

IRISH JOURNAL
of
SOCIAL WORK
RESEARCH

ISSN: 1393 - 4945

Published by:

Irish Association of Social Workers, 114-116 Pearse Street, Dublin 2.
Tel: (01) 677 4838. Fax: (01) 671 5734. E-mail: iasw@iol.ie

No. 1 (1999)

Irish Association of Social Workers

The Irish Journal of Social Work Research

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Dublin 2

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Vol. 2, No. 1 (1999)

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EDITORIAL

LISTENING TO DIFFERENT VOICES

Trish Walsh

As the new millennium gets under way, both Irish society and Irish social work are going through some interesting but challenging times. With a booming economy, a surplus of jobs, and Government spending at an all time high, most people in Ireland are 'doing well' and there is a palpable air of satisfaction on the streets. In contrast those who are socially excluded or marginalised are more visible than ever and seemingly resented for the tangible reminder they present that all is not well in the Irish kingdom. This is particularly the case in the public attitude towards people from different ethnic and racial groups who come to work, study, seek asylum and live here. In the last three years particularly, we have witnessed an increase in racist attacks on the streets, official and bureaucratic denial of the need for services for unaccompanied minors seeking asylum, and general immigration and refugee/asylum policies and practices which a Government minister was driven to describe as a 'shambles' (Liz O'Donnell, Dail Reports, Nov. 1999). Although some official action has been hastily promised now, one still senses amongst many members of this society, a deeply felt ambivalence about Ireland becoming a multicultural and multiracial society - and this is portrayed in the manner in which services are offered or refused, in the general tolerance of racial and ethnic abuse on the streets, and in the official reluctance of the Government and government agencies to be proactive in the development of anti-discriminatory policies and practices.

A start has been made with the enactment of The Equality Employment Act in Oct. 1999, and the establishment of a new National Equality Agency to counter discrimination and prejudice against people in employment on a range of grounds including sexual orientation, marital status, gender, race and disability. There are high hopes that these developments will provide a catalyst for the promotion and maintenance of more tolerance and less prejudice and discrimination against such groups but the Equality Agency's mandate has yet to be copperfastened by the enactment and implementation of more generic Equality legislation which will cover the crucial area of access to services. With these developments, the whole framework within which Irish social work takes places is shifting. For the first time we will be working within an explicitly stated, legally sanctioned 'human rights' environment. This is to be welcomed if it

enables discrimination and oppression to be challenged and overturned. It also strengthens the case for clients' perceptions to be heard, but hopefully within an enabling, positive context as opposed to one that continues to stigmatised and confirms prejudice. Now is the time for other agencies and institutions to develop their own equality policies *and implement them*.

The education sector is one crucial area in this as recent research examining the experiences of international students in Irish universities established. While Boucher's study suggests that universities are more tolerant of diversity than other sectors of society and that international students generally liked Irish society both for its perceived homogeneity and friendliness, he argues that 'contemporary Irish prejudice and discrimination is built on the structures of the traditional - friendly but insular - Irish culture and society'... and that students experienced 'a dominant pattern in which Irish racism was combined with either nationalist xenophobia or with ethnicism, and which was primarily directed against non-white people from the majority world.' (Boucher, 1998, p. 9).

While his research concluded that the students interviewed (n=48) had 'experienced everything from acts of overt friendliness to outright discrimination, and a continuum of motivations driving these interactions ranging from kindness and respect for the other to ignorance and racism' he poses the timely question: 'Will friendliness remain part of the dominant ideology and dominant behaviour as the country becomes more diverse, or will a more European form of cultural racism overtake Irish friendliness?' The best judges in this case will be the non-Irish and ethnic minorities in Ireland. (p. 75).

And so back to the voice of the service-users, or to move into social work-speak, the clients at the receiving end of services and policies. Social workers have the potential to play a pivotal role in listening to, documenting, researching and publicising the accounts and experiences of marginalised clients, but firstly we will have to overcome our traditional reluctance to evaluate and research both the outcomes of services and the experiences of those at the receiving end. Mayers and Timms (1970) pointed out some of the reasons for this some thirty years ago - it is worth revisiting them to see what has changed:

1. The extent to which social work thinking had historically been infused with psychoanalytic concepts and viewpointswhich encourages practitioners to discount or explain away views that clients might express.
2. The social worker's desire for professional status with one of the hallmarks of a profession being that the practitioner, because of skills derived from a body of abstract knowledge, can discern what is best for the client. An investigation of clients' perceptions may be threatening to the professional to the extent that it is construed as a challenge to his or her competence.
3. The structure of social work services generally leading to social work clients being isolated from each other: client grievances are apt to remain privatised and unexpressed.

4. Exploratory studies being seen to have relatively low status in social work research circles. Rigorous quantitative studies were seen as more scientifically 'sound'.

5. Agency reluctance to grant access to clients (breach of confidentiality; fears that it would damage worker/client relationship; and fears that it might be emotionally upsetting for clients).

Of the five research articles contained in this issue, four of them include the experiences and perceptions of clients, both adult and children, in the accounts. Most of the articles take a qualitative approach, privileging the detailed accounts of their subjects as opposed to a reliance on numbers and counting. The status of qualitative research methods has improved considerably and Irish workers do seem to be biting the bullet in relation to exploring the effects of services and interventions on their clients. With the exception of O'Toole and Gallagher, the researchers were all 'insiders' already working in the agencies through which they gained access to their respondents. Whether agencies and workers in Ireland are now in general more open to examining their practices and the effects of these on their clients remains to be seen. What we are still missing in the Irish context is a general review or overview of the state of social work across agencies and specialisations, a research endeavour which is badly needed given the fragmentation and demoralisation that appears to have developed within the social work profession in recent years.

