressed an interest they were given or sent the information sheet and the two interviewers, Anita Gibbs and Margaret McKenzie, then either visited parents or spoke to them over the phone, explaining the research in more detail and confirming parents' wish to participate. Each interview with the parents and/or caregivers who agreed to participate lasted between 30 minutes and one hour. The interviews were conducted either face-to-face where possible or by telephone (four telephone and eight face-to-face). Two of the interviews were conducted with two people at once; these were a visiting parent and her partner, and a visiting parent and his mother. Each interview was transcribed and each transcript returned to participants for checking and amending if they so wished. Each participant was given a small koha for his or her time. The participants' details are given in the table below. Names have been changed to protect participants' identities.

Demographic details of caregivers and visiting parents in the study

Parent name	Caregiver/ visiting parent	Male/female	Approximate age	Ethnicity	Approximate time on supervised contact
Rene	Caregiver	Female	32	NZ European	12 months
Lisa	Caregiver	Female	50s	NZ European	4 years
Cheryl	Caregiver	Female	37	NZ European	8 months
Joy	Caregiver	Female	26	NZ European	5 months
Jane	Caregiver	Female	24	NZ European	4 months
Kate	Caregiver	Female	Early 30s	NZ European	4.5 months
Andrea	Visiting parent	Female	38	NZ European	5 months
Andrew Linda	Visiting parent and mother	Male Female	34 60s	NZ European NZ European	12 months
Martin	Visiting parent	Male	34	Māori/NZ European	12 months
Joanne	Visiting parent	Female	21	NZ European	8 months
Mere Richard	Visiting parent and partner	Female Male	40 24	Māori Cook Island	3 months
Neil	Visiting parent	Male	35	NZ European	3 years

In addition to parent participants, three Barnardos contact centre co-ordinators were interviewed from the three centres and 10 contact centre staff participated in a focus group held jointly with a researcher from the Children's Issues Centre (Gollop and Taylor 2005). The three co-ordinators were all women, whereas the focus group consisted of eight women and two men. One key informant, who had specific experience of working with Māori families in need of supervised contact, was interviewed. Thus 26 participants in total were interviewed. When transcripts were ready they were analysed by the researchers using a general inductive approach (Thomas 2003); whereby deductive reasoning from the themes already developed in the interview schedule, and inductive reasoning from new themes identified from several readings of each transcript, were applied. From this the researchers have identified the main results of the study, covered in the next section.

At the time this study was conducted there were approximately 53 families accessing Barnardos contact services over the three centres. We interviewed 12 participant parents who were from 10 of these families. So, while not representing the views of all families in this situation, nevertheless 12 from a population of 53 is a fair sample size. Additionally, we interviewed all of the co-ordinators from the three centres and all of the supervisors from one centre. With only 26 participants overall one must be careful not to draw quantitative conclusions from the data. However, neither should the significance of people's personal experiences of contact centres and the meanings they ascribe to particular events or behaviour be ignored. Relying on contact centre staff to provide participants may have led to a limitation of only interviewing people who were favourably predisposed towards the topic; however, it is the ethically accepted way to ensure confidentiality in researching such sensitive topics. We did try to get participants who contact centre co-ordinators thought would give us the negative picture, as well as the positive, and the transcripts certainly reflect a mixed reaction to contact services.

A six-month funded project constrains the scope and depth of a project, as recruiting a sample of this nature requires ethical approval and appropriate consultation before sampling can even begin. Nevertheless, a range of different participants' views was achieved and the major themes of the topic have been explored. These factors should be borne in mind when making policy and practice changes based on the study results alone. Our study, along with the other previous New Zealand and international studies, adds to the cumulative evidence of research material on the practices and experiences of supervised contact services.

4.0 RESULTS OF INTERVIEWS WITH PARENTS AND STAFF

4.1 THE CONTACT SERVICE PROCESS AND EXPERIENCES OF VISITING PARENTS

In the following sections we report on the findings from the interviews and focus group. We deal with the views of visiting parents first, then caregivers and finally Barnardos staff. There were six visiting parents but two of them, Andrew and Mere, were interviewed with other family members present. Andrew was interviewed with his mother Linda, and Mere with her partner Richard. The six visiting parents ranged in age from 21 to 40 years. Three of them were female and three were male. Four of the parents were New Zealand European and two were Māori. In addition, Richard, Mere's partner, identified as a Cook Islander. The children the visiting parents visited ranged in age from two and a half to seven years old. Three parents visited two children each time a contact session was arranged. All the visiting parents had been involved with supervised contact visits for at least three months but most had visited for much longer, and one parent – Neil – had been visiting for three years. All six parents had different visiting arrangements in place, and most of them had had experience of informal supervised contact (through a relative or friend), no contact at all, and unsupervised contact, prior to coming to supervised contact. For most of the parents the supervised contact was used as the last resort after all other options had failed. The supervised contact arrangements ranged from twice-weekly visiting to fortnightly, for between one and five hours.

4.1.1 Value of the service

All six visiting parents felt that the provision of a supervised contact service was very valuable. They acknowledged that without such a service they would have been unable to have had contact with their children:

> It's a bonus to have. If it wasn't having to go to Barnardos I probably wouldn't even have a visit. (Mere)
>
> I'd say it's a good thing for the simple fact that at least dads get to see their kids. If I hadn't had supervised access I would have had nothing. It would have taken me years to rebuild a relationship with my son. (Martin)
>
> It's a bonus to have. If it wasn't having to go to Barnardos I probably wouldn't even have a visit. It's also an 'ego' thing too – it's a guy ego thing. Trust me, I've dropped mine big time. It's like: 'They're my bloody kids!' (Neil)

Three of the visiting parents reported they had initial difficulty with the idea of attending supervised contact, finding the whole notion of supervision very difficult and threatening. However, this changed once the process got underway and they now all appreciated the opportunity the contact service gave them to see their children and vice versa:

> I'm 100 percent behind Barnardos now. There I was at the start – I was totally 'anti' – no way – but now if it's a way for a parent to see his kid, or her kid, I'm all for it. (Martin)
>
> Well, if I didn't have to do it I wouldn't. I mean, he just dug his toes in but you know, everybody's really nice. It's been great [the service from the centre staff and Barnardos]. (Andrea)
>
> I find it alright now. I'm getting used to it and it's not so bad. (Joanne)

All of the visiting parents acknowledged the importance of the location of the service in an environment that was suitable for children and how this assisted ease of contact:

> The toys and just all the stuff there that's there for the kids to do. It's good. It's alright. (Richard)

> I was really assured when I found out it was a kindergarten – friendly environment. They're great. (Neil)
>
> Barnardos is a good place and there's plenty of stuff for us to do down there and it is a good place for access. (Joanne)

Visiting parents also discussed how they felt their children appreciated both the service itself and the particular focus on the child, with its location in a pre-school setting, as well as the strengths of staff in achieving a child-friendly, safe and neutral setting for the contact to occur.

4.1.2 Role and purpose of contact service

Parents discussed how they understood the role and place of the service, including how they themselves had become involved. All the visiting parents viewed the process as an interim arrangement. Three of the parents had moved from informally arranged unsupervised contact to formalised supervised contact after breakdowns in communication with their ex-partner, usually as there had been ongoing conflict and disputes over arrangements. They also showed awareness of the need to deal with ongoing conflict occurring with their former partner, in order to move things forward for themselves and their children:

> It's a good interim thing until mum and dad pull their heads in – whoever has to – both of them half the time, most of the time – and then move on, but it's not a healthy thing for a relationship long-term. (Neil)

Neil articulated how he understood the supervised contact process to be working towards this:

> They see my positive relationship I have with the girls and, like I say, they think that I should spend more time with them and not in their regime so therefore they speak up, which I think is a good thing.

One father expressed an element of keeping up 'a front' in being the kind of dad he imagined was required of him, rather than being able to be himself:

> I played the game right to the end. I had to put on a false front for them, you know? Even though it wasn't such a false front, you know, I'm a good dad and all that, but I didn't feel like I could be completely real because they were always watching me, you know? (Martin)

Some parents felt like they were perceived to be the 'baddies' who were expected to turn up to contact visits and prove they were 'good' parents:

> Humiliating. The first day there was absolutely terrible, I hated it. I just felt so humiliated, like I was a bad dad or something like that, you know? Actually the first day I left and as soon as I got out the door I started crying, it was so horrible. It was worse than going to prison, and I've been to prison a few times. (Martin)
>
> Well it's just like I'm not a bad mother and the reason that I approached Barnardos was so that I could see the kids without having to have contact with their dad, because he just, yeah there was conflict, he can't even follow a court order. (Andrea)
>
> Barnardos can also be used as a negative thing. It's like your jail you go to see your dad almost. Except it's a necessary evil but it's open to abuse like anything. It's like the fact that one is there in the first place, you know, you're sort of 'tarred and feathered' when you go there. (Neil)

One parent had no idea why she had ended up on supervised contact or how she could get off it:

> I would really like to know why I'm on supervised access and how I can get off that. No, no one's explained it to me at all. It's just so confusing. I was just all of a sudden put on supervised access and I wasn't allowed to see her at mum's and mum wasn't allowed to take her away and it just really upset all of us. (Joanne)

Joanne ‘guessed’ that her former partner had made some complaints but also that she herself might have broken some rules – supervised contact had happened somewhat suddenly and she was unsure as to what the ongoing expectations of her were.

4.1.3 Child focus

Visiting parents acknowledged the child’s needs and rights as paramount in supervised contact, as well as meeting their own needs and wishes to see their children:

> They’ve been fair for the kids, I mean they’re totally just there for the kids and I mean anyone who is there for my kids, and someone else’s – I rank them fairly highly because kids are kids and they should come first. (Neil)
>
> My whole week – my whole life was dedicated to it for over two years now – to seeing Jamie. (Martin)
>
> We’ve prepared ourselves for this. At the end of the day, she’s worth the visits – she’s worth every time we have with her, so I’ve got no complaints with the timing – it’s fine, that’s cool. (Mere)

4.1.4 Persistence

Two parents revealed the need for persistence when visiting their children through supervised contact arrangements:

> It’s amazing when you see parents turn out, well actually me and Richard together on the Saturday or Sunday are the only parents together that I’ve noticed. The others are just a mum or a dad but it, like it’s what we try to do for our kids, that’s all. (Mere)
>
> Oh yeah! Well, I can’t walk away from my kids. Well some do, as we say – not this kid. If I was a kid I would have wanted my dad, too. (Neil)

4.1.5 Length of contact

A typical pattern of contact arrangements seemed to be to start with a short visit, to be extended, until the supervisors were comfortable that the children were settled. Those interviewees new to the supervised visiting system found this time too short – quite often it would only be for an hour – and two of the longer-term participants reflected back on how the shortness of visits had been a negative experience in the beginning:

> It’s only for an hour and an hour’s not really long enough. I have talked to my social worker about that but she’s determined that an hour’s long enough for me to spend with her. I’ve talked to her a few times about it but she just doesn’t seem to want to listen. I think just to give me just an hour and a half instead of an hour. (Joanne)
>
> No, [supervisor], she found that in future reference she wasn’t going to recommend one hour. She said it’s not long enough. And they found that out the hard way – we found that out the hard way with me. Because we were just warming up – they were just having fun and then it was in the car. And it was a real pain. It was like ‘Aww we didn’t even finish this and dad why are you taking us back there already?’ (Neil)

4.1.6 Length of time attending contact service

One parent who had attended for some time felt that always returning to the same centre was difficult for the children after a period of time because it was too familiar and repetitive. This was in contrast to those parents who felt their children valued and gained comfort from the familiar surroundings:

> Mind you, my kids are sick of it. My kids are over it. Mind you, that’s not a Barnardos thing – that’s just the time factor thing. (Neil).

Neil also felt that the process of attending was too drawn out for parents and faster reporting of positive contact visits could lead to a transition to unsupervised contact more quickly. He said, when referring to the positive reports from contact supervisors about his visiting behaviour:

> The only thing is it takes too long. He’s either good and something’s wrong and he shouldn’t really be there, or he’s bad, and he shouldn’t really, like, be there as much. There should be a more streamlined process to implement the findings.

4.1.7 Rules

Parents were asked if there was anything the staff did that got in the way of a good supervised contact visit, or anything that could be changed to make supervised contact arrangements better for the visiting parent and their children. Each visiting parent raised issues to do with what they called 'the rules'. Interestingly, these are formally known as the conditions for service, but are universally known by parents as 'the rules' and are central to the whole operation and focus of the provision of safe contact between visiting parents and children. The concerns expressed by parents were in three main areas: the prevention of touching their child; taking their child to the toilet or changing their nappy; and the close proximity of staff to visiting parents – within arm's length.

On touching and hugging or cuddling Andrew had this to say:

> If I wanted to give my kids a hug I had to ask one of the ladies if it was fine to just give them a hug. Some of the things, which is in the contract like at first it was no hugging, you're not allowed to force a kiss onto the wee ones. Co-ordinator of the contact – she came to some of my reviews and I did mention to her that I wasn't really happy with the hugging and the stuff. I will not push my baby away if she wants a hug or a kiss. The 5 percent [of the 95 percent OK] would be just for the leeway on some of their rules and like if one of your kids had fallen over in front of you and you wanted to pick them up.

Andrew also said that he was prevented from sitting with his child and having a photograph taken: "All I wanted to do was take one photograph, just us sitting together, and they basically told me 'No'."

Three of the visiting parents specifically mentioned that they were not allowed to take their own children to the toilet without a supervisor watching them do so. For example, Andrea said:

> The only thing that I find is, like, when one of the kids wants to go to the toilet and somebody is watching over my shoulder. I feel that it's invasive of their privacy [the toilet rule]. The toilets have got no doors on them and I don't like watching people watch my daughter go to the toilet. It makes me feel as though I'm a bad person.

Joanne said:

> When I'm down there if she needs to go to the toilet one of the supervisors has to come in while I take her to the toilet and I feel that that's a bit funny. I don't feel that I should have to be watched.

Perhaps the most difficult aspect of the rules was the close proximity of Barnardos staff to parents and child, needed for safe supervised contact, but five out of the six visiting parents found it quite disconcerting and stressful:

> I never liked the people two metres away all the time. (Martin)
>
> I've noticed that they, well they do sit, they're right there. They're within arm's distance and kind of stuff like that and my wee one gets a wee bit shy to play with the toys at times. She's coming right now. But at first just the distance between us as parents and the workers – it was a bit strange. I suppose we weren't used to it. (Mere)
>
> I don't feel that I need to be watched all the time. I don't really feel comfortable with that because I feel that I'm like being watched 'cause I might do something wrong or hurt her or something. I think that that's what they're thinking. But it may not be but it's just that feeling of being watched that I don't … it's not a nice feeling, especially with your own daughter. (Andrea)
>
> Like, when I first started going there I was really uncomfortable being around them and felt that I wasn't having my own time with Teresa. It was like there was just people there watching me, every move I made, and it made me feel really uncomfortable. It's just the point of being watched every move you make. (Joanne)
>
> The rules are hard because they are not what you would do naturally in your own house, but I've never held back. It's the whole thing of you not, like you trust these people with your children – that's really hurting – really hurt. Hell. Your children are

> protected from you. So that's why you are there to see them, with someone watching you to make sure you don't hurt them or say bad things about their family or their mum. (Neil)

4.1.8 Co-ordinators' reporting too restricted

There were concerns by visiting parents that contact co-ordinators and supervisors were not able to report favourably and positively to courts or agencies when giving feedback about the progress of supervised contact. This was because Barnardos staff needed to be seen as neutral, as well as being discouraged from giving their opinions. They were limited to reporting only on actual observed behaviour rather than being able to give an opinion about what that behaviour meant:

> Report with regard to my case but she can't because she just has to say how access has gone. She has to be factual about this. Well to me, it doesn't help me. It doesn't help my kids. I need her to be able to write what she bloody well wants to write – what she feels she needs to write and I'll tell you in a heartbeat – if I was a bad bugger, she would write that – she would have to write that. So, the little bit more say in things the other way. So after a long period of time, through Barnardos not having as much of a say as they should, I feel, it systematically breaks your relationship. You're not able to move your relationship on with your kids. (Neil)

4.1.9 Fees for supervised contact services

In each of three centres studied it was common practice to charge a relatively small fee for the contact service, depending on parents' financial circumstances. Three of the six visiting parents voiced strong objections to having to pay such fees for the service. The refrain of "Why should I pay to visit my own child?" (Joanne and Andrea) was combined with stories of difficult financial situations and extreme hardship in order to facilitate visits; for example Martin slept in a supermarket skip when he had no money:

> Whereas, you know, it just couldn't be helped – when you're broke, you're broke – there's nothing you can do about it. I meant I went so far as to sleeping on the streets of Dunedin to make sure I got to see him.

Three were beneficiaries and others who were shift workers rearranged their shifts to fit around their contact arrangements. At least three of the visiting parents were also travelling long distances between centres to visit their children. This entailed both time and financial commitments. Some parents found the pressure of money to be a problem:

> Quite often I found when I said 'No I've got no money' they'd give me a real scornful look, like to say 'Well bugger you then.' You could see her judging me just like that, and she'd only ever seen me once. It used to really 'eat' at me and I'd feel guilty and even once I didn't come because I didn't have the money and then I stopped it. I'm not going to give up seeing Jamie. (Martin)

> Making me pay to go to see [child] every second Sunday I think that's crazy. I don't think I should have to pay to see my own daughter. She is mine and I don't think I should have to pay anything. I mean it would be different if I had her and she was going to kindy or something. I mean that's totally different – but having to pay to see her for an hour it just doesn't seem right. Like I'm on a benefit and like, paying groceries and power and all that and it's really hard to, like, come up with the money. (Joanne)

Two of the six visiting parents did not complain about the fees:

> Yep – it was alright. They're actually putting their time in to be there and to actually supervise other people – it doesn't worry me. It was fine, as long as I got to see my children – it didn't worry me. (Andrew)

> I don't pay – it goes through the department [CYF]. (Mere)

4.1.10 Change of workers

At the Oamaru and Invercargill centres it was common for families to have the same supervisor each time they had a contact visit but in Dunedin, a much larger centre, parents were sometimes allocated a different Barnardos supervisor each time they visited. Visiting parents were, overall, fine with the same supervisors, as with different ones each time in the Dunedin centre. One parent, Mere, noted that for her home-based supervised access session that was organised by CYF, the workers kept changing and she was not too keen on that:

> My baby gets different [CYF] resource workers all the time and it's quite hard to keep track. Lately I've been just having the same ones – but it hasn't been like that all the time. It's quite bad.

She also experienced changes in CYF workers at the last minute and cancellations of contact:

> Mainly our access. The date was all settled from the review, everyone was there and she [CYF worker] never turned up. So we rung CYFs and she said there's nothing she can do about it because the resource worker wasn't available. Some of the stuff that they do is just not good enough. What had happened was the resource worker had cancelled and left a message and it was just lack of communication with the resource worker and the department. [Then] we had a new resource worker. I had no idea she was coming – this other lady – because there's only one particular lady that turns up and she rung me about 15 minutes before the new resource worker turned up and said 'And, by the way, you've got a new resource worker today and you've only got [child] for two hours instead of three because she's got another access.'

Andrew also experienced some sudden changes that upset him:

> When there were sudden changes – they wouldn't let you know. We'd already left here, we were actually in Invercargill and they said 'Oh, we rung up this time – we rung your cell phone.' They'd actually rung my ex-wife, and she said 'No' and no-one bothered to ring us.

4.1.11 Safety

All visiting parents felt strongly the contact through the centre helped the provision of safety both for their children and for themselves:

> Definitely. 'Cause there's enough workers there. Like you have one worker for the adults and one worker for the children and stuff like that but there's enough workers there to be able to make sure that the children are safe. The phone's within range and the people – they communicate well. (Mere)
>
> It's a safe environment where there's no conflict. (Andrea)
>
> I feel safe down there. (Joanne)

One parent felt that while he knew his own capacity to be safe, he still appreciated that the rules ensured that it was not an additional worry:

> You know you're going to be safe anyway and they don't know who you are, and you don't know who they are – which is good – so no, it's not a real safety issue it's more just a mental issue … it's more in my head, rather than worrying about whether he or I are going to be safe because I know that we'll be safe. (Martin)

4.1.12 Culturally appropriate provision

When parent participants were asked about the provision of culturally appropriate services none raised the issue of ethnicity. They tended to respond with issues specific to their own family style and concerns, especially the level of meeting individual parent or child requests for more flexible arrangements. Thus, the possibility of allowing extended family members to attend the contact arrangement was raised by several visiting parents. One visiting parent, Mere, who was Māori, described a situation where special arrangements had been made with a celebration meal and extended family visitors for a supervised contact visit and this had fallen through due to a late cancellation message not being passed on. To this parent, this showed a lack of understanding of the importance of such an arrangement, of the level of special preparations and anticipation of a contact visit for both parent and child.

4.1.13 Helpful factors in supervised contact

Helpful centre facilities

Visiting parents reported satisfaction with the centre facilities, noting they were particularly appropriate for younger children, being located in pre-school facilities with age-appropriate equipment and a good mix of inside and outside play possibilities:

> There's toys, the play area outside. They do have all the facilities … is really great. You get an afternoon biscuit and a drink. Everything else was perfect. Actually, one of the supervisors who was looking after us, she was actually playing games with them waiting for us to turn up. She spent the time to be with my kids to play with them on the games and then she thought it was my time now … that's how polite they were and that's … basically we talked to each other just calm now, polite, everything. So that's how good they are down there. (Andrew)

The regularity of attending one place meant the opportunity to develop familiarity with the centre for both the children and visiting parent, so they reported the children being happy to be in the same place with them and that once the initial settling in occurred, this routine put everyone at ease. The opportunity to be with other children was also seen as a plus by some parents:

> There's so much for her to do down there … she loves going down there – well, when I see her she's always happy down there. (Joanne)

Those parents who had older children were concerned that the facility did not cater for their needs. One teenage child had voiced this to her parent and one parent reported a younger child (aged six) had attended over a longer period of time and had found the equipment and facilities to be too familiar. This was dealt with flexibly by allowing her to bring some things from home that she was currently enjoying.

Helpful staff attributes

Friendliness and helpfulness of the staff were overarching comments made by parents. The staff's welcoming manner, ability to interact with both children and visiting parents alike, concern for their wellbeing and acknowledgement of the individual situation of visiting parents, such as long distances travelled, by offering food or drink, or making extra effort to advise of last-minute changes to arrangements, were all noted as helpful:

> The atmosphere is cool. The ladies are fine – I get on quite well with the ladies there. (Andrew)
>
> They're very fair. They're very intuitive … yeah, fairer than intuitive, I think. They've been fair for the kids, I mean they're totally just there for the kids and I mean anyone who is there for my kids, and someone else's – I rank them fairly highly because kids are kids and they should come first. (Neil)

Flexibility and encouragement were reported as appreciated attributes of Barnardos staff:

> Sometimes the department has actually stuffed up with our access. One time we turned up and my daughter wasn't there and Barnardos had no idea that she was coming – it was really a lack of communication – and one of the old ladies who was there, she went 'I'm going to ring the grandparents and see if they can bring [child] down' and she did this for us. (Mere)
>
> They're super encouraging. And I've never seen them tell, or sort of a gesture to any other fathers as well, all the time I've been there, and I mean never – haven't seen them tell dad not to touch the kids and all that. They really encourage as much of a natural relationship as they're able to. And they're really affirmative to the kids about fathers. (Neil)
>
> Oh they're great! (Andrea)
>
> They are very helpful, like, if there's anything that – like if I need help with [child] or anything they'll come and give me a hand. They are really nice and friendly down there. (Joanne)

> Make me a coffee. There were a couple of wee girls there, and Pete who … they were good to talk to. They just listened and making comments and stuff. So I suppose that's about one positive thing I could say. They were good to talk to. (Martin)

Rule bending was also appreciated:

> They told me there's no whispering, you can't take them away to the toilet on your own, etc. After five months of being there they were like 'No we can wait here, you can go on your own.' They can soon suss out who they need to spend more time with and who they can't – like I say they're very intuitive. They administer those [the agreements] skilfully, sympathetically, empathetically, without patronising … it's all about dad with the kids and they, like I say, they are fantastic. Really good with people. (Neil)

The three Barnardos co-ordinators were especially praised for their helpfulness and support:

> C1 and C2 and C3 were wonderful. They were great, very supportive throughout the whole thing, throughout all the court case and that. Although they weren't able to side with me, I felt that they were on my side. I felt like they were a bit more positive towards me than everybody else. C1 is really helpful and she told me that I could go up and see her anytime if I had any problems and that, but yeah, I don't really like to worry people if there's any problems. C1 told me 'If you haven't got the money, don't stop coming – just make sure you come' and so from that time I just came whether I had money or not. (Martin)

4.1.14 Effect on life

Overall, each visiting parent demonstrated a significant commitment to making contact work, by taking part in a process they found difficult to accept, by financial hardship, by travelling long distances regularly, by having to involve extended family members to do driving, altering employment arrangements, accommodating short notice changes and so on:

> Oh, course. It changed heaps. Because of having to pack up and go to Dunedin one week and Oamaru the next week. And sometimes I'd be working, sometimes I wouldn't. And I'm a night shift worker so I'd have to wake up on a Saturday, get up, go straight onto a bus, into Dunedin, spend the night in Dunedin. (Martin)

One visiting parent needed his parents to drive him as he had a disability. This impacted on his extended family, but also led to the grandparent who did the driving being able to make the visits too:

> It did [affect] my dad – the job he was on. He was losing all that money and he was complaining to me constantly about it except he agreed to go on Saturdays. (Andrew)

Despite these hardships, visiting parents were prepared to accept the commitment required:

> We've prepared ourselves for this. At the end of the day, she's worth the visits – she's worth every time we have with her, so I've got no complaints with the timing – it's fine, that's cool. (Mere)

> It's mucky – it's very mucky, but then I was thinking, okay if I was a house dad – like I was – my whole day is actually dedicated to the kids … organising their washing in the morning and all that sort of stuff, and then your meals in the evening and all that. Well, I'm thinking, I'm only inconvenienced, if you like – if you can say it's an inconvenience having your kids – it's not, in my eyes. But it is inconvenient the infrequency of it so you get out of that full-time 'right, okay, I'm here for the kids' mode … you have to exist in this new world that you're in now, on your own without your kids and then every now and then you have to change your whole world … and just slot into that. It's very hard, it's not normal. (Neil)

> At the start I was totally against going down there – I didn't want to go down there at all – I didn't feel that I should have to because I don't feel that there was any danger involved for [child] … but each time I go I feel more comfortable down there… I just can't wait to see her every second Sunday – as soon as it gets to Friday I get real excited and can't wait to see her. (Joanne)

4.1.15 Effect on children

Visiting parents reported that the children took a while to get used to the visits at the centre, and said that some were a bit confused as to why they were seeing their parents at the centre, but others were really happy to get on and play and spend time with the visiting parent:

> He's 'rapt' that things are getting better. We have a great time. (Martin)
>
> They're now getting used to the fact that mum's gotta go. For the first few visits there was lots and lots of tears. They sort of know that every two weeks they're going to see mum. They seem to find the environment good. (Andrea)
>
> A couple of times they've said to me 'Oh, it's time to leave now' but [carer] hasn't arrived, [child] gets in a bit of a 'paddy' because she doesn't want me to leave. (Joanne)

4.1.16 The future: Achieving transition to unsupervised contact

Two visiting parents had moved to unsupervised contact recently and one visiting parent had moved onto supervised changeovers. However, these parents were not able to articulate clear reasons why the contact had moved to unsupervised contact.

One parent reported a combination of his own actions in doing what he thought was required of him, plus positive input from contact service reports:

> I managed to 'con' the courts. I've done everything yous want. I've done all the reports. You've got a good CYFS report, what's the hold up? The Barnardos reports were positive; they weren't too bad. I was relying on my CYFS report. They just came up to my house and checked my house out and checked me out and asked all the questions about parenting and she came and watched me with him one day unsupervised. I got a glowing report from them all. (Martin)
>
> People starting off with supervised access and then having to have less and less of it, you know? With the idea that you eventually don't have to have the supervision at all and it sounds like that's what's happening with you – you're working to that end. (Mere)

Three visiting parents were keen to get longer times with their children:

> CYFS will probably end up standing down and sort of slowly fading out of the picture there. I think they'll hang around for six months, or something and they're going to see how we go then … how we can work it out as adults between the four of us. It would be nice to have her home… I just said to my partner 'We won't give up hope … at the end of the day, she probably will eventually come home.' (Mere)
>
> The contact for the next three fortnightly visits, access is to continue at Barnardos, as per current arrangement, and then it was supposed to move on that there will be weekly sessions on a half day, the times to be confirmed in consultation with the Barnardos supervisor. And nothing has moved. (Andrea)

Interviewer question: Do you think at some stage you might try and sort of see if you can get a bit longer (than an hour access)?