It is sad to note the early death of a figure of particular significance in the Irish social justice area - that of John O'Connell, founder of Pavee Point (Dublin Travellers Education and Development Group). The changes that Pavee Point promoted in the area of Traveller community development and publications related to traveller life have been profound. Quite simply, the combination of community development amongst Travellers, research and documentation of the prejudice suffered by the Travellers and the theorising of the racism and discrimination that existed (and persists) politicised both members of the Travelling community and sympathetic members of the settled community. O'Connell (1994) outlined both the core philosophies and key strategic goals underlying this project:

- the recognition and revitalisation of Travellers' cultural identity
- the endorsement of and support for Traveller's right to self-determination and equality in Irish society
- the development of anti-discrimination and anti-racist policies and practices which protect Travellers' way of life
- the achievement of intercultural dialogue between Travellers and non-Travellers.

In many practical ways, these goals were pursued in Pavee Point - by the promotion of a more positive picture of Travellers life; by a challenging of the

more negative stereotypes: by the training and support of Traveller spokespersons to act as representatives of their own communities; by the establishment of Pavee Point Publications to disseminate a counter-orthodox body of literature and by the drawing on any available funding or grants, European or local, to further the work of the Centre. By now, the aim of making the non-Travellers redundant and ensuring that the expertise and knowledge had passed onto the previous service-users has been largely successful, and that is the best legacy that anyone truly committed to social justice can wish for.

The Pavee Point model of working is one which could act as a template for work with any oppressed, marginalised group.

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PERCEPTIONS OF THE FAMILY SUPPORT SERVICE IN COUNTY WICKLOW

by Janet Convery and Jacinta Murray

Abstract

This qualitative research study analyses twenty sample cases which had been referred to the Family Support Service in County Wicklow in 1997 from the perspective of social workers who referred the cases to the service, family support workers, and client families in receipt of the service. Perceptions about the reasons why referrals were made to family support, the objectives of employing the service, and service effectiveness were solicited from the three groups and comparisons drawn. Social workers and especially family support workers gave higher marks for service effectiveness than clients, but as clients did not share many of the worker groups' concerns about the family at the point of referral they were also unlikely to note progress in these areas. The greatest consensus between the groups was about the perception that family support interventions helped to improve children's behaviour and to reduce stress on parents. General comments made by each group about the service are recorded; the feedback is very positive and suggests that family support does help families to function better in some cases. More research is needed to determine the ways and circumstances in which family support works best and to establish a correlation between family support intervention and positive outcomes for children and families.

Background

The concept of family support is not new in Ireland. The Task Force on Child Care Policy highlighted the need to support families and children before problems reach crisis point where children are totally out of control and family breakdown occurs (Task Force 1981). Various community support services, notably homemaker services and community mothers programmes, have been developed in some areas of the Eastern Health Board over the years to help parents acquire or strengthen parenting and home management skills (Johnson and Molloy 1995). Until 1995, however, there were no statutory domiciliary services aimed specifically at helping vulnerable families with children in County Wicklow. While the home help service, on occasion, did undertake to offer practical support and respite to young families with children, including the families of disabled children, that service mainly targets older people living alone in the community. Children in families were never a home help service priority (McKeown 1995).

The development of a new Family Support Service in Wicklow came in conjunction with the implementation of the Child Care Act 1991 and the subsequent allocation of health board funds for this purpose in 1995. In Part II of the Child Care Act 1991, health boards were directed to promote the welfare of children and to

... have regard to the principle that it is generally in the best interests of a child to be brought up in his own family.

Part II, 3. (2) (c)

In this context, health boards are further directed to

... provide child care and family support services, and may provide and maintain premises and make such other provisions as it considers necessary or desirable for such purposes...

Part II, 3. (3), p. 6

Family support services that developed to carry out this directive in the Eastern Health Board aimed to

- a) empower and enable families to sustain the care of their children and to maximise their potential to do so
- b) reduce the need to take children into care or keep them in care
- c) alleviate pressures experienced by families and
- d) assist families in developing social contacts within their community

Scallan et al 1998

Family support services were developed largely as a cross between what Thompson (1995) defines as a 'home visitation' model and an 'intensive family

preservation strategies' model, which both target high-risk families whose children may be vulnerable to abuse or neglect. The home visitation approach works at a primary or secondary prevention level and

...reflects the ideal of instituting, in a formal support program, the kind of everyday assistance by natural helpers that is believed to be lacking in the lives of abuse-prone parents.

[The home visitor] talks with the parent(s), listens to their problems, offers advice about child development and child-rearing issues, connects the family to other resources in the community, monitors the child (or children) for signs of maltreatment..., and tailors other interventions to the specific constellation of needs and challenges of that particular family.

p. 125

The 'intensive family preservation model'

... indirectly seek[s] to accomplish tertiary prevention goals by providing a range of supportive services to families that are at risk of having a child removed from the home because of abuse...

Thompson 1995 p. 123

Although the social work priority in Community Care is very much about child protection and child abuse issues, Family Support Service objectives have, from the beginning, also included the promotion of child welfare and the strengthening of parent skills and functioning. Gilligan (1995) notes the importance of this element of the service

[Family support] is also about promoting [children's] welfare and normal development in the face of adversity. Family support activities seek to enhance the morale, supports and coping skills of all, but especially vulnerable children and parents.

Gilligan in Ferguson 1995, p. 61

The new service in Wicklow was developed as a social work service, and a half-time family support Co-ordinator was appointed from within the social work team in February of 1996. Referrals were to come from the Community Care social workers initially; later referrals were also accepted from social workers in outside agencies and other health board professionals. The initial budget was £40,000. Following two recruitment campaigns, twenty-six workers were on the family support panel by the end of 1996, and by the beginning of 1997, the service was fully operational in Wicklow.

Family support workers are employed part-time and, on average, work 15 hours per week. Workers are not required to have any professional training or qualifications and the low rate of pay offered reflects this. The profile of the typical family support worker is a mature woman with her family reared who has a record of volunteer work in her own community and a commitment to helping others (Scallan et al 1998). Many family support workers have taken courses as adults in the areas of self-development, counselling and social studies, and some have pursued third level education in social science-related areas. The average number of service hours allocated to each family is 6 hours/week (3 hours, twice per week), but in cases where there is very serious concern about child neglect or abuse, family support workers might be visiting families five days a week. Training for workers is the responsibility of the half-time Coordinator with no resources especially earmarked for this purpose. Workers get informal induction training when they are hired, and elements of in-service training are incorporated into monthly staff meetings. There are efforts now being made to standardise training between Eastern Health Board areas.