> Yeah – definitely. I am hoping for, like, to have her on my own. Or even just with my mum and get to spend like a whole afternoon with her like from one to four like I used to. I hope that I won't have to be supervised with her in the future. Unsupervised, or maybe supervised with my mum. (Joanne)

4.1.17 Summary

The visiting parents were grateful for the opportunity to see their children through supervised contact and had little to criticise of the actual service provided. There were some complaints about 'the rules' and some visiting parents would have liked Barnardos to be more proactive in helping them get to unsupervised contact. Nevertheless, parents highly valued the service and appreciated all the help that Barnardos staff gave them in order to facilitate continuing contact with their children. Even reluctant attendees were able to articulate the benefits of supervised contact after they had got used to the regime and realised contact centre staff were there to help them and their children.

4.2 THE CONTACT SERVICE PROCESS AND EXPERIENCES OF CAREGIVERS

There were six caregivers, all women. Four were the birth mothers of the children attending contact centres and two were caregivers originated through CYF arrangements, caring for children who had been placed with them by CYF. The six caregivers ranged in age from 24 years to their early 50s. They were all New Zealand European in ethnicity. The children they cared for were aged between two and 15 years. Three of the caregivers were caring for two children. The caregivers had been involved with supervised contact for between four months and four years, the average being six months. The caregivers had all experienced different types of contact arrangements prior to supervised contact; many of them had tried unsupervised or informally supervised contact but after arrangements broke down due to conflicts with the visiting parents, they moved on to supervised contact. The current arrangements ranged from weekly visiting to once a month, for between one and a half hours and a whole day.

4.2.1 Value of service

While all respondents made positive comments about the value of the service, differences emerged between the birth mothers as carers and the CYF-originated caregivers. The former focused on the initial value of the service in providing safety and control for them where situations of conflict existed with their former partners, but where they felt it was still important for children to see their fathers. The two CYF-originated caregivers were somewhat more negative in their views about the value of the contact service to children. They viewed the service as being there for the visiting parent, rather than of benefit to themselves.

The value of the service and the paramouncy of children's needs over ex-partner conflicts were voiced by most caregivers. This included acknowledgement that the service gave the visiting parent the freedom to not engage in ongoing conflict with an ex-partner and allowed them to focus on the visit and the child or children:

> It was really the only option. At the end of the day it was what was the best for [child], not what my differences were. (Kate)
>
> Very good. Best thing I ever did. It's the best thing that ever happened. I mean, I know it's beneficial for her and, it's a safe environment. Yeah, it's quite good, supervised access. (Cheryl)

Having the contact service available was a relief to several caregivers:

> It was an amazing relief straight away. When it started, our supervised access, it totally just gave me a chance to sit back and look at myself – which was the first time in years that I'd been able to do that. (Rene)
>
> It's a good arrangement, and like I said they're enjoying it down there so … just gives us a couple of hours away from them, too. (Joy)

Lisa, one of the two CYF-originated caregivers, responded firmly in the affirmative to the value and satisfaction with the service question: So overall, supervised access – do you think it's a good thing?

> Yes, I do. Because I wouldn't want to have it any other way. 'Cause I don't want to stop it – I think it's important that [child] gets to know her [mother], although sometimes the negatives outweigh the positives, especially for [child].

4.2.2 Role and purpose of contact service

To reduce conflict

Caregivers identified the child focus of the service, enabling children to interact without the stressfulness of conflicts that had occurred between ex-partners when informal or unsupervised contact had been the arrangement:

> No conflict. It’s positive for the child and the parents and she’s going to know that she’s safe and she’s going to know it’s positive. She’s not going to have that conflict – she’s not going to be questioned. It’s a really nice environment. Nicer than being dragged around town and taken shopping and stuff like that. It’s solely for access. (Cheryl)
>
> I’m finding it quite good actually. We tried every second weekend, but it didn’t work out. That was done through him and me, and then it was done through the lawyer, that he has [child] every second Sunday for five hours, and that went alright for a while, but he had conditions, his girlfriend wasn’t allowed there and he had to be drug-free, and one weekend he blew the whole lot [after three months]. Also, prior to that I just sort of let him come in here actually, but no it just didn’t work – he thought he was coming home. (Kate)

Control over visiting parents
A specific strength of the service directly identified by most of the caregivers was that the supervision acted as a mechanism of restraint. Caregivers used phrases such as ‘restrictions’, ‘settling him down’ and ‘control’, indicating these measures gave a message to the visiting parent about a particular level and code of behaviour which needed to be maintained in order to both protect children from experiences of unnecessary conflict, but also to engage the parent positively with the children:

> It does make it a big difference because with the restrictions he knows that if he stuffs up then he goes to no access. It settles him down and makes him think more about … ‘cause he really wants to see the kids and on my side of things I felt a wee bit more secure. It was made a wee bit easier for me to leave the kids there, knowing that they would be fine. (Jane)
>
> It’s given him the kick in the guts to say: ‘You are not all that and we are not going to give you all that, and you have to learn that other people sometimes are going to take control’, and he’s never had that in his life. So by making him have supervised access it’s helped heaps. (Rene)
>
> It sort of gave me a wee bit more control, as well, which at the time felt really like what I needed. (Jane)

4.2.3 Rules
Specific reference was made to the rules ensuring safety and consistency for the contact visit. Caregivers were less concerned than visiting parents about the impact of the rules on them as they experienced them as less restrictive – safety was the priority:

> The rules are fine – I can go away there and I know my child’s safe. (Kate)
>
> Definitely – because I’m not having them in my home affecting my children and the, you know, inappropriate language. And they know that they’re always going to keep within earshot. Making sure that I’m not left with him out there – that he’s going to realise that I’m not going to tolerate any nonsense – neither are they. Hopefully he’ll start changing his attitude in time. (Cheryl)

The caregivers occasionally mentioned the odd irritation with the rules:

> I sort of found that when I first went to the Barnardos office to learn all the rules and it came up about gifts and that, and I said I haven’t got a problem with gifts at all. I’ve got a problem with bringing other people. (Kate)

4.2.4 Fees

Caregivers did not usually have to pay towards costs for the contact service and so had little to say about the impact of fees. One parent felt her former partner was more likely to turn up if he was made to pay:

> If he's made to pay for it he's more likely to turn up, because if he doesn't turn up he still has to pay for it. (Cheryl)

4.2.5 Safety

Central to the idea of what the service provided and achieved was the provision of safety. Of the six participants, five expressed clear feelings of the importance of the safety offered by supervised contact:

> Then I just felt safe with him. (Rene)
>
> You know your child's safe when they go in there – you don't have to worry about what's happening for that hour and a half. You get to know who they are – they talk to you anyway, but you know [child] gets to know them and she can feel safe. I like the idea like you go quarter of an hour [before] and quarter of an hour [after] so you don't bang into [ex-partner]. (Kate)
>
> It just means that I don't have to have contact with the father because I can't be bothered with the abusive phone calls and the slanging match and all the rest of it. (Cheryl)

Only one caregiver remained unhappy about safety levels, specifically the issue of the visiting parent's mental state influencing the child's experience:

> Of her mental state – no I don't think that she was very well protected until this last visit. I think that, no, she wasn't protected at all. (Lisa)

4.2.6 Helpful factors in supervised contact

Helpful centre facilities

All respondents praised the child focus of the facility, and the equipment available:

> Oh [child] loves it. (Lisa)
>
> Pretty much they've been all happy and smiley and chirpy and I ask, when I go to pick the kids up if everything went well and they usually say 'Yep, everything's okay' or they'll tell me about the children. (Jane).

Interviewer: Are you okay with other parents being there?

> I feel alright about that. At first it was a bit nerve-wracking and stuff, but I got used to it and, you know, that's fine… I feel okay about that now. (Joy)

Helpful staff attributes

The caregivers had positive responses about the staff assistance and support given at contact centres, with the exception of Lisa, who also expressed some negative attributes. Staff were viewed as friendly, and they treated caregivers as individuals:

> They have friendly staff and you don't get questioned when you go in there, or anything like that. Like when you go in the door you're treated like you're going to visit somebody, not like a statistic sort of thing. (Kate)
>
> Quite a few to sort of help out and supervise all the children. They [staff] tell you what's going on and how things have been going. Just that they're approachable and they work with the children, quite good 'cause I've seen them working and they're quite good with them. (Joy)

Giving individual attention to a sick child on occasion was especially noted by Jane:

> [Child] was sick for one of the sessions – she just slept and I turned up there and she had a blanket on her and with the lady sitting beside. I felt really good about that, that they had, like she'd sat there the whole time and looked after her 'cause she'd slept the whole time that [visiting parent] was there.

The staff's ability to be neutral but firmly apply the 'rules' was viewed as an important attribute:

> [Visiting parent] would turn up early and wait in the car outside and I'd still be inside saying goodbye, so one of the ladies, I think, had a talk with him. (Jane)

> And the people there are really nice. The confidentiality thing – you know, if [visiting parent] done something they'd say 'You've got to ring C1' – that grated me a bit but I respected the fact that they can't tell me that sort of stuff. They need to remain neutral. And they totally stuck to it. They really did their job well. (Rene)

Being able to apply the rules flexibly when it made sense was also valued – rule bending!

> Once I actually started getting to know the ladies and they were regular faces as well – each fortnight would be pretty much the same ladies and that and we used to turn up a wee bit early because I don't have transport and someone would turn up and we'd just go straight in with them and we didn't have to wait round. Because they knew that I didn't have transport there was a couple of times where I got offered a ride, they were very helpful. (Jane)

Caregivers, like visiting parents, were especially vocal in their praise of the Barnardos co-ordinators at each centre:

> [C1] – I just totally adore her. I've rung her and it is just wonderful. She's got a lot of authority but she also can be a friend as well and I have felt that the service has opened themselves up to me. You know I could call them any time. It's a great service. She's wonderful. And the people there are really nice. (Rene)

> [C1's] totally different – she's lovely. She has gone out of her way. (Lisa)

> [C1] She's quite good – she's really helpful. Like I'll ring her and leave a message and she usually rings me back straight away. If I needed to talk to her [C1] she always made the time. (Joy)

> They would ring and check to make sure that I was ready for the access or that I was going to Oamaru. They're really good like that. (Rene)

4.2.7 Unhelpful factors in unsupervised contact

Caregivers had a lot more comments to make about things they found unhelpful than did visiting parents, and the main areas of concern were about centre facilities, processes and staff confidentiality.

Unhelpful centre facilities and processes

While most caregivers were satisfied with centre facilities, one caregiver mentioned that her child (now aged six) became too familiar with the facility and now found it boring, through not having enough activities. This parent also had an older child, a 15-year-old, who refused to attend supervised contact at a pre-school facility as it was totally unsuitable for her. Thus she was not maintaining any contact with her father:

> Well I had to talk to them about it last Sunday, you know. I made them aware that she had said that [about being bored]. I had no problems getting her in the car. If I'd had problems getting her in the car it would have been different. So they noted and said that they'd try to find – you know, like if the weather's fine and they could do more outside. I said well maybe I could find some things from home she could bring that she likes doing. (Kate)

Interviewer: And were they okay about that?

> Oh yeah – they were quite good about it. (Kate)

Interviewer: And for the teenage child?

> The only thing you could really do with a teenager is like have a one-on-one. You'd have to have him, the child and probably a worker. (Kate)

There were issues like the lack of communication between staff and caregivers, which annoyed the caregivers, especially the two CYF-originated caregivers. Cheryl mentioned the time when she had to leave her foster daughter at the Barnardos centre in a very upset state, and the parent did not turn up and no one from the centre contacted her to let her know what was going on:

> Personally, for me, I would feel better knowing that I didn't have to leave her kicking and screaming. I would have rather have been told [that parent had not turned up], and like then gone down you know and played with her for an hour or whatever, because she doesn't understand. I don't know – you see I don't get any feedback really whatsoever.

Lisa also commented on poor communication:

> Well, like when I pick Karen up and somebody will say, 'The visit went well.' I do not believe that every visit goes well. I'm afraid I just don't believe that that happens.

Interviewer: So it's too generalised?

> Yes, of course it is. Short of my ringing C1 every Monday. I would like to know, when I pick [child] up, what did happen? And they don't – just that it went well. It's not enough. (Lisa)

Lisa also wanted more detailed feedback after each session rather than just a general 'it went fine' kind of comment from centre staff. Lisa also complained about staff not strictly enforcing arrival and departure times, some supervisors not intervening in inappropriate conversations between the child and visiting mother, and not liking some supervisors whom she felt did not act professionally:

> I rung and said I didn't want that particular supervisor supervising again because that's what they're there for – to make sure inappropriate conversations don't take place. They have spoken to the supervisor and she won't supervise [child] again.
>
> The last visit John supervised. One of the other ladies was outside making sure that visiting mum didn't come in 10 minutes early like she usually does, because child wasn't getting in any 'settling in' time – so the last visit I'd have to say would be the best that she's had since we started going to Barnardos.

Unhelpful staff attributes

Two of the caregivers – again both the CYF-originated carers – had several concerns about supervisors and/or the processes in place. The age of supervisors was mentioned:

> Some of them [the supervisors] are quite young and I think that's a problem. Maybe they don't realise when they need to intervene. (Lisa)

An unhelpful style of communicating was mentioned:

> This woman – she's just quite confrontational and I just don't like her. I found their whole attitude was really 'sucky' and I hated taking [child] there. I just didn't like the supervisors' attitudes. If I would talk to them they would report in the notes of what I would say and it would all come back to me – what I said was not what they had written down. (Cheryl)

There was also a problem with the lack of continuity of staff rostered from session to session. The concern was that younger children might feel uncomfortable in a strange situation, with different staff members each time:

> Apparently they can't have the same caregivers for the child, which I think … that's one thing they've really, really got to change because familiarity … particularly for wee kids. Because they don't understand. (Cheryl)

The practical aspects of the care of her child also bothered Cheryl:

> They're pretty good. The only thing I really don't like is the fact that they seem to lack in the nappy changing area. I have to tell them to make sure that she's changed. They shouldn't have to be told. The other thing is like when you go to pick her up and that, and half the time her clothing's left behind or her cup's left behind – her bag has not been packed.