The research

The purpose of this qualitative, primary research study was to record the perceptions of social workers, family support workers and client families about the Family Support Service in County Wicklow. An attempt was made to measure perceived service effectiveness against perceived objectives, and respondents were asked to comment on aspects of the service. A service that proposes to work at a fairly intimate level (i.e. in their homes) with families to help them solve their own problems needs to be sensitive to the perspective of the families who actually use it. Feedback from the referral agents (in most cases, the social workers) and from family support workers will contribute to a better understanding of the way that the service is being used, and, hopefully, will lead to improvements that enhance its cost effectiveness as well as service quality.

Methodology

Twenty cases, of a total of forty family support cases in Wicklow at the time, were chosen for the study. These cases include families living in urban and rural areas, single parent and two parent families, closed and open cases. One case where a breakdown in the service occurred was also included. (Breakdown = where the service was withdrawn due to unforeseen circumstances.) Cases were chosen to broadly represent the types of cases with which the Family Support Service deals routinely and to reflect the geographic distribution of the user population in County Wicklow.

In each of the twenty selected cases, questionnaires were administered to the parent(s) in the client family, usually the mother, the social worker involved, and the family support worker. A family support worker who was doing a degree course in social science helped to draw up the questionnaires and administered most of them. The Co-ordinator administered the remainder. Service users were interviewed personally, and social workers and family support workers filled up the questionnaires in their own time after the purpose of the research was explained to them. Neither of the interviewers were personally involved in any of the sample cases at the time that the research was undertaken.

There was a high level of cooperation from all parties concerned. Families were asked beforehand, usually by the family support worker, if they were willing to participate in this research project. Once assured that their responses would be treated with confidence, all of those approached agreed to be interviewed. Family support workers and social workers also responded positively. The process of doing the interviews and getting back questionnaires took place between June and December of 1997.

Obviously a potential weakness of the study is that the quality of the data may have been compromised because two different methods of data collection were used between the three respondent groups i.e. self-administered questionnaires for the social workers and family support workers and personal interviews with the client group. Differences in the interviewing style of the two researchers is another potential weakness. The fact that the principal interviewer of family support clients had been, herself, a family support worker, may also have introduced a bias to the recorded responses. The scales used are simple tools developed in consultation with the social workers who make referrals to the service. They were not tested scientifically for reliability or validity and, as such, are an unsophisticated measure, especially of service effectiveness. (There is a large body of literature about qualitative research measurement tools. See, for example, Huberman and Miles 1994, Royse 1995 and Bourque and Fielder 1995.)

However, a particular strength of the study which enhances its credibility is the fact that it looked at family support from three different perspectives; that of social workers (referral agents), family support workers and service users. Another strength is that 100% of the selected sample responded and this sample represents 50% of total family support cases in Wicklow at the time of the study. Thus, the study has the clear potential to reflect general patterns of perception which are useful in defining the direction of future research on the topic.

I Breakdown of families participating in the research study

Total number of families	20
Geographic distribution of families:	
North Wicklow	7
West Wicklow	4
Wicklow town	4
South Wicklow	5
Single parent families	4
Two parent families	15
Foster parents	1
Length of time of service involvement: 4 months to 26 months (av=13mos)	
Number of social workers participating	9
Number of family support workers	15

II Research Findings

Reason for referral

The social workers participating were asked for the reason why sample families were referred to the Family Support Service under the following categories.

In many cases, there was more than one reason given for referring to family support.

		% of total
1	[Crisis management following] case conference decision	13 65%
2	To prevent children coming into care following a crisis	8 40%
3	A long-term, preventive measure	13 65%
4	Parents requested a service	4 20%

Increasingly, decisions to refer cases for family support are being made at case conferences. This may be a function of the fact that social workers often do not have recourse to any other support services for particular families at local level either because they can't access them (e.g. home help) or because they don't exist. Referrals for family support as a long-term, preventive measure came more from rural areas (South Wicklow) than from North Wicklow (Bray) where social workers appear to be doing more crisis oriented work.

General objectives of using family support

Social worker perceptions about the objectives of family support intervention were compared with those of family support workers.

	SW	FSW
1. Assist the social worker to assess the home situation	12 (60%)	15 (75%)
2. Monitor an unsatisfactory home situation	13 (65%)	14 (70%)
3. Prevent children going into care	11 (55%)	12 (60%)
4. Home management skills training	12 (60%)	7 (35%)
5. To improve child management/parenting skills	16 (80%)	18 (90%)

SW = Social Worker

FSW = Family Support Worker

Again, there was often more than one objective involved in referrals to the service.

Both social workers and family support workers consider that the improvement of child management/parenting skills a service priority. It is interesting to note that home management skills training also features as one of the social workers' main objectives of referring families to family support, but that many fewer family support workers see that as a service priority. It is unclear whether the workers see less need for this type of work or whether the social workers have not made it clear to the workers that this is a priority.

Specific areas of concern in the sample cases

We asked each of the respondents (including the families themselves) to indicate which areas of home management/child management family support work should be focussed on and to rate the level of their concern on a scale of 0-10 (10 = very significant concern). Below are the percentage of respondents in each group who rated each category as 5 or higher.