Breach of confidentiality
Two parents mentioned breaches of confidentiality by Barnardos staff:

> Names and that shouldn't really be … when it comes to supervised access and protection orders and stuff like that it shouldn't really be repeated. Confidentiality … because [child] used to go to the crèche where I work. I'd see a lot of the old workers that used to work there and they all knew [child] was going there on supervised access because friends supervise her. (Kate)

> I actually personally didn't want to go through Barnardos because one of his mutual friends is the staff up there. I personally didn't want to go through Barnardos because she had already repeated my personal business. (Kate)

Lisa was also unhappy that one supervisor had talked about her child in another context outside of the contact centre:

> There's another supervisor there who I don't allow to supervise [child] 'cause she knows [child]'s birth family and she went back and she was saying things.

4.2.8 Effect on life

Caregivers mentioned the hassles that supervised contact sometimes meant for them; for example, particular days of the week being tied up, having to organise transport to the contact centre, persuading children they have to go when the child doesn't want to, and inconvenient times:

> Sometimes I feel it's a hassle – it's a pain. Like visits every Sunday – you're sort of stuck. Like [child]'s stuck for the weekend, you know? We can't go anywhere because if we do we've got to be back by half-past one. (Kate)

> Probably mainly the timing to get there and leave by – just because I didn't have transport and if I didn't get a ride then I had to get the bus. (Jane)

> If [child] doesn't want to go she says to me 'I don't want to go.' We've just got into the routine – that's just our every fourth Sunday. Well I don't really build up to it – it just happens. We don't give it any special significance or anything. It's just something we have that [child] has to do before we go out and have some fun. We always go out to lunch after visitation. (Lisa)

> I'm happy with those times because those times, well they suit us. The mornings are probably better than the afternoons. (Joy)

4.2.9 Effect on children

According to caregivers, children mostly enjoyed their visits to see their visiting parents at the centre, although Lisa's foster child often came home distressed. Other children were described as happy, bored or excited:

> First of all we used to go to that centre before she started school so it was familiar for her. She's bored now because I think she's going every Sunday. I think it's too much, she's bored. I had problems with her going last week because she was bored. (Kate)

> Like the kids, they got on okay. They were just quite happy and excited about going to Barnardos. Like a lot of variety of toys and things for them to do. We were always the last ones to leave. They were always taking their time trying to finish off the puzzle. There was a lot for them to do and they got afternoon tea as well, so that they had a drink and they got, like, raisins and fruit and it was pretty healthy food. (Jane)

> Karen, she was really traumatised by the previous visit in the September. We didn't go in the October – she just refused to go. Karen's only just started talking about what happens there. She never used to – she used to keep it all in. It would take her a day – and I knew that something must have gone wrong because her behaviour would change and she used to be a right wee bugger. And you'd think to yourself – who the heck are you? She'd spit and hit and scream. It all would start a day or so after visitation every single time. (Lisa)

> Everything seems to be going alright. The girls are doing just fine down there. They get really excited when we tell them that they're going to see dad. They get quite excited when they go down there – they enjoy it. (Joy)

4.2.10 The future: Achieving transition to unsupervised contact

Two of the caregivers had recently moved to unsupervised contact arrangements. Better communication with ex-partners was mentioned as a factor in the transition and this was facilitated by the time spent in the supervised contact setting, allowing for a sense of trust of the intentions of the visiting parent to develop. Also, the caregiver recognised that the children wanted to see their fathers more:

> We just went through our lawyers and we got our kids' counsel and she did an assessment and it was just decided that we'd go into unsupervised and trial that. It's on trial until January. I've found that the kids are sort of enjoying it more. They've got more time to spend with him and that includes all the family can go and have the time with the kids as well, whereas it was a wee bit restricted. It took a wee while to get unsupervised and I had to know quite a bit before I would let it happen, and that, but now I'm pretty much okay and we're back talking. Well we didn't communicate, me and my ex, for about a year. It was always just intended as an in-between part 'cause I always wanted it to go back to unsupervised. Well it worked for us last year and the kids were quite happy with that so that was what I was hoping for. (Jane)

Others were either happy with the current arrangements or looking forward to some small changes:

> I've just sort of left it because it's coming up for review in December and I sort of thought well … but then I could probably ring the co-ordinator, 'cause like they said something about a Wednesday night, but it's too late. Going back to the unsupervised access is then I have to have contact with him which I don't want because it's the abuse I get in front of the kids, you know? The only thing I'll have to do … I'll probably have to change it. Probably on a Sunday and then on a Wednesday or something. (Kate)

> She'll never, ever see her unsupervised. (Lisa)

> Stay as is. Well, I would like it to stay as it is, but I know [social worker] said that they're going to review it next year. I mean, I don't mind if they want to have longer time but I'm not going for a longer, or more days. They can forget it. Things go 'hunky dory' and then they nose dive and that's how he is and she'll never ever be allowed to take her away with supervised. I imagine they'll increase the time, from the hour to an hour and a half as she gets older, which I'm quite happy with. (Cheryl)

4.2.11 Summary

While the caregivers were more critical of contact services than the visiting parents, most of them were satisfied with the set up and care offered in a safe environment to their children. The two CYF-originated caregivers were more negative at times, although they still felt that contact between the child in question and their birth parents was important. They maintained that supervised contact was the only way this could happen, and that unsupervised contact would never happen. The majority of the other caregivers were much more hopeful of unsupervised contact and positive about the overall benefits of supervised contact for them and their children. Caregivers would have liked more feedback from Barnardos centre staff but they also recognised the need for Barnardos to maintain confidentiality.

4.3 STAFF VIEWS OF CONTACT SERVICES

We interviewed three Barnardos contact centre co-ordinators from Dunedin, Oamaru and Invercargill and 10 contact centre supervisor staff who participated in a focus group held jointly with a researcher from the Children's Issues Centre (Gollop and Taylor 2005). All three co-ordinators were women and in the focus group there were two men and eight women. In addition, one key informant who had specific experience of working with Māori families in need of supervised contact was also interviewed. We will report the co-ordinators' comments as C1, C2 and C3 rather than identifying the specific person involved.

4.3.1 The aims and philosophy of the contact service

Views of co-ordinators

All three co-ordinators viewed the overall aim of the service as facilitating the safe contact of children with their visiting parents and/or other family members. They located this aim within the broader aims and objectives of Barnardos as an organisation:

> We see the child as the client. They're my main concern. The philosophy that Barnardos has is that children come first and that they are there for their safety. Children are the main concern. That's the aim – to be able to supervise their children on their own and feel confident about it. Basically it's about the child – its main philosophy is about the child's rights to be connected to their parents. So that children can know them all without having to be in an argumentative environment and to have all the negative aspects of it. (C2)

Co-ordinators expressed this child-focused service within an overall theoretical philosophy:

> Theory and our legal framework is the United Nations Conventions. Right of the child, that they have a right to know their biological parents and to be informed to express an opinion so we try to facilitate it through forming relationships with the children so that they can express an opinion and that we will help to advocate. (C1)

Building or rebuilding successful relationships between children and their natural parents was identified by each co-ordinator as an important goal:

> The aim is so the children can have contact with the visiting parents being their maternal parents so that they can get to know them, so that as they get older in the future, hopefully they would continue to have, hopefully, a successful relationship with them, because I think it is really important as to become a whole person you need to know where you come from and if you do still live with a foster family and you do still have the contact with your real maternal parents then you still have that identity. (C2)

> We have got an investment in it being successful for the kids and for the family – that's my perspective anyway. (C1)

This emphasised that while the service is about children's contact, the wider context is that of strengthening family relationships.

A here and now philosophy – providing a service for the situation at the time – was identified as very important:

> The bigger aim is pretty much working in the 'here and now' – it's to provide a neutral service that's really strong. (C1)

Another aim was working towards a situation where the parents and their children can have arrangements without the service getting involved, ie unsupervised contact:

> I think that's part of the philosophy. I think that it is and I think that also that's a very strong philosophy within the Family Court process … that families are supposed to be able to manage themselves, so work with them, but lawyers and courts are also at how we can tie the ends off. (C1)

Co-ordinators acknowledged that while the service was about children's contact needs, the needs of parents and how these might be met were also important for successful contact to take place. Comments such as "different things for different parents" (C2), recognised the range and complexity of contact situations that arose in the centres; for example, parents supported by a mental health worker, very anxious/fearful parents, parents with babies, hostile visiting parents who had not seen their children for a long time, and others.

Views of supervisors from the focus group
When asked about the aims and philosophy of the service the focus group of supervising staff took a predominantly child-rights-focused approach with less of a focus on the broader family context. Again, this approach was underpinned with a strong theoretical base, for example, attachment theory. Supervisors were clear on the importance of play, positive interaction and the need for children to form significant relationships with their parents:

> One of the aims I see is that children come first and that's part of what I do, and that role is to support the attachment processes between non-custodial parents with the kids. (Supervisor from focus group)
>
> It's supporting the children's choices, play choices and helping, in a very gentle way – sometimes directive way – for the parents to go along with that, to take part in the world of their children and what they enjoy. So kids can start to form positive bonding or associate their non-custodial parents with positive things in that environment. (Supervisor from focus group)
>
> Parents can move from being really anti each other, over the years sometimes, to being able to discuss rather than be at loggerheads and that's an aim. (Supervisor from focus group)
>
> It's providing a safe environment for the child and a positive interaction when they're here. (Supervisor from focus group)
>
> For the child it's about giving them the chance to form significant relationships. It's showing them how to play. They're getting modelled some really good skills of interacting with their children. I have no doubt that a lot of them go out of there with a lot more skills – a lot more child-focused. (Supervisor from focus group)

4.3.2 How the process works

This section covers issues about the organisational aspects of the contact service, the steps involved in the assessment process and the specific skills that are used within the contact sessions.

Organisational aspects
Co-ordinators from two of the centres talked about how client referrals came about; for example, from the courts mainly, but also from self-referrals, Family Court lawyers, CYF and other agencies:

> Most of ours have come through the counsel for child and so that is via a court. We are getting them more directly from the Family Court Co-ordinator now under the new Act. A few from Child, Youth and Family Service and a lot of self-referrals. Mostly I would say it would be lawyers who have informed people 'If you want to see your kids, contact Barnardos.' (C1 and C3)

Some staff mentioned the service conditions that parents had to agree to before the contact service could go ahead:

> They still all go through the same process. They all still have to fill in a referral form and they all have to obviously read and sign the rules and conditions form. (Supervisor from focus group)
>
> And there is a waiver form, which the guardian that has everyday care fills out and that specifies different things that the visiting parent can bring or can't bring. And then they are just given to the visiting parents so they know whether they are allowed to bring fruit or lollies, or take photos and all that type of stuff. (Supervisor from focus group)
>
> You still do ask the everyday carer initially. They do have the right to say yes or no to that – that's grandparents are included in that waiver form. (Supervisor from focus group)

Some discussion occurred around the timing and location of supervised contact services. The larger centre, Dunedin, operated sessions on both Saturday and Sunday, whereas the smaller centres such as Oamaru offered only a Sunday session. Invercargill usually offered both Saturday and Sunday sessions, but the viability of offering both days was dependent on the numbers of families attending and there were periods when lower numbers meant fewer sessions were offered:

Interviewer: The actual access sessions happen in the weekends, is that right, for most parents?

> Yes, only on Sundays. A lot of other places they have a set time, but I find due to having less clients I try to be more flexible, which I think you really need to be. (C2)

Co-ordinators described the rationale for allocating one supervisor to one family for supervision and safety, and the provision of an extra 'floater' staff member at each session to keep an eye on the overall session processes:

> There's always one supervisor to each family. And there is one floater – just walks around and just listens to make sure everything is going okay and is there to get tea and coffee because obviously the person that is supervising can't walk away. (C2)
>
> It's much more valuable one-on-one. (C1)

Fees

Co-ordinators said that only the court referrals come with 14 weeks worth of funding to provide a service but that hardly covered full costs so funding also had to come from the fundraising efforts of the agency as a whole – some from other agencies, but they had no choice but to charge parents a fee, albeit small in most cases. Some contact centre staff were uncomfortable with collecting the fees but they knew it had to be done:

Interviewer: And you get paid, in terms of the court referrals?

> We do now [since the Act came in] for 14 visits and they're assessed in the process. But after 14 visits they'll have to go back to paying themselves. We have a very high collection rate, well over what they thought 'cause I put it real hard on them at the start. I say 'Well this is one thing I report back to the court because it is part of your contract – how well you have maintained your contract – whether you've made your payments.' (C1)
>
> There is one 'floater' facilitator per group session and they manage it and they do have to do that receipting and some of them are really good at just quietly saying 'Oh would you like to make a contribution?' I know they find it difficult, but I mean that's a co-ordinator's job to follow up. (C1)

Assessment

Co-ordinators described a careful process of assessment for suitability to use the contact service. Ensuring a commitment to the process by the caregiver and visiting parent, prior to meeting the children, was the first priority. This means that children are not disappointed or let down should the contact arrangement not proceed:

> We have sort of a prescribed process if you like. I like to meet the day-to-day caregiver first. Even though when children come first I like to make sure that the adults are both engaged with the process before I bring the children into it because I don't want to set children up if dad then says 'No, stuff you, I'm off.' (C1)

> They sign the agreement, I do a talk about the safety issues and it's quite expansive – it's actually quite broad those conditions or rules. They are quite broad and give you a good lead in to do your assessment, talk about some of the issues and at that point I also get permission to ring other agencies if I need to, just so that I can work collaboratively. If you're connected with the other agencies, if he falls off the 'Bridge' programme or does something, they ring us. (C1)

After parents have agreed to the terms and conditions of service, co-ordinators will interview the children and try to help them be clear about the contact process. Before a child meets their visiting parent they will be shown around the contact centre to enable them to feel comfortable with the process:

> I might talk to them. 'How would it be if you saw dad?' I use the strength cards and then I talk to them about the process of how it works and we've got picture flip cards of them being brought to access visits, how mum says 'Goodbye' and they play and there are other adults and safety stuff. And then we have familiarisation visits out at the centre for them – just the children and then the [day-to-day] caregiver. Because they have to feel comfortable about the whole process and meet the staff – get a feel for it. (C1)

> Also they [the caregiver and child] would have had a familiarisation visit earlier, so they would have met some of the staff, plus been to the centre to see what happens because there'll be a session going on when they come anyway. (Supervisor from focus group)

Assessing and managing potential violence

A considerable proportion of cases that come to the contact service arise from proven and/or alleged situations of family violence, abuse and neglect. Co-ordinators were very clear about the measures they needed to have in place to ensure safety for all parties – the children and their visiting parent in the first instance:

> The [visiting parents] that end up going there, I have already screened them – if they are really high level, I'm not going to accept because we don't want our service filled up with [really difficult people]. We've got a pretty good support system – we have got a panic button, the receptionist has, so we can immediately ring for the police. (C1)

At each contact centre clear guidelines to deal with potential violence were in place:

> And of course there are also strategies for the supervisors. They have got some good structures and we go over those routinely. That's why I like to switch the supervisors around so they don't get too familiar with the different families. (C1)

> When we were doing our safety training I did speak to the supervisors and asked for their opinions about that and a lot of them did say that they feel safe having more people there. There are always two people present at the centre even if there is only one family. (C2)

4.3.3 How staff work with different families, and the skills used

Co-ordinators and supervisors spoke about the process during the assessment and contact sessions, identifying the skills required to carry out the work successfully. Common themes such as using encouragement, listening, reassuring families, making them feel comfortable, modelling parenting skills and accessing other resources for parents and children recurred:

> Sometimes they just need a bit of encouragement. I really feel like a bit of encouragement gives them more self-esteem and they are just going to be better parents … if they just want to come in and have a cup of coffee and have a chat about how they are feeling and about the situation. I think it's good to encourage them to be

> open as well because quite often, if they have got issues they want to talk about, they are more likely to try and get help, rather than depress it and, as I say, by doing that they are only going to become more constructive parents. (C2)
>
> I think it's down to your own individual style but there are a lot of resources – there's a library, call centre, where I call to get a lot of information to parents to either read for themselves or to even just get suggestions for books that they might be able to get from the local library. (C2)
>
> They are very scared, so lessening of anxieties and a learning to trust the process. (C1)
>
> We can use encouragement … if we see that interaction's not happening. So we'd sit back, but if you can see that one little encouragement is going to help the whole situation. (C3)

The supervisors' comments revealed a depth of perception about and empathy with the special circumstances that contact imposed on caregivers, visiting parents and children:

> The non-custodial parent, the facilitator greets him, and just makes a quick check that they are in a fit state to be there, they haven't got anything with them that hasn't been agreed to, and then the visiting parent comes in and joins in, and then depending on the situation, sometimes we back off or sometimes we're still quite in there. (Supervisor from focus group)
>
> Encouraging the parent, the non-custodial parents, to be involved in very practical ways, very gentle ways, in their kid's life, in that time. (Supervisor from focus group)
>
> Making them feel comfortable when they are the non-custodial parent, to do that sort of thing because they are aware of the fact that most of the time we have to see everything – hear everything they say, see everything they do, so it's really just relaxing them too, isn't it? (Supervisor from focus group)
>
> I think one of the big things is being supportive and consistent, genuine, and modelling that, because I think one of the most important things in parenting is being supportive, consistent and genuine. (Supervisor from focus group)

Supervisors also ensured that children related to different adults – ie themselves – other than parents, and they discouraged too much playing with other children so that the visiting parent and child had maximum time together:

> It just gets the children developing other skills with other people who make slightly different approaches and emphasis as well and helps the parents realise that there are others supporting them and supporting their kids as well. (Supervisor from focus group)
>
> We tend to discourage children from playing with children from other families. It's only two hours and we usually just say 'This is your time to be with dad.' (Supervisor from focus group)
>
> We finely balance the whole process but also allowing the child to get to know dad, give the child ways of dealing when they are disappointed, so that when dad doesn't turn up, actually some of these kids accept it really well. (Supervisor from focus group)

Supervisors were also keen to reassure the caregiver that things went okay for the children during contact sessions:

> They must see it – when they come to pick their child up, too, the progress of their child and their reaction to being with dad for two hours. To start with it might have been a bit scary and they might be a bit sad, but afterwards it's the normal thing, so mum, hopefully, that anxiety for her lessens as well. (Supervisor from focus group)

4.3.4 What staff enjoy about their work

The co-ordinators and supervisors spoke enthusiastically and positively about their work. Notable was their ability to empathise with each participant's situation:

> I have total respect for the fact that they've walked through this door 'cause it can't be easy to walk in that door and know that someone's going to be sitting a metre or so away from you the whole time you are with your child. (C1)

Supervisors from the focus group noted they liked meeting different people, different children and the whole process that contact facilitated – children getting to know their parents better:

> We'd have to like it or we wouldn't be… I like working with these different people because I think when you work in a profession you're usually meeting the same people all the time, so it's nice for me to meet different people on the weekends, from all different places and I really enjoy their company. (Supervisor from focus group)
>
> I hope sometimes that you're helping heaps, for the children to have time with their parents. Even if it doesn't work out the way you think it should, perhaps every little bit that you put in does make a difference. (Supervisor from focus group)
>
> I love that people that otherwise wouldn't have seen their children maybe at all, can move through to see them and have a relationship with them, in the end, away from the centre – that's the ultimate, and I just love the children. (Supervisor from focus group)
>
> I definitely like working with the people I work with, because I feel like I've learnt a lot because we've got people from different fields, and I think just having contact with children and their parents… And I do like the process of bonding, attachment – that's very wonderful and it's hard to put into words. (Supervisor from focus group)

4.3.5 What staff dislike about their work

Some specific issues of concern arose for both supervisors and co-ordinators; for example, when contact broke down if a parent stopped coming altogether, visiting parents not turning up for one session and leaving the child waiting around, uncooperative or undermining behaviour by caregivers, and having to enforce the rules.

Sudden and unexplained halts in the contact arrangement were of great concern, particularly the effects on the children:

> Normally I would try and talk to the children, have a chat to them about that, but I don't like speaking for other people, making excuses, so that can be quite tricky, so I do that usually in collaboration with the caregiver or mother but then they can sometimes put their spins on it – not so cool at all. That's a hard one. (C1)
>
> We have a few, just can't do it, don't turn up and their wee kids are sitting there. That is just so not okay. That's hard stuff when children are waiting to see their parent and they just don't show up. (Supervisor from focus group)
>
> When it doesn't work, it hasn't come together for them and coming to access is no longer a priority and [they] kind of leave the children and that's a downside. (Supervisor from focus group)

Having to intervene to enforce rules and/or agreements was disliked by supervisors:

> The downside for me is having to intervene – having to police, really. (Supervisor from focus group)
>
> Sometimes it can be a bit stressful if you are the facilitator and the times are not adhered to by all parties concerned (children not being picked up on time) and that was pretty scary because the next thing was to ring the police for them to come and take the children, which would have been horrific. (Supervisor from focus group)

And of obstructive caregivers:

> There has been one thing that I know of – well I'm not sure – the one family dad tried really hard and would come once a month from out of town from Wellington and come down and no matter how hard he tried and how hard we tried … it didn't work. And I felt really sorry for him because he did everything right and everything as he should and mum did everything she could to stop it happening. It didn't matter, every week, or every time they had a visit, or every month, something went wrong and she would complain, and in the end he gave up. And that was really sad because he was great with his daughter, really good. And I think really, mum had a lot to do with that; she was very controlling. (Supervisor from focus group)
>
> The number of mums that turn up and say she had better not come today, they've been sick, and the number of children who have tummy aches before access will get to go to McDonalds after access as a reward for having to live through it. (Supervisor from focus group)

4.3.6 The good and not so good things about contact centres

Staff
The skills and strengths of the staff were seen as the biggest asset of centres by one co-ordinator:

> I think the strongest strength that we have is those staff that work there because people come into the services, especially visiting parents, thinking that we are like Nazis – that we are really going to be nasty people – that they can't hug their children, that they can't do this, they can't do that. As soon as they have had a session out there I ring them up and say 'How did it go?' – 'Oh, it was a lot better than I thought.' (C1)

The value of having male staff, as most were women, was mentioned by co-ordinators, especially because more male staff would be useful for the visiting parents, the majority of whom were male. It would also consolidate the role-modelling idea that parenting was not just a woman's job:

> And I would love to have males and we've never ever been able to, so that parents, too, just think that it's not all just a woman's job. (C3)

Training
While staff felt they had received basic training and were well qualified for the job, they felt they still needed specialist training in a number of areas. Co-ordinators mentioned that the assessment of children is regarded as a specialised field, and that more training in this area would also be beneficial:

> I don't think the training's very adequate at all. I think it is very loose. I think it just relies basically on the skills that we bring – that we've already got – and any training or work with children that I have done. To have more funding for training for the staff would be really good. I would really like to get in some more outside people, because otherwise the training always relies on me. (C1)
>
> As far as training goes, as far as the infrastructural support from within Barnardos – it's a bit hit and miss. (C2)
>
> We could have heaps more, understanding more about some of the issues, any training to do with working with children. We generally only work weekends and we have other lives, and so we can't go to training every week and we can't train at weekends because we're working, and then they're not going to pay for us, and pay for someone to come once a month – two hours. The training is a funding issue. (Supervisor from focus group)

For one centre, the co-ordinator felt there was a range of training events and variety offered during the year and that the Barnardos administration supported this by encouraging staff to undertake training during the year for which the course costs (including travel costs) were met, and Barnardos was also very willing to pay the fees for such training.

Networks and resources

There was appreciation of links within the organisation and networking to like services:

> Locally we are quite lucky – we work in quite a co-operative team with a domestic violence facilitator for the children who does the counselling for children and adults so I can refer them and we have got a family support worker who is social work trained. (C1)
>
> I'm really fortunate because I work alongside other staff in the wider Barnardos service carrying out other programmes such as children's education programme, child counselling, which we have just got funding for, so that's really good. So our children can go to these … domestic violence programmes, a really good resource. (C2)

Negotiating the contact arrangement

The job of the co-ordinators to negotiate complex situations potentially comprising disputing parents, court processes and rulings, CYF involvement and vulnerable children, was identified as an issue of concern, or as one co-ordinator put it:

> A hard call. Most of them [caregivers] have a legitimate reason as to why they would want supervised contact to happen for the safety of their children, and themselves. I have children that have said they don't want to see their parents and I've just not gone ahead with it, and I've had others that I've been coerced a bit by pressure from courts and lawyers to set up sessions and I've started them and the child keeps saying 'No', then I've eventually, after so many sessions, I've cancelled. (C1)
>
> 'I'll do what I have to do 'cause I want to see my kids' – and a lot of them say 'Because I'm not going to remember all the things I'm not supposed to do so can you make sure you remind me' … so we try and work with them at that level to get a co-operative process going on. (C1)
>
> When a woman gets a protection order she might do her education programme through a refuge – she's become all empowered and this does become a punishment factor for the male. (C1)

Changeover process

Two of the centres offered a changeover process that operated very successfully and enabled contact at other than the weekend hours of the centre. The changeover arrangement was used in situations where trust and stability of contact had been established. It was also viewed as part transition to unsupervised contact:

> Changeovers are a great thing. I find them very useful because if you drop off the other end of supervised access then you are straight back to relying on the family for where he'll pick the children up from, where he'll drop them off, will he do it on time. (C1)

Collecting fees

Some of the supervisors felt uncomfortable with the expectation that parents pay to attend centres, and they were sympathetic to parents' question of "Why should I pay to see my own child?" The co-ordinators were a little more accepting of the situation as unavoidable due to lack of funds from government and others:

> There's the money thing; we don't pester them. C1 knows who has paid and who hasn't paid or why and the kids can still come in. Sometimes somebody might ring up and say 'I can't come because I haven't got any money' and we say 'Well, just come anyway.' (Supervisor from focus group)
>
> We do [collect the fees] if they give it to us. Sometimes you might say in a casual way 'Were you wanting to pay something today?' (Supervisor from focus group)
>
> Also one or two say 'I don't know why I should have to pay to see my own child.' But nobody is ever stopped from coming because they can't give the $15 or $10 or whatever it is. I think that's a good thing. (Supervisor from focus group)
>
> It's a pretty clear contract. (C1)

4.3.7 The resources of the contact centres

The three centres were each located in pre-school centres. Each had slightly different facilities and equipment, and provided different experiences for children. There were clear benefits for pre-school and younger-aged children:

> It's the Day Care Centre, so it's all fully equipped, with all the developmental learning areas for the children to play; there's the outdoor area. As far as I know they're all run in daycare centres, so there's everything there a child could pretty much want to do. There's lots of choices and there is a lot of space and a lot of areas and they can go off to a private place away from the other families. (C2)

There were also comments that the facilities and resources were limited in some specific ways, especially in not being age-appropriate for teenagers:

> We've only got stuff for under-fives. (Supervisor from focus group)

One group struggled with an arrangement that meant they could use the centre only at weekends, because during the week it operated as a pre-school centre:

> The downside is not having our own centre. (Supervisor from focus group)

One centre, however, had the opposite experience and the co-ordinator commented on the value of Barnardos owning the pre-school facility they used. It gave them the freedom to use all the equipment and it was possible to just go to a cupboard and get out something appropriate for the particular children in attendance that day.

4.3.8 Cultural needs

A specific question was asked by the interviewers about whether contact services were able to meet the cultural needs of the children and their families. One co-ordinator felt that more could be done:

> I think that we need to do more as an agency in meeting the needs of the Māori, Pacific Islanders. (C1)

Co-ordinators felt that Māori and Pacific Island families were not routinely using their service. They felt that these families might have other pathways for provision of a supervised contact service. It was viewed that other services might enable extended family members to provide the supervision arrangement:

> Don't get a lot of Māori or Pacific Island families because it's routed another way. I think that it is, and the families step in more. (C1)

It was felt that if Barnardos was more proactive about saying it offers a different service to different groups of people they might get even more referrals, and as it was they were completely swamped with too much work.