Areas of concern

	SW	FSW	Client	
Budgeting	50%	25%	40%	
Shopping	20%	20%	20%	
Cooking	40%	20%	10%	~
Establishing household routines	75%	35%	30%	~
Cleaning/decorating	35%	30%	15%	~
Improve school/parent contact	50%	40%	45%	
Improve school attendance	65%	60%	30%	~
Improve parents' ability to discipline	55%	50%	35%	~
Reduce children being left alone	30%	25%	0	~
Help parents have realistic expectations	65%	40%	10%	~
Help improve child's behaviour	65%	65%	70%	**
Stimulate child through 1-1 work	65%	80%	60%	**
Reduce stress on parents	75%	70%	80%	**
Give respite to parents	45%	40%	45%	
Improve parents self-confidence	55%	65%	50%	**
Get parent more involved with family	40%	60%	15%	~
Support family through legal process	5%	5%	5%	
Improve record of keeping med appts	20%	25%	15%	
Other	20%	25%	15%	

** = high level of concern by all groups

~ = perceptions differ considerably between SW and client group i.e. by 20% or more

The three respondent groups shared some concerns but the level of their concern was different. 75% of social workers, 70% of family support workers and 80% of parents identified the problem of parental stress as their highest priority. Thompson (1995) notes that

As stress prevention, social support surrounds its recipient with people who provide emotional and instrumental assistance that contributes to healthy functioning... As a buffer of the effects of stress, social support helps to reduce its toll on physical and mental well-being.

p.56-57

A high percentage of parents (70%) as well as social workers and family support workers (65% of each group) were also inclined to identify the behaviour of

particular children as the main problem in the sample cases. Priority was placed by all groups on improving children's behavior generally, and on 1-1 work with particular children. The consensus between parents and social workers and family support workers may reflect the fact that, while it is sometimes personally threatening for parents to acknowledge and accept help for problems that have to do with their own inadequacy or failure, they will accept help for problems with their children (Thompson 1995, p. 77). It also underlines the need to consult parents before the service commences to clarify with them the definition and prioritising of perceived problems and to negotiate service objectives between the social worker and the family in order to engage parents in the process and make family support acceptable to them. The research shows some evidence that use of contracts might facilitate this. (See below.)

Fewer parents place priority on school attendance than social workers or family support workers (30% of parents v. 65% and 60% respectively). Further research might show that parents' own school experience and different cultural norms are factors.

Family support workers' priorities, in general, were closer to the social worker group than to the client families and their perceptions may be strongly influenced by the fact that the social workers initially define 'the problem' to the family support workers before workers meet the family and before work commences.

Finally, social workers tended to place higher priority on issues of parental responsibility, particularly the establishment of household routines, school attendance and parents' expectations of children than either of the other two groups. Definition of terms used on the scale may be a factor along with the above noted inclination of parents to identify children's behaviour as a key concern.

Effectiveness of the service

Social workers and family support workers were asked how effective the family support service had been under the following general headings.
(% indicate where respondents gave at least 5 out of 10 for effectiveness.)

	SW	FSS
1. Assisting in assessment of home situation.	85%	90%
2. Monitoring an unsatisfactory home situation.	60%	80%
3. Home management skills training.	45%	55%
4. Child management/parenting skills training.	70%	80%

Workers and the family were then asked in which of the following areas did they see improvement (again on a scale of 0-10).

Areas of perceived effectiveness

	SW	FSW	Client
Budgeting	35%	45%	25%
Shopping	25%	30%	20%
Cooking	45%	30%	15%
Establishing household routines	55%	30%	25%
Cleaning/decorating	35%	40%	15%
Improved contact bet. parents & school	60%	50%	35%
Improved school attendance	50%	65%	30%
Improved discipline of children	40%	60%	45%
Parents no longer leaving children alone	25%	35%	0
Parents expectation more realistic	60%	55%	10%
Improvement in child's behaviour	50%	90%	50%
Parents less stressed	60%	75%	90%
Parents got respite	35%	50%	55%
Parents' self-confidence improved	60%	60%	15%
Parent(s) more involved with family	45%	55%	10%
Family supported through legal process	5%	25%	0
Children in care facilitated to meet parents	0	20%	10%
Children attending for medical appts.	15%	45%	0
Foster placement supported	5%	5%	
Other	10%	5%	5%

* = consensus

~ = perceptions differ considerably between SW and client group i.e. by 20% or more

Highlighting indicates areas where clients saw most improvement.

Under 'Other', respondents said that family support reduced the isolation of the family, improved children's school performance, improved the quality of life for children, helped improve homework completion rates, and contributed to getting children back into school.

Again, perceptions differed regarding the areas of effectiveness of the service. In general, each group of respondents gave the service highest marks for work in the areas about which they, themselves, were most concerned.

60% of social workers, 75% of family support workers and 90% of clients in the study believe that family support was instrumental in reducing stress on parents which was a priority concern for all respondent groups. More in-depth research is needed to tease out the specific ways in which family support works to reduce stress. Far more family support workers (90%) than social workers (50%) or clients (50%) noted a relationship between family support intervention and

improvements in a child/children's behaviour. This may reflect differences between the workers' expectations of children and clients' but it doesn't explain the difference between family support workers' and social workers' perceptions. It would be interesting to know if perceived improvements in children's behaviour in 50% of cases were believed to be the result of direct work by the worker with particular children, a function of education of parents or because of a general reduction of stress in the household. If it is the former, more focus on direct work with children in family support training would seem to be justified. If it is the second, emphasis in training should be on equipping workers to pass on good child management techniques to parents.

The research shows that very few parents believe that their self-confidence had improved as a result of family support intervention, while social workers and family support workers saw much greater improvement. (15% v. 60% and 60%) It is not clear if this suggests a problem of definition, a lack of client self-awareness or a case of the workers seeing what they want to see.

Finally, parents and family support workers believe that family support interventions helped parents to get respite in 55% and 50% of cases, respectively. Social workers noted improvement in only 35% of cases, although they cited respite for parents as a concern in 45% of cases.

Reasons why objectives were not achieved. SW and FSW responses

Social workers and family support workers both cited lack of motivation/cooperation of parents as a major factor in the service's failure to meet objectives in individual cases. Marital problems/instability/conflict was another critical factor often given as were; psychiatric illness of a parent, addiction and intellectual disability of one or both parents. Both groups also mentioned difficulties around the lack of available complementary support services for families, transport difficulties and lack of suitable school placements for children. Finally the difficult behaviour of particular children sometimes thwarted family support efforts, according to workers. For no particular reason, client families were not asked their opinion except in the case where breakdown of service had occurred. In general, client respondents felt that the service *was* working and that they had achieved at least some of the objectives set out. Further research which directly tackles client perceptions of how and why the service works/doesn't work for them would be useful.

Use of contracts

The use of simple contracts (See Appendix A) is meant to be routine practice in the Family Support Service in Wicklow, however in only half of the twenty selected cases were they actually employed before the service commenced. The reason for this is that the service relies on the social workers who refer cases to carry out this part of the work, and it is not always done. Respondents who did have experience of contracts were asked about the usefulness of the exercise, and, in general, everyone thought that they were useful, although client family members were less sure about contracts than the social workers and family support workers involved. All groups felt that contracts gave clear guidelines about the role and tasks of the family support worker and some respondents, including one client, said that contracts help to mark work progress over time. Social workers observed that contracts focussed on objectives in a way that allowed for the participation of the family. Some workers cautioned that flexibility was necessary with regard to contracts; family circumstances can change dramatically or issues can surface after the worker starts work that require modifications to the original contract. More research is needed to determine the usefulness of contracts in family support negotiations.

Open-ended questions

All respondents were asked if they wished to give further details or comments about the service. Their responses are below:

1. Responses from client family members

90% of comments from family members about the service were totally positive. Many respondents mentioned the good relationship that they and their children had developed with the particular family support worker. Workers were appreciated for their psychological and practical support and for being good listeners. Below are direct quotations from clients:

Initially, I was very apprehensive, but it turned out fine. I was very, very pleased with the service. It helped me to get organised. [The worker] was always on time, helpful and happy. I felt supported. The children really benefited, they loved her and missed her when the service finished.

I would recommend it to others. Someone to share with. Worker provides new ideas or new ways of doing things.

Feel family support workers should have more power.

Nice to know there is somebody calling regularly to talk things over with.

[The worker] gets me anything I need. I am managing much better since she came.

The workers understand my needs with the kids. I have no complaints about the service. It was there when I needed help.

The children like [the worker] and are glad to see her come. She helps with [my child's] reading.

We are better clued in about what's going on at school now.

The family support service has saved my sanity and also helped me to communicate better with my babies. The mornings I knew [the worker] was coming, I looked forward to it. I knew that I would have someone to talk to if things got on top of me.

Two client family members (= 10% of the sample) expressed reservations about the service but also had positive things to say about family support.

My husband doesn't like it when the worker is here because he thinks it undermines him in front of the children. I don't feel that way.

[The previous worker] let me down by being late one day. I couldn't have that. But [name of current family support worker] is a great help.

2. Responses from social workers

The social workers who referred the sample cases to family support were asked to ...give details of your overall impression of the Family Support Service in this case e.g. administrative problems, individual's work performance, availability and access to service as a resource to the SW Department as presently organised, etc.

All of the social workers in the sample had positive things to say about the Family Support Service as a social work resource. They said that the service was of considerable direct help to families but also of great assistance to the social workers in doing their job.

All of the social worker respondents were enthusiastic about the service delivered by individual workers and felt that workers had performed very well, sometimes under great pressure.

Seven of nine social workers in the sample (77%) had only positive things to say about family support.

Very useful support to family and to mother, in particular, when partner threatened to evict her and the children. Support during this period was crucial. Ongoing support around school issues and home management much appreciated.

Very useful to family and also to social worker. Initially took time for trust to be built up. Overall improvement for this young mother and her children. Family support service extremely useful. [The worker] was very cooperative. Assessed situation and reported back clearly. Family support very effective both in reducing stress for mother, improving personal, social, educational skills of child.

Individual work performance [of worker] excellent. Empowering mother to take on more responsibility for children's school life; liaising with school, one to one tuition helped children to "catch up" on work not being achieved in class.

[The worker's] feedback to social worker re: her work and observations re: family functioning was very important and enabled a successful monitoring of this family.

It is highly likely that the children may have come into care without family support help. Parents and children have benefited hugely.

Two social workers, while very positive in their remarks about family support, pointed out that the very serious problems facing certain service user families combined with client family members' inability or unwillingness to work with services generally did make it difficult for family support workers to achieve stated objectives in some cases.

Two social workers (of a total of nine = 22%) identified factors concerning the way the service operated or was administered which they felt limited service effectiveness. The first noted that

[He] would have liked to have a monthly written report from family support workers about each family. As it was, the feedback I receive is verbal and necessitates my writing up the [verbal] reports given by the workers.

The second social worker, who felt that family support was 'the most valuable promotional service available to us currently', went on to make the following observations.

Flexibility [vis a vis stated objectives/tasks listed on contracts] is needed re: tasks to be undertaken.

Family Support would be more effective if all the parties/agencies involved with the client families worked in a more coordinated, teamwork fashion.

Family support workers need an administrative base with access to phone, filing cabinet, stationery, etc., and a smoother, more direct referral process is needed.

3. Responses from family support workers

Many of the responses from the workers focussed on the detail of individual cases which it would be inappropriate to include in our discussion. In general, all of the family support workers felt that the service is very important and useful. The following remarks reflect their perceptions of their work:

I found I've made some progress with [this] family by getting [the mother] more involved with her children, [and by getting her to] play with them, send [one child] to school everyday and buy nutritious food for her children.

Having worked with this family for nearly 10 months, I feel there has been some improvement in the quality of life for the family...The mother's health has improved...and the younger children especially seem brighter and healthier and have benefited from better nutrition and stimulation. While mother was hospitalised, the father was able to run the family home with help from his own immediate family and with family support work.

The main benefit of family support that I can see is that it gives the children a sense of stability/continuity in an otherwise unpredictable environment.