Nevertheless, some Māori and Pacific Island visiting parents did use the services at all three centres:

> A Māori guy from ... comes down. He was talking about his Māori culture and how the kids needed to stay connected to him because mum was Pākehā and I said that they do, for sure, and I said it is not just the Māori culture – your whole family has a dynamic, a cultural difference, the way you do things that children need to know. I try to do that with all the families. (C1)

A gap in the service provision was clearly recognised:

> It would be great if we had our own Māori support worker that could work across the services so that if Māori people wanted to engage with our service they immediately got good support. If we had a child advocate, part-time, someone – a whānau worker – who could work with domestic violence clients, family support clients, right across the whole service. (C1)

In the supervisors' focus group comments were made about the need for more training in the area of cultural provision:

> It would be great to have people in the social work field who work regularly with Māori to give us an insight into the world of what's important, what's sacred, what's not, just to give us skills and language and to give us an approach. (Supervisor from focus group)
>
> I think we realise about other cultures and how it's going to affect the way we work. (Supervisor from focus group)
>
> Most of us have had some training in different organisations. We've had quite a few Māori in the past and Samoan. They might not be people who identify strongly with their culture. (Supervisor from focus group)

4.3.9 Key informant interview

In order to gain further insight into the issue of meeting cultural needs we interviewed a key informant who worked within an iwi provider service in one of the localities where a centre operated. She identified a number of areas where she felt changes could be made.

Aim and philosophy

The need to bring a tikanga Māori focus into work with Māori clients, including those of mixed ethnicity, was a central theme. This manifested itself most clearly around the concern to hold a whānau focus:

> I suppose that's part of being Māori – being Māori it's really important we don't separate the child and the family. We encompass them as a whānau.

There was a child and family focus, the sense where the child does not stand on his/her own as a focus, but was also seen within and part of a family:

> Māori tikanga, that was encouraged – family contact. The focus was on the family. It's not just child, no – it's definitely a family focus and it's really strengthening the family and those relationships. I mean, it doesn't happen overnight, but in saying that, that bit of contact and then sorting out differences and being able to participate together with their child.

Nevertheless, the notion of protection of and safety for the child was not lost in this wider whānau focus:

> Resolving issues. Some sort of resolution definitely, because, I mean, it's there for a purpose – to protect the child.

Working processes

This informant outlined several specific ways that the focus might be different if a tikanga Māori process was used. This revolved around the idea of meeting cultural needs:

> I think, for Māori, that if you're going to have one service, it's really important to have them catered for their cultural needs. And it might be around contact with whakawhanaungatanga, manakitanga and all those sorts of key concepts. But I think if you had a mainstream service providing it you would really need Māori workers. If you didn't have Māori workers it wouldn't work because there's no way there can be a relationship. Well, there could be but I don't think, I'm not sure, depending on the level of Māori that families are at, 'cause not all Māori families follow tikanga.

Practically this meant supervised contact would increase the amount of visiting relatives:

> We encourage contact. We encourage the family as a whole, so they have the siblings there. They [Barnardos] haven't built that relationship with the family. They haven't got to know the family and what the dynamics are within that family.
>
> We try to be flexible and work it in within our workplace for the day or schedules or diaries, and so there was consistency. We'd do it in work time. We provide an

> environment that's appropriate for them. I probably worked at the hard end of the ones that had broken down. I was picking them up and encouraged them to have that contact with their child – even though it was Barnardos supervising it, it was a contact.

Rules
Some specific comment was made regarding the application of the rules of contact, which the informant felt did not fit conceptually with tikanga Māori processes:

> It was really just around appropriateness – around talking. What to talk about, what not to talk about. I mean, if there were domestic issues between the parents that wasn't to be brought in. And we encouraged a child focus and participation.
>
> I think it was probably different because we were there to support them too.
>
> There was no leeway for this one – she still had to pay to see her child and I'm actually struggling with that. That was a huge burden for her. Well, if she didn't pay, she didn't get to see him.
>
> There was also a lot of controls put in place by the caregiver of the child and they had quite strict rules around the visit – the supervised access and Barnardos had incorporated those into their rules.
>
> There were things around that she wasn't allowed to touch her child – which is a standard access rule, and that's flexible for some people, but for her that wasn't. There was no flexibility for that. It was never negotiable. Time – specific times – that was a set thing and sometimes the caregiver would be there, would just be observing herself. I don't think she really understood the rules of supervised access.

Giving the child a gift was also an issue of concern to the informant:

> It might be with presents that you can actually sit there with the child and make something and give it to the child. Have something that they can do. For parents, to them, it's the only contact and they're feeling guilty enough that the child's there. I mean, they can't buy the child, but they want to be able to support the child and there's no other way that they see that they can and that's the terrible thing about it. That has just been an issue with some of the parents that I've been involved with where they've really wanted to buy them something, or give them a bit of pounamu or something like that.

Providing more support
The key informant felt more could be done to help Māori families in supervised contact:

> I think that's probably the downfall of supervised access, because if those parents haven't got a support person in place to address those issues of why the child's there in the first place, that child would just stay there or go long-term in care, or whatever.

The need to provide a parallel social work support service alongside the supervised contact was discussed:

> Wrapped around those families that are participating in supervised access. That would be an excellent way of working it – because then the family is being supported, they are addressing those issues, the child is still kept safe and being supervised, but there needs to be some sort of support there for the family to resolve whatever the issues are. I think, as long as they are aware of the services available to them if anything came back or wasn't right. I think it's just making sure that they have that knowledge of their community. So it's not a waste of time because it's important for the parent and child to see each other and it's really maintaining those relationships and it might be that mum and dad have counselling in some form. Or it might be that they can come to a place of understanding.

4.3.10 Gaps in service provision

Services for teenagers

Co-ordinators and supervisors recognised the restrictions brought by operating out of pre-school facilities. The need for services to pre-teens and to teenagers who would find the centre facilities inappropriate was raised by both groups:

> I don't think that we can offer as broad a service as what we could and I know the staff mentioned this, in that the teenage children, it's not okay – that's okay for a few sessions but I'm having talks with the centres out there because they're thinking of creating another room for after-school care which will have a pool table and different bits and pieces which may be better. So we are doing things about resourcing, which is just an issue always with these sorts of things. (C1)

> It isn't an appropriate place for older children. It's not really [OK] for older children. Ideally it would be nice to have more outdoor space so that we could set up activities they could sort of engage in, for older children especially. A kitchen they could use and baking and things like that. (C3)

Child advocates needed

One co-ordinator felt strongly that the service would benefit by having child advocates available solely to look after the child's interests:

> There is a huge gap. I think that will be really good if we had child advocates attached to our offices because it is hard to do that well while you are still negotiating with parents. (C1)

Need for complementary programmes

Supervisors saw the need for complementary programmes that would work to reinforce and consolidate contact visits (as they were quite short) as a backup to the work of the contact service:

> Personally, I'd like fathers or mothers to do parents' courses as part of the contractual agreement as well. (Supervisor from focus group)

> I'd also hugely like to see some fathers' support groups. (Supervisor from focus group)

Comments regarding a specific need for off-site supervision were also made.

Individual or group sessions

Differing opinions surfaced regarding the value of group sessions as opposed to one-family-only sessions. One co-ordinator considered that there might be value in offering individual contact sessions. This was based around issues of safety:

> One thing I would like to have changed is that families could have contact on their own, not with other people there. I really don't like the idea of it because especially from a safety perspective, if something did happen there's a lot of other children and adults to clear from the area that are also in immediate danger. (C2)

There was also a concern that more than one family present in any given session dispersed the individualised focus possible in the visit:

> But also for the value of the contact. I think it would be much more valuable and they – both the child and the visiting parent – would get a lot more out of the visit if they are on their own, because they wouldn't be so worried about what everyone else is thinking. (C2)

> I did actually do a supervised session myself to introduce a new client and I was there when that session was doing the overlap and I found it quite confronting and it did disrupt the situation – to have someone come into the situation when they weren't there for that child, and for the children to just start acting different, because children just like to play with children, you see, and these parents are trying to visit their children. (C2)

But supervisors from the focus group and C1 were quite happy with the arrangement in Dunedin to vary supervisors each week and have several families on-site at once. It was also seen as a cost issue, being less expensive to have more families at a centre at one time.

More financial support
Staff from the focus group felt that more financial support could be offered to both visiting parents and caregivers, especially those who lived far away from Dunedin. These parents often only saw their children once a month because of the high cost, but with assistance might be helped to see their children more often.

Rules
Supervisors mentioned some occasional tricky moments with the rules:

> Everybody comes with different rules. Some can do anything whereas the other ones, they're not allowed to do anything. This is negotiated; it's what the mum and the dad have agreed to. (Supervisor from focus group)
>
> From the point of view of the visiting parents who say: 'He's taking a photo, why can't I?' but I guess the only way to deal with it would be to say 'That person perhaps has been coming longer.' (Supervisor from focus group)
>
> It would probably be us saying 'Well, you'd better talk to C1 about that because that's what we need to do. It's written in the notes, but sorry, you can't do that.' (Supervisor from focus group)

Off-site supervision
One co-ordinator expressed a wish to see the service develop towards offering more off-site supervision, recognising that the service confined visiting to a somewhat artificial one-to-one one-play situation. Her aim was to offer the opportunity for the visiting parent to potentially attend significant events in the child's life, such as school prizegivings, sporting events and so on:

> Why can't a father see his son play soccer on Saturday mornings? (C3)

Significant family events were also mentioned: tangi, funerals, marriages and simple contact with extended family, especially those on occasional visits from overseas. But C3 recognised two major issues that would need to be resolved to make such an additional service viable – safety and higher costs.

On safety:

> This type of service would only be available to low-risk families. They would have to be low-risk families; we couldn't do it for everybody. We couldn't do it for high-risk. It would require more than one supervisor per situation. 'Cause the safety of the staff really, because you're on your own really. We'd do two supervisors … you'd have to have two supervisors. (C3)

This would lead to higher costs, which would need to be met through some subsidised channels, rather than additional cost to parents:

> Because a parent could never … it would be very hard for a parent to pay that, even if it was just once a year for a school concert or a funeral, it's a lot to ask of [parent]. That's why Barnardos has never done it because we don't make a profit. (C3)

Competition with other providers was mentioned in this discussion as another provider in the city was offering such an off-site supervision process:

> They've just not long started so they are getting a good lot of clientele because that's where people want it, so we are competing. (C3)

But the staff were aware that in this service only one supervisor was provided rather than two, which they felt compromised safety standards for all concerned. They were concerned that for this service there had not been a shift from reaching a certain standard (threshold) within the supervised contact leading onto unsupervised contact and this might mean parents were not as well prepared to manage the unsupervised contact as they would have been if they had first participated in the supervised contact:

> They've reached some threshold where you feel confident and comfortable … and if you're talking about a visiting parent, they're not necessarily set up with all that. (Staff from focus group)

Staffing issues
Centre co-ordinators reported that the strengths and assets the staff brought were vital to the good operation of the contact service. Two of the three centres had strong staffing teams while the third was more recently established with a new co-ordinator and was still in the process of struggling to employ enough suitable staff, and relying on people wanting to work in a limited capacity:

> But all of these ladies here, they actually have full-time jobs as well, giving up their time to help in a community which is great, but they all request that they only work once a month – it's not possible, if someone is sick or goes on holiday; it's just not possible. (C2)

This co-ordinator felt the need for a staff team with more flexibility and with Barnardos as a dedicated focus. She felt that psychology or social work students should be encouraged to become supervisors.

The other smaller centre and staff team also encountered problems with providing equity in rostering and offering work. The combination of part-time staff and fluctuating attendance numbers at the centre meant ongoing uncertainty of employment. This had to be managed within a situation where experienced and committed staff were needed, yet ongoing work could not always be guaranteed.

4.3.11 Why do some families stop attending contact centres?

Despite the best efforts, some families simply stop attending without it being planned in advance or well understood by the co-ordinators and staff. Staff expressed feelings of concern for the child at the centre of the visit:

> Very disappointing if the visiting parents decide for whatever reason that they can't come any more – lots and lots of different reasons. It can be quite devastating for us and more devastating for the child, especially if they're waiting. (Supervisor from focus group)

Staff showed how they understood how difficult it was for parents to keep coming to supervised contact:

> One party might be trying really hard but the other one is extremely resistant and in the end they just give up. (Supervisor from focus group)
>
> But some of them do come back and start again because he's [the child] very young. (Supervisor from focus group)
>
> But it's usually because one of the parents, something personal has broken down for them, whatever issues they're bringing and so that's taking over life rather than the children. (Supervisor from focus group)
>
> There are very few that have broken down, we do get them, we have had them over the years, but few and far between. (C3)

Examples of two that had broken down were given, stressing the lack of commitment to the process:

> Because he couldn't be bothered, he didn't want to pay. (C3)

For other situations, external matters may impact the arrangement:

> Sometimes they might have to go away a wee while, one of the partners, to jail. (Supervisor from focus group)

> We have had the odd family that's nothing to do with the court. Sometimes they'll just suddenly stop coming because they have come to an arrangement. (Supervisor from focus group)

It can also be driven by the changing wishes of the child:

> There was a long-term one – a boy – they were doing it for quite a long time and then he decided – the young boy – that he didn't want to come any more. (Supervisor from focus group)

4.3.12 Transitions – the support given to families to help them move to unsupervised contact

Both co-ordinators and supervisor staff were strongly of the view that a move from supervised to unsupervised contact was desirable:

> The aim is that they have supervised contact then they go to a changeover. (C2)

They identified the following aspects that would make that happen – that they would be looking for as indications that unsupervised contact was feasible:

> Initially it's their reliability – whether they turn up on time, their demeanour towards the supervisors and the child, how they interact with the child, their parenting skills. To me, something that is really important is even how they converse with the child, whether they have knowledge of that child's developmental perspectives and whether they're relating to that. (C2)

Reviews of progress were seen as an important time for assessing whether the arrangement should change to supervised changeovers or unsupervised contact, and these occurred approximately every three months:

Interviewer: So in fact those reviews are an opportunity to say 'Shall we try out the changeover?'