About one-third of respondents highlighted the difficulties that they encounter in doing the job. First, they focussed on the lack of support from social workers and problems they have in trying to communicate with them. There was some feeling that the social workers had little idea of what was actually happening in client families prior to introduction of the service.

I sometimes found it hard to contact the social worker involved in this case, and I feel the family concerned only accepted me under pressure. Over the months, I thought I had built a good relationship with the mother, but sadly, I trusted too much. On a brighter note, the mother concerned is managing to cope alot better...

I find sometimes the FSW is very much left without any support when the social worker is on holiday or can't be reached, especially when you have a crisis which happens quite often with a family.

Although I had been introduced to the mother in the family...[Until she took out a Barring Order]... I had been unaware of conflict or domestic violence within the family and only met the father for the first time in Court. This led to difficulties later when the couple reconciled.

Finally, problems from within client families which inhibit the achievement of service objectives were suggested by a few family support workers.

The family have so many problems, going back generations to the present, it is difficult to see them achieving a standard of independence, where support is not needed. The love of the parents for their children, the love of the children for each other and for their parents is positive. Their kindness, co-operation and acceptance of me make my visits very pleasant.

Certain members of this family have benefited from this service to the point where their lives have turned around, where with other members, there has been no improvement or change at all.

Conclusions

The research findings demonstrate that the Family Support Service in County Wicklow is generally perceived to be a positive and valuable service by social workers who use it, by family support workers and by families in receipt of the service. Family support gets particularly high marks in the areas of reducing parents' stress levels, which is one of the original service objectives in the Eastern Health Board (Scallan et al 1998) and, to a lesser degree, in helping to improve children's behaviour. These are important findings because they suggest that parents are receptive to this type of assistance and believe that they are benefiting from it. Just how and why the service works in some cases is not clear from the evidence. But the results suggest that we are on the right track and that now we should be thinking of ways to better define and refine service objectives in individual cases and look closer at client perceptions of what works and doesn't work, and why. Obviously, such analyses will have implications for the way the Family Support Service does business in future. The future direction of recruitment and training of workers and development of service procedures and protocols will be influenced by future research findings.

Although no causal relationship can be drawn from the research evidence between family support and the placement of children into care (and it would be wrong to define service success in these terms only), it may be of interest to look at what happened in the eight families (including 25 children under age 18) who were referred for family support ostensibly 'to prevent a child or

children from coming into care following a crisis'. In only one of these eight cases have children (four) been removed from their parents up to now. In this case, two children were removed initially, and the family support worker continued to work with the parents for a limited time afterwards. Ultimately, the decision was made to remove the remaining children. In another of the eight cases, children had been coming in and out of care when their parents were in prison or hospital for years; during the duration of family support involvement, the children did not go into care and are still with their parents.

Of the twelve remaining cases in the study sample who were referred for other reasons, children from three families (a total of 7 children) have been removed into care. Two of these cases were referred as a result of a decision made at Case Conference; it could be that these decisions were made with a view to preventing children coming into care but further research would be necessary to confirm this. In the third case, the family were referred for family support as a 'more long-term preventive measure' but, over time, the domestic situation deteriorated significantly in spite of family support interventions.

It would be very interesting to track families receiving family support and look at outcomes, using a control group of families from social work caseloads who did not receive family support, either because they didn't wish to take it up or because it wasn't available to them due to limited resources. Although the signs that family support *may* contribute to the prevention of children going into care are encouraging, only with further research will we be able to determine how effective family support really is in strengthening families, what kinds of families benefit most from family support, or ways in which family support assists in the prevention of abuse. Further research is needed to identify the aspects of family support work that work best towards this end.

Finally, some family support workers' dissatisfaction with the level of support that they receive from social workers who refer cases needs to be addressed and better lines of communication established to facilitate contact between workers. The potential for family support to respond with maximum flexibility and sensitivity to client needs may be diminished by inadequate administrative and professional back-up.

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APPENDIX 1

Family Support Service Contract

Name of Family Support Worker _____

Name/Address of Family _____

Name of Social Worker/PHN _____

Hours/Days agreed _____

Objectives _____

Specific tasks (what will the worker be expected to do) _____

Review date and time (suggest minimum of every three months) _____

Signed _____ Date _____
Family member(s)

Signed _____
Family Support Worker

Signed _____
Social Worker/PHN

APPENDIX 2

Questionnaire I: Client Group (condensed version)

1. Who introduced you to the idea of Family Support? (Please tick)
☐ Social Worker ☐ Public Health Nurse ☐ Family Support Coordinator
☐ other (specify) _____
2. Did you request assistance? (Please tick)
☐ Yes ☐ No
3. What areas of concern did you have? (Please tick as appropriate)
 See text p. 16.
4. Why do you think Family Support was offered to you?
5. Was a contract used? (If yes, please answer questions 5 and 6. If no, go on to question 8)
☐ Yes ☐ No
6. Was the contract useful? ☐ Yes ☐ No
7. Please indicate why? _____
8. Which areas of work did you find most useful? (Please indicate on a scale of 1 to 10)
 See text p. 18 _____
9. If Family Support was withdrawn or refused was it because (please tick)
☐ changed circumstances of the family
☐ progress made-service no longer needed
☐ problems with a particular worker
☐ unwilling to accept the service
☐ issues of confidentiality
☐ other (please specify) _____
10. Would you use the Family Support Service again? ☐ Yes ☐ No
11. Please give details of any further comments you may wish to make on the Family Support Service.

APPENDIX 3

Questionnaire II: Social Worker Group (condensed version)

1. How long has a Family Support Worker been engaged with this family?
 (Please specify) _____
2. What were the reasons for the referral to the Family Support Service?
 (Please specify) _____
☐ the result of a decision made at Case Conference
☐ to prevent the child/children from coming into care following a crisis
☐ more a long term preventative measure
☐ parents requested a support service
3. Was the family's reaction to the introduction of the service
☐ positive? ☐ negative
4. Has their attitude changed over time?
☐ yes ☐ no
5. Was a contract used?
 (If yes, answer question 6. If no, proceed to question 8)
☐ yes ☐ no
6. Was the contract useful?
☐ yes ☐ no
7. Please indicate why? _____
8. What were the general objectives involved in using a Family Support Worker in this case? Please tick.
☐ assist social worker in assessment of home situation
☐ monitor an unsatisfactory home situation
☐ prevent children going into care
☐ home management skills training
☐ improve child management/parenting skills
☐ other (please specify) _____
9. What were the specific areas of concern in this case? (Please tick)
 See text p. 16 _____

10. Under the following headings, how effective has the service been in this case?

(Please indicate on a scale of 1 to 10)

- ☐ assisting in the assessment of home situation
☐ monitoring an unsatisfactory home situation
☐ home management skills training
☐ child management/parenting skills

11. Please indicate the level of improvement in the following individual areas.

(Please indicate on a scale of 1 to 10) _____
 See text p. 18.

12. What can you identify as preventing the objectives from being achieved?
 (Please specify)

13. If the service was discontinued, can you identify a reason?
 (Please tick as appropriate)

- ☐ family circumstances changed
☐ progress to point where service no longer needed
☐ problems with a particular worker
☐ family unwilling to accept service
☐ worker did not wish to continue with family
☐ issues of confidentiality
☐ other (please specify)

14. Please give details of your overall impression of the Family Support Service in this case e.g. administrative problems, individual's work performance, availability and access to service as a resource to the SW department, as presently organised, etc.

APPENDIX 4

Questionnaire III: Family Support Workers (condensed version)

1. Did you have sufficient information about the family before you started working?
☐ yes ☐ no
2. Was the family adequately prepared before you started work?
☐ yes ☐ no
3. How did you perceive the family's reaction to the initial introduction of Family Support?
☐ positive ☐ negative
4. Has their attitude changed over time?
☐ yes ☐ no
5. Was your initial introduction to the family satisfactory? (If no, please answer 6. If yes, continue on to question 7) ☐ yes ☐ no
6. If unsatisfactory, can you identify the reasons? (Please specify) _____
7. Was a contract used? (If yes, answer questions 8 and 9
 If no, continue to question 10) ☐ yes ☐ no
8. Was the contract useful?
☐ yes ☐ no
9. Please indicate why?
10. What were the general objectives involved in using Family Support in this case?
 (Please tick where appropriate)
☐ to assist social worker in assessment of home situation
☐ monitor an unsatisfactory home situation
☐ prevent children going into care
☐ home management skills training
☐ improve child management/parenting skills
11. What were the specific areas of concern? (Please tick as appropriate)
 See text p. 16.

12. How effective has the service been in the following areas, in this case?

(Please indicate on a scale of 1 to 10)

- ☐ assisting in assessment of home situation
☐ monitoring an unsatisfactory home situation
☐ home management skills training
☐ child management/parenting skills

13. Please indicate the level of improvement in the following individual areas.

(Please indicate on a scale of 1 to 10).

See text p. 18.

14. What can you identify as preventing the objectives from being achieved?
(Please specify) _____

15. If service was discontinued, can you identify a reason?
(Please tick as appropriate)

- ☐ family circumstances changed
☐ family have progressed to point where service no longer needed
☐ problems with a particular worker iv)family unwilling to accept service
☐ worker did not wish to continue with family vi) issues of confidentiality
☐ other- please specify _____

16. Please give details or any further comments you may wish to make.

THE VOICE OF THE CHILD: CHILDREN'S EXPERIENCES OF CRIMINAL COURT PROCEEDINGS

by Deirdre O'Shea and Annie Bousfield

Abstract

This article presents the findings of a research project undertaken by the authors in England, from October 1994 to September 1995 on the experiences of child witnesses in criminal court proceedings where there have been allegations of sexual abuse. It is a qualitative research project. Semi-structured interviews were undertaken with fourteen children and ten parents/carers. The research highlights a number of difficulties for children arising from their experiences of the legal system. These relate to length of time before the case comes to trial and delays in being offered therapy, court preparation, management issues within court including delays within the trial, views about cross-examination and feelings about the outcome of the trial. These results are then discussed and similarities drawn in relation to the Irish legal system. Finally recommendations for change are proposed.

Introduction

This research was undertaken in a specialist child sexual abuse treatment project based in England – the North Downs Project. It is one of 15 treatment projects that were developed as an initiative by one of the largest children's charities - NCH Action for Children. NCH Action for Children set up a network of projects to provide therapy for child victims of sexual abuse. This arose from a recognition that while there had been considerable improvements in investigating cases of alleged sexual abuse, there were few ongoing support or counselling services available.

A number of children attending the North Downs project had been required to give evidence in criminal court proceedings about the sexual abuse they had

experienced. This raised concern for the authors about the possibility of secondary traumatisation arising from their experiences as witnesses which could complicate and lengthen the overall therapy process. Children and their families frequently described their court experiences as distressing, alienating and traumatic.

A research project was therefore set up which would approach all child witnesses in the county of Kent in the year October 1994 - September 1995. The focus of the research was to establish the child's view of their experience and how this might inform policy and practice. At the time of this research very few studies had actually sought the child's perspective. This was in part due to researchers experiencing difficulty in being able to access the children as research participants. The writers' liaison with the local child protection agencies and Victim Support enabled them to be able to undertake this research. In this article the writers present their methodology, the findings from the research under a specific number of key themes and finally propose recommendations for change.

Literature Review

There is a considerable body of research regarding child witnesses. This research is also relevant to the Irish context, particularly given the similarities of the Irish and British legal systems. There has been a growing emphasis on child witnesses over the last 15 years partly due to an increase in the prosecution of cases of alleged child abuse, but also due to concerns about children's ability to act as witnesses and how this experience impacts on them.