> Yeah, exactly, and for them to know that I'm here to help them, not just to be someone that's sitting in an office getting them to sign pieces of paper so that they can see their child. (C1)

The changeover process, described earlier, was seen as a key aspect of the transition process:

> The changeover, I think, is an invaluable step. Changeovers are a great thing. I find them very useful because if you drop off the other end of supervised access then you are straight back to relying on the family for where he'll pick the children up from, where he'll drop them off, will he do it on time. (C1)

Transition to changeovers was often initiated by the family rather than Barnardos:

> Transition towards, say, changeover from fully supervised, often comes from the family. Occasionally it comes from the caregiver – the day-to-day carer who recognises the children want to see the dad. More often it would come from the visiting parent who will say to me 'I'm sick of this and I've done everything asked.' I will say there is a possibility of changeovers. It goes back to the lawyers – they do their lawyer talk. They'll ask me what I think and the children will be asked what they think, or I ask the children anyway. I think what gets it to that point is that often it is the children actually. They might be pressing for it. So often the children they say that at home to the mums. (C1)

Co-ordinators supported those parents moving to different arrangements as part and parcel of the service they offered:

> I normally, informally, give them a couple of rings afterwards, just to see what's happening because, at that stage, counsel for the child signs off as quick as they can although I have noticed they are starting a little bit more to say 'Just stay on for three months to see how it goes.' I definitely keep in touch informally, just to see what is going on and just to give them some support. Sometimes they ring up and say 'I'm not sure' 'cause their parenting is challenging, these guys when they get out there. We offer parenting courses. (C1)

Supervisors were aware of the need to regularly assess parents to see if they were ready for a change:

> Some people are quicker at being able to bond or kind of fit into the rules, and some people break the rules all the time and are pushing the barriers all the time. So those things hold some people back a bit longer than the ones that don't buck the system so much. (Supervisor from focus group)
>
> Generally for us the knowledge we will have is C1 will have said 'There's a court process coming up – this might happen.' I don't think that any unsupervised access happens without due process. (Supervisor from focus group)
>
> It might seem sudden to the parent but they're not seeing how the interactions are going with the other parent and the child over that time. (Supervisor from focus group)

One co-ordinator felt that more support could be offered to families while the transition to unsupervised access occurred:

> I think that the family needs more actual 'hands-on' support if they want it. A lot of these guys are really isolated. Maybe during the process I think that some of these people need more – they need like a fortnightly session. See, some of the guys who are really not coping I'll call, I'll say 'Right, you come and see me every fortnight or every week.' That is why I only offer it to people I think are really wobbly and they soon rise to the top. They are the ones that I always ring up after their visits – so you just prop them a bit more. (C1)

4.3.13 Final comments on remaining issues about supervised contact more generally

Co-ordinators were unanimous that more resources were needed for contact services at centres, more staff and off-site supervision:

> We need to be better resourced as co-ordinators around the country. I don't advertise. Every time people say, 'Oh, we will help promote your service,' I say, 'Don't you dare – I can hardly cope now!' (C1)

Other staff and services were needed, child advocates and counselling for children for example:

Interviewer: So what would the child advocate do?

> I think they could be part of the assessment process at the start. Very clearly make that connection with the child, follow the child, because part of … under this new Act there is more responsibility on us to listen to the voice of the child and advocate for the voice of the child. That's another job on top of what we are doing. It's a thing that I really like doing – being the child's connection who goes and sees them every three or four months. (C1)
>
> The Care of Children Act doesn't provide for counselling for children to be paid for. I think that is really poor. They will provide counselling for the adults to enable the adults to formulate a plan for the family to work forward but there is no actual counselling process for the children that's funded. (C1)

4.3.14 Summary

The co-ordinators and staff gave much thought and insight to the subject of supervised contact. They were clear about what they could offer and what they could not offer. They felt they offered a comprehensive service but some gaps for older children, off-site supervision and cultural provision were identified. The staff demonstrated an acute awareness of the needs of the different parties involved in contact and fulfilled their jobs with great sensitivity and intuition. The staff clearly enjoyed their work, and families were benefiting from their support, as well as achieving their goals of seeing their children and keeping them safe.

5.0 DISCUSSION AND CONCLUSION

In this section we summarise and discuss the findings in light of the five research aims:

- To explore the experiences of parents and/or caregivers involved in supervised contact arrangements.
- To identify ways in which Barnardos staff provide assistance to families involved in supervised contact arrangements.
- To identify the helpful and hindering factors influencing supervised contact arrangements.
- To explore processes of transition to unsupervised access and which factors support or hinder transition to other arrangements.
- To explore appropriate cultural provision for families from different ethnic backgrounds.

5.1 TO EXPLORE THE EXPERIENCES OF PARENTS AND/OR CAREGIVERS INVOLVED IN SUPERVISED CONTACT ARRANGEMENTS

An overall aim of this study was to explore and understand the experiences of both caregivers and visiting parents involved in supervised contact centres in New Zealand, of which little previous research had been undertaken in New Zealand (see literature review earlier). The visiting parents and caregivers we spoke to were generally very satisfied with their experience of supervised contact and very pleased that the service was available. Both groups clearly identified the overall value of the service in enabling children to reconnect or remain connected with otherwise estranged parents. We were impressed with the clear focus parents maintained around the needs and rights of the children to have contact with their visiting parent, even when there had been a history of conflict between the parents.

It is of interest that specific aspects of the service were valued differently by the two groups of parents. Safety, for example, was provided for both parents in different ways: for caregivers it was about security; for visiting parents it was about proving they were not dangerous, or not ‘bad parents’. Previous research has not picked up this important distinction.

The caregivers had all experienced difficulties in other earlier contact arrangements (either informally supervised or unsupervised), and had come to use the supervised service as something of a last resort after the previous arrangements had broken down. These caregivers particularly valued the availability of a centre-based service as this ensured safety, especially for the child, but they also found relief from the conflicting interchanges between themselves and the visiting parent.

Visiting parents were very appreciative of the contact service’s existence, in that they were able to maintain and/or rebuild relationships with their children. While some of the visiting parents had initially felt unsure or hostile towards having to use the service for supervised contact, they all had come to really value the centre. They found the staff treated them well, worked for them in their relationship with their children, and generally provided an affirming and supportive atmosphere. This matches previous research by Strategic Partners (1998) and Sheehan et al (2005) who found that staff aimed to build strong parent-child interactions and relationships.

Accepting and valuing the supervised contact service was still coloured for a few visiting parents by continuing to feel powerless in their parenting role and unhappy that they were being directed to have to see their children under supervision. This bitterness was, however, directed towards ex-partners whom they felt continued to exercise power and control over them, or to the system, the Family Court and CYF, which had imposed the supervised contact orders, rather than at the Barnardos service itself.

The conditions of the contact arrangements, known universally as ‘the rules’, were another specific example of the service viewed differently by each parent group. For the caregivers the rules were a guarantee of certain elements of safety they were much concerned about, usually with good reason from past experience. Thus they felt these needed to be carefully adhered to at all times with little room for movement. The main complaint that caregivers voiced about the service was that they felt the rules were not fully maintained, or adhered to. Visiting parents, on the other hand, while being appreciative of the service, all voiced difficulties with the specific arrangements and 'the rules' of the service imposed on them. For example, they found the supervision itself as a monitoring and surveillance process especially difficult (Jolley 1999). They found close supervision or monitoring intrusive and unnatural, and at times this sparked or renewed feelings of being judged or criticised, reminding them of the stigma of being at the 'bad dads' place. Nevertheless, there was an overall appreciation of how the provision of contact in a centre had helped them regain a parental role in their children's lives, and to reconnect them with their children. For several, it gave them the chance to regain confidence in their parenting roles and show their willingness to reform and change. This was vindicated sometimes by recently having moved to unsupervised contact.

Other practical aspects of supervised contact were a problem for some visiting parents: for example, older children's needs not being met; wanting to be on their own for contact instead of being in the company of other parents; and wanting off-site supervision.

It was particularly notable the lengths that some visiting parents went to in their travel to other towns, often in difficult financial circumstances, to see their children. They were very persistent and determined to keep up with their supervised contact visits.

Caregivers with older-age children were also concerned at the lack of age-appropriate facilities for older children and teenagers. Again, this theme consistently comes through in previous studies in New Zealand and overseas (Peterson-Badali et al 1997; Chetwin et al 1999; Jolley 1999; Sheehan et al 2005). There was also some concern that familiarity with a particular location led some children to feel bored, but this was mitigated by the feeling that familiarisation of the centre and the staff in themselves provided a sense of safety.

5.2 TO IDENTIFY WAYS IN WHICH BARNARDOS STAFF PROVIDE ASSISTANCE TO FAMILIES INVOLVED IN SUPERVISED CONTACT ARRANGEMENTS

There was a widespread appreciation from both groups of parents of the manner in which staff carried out their roles and responsibilities. The skills, abilities and the interpersonal qualities of all supervisory staff and co-ordinators were especially valued. They were valued for their empathic and intuitive response to the needs of the whole family. While this was predominantly child-focused, there was a clear valuing of the staff responses to both parents' roles and needs, ie responding to the varied fears at the beginning of contact of the caregiver and child and visiting parent (ranging from apprehension to hostility and bravado), then to the varied emotions of the end of sessions (unwillingness to let go, saying goodbye, regrouping needed by the child and reassuring needed by the caregiver). The high-level skills required and used by supervised contact staff concur with previous research completed by James and Gibson (1991), Strategic Partners (1998), Jolley (1999), Fischer (2002) and Sheehan et al (2005).

Co-ordinators were extremely well regarded by family members and supervising staff alike. They showed a depth of knowledge, ability and skill in the performance of their role. There was exceptional commitment throughout from them from assessment through to targeted post-supervision support where needed, which was without exception highly regarded by all parties. We were impressed by their ability to hold a position of empathic neutrality central to the good functioning of the contact service.

Staff were very clear about their roles and responsibilities and were able to articulate a theoretical and conceptual position within which they worked (for example, Attachment Theory/United Nations Convention on Children's Rights). This was further deconstructed into the practical requirements of such positions and the methods of articulating these in their day-to-day supervision sessions with the visiting parent and child dyad. These included: providing reassurance in a safe environment; being consistent and genuine; facilitating communication; modelling parenting skills; encouragement; boundary setting; and facilitating age-appropriate behaviour and activities.

Interestingly, none of the visiting parents voiced any detailed description of the processes considered to be at work in supervised contact. This group was focused on the here and now of the visit. They appreciated the atmosphere and conditions of the visit created and maintained by the staff but did not tend to describe this process conceptually. Caregivers were more likely to be able to name the processes that were taking place. They particularly named safety, risk assessment, establishment of trust, settling down, understanding age and stage behaviour play ability, and parenting behaviours. They also hoped that boundaries would be provided for visiting parents, and that supervised contact would settle visiting parents down, and teach them how to behave and so forth. Those visiting parents who had moved to forms of unsupervised contact were more likely to acknowledge learned skills and behaviours, particularly to do with communication, acceptable and unacceptable adult behaviour while on unsupervised contact, and age- and developmental stage-related activities for their child.

5.3 TO IDENTIFY THE HELPFUL AND HINDERING FACTORS INFLUENCING SUPERVISED CONTACT ARRANGEMENTS

Helpful and hindering factors were identified for each group of participants. What emerged as of most interest from these is that the same items appear on both lists. This appears to be due to the often diametrically competing needs and wishes of the two groups of parents, so that what is identified as helpful by caregivers – eg consistent application of the rules and guidelines – is likely to be considered unhelpful by the visiting parent. In the case of the rules, a wish for more flexibility was expressed.

It may well be that a matrix approach to this question needs to be considered in the future. This could identify any item which was suggested by either or both groups and allow more robust recommendations for change to be made. Nevertheless, such a list must be read within a context of accepting that while these are issues of concern, the overall service is valued and appreciated by all participants. Many of the factors listed below have been mentioned in previous studies by Strategic Partners (1998), Chetwin et al (1999), Jolley (1999) and Sheehan et al (2005).

5.3.1 Helpful factors

- Sense of safety and relief.
- Facility: appropriate for younger age groups.
- Resources at facility.
- Children enjoyed and valued visit.
- Child-friendly focus/approach.
- Consideration and empathy towards visiting parents and caregivers alike.
- Ability and vision of co-ordinators.
- Superior staff skills.
- Provision of safety for all parties.
- Rules are clear and straightforward.
- Reduction in communication conflict.
- Drop-off pick-up turn-around gap.

5.3.2 Unhelpful factors

- Stigma of attendance.
- Facility not appropriate for older children and teenagers.
- Repetition for long-term users; not enough variety of resources.
- Length of contact visit (too short).
- Lack of off-site supervision possibilities.
- Inflexibility in the application of rules.
- Fees and travel or costs.
- Other lifestyle impacts.
- Lack of feedback to caregivers.
- Some breaches of confidentiality (in smaller centres it was a problem where people had multiple roles).

5.4 TO EXPLORE PROCESSES OF TRANSITION TO UNSUPERVISED ACCESS AND WHICH FACTORS SUPPORT OR HINDER TRANSITION TO OTHER ARRANGEMENTS

Parents moved in and out of supervised contact arrangements. There was not necessarily a linear pathway from a supervised to an unsupervised arrangement. In fact, moving back and forth as circumstances altered seemed more likely. Nevertheless, transition to unsupervised contact was the ultimate goal of each centre co-ordinator, all supervisory staff and most visiting parents. Caregivers were not unanimously in favour of this. Some were adamant that a long-term supervised situation best kept the conditions of safety. This had interesting funding and fees implications for both the service and parents' ability to pay. The time families spent on supervised contact ranged from three months to four years and funding was not provided by central government beyond 14 weeks. This meant parents paying more fees and Barnardos fundraising to support the service. The need to increase the funds available for both short- and longer-term supervised contact has also been discussed by Australian studies (Sheehan et al 2005) and a recent New Zealand study as yet unpublished (Gollop and Taylor 2005).