Relatively recent legislation in England (Criminal Justice Act 1988, Criminal Justice Act 1991) led to a considerable number of positive changes for children. There have been improvements particularly in the legal rules in relation to the competency requirement, corroboration, judicial caution and hearsay (Davies, 1992; Joel-Esam, 1994; Todd, 1993; The Children's Legal Centre, 1994). The Pigot Committee, established in 1989 as an advisory group on video evidence, made a number of recommendations in respect of child witnesses. In particular the committee proposed the use of pre-recorded video interviews which would represent the child's statement and which would be admissible as evidence in court. The introduction of the *Memorandum of Good Practice* (Home Office, 1992) followed this. It provides clear and detailed guidelines regarding the interviewing of children and the use of video recording which can then be used as evidence in criminal trials. Currently in England children's evidence-in-chief, that is their initial statement of complaint, is being presented by means of a pre-recorded video interview. The establishment of guidelines for the video taping of children's statements is currently being considered in Ireland by the Committee set up in 1998 by the Department of Justice, Equality and Law Reform.

In England the Criminal Justice Act 1991 introduced the use of the videolink in court proceedings. Children are able to give their evidence from a separate room adjacent to the court and cross-examination takes place through the use of a live videolink, which protects them from the stressful experience of attending open court. The Home Office has commissioned a number of research projects into this area. Research by Davies, Wilson and Williams (1993) found a lot of support from professionals for the *Memorandum of Good Practice* and how it has improved the investigation and court process for children. However, it was also felt that it did not adequately address situations where children have communication difficulties e.g. hearing or speech problems, children with disabilities or special needs. It was also felt that the *Memorandum of Good Practice* works well for children who are able to talk about and describe their experiences but does not provide for children who find this very difficult.

A number of contentious issues were also identified e.g. editing of videos (who does this, when, what is edited and how is this decided) and whether children should be allowed to review their video or not. This latter issue tends to vary from area to area and presents an anomaly in the judicial system in that adult witnesses are allowed to re-read their written statements. In the authors' experience this has been a more complex decision for children than had been expected and may relate to the legal debate about the suggestibility of children. Further concern was raised about the use of pre-recorded videos, particularly by the legal profession and child protection agencies. After the video has been shown in court children are then cross examined by the defence counsel. This is often their first experience of giving live testimony and can be a hostile experience, where the veracity of their experience is questioned. These issues are also relevant to Ireland where video link evidence was introduced by the Criminal Evidence Act 1992.

Davies (1995) in his evaluation of videotaping children's evidence found that police officers predominantly conducted the interviews. The *Memorandum of Good Practice* proposes a joint interview involving the police and social workers. Both agencies share different responsibilities in the child protection process and joint interviews were seen as the best way of working together to protect children. It was also aimed to prevent children from having to undergo unnecessary additional investigative interviews. Child care agencies were concerned that the predominance of police-led interviews with children may result in child abuse investigations that are prosecution oriented, rather than child welfare oriented. This remains a concern for some professionals in England and is also a key issue for professionals in Ireland given that a review is currently in progress regarding the best way forward for investigating allegations of child abuse. The question remains as to who are the most appropriately trained professionals to undertake these interviews with children and how can we ensure that the investigative process is not an abusive or traumatising experience.

Overall the research regarding the use of the live videolink is positive. A number of researchers have found that the live-link did not affect the outcome of court cases nor the credibility of child witnesses, whereas it helped to reduce stress for child witnesses and improved the quality of their testimony (Davies and Noon, 1993; Davies, 1995; Westcott and Davies, 1993). Indeed Saywitz and Nathanson (1993), in their research, found that the stress of testifying in court in the conventional way can adversely affect memory recall of children and lead to poorer quality of evidence.

However, concerns remain regarding the impact on children of attending court and giving evidence. Westcott and Davies (1993) looked at research undertaken by Goodman (1992) and Runyan (1993) which found there were adverse effects for children giving evidence. Runyan found, for example, that awaiting criminal proceedings can impede the resolution of depression. Tedesco and Schnell (1987) found that children who testified in court were still upset over 2 years later. Freshwater and Aldridge (1994) found that court has negative emotional associations for children. Similar research in Ireland (Maunsell, 1998) found that children can be very fearful about going to court and may have limited understanding of the court process and legal language.

Concerns have been raised that court can re-victimise children. (Spencer, 1992; and Kranat and Westcott, 1994). Deswirek-Sas (1992) comprehensively details the stresses for children which include delays, public exposure, facing the accused, understanding complex procedures, cross examination and lack of preparation of witnesses. Davies (1995) noted that there was patchy and partial implementation of the Criminal Justice Act 1991, for example whilst judges have the power to clear the public gallery this is rarely done. He also found that professionals involved tended to take little notice of the child's emotional state during cross-examination.

A number of authors advocate preparation of children for the role of witness (Mellor and Dent, 1994; Deswirek-Sas, 1992; Westcott and Davies, 1993; Saywitz, 1993; Freshwater and Aldridge, 1994; and Maunsell, 1998). These authors have found that good preparation can have a positive impact on evidence giving and also on the child's emotional state. However, preparation has been a controversial topic (Spencer, 1992) as it is argued that there can be a fine line between (a) reducing stress and thus enabling a child witness to give evidence and (b) coaching a witness to appear credible (Mellor and Dent, 1994). This has led to much discussion and debate about what constitutes legitimate preparation. The National Society for the Safety and Protection of Children has been responsible for developing a detailed preparation programme for child witnesses and their parents (NSPCC 1993). Court preparation booklets for children and their parents have also been drafted here in Ireland (Dept. of Justice).

Controversy has also continued regarding pre-trial therapy. One of the aims of the Memorandum of Good Practice was to facilitate pre-trial therapy for the benefit of children's mental health. Mellor and Dent (1994) also felt that pre-trial therapy could aid children in giving evidence more effectively. However, Davies (1995) found that the question of pre-trial therapy remains unresolved, with members of the legal profession concerned about how therapy can influence the child's evidence, particularly regarding fears of contamination or coaching. Consequently there are wide variations regarding whether children are offered therapy prior to court and also differing views about the nature