The processes and steps identified by staff as leading towards unsupervised contact included a reconnection and rebuilding of the parent-child relationship and the establishment of warm and genuine relationships. Visiting parents' ability to be at, and understand, the child's level of development and interests, was a crucial component to achieving unsupervised contact. Visiting parents' ability to stick with the rules and also to develop ongoing settled and congruent relationships with the supervising staff all contributed to reaching the point where supervisors could feel happy about the notion of transition to unsupervised visits. Co-ordinators also played a significant part in this, especially through the report writing function they performed. Interestingly, most visiting parents wished for the co-ordinators to form and voice their opinions as to their suitability for unsupervised contact, rather than being only able to make observation-only-based information available in reports for courts and CYF. This was reiterated by co-ordinators who felt they were in a position to contribute more comprehensive opinions than were asked or expected of them by the courts.

A further process noted was the recognition by caregivers that supervised contact allowed them the space to develop better strategies to communicate about parenting arrangements with their former partners. This occurred as a result of stability and an increased sense of safety and trust, which the routine and familiarity of the supervised arrangement had achieved – notably a settling down of the previously unsettled situation. Parents 'pulled their heads in' and began to be able to co-operate and move to transition arrangements as it became clear to them that the children enjoyed and valued their contact time. At times the transition was agreed to in order to meet children's spoken requests for more time, for a different location, for variety in what they could do, and at other times it was a response to the unspoken trust and enjoyment that caregivers and visiting parents saw developing in their children. Strategic Partners (1998) and Sheehan et al (2005) discuss the move to unsupervised contact as requiring parenting plans, extra mediation, co-operation between parents, support from the courts, more help from contact staff and the need to have a model of transition. In this study there was little evidence of all of these, although the use of the changeover model in some centres was seen as significant, as was the improved communication between parents. There was also some evidence of co-ordinators providing ongoing support to families after supervised contact had ceased, but not nearly enough in their opinion.

The changeover step offered by some of the centres was a valuable first step in the transition process, smoothing the way for parents still concerned about safety and about meeting up with ex-partners. The changeover step was not available in all centres and was not a mandatory requirement for all clients; however, its obvious usefulness may suggest a review of this situation. It should be available in all centres and a mandatory step in the transition to unsupervised contact. One overseas research study showed that where a changeover existed it was more likely that unsupervised contact arrangements would continue than when no changeover existed and families just went straight from supervised to unsupervised contact (Strategic Partners 1998). The changeover process also allowed for ongoing monitoring and support. The need for off-site supervision was also suggested as part of offering comprehensive transition possibilities. Both supervisors and visiting staff saw this need. For supervisors it ranged from the knowledge that the site of service – a pre-school facility – did not meet the needs of older children, through to an acknowledgement that visiting parents and children may also wish or need to share more than a visit: for example, the chance to watch an activity such as

Saturday morning sport or a special occasion such as a school performance; even prizegiving was mentioned. For visiting parents this wish was expressed just as wanting to be in a more normal situation, and to have the opportunity to connect with extended family and other intimates not part of the 'supervised' setting. Some co-ordinators were very keen to develop such an off-site service and many parents identified this as a significant gap in the service possibilities. The provision of such a service could also meet needs for culturally specific arrangements and allow exploration of the wider environment within the safety of a monitored situation. Costs and staffing safety issues are, however, significant hurdles that need to be overcome before this service can be offered.

Three caregivers were adamant that moving to unsupervised contact would never occur in their situation because of ongoing concerns about harm to themselves or to the children, and Bailey (1999) also makes this point strongly: that for some families, supervised contact is the only option and therefore contact services must be able to cater for these people.

5.5 TO EXPLORE APPROPRIATE CULTURAL PROVISION FOR FAMILIES FROM DIFFERENT ETHNIC BACKGROUNDS

While some of our parent respondents were Māori and/or of Pacific Island descent, none directly raised the issue of the contact service not meeting cultural needs. When parent participants were asked about the provision of culturally appropriate services, none raised the issue of ethnicity. They tended to respond with issues specific to their own family style and concerns, especially the level of meeting individual parent or child requests for more flexible arrangements. Thus the possibility of allowing extended family members to attend the contact arrangement was raised by several visiting parents. One visiting parent described a situation where special arrangements had been made with a celebration meal and extended family visitors for a supervised contact visit and this had fallen through due to a late cancellation message not being passed on. To this parent, who was Māori, this showed a lack of understanding of the importance of such an arrangement, of the level of special preparations and anticipation of a contact visit for both parent and child.

Staff, however, were much more concerned about the adequacy of cultural provision, raising this particularly in relation to work with families who attended supervised contact services. Again, the number of non-European families was not high, but a need was recognised. Staff identified they wished to have more knowledge and training on how to deal with some specific concerns that had occurred when non-European families had been involved in the centre. These included wondering about children of mixed ethnic descent having specific needs, wondering about different perceptions of touching and physical contact rules, the role of gifts and the need to include extended family members. It was clear for all staff in the three centres that there was limited contact with non-European parents in these services. Whether this was because the service was perceived in the community as a Pākehā or non-Māori service, or whether non-European groups have other means of providing for supervised contact through culturally specific pathways, is a question requiring further exploration.

One Māori key informant with significant experience of working in the field contributed to this study. It was the view of this informant that attention to culturally specific needs was lacking in the supervised contact sector, and may account for the small number of Māori participating in the service, especially in retaining those who start out in a supervised contact service but drop out without completing the contract. The key point made was that the concept of what supervised contact means is different from Māori and non-Māori perspectives, and that there needs to be a greater emphasis on a whānau focus rather than a parent-child view. Family is viewed as the client and not solely the child, and also resolution of conflict between parents is an aim. This could be managed by an increased emphasis on wider family member involvement or a whānau-inclusive focus, and a more flexible, open arrangement as to location and timing, length of visits, costs and rule content. This does not mean that strict rules around safety would not remain, but that these would need to be negotiated within a whānau context. The key informant considered the best way to progress these suggestions would be through the employment of Māori staff within the current supervised contact centres, and this was also supported by the staff focus group and co-ordinators, and was indeed underway in some centres. The development of a wider support service beyond the supervised contact itself, described as a 'wrap-around' social work service, seemed to encompass the idea of a whānau focus succinctly. There was also acknowledgement that the Barnardos organisation as a whole was currently working on issues of culturally appropriate service provision after a recent Treaty of Waitangi audit and service-wide workshops to address these issues. In fact, it may well be that these concerns were highlighted in workers' minds because of the recent exposure to the organisation's attention to these matters.

5.6 CONCLUSIONS

While a study with this number of participants must necessarily be described as small-scale, it nevertheless does provide considerable in-depth knowledge on the provision and experience of supervised contact services. This study found that for this varied group of parent participants the provision of supervised contact reassured parents, whether day-to-day caregivers or visiting, that safe contact could be achieved where previously conflict and violence had been present or feared.

The service enabled safety to be assured for caregivers and children, and for visiting parents reassurance that their concerns to see their children were taken seriously. It clarified that while visiting parents felt somewhat challenged by the supervised contact process, most were determined to see their children and prove they were not 'bad parents' who need to be controlled. We found that all parents were committed to making supervised contact work, as were the staff. Parents valued contact services, especially the work done by co-ordinators. The staff made every effort to include all parties and to understand their different perspectives. Staff commented that not everyone could be the focus of the service, and that the child came first. On discussion in the focus group, staff were aware that this child-first focus did not always fit with a Māori worldview and were keen to explore other arrangements for culturally appropriate supervised contact for different groups. Minor criticisms of the service included: some of the rules and their application or lack of application; the lack of off-site supervision or provision of additional support programmes; provision for older children; and lack of detailed feedback to caregivers about visits. Overall, the service provided by Barnardos for supervised contact arrangements was highly valued by this group of caregivers and visiting parents. Parents also reported that their children valued the service and described situations where children moved from initial apprehension and unwillingness to looking forward to the contact visit and spending time with their visiting parent.

Staff identified the strengths of the service as being the child-focus, the provision of contact to people who would not have seen their children otherwise, and seeing children develop positive relationships with the visiting parent. They identified that the specific approach of a child-led service required a set of specialist skills within a general focus of neutral support and role modelling of parenting behaviour. Relationship skills of encouragement, non-judgementalism and support were central in carrying out these complex roles and tasks. Additionally, areas for further and future service development were identified.

A six-month funded project constrains the scope and depth of a project, as recruiting a sample of this nature requires ethical approval and appropriate consultation before sampling can even begin. However, a range of different participants' views was achieved and the major themes of the topic have been explored. These factors should be borne in mind when making policy and practice changes based on the study results alone. Our study, along with the other previous New Zealand and international studies, adds to the cumulative evidence of research material on the practices and experiences of supervised contact services.

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APPENDIX 1

Interview questions for parents/caregivers in supervised contact arrangements

1. How long have you had a supervised contact arrangement? What kind of supervised contact arrangement is it?

2. When did you start coming to the centre?
   Or: How long have you been attending?

3. What kind of contact arrangements were in place before the current supervised contact?
   How do they compare with what you have now?

4. What things do you find helpful when you come to the centre?
   What things do you find unhelpful when you come to the centre?

5. How do Barnardos staff assist you or support you in relation to the supervised contact arrangement?

6. Is there anything that staff do that gets in the way of a good supervised contact visit?
   What do Barnardos staff do to help with a good contact visit?

7. How has supervised contact affected you? How has it affected your child/ren? How has it changed your lifestyle and routines?

8. What could be changed to make supervised contact arrangements or visits better for you or your child/ren?

9. Do you feel safer as a consequence of the supervised contact arrangement being in place? Do you feel safe at the centre? Explore, etc.

10. What do you hope will happen to the supervised contact arrangement in the future?
    What things would have to change to help you achieve your goal of unsupervised contact?
    How might Barnardos staff help you get there?

11. Overall, would you say supervised contact is a good thing?
    Why?

12. How satisfied overall are you with the service you got from the centre staff? Could things be changed?

13. For parents who have already achieved unsupervised contact (ie former clients of the centre), what kind of things helped get you from supervised to where you are now? What things were not so helpful? How did Barnardos staff help you in this process?

APPENDIX 2

Questions for co-ordinators of supervised contact

1. **What is a co-ordinator's role?** How different is it from the staff who supervise contact visits?

2. **What is the aim of the centre?** Is there an overall philosophy, eg just to deal with people in the here and now in terms of the supervised contact arrangement? Eg helping children see their parents? Or, to facilitate a move to unsupervised or informal contact? Or, to help parents move from an adversarial to co-operative process? Who do you see as the client?

3. **What is it that you are trying to achieve with parents and families?** Do you think that you achieve it? What supports achieving these goals? What gets in the way? Are there changes needed to help you achieve your goals? What support do you offer families? What support could you/the centre offer?

4. **How do you work with families at the centre?** How do you work with custodial and non-custodial parents? How do you work with the children? What are your roles towards the different people who come to the centre? What training have you had to work in this area? With children? Parents? Other family members? Do you want or need more training? Are there culturally specific needs for families? Do you have sufficient training in this area? Do you want/need more?

5. **What do you enjoy about your work in supervised contact centres?**
   What do you dislike about your work in supervised contact centres? Or, what are the challenges?

6. **What are the good things about your centre?** Things that work well and things that do not work so well? What do you think families like or dislike about coming to the centre?

7. **Are the centres convenient?** Is the location convenient? Is the physical environment comfortable, eg appropriate for all ages? Is it child/family-friendly? Are there enough resources and equipment suitable for all ages? Are there any safety issues – for staff, for parents, children? Are there enough session times?

8. **Why do some families stop attending the centre?** What happens to families when they stop using the centre? What types of arrangements do they change to in your experience?
   a) For those families where there is a breakdown in contact: Why does this happen? What help/support do families need to prevent this? In these situations, what help can/do staff provide to help prevent this?
   b) What enables families to get to the point where unsupervised/informal supervised contact is possible (and they leave the centre or move on to using it for changeovers only)? What sort of help/support do you think families need to get to the point where unsupervised or informal supervised contact is possible? How do staff help with this process/what support help with this process? Is this the centre's role?

9. **When families have reached the point that unsupervised (or informal supervised) contact is possible, what support/help do families need during the transition out of using the centre?** What help/support does the centre offer? Is this the centre's role?

10. **What are some of the problems in the supervised contact sector and how can these be addressed?** Are there any things that could be done differently to improve services to families?

APPENDIX 3

Focus group questions for supervisors of contact centres

1. **What is the aim of the centre?** Is there an overall philosophy, eg just to deal with people in the here and now in terms of the supervised contact arrangement? Eg helping children see their parents? Or, to facilitate a move to unsupervised or informal contact? Or, to help parents move from an adversarial to co-operative process? Who do you see as the client?

2. **What is it that you are trying to achieve with parents and families?** Do you think that you achieve it? What supports achieving these goals? What gets in the way? Are there changes needed to help you achieve your goals? What support do you offer families? What support could you/the centre offer?

3. **How do staff work with families at the centre?** How do they work with custodial and non-custodial parents? How do they work with the children? What are their roles towards the different people who come to the centre? What training have you had to work in this area? With children? Parents? Other family members? Do you want or need more training? Are there culturally specific needs for families? Do you have sufficient training in this area? Do you want/need more?

4. **What do staff enjoy about their work in supervised contact centres?**
   What do staff dislike about their work in supervised contact centres? Or, what are the challenges?

5. **What are the good things about your centre?** Things that work well and things that do not work so well? What do you think families like or dislike about coming to the centre?

6. **Are the centres convenient?** Is the location convenient? Is the physical environment comfortable, eg appropriate for all ages? Is it child/family-friendly? Are there enough resources and equipment suitable for all ages? Are there any safety issues – for staff, for parents, children? Are there enough session times?

7. **Why do some families stop attending the centre?** What happens to families when they stop using the centre? What types of arrangements do they change to in your experience?
   a) For those families where there is a breakdown in contact: Why does this happen? What help/support do families need to prevent this? In these situations what help can/do staff provide to help prevent this?
   b) What enables families to get to the point where unsupervised/informal supervised contact is possible (and they leave the centre or move on to using it for changeovers only)? What sort of help/support do you think families need to get to the point where unsupervised or informal supervised contact is possible? How do staff help with this process/what support help with this process? Is this the centre's role?

8. **When families have reached the point that unsupervised (or informal supervised) contact is possible, what support/help do families need during the transition out of using the centre?** What help/support does the centre offer? Is this the centre's role?

9. **What are some of the problems in the supervised contact sector and how can these be addressed?** Are there any things that could be done differently to improve services to families?

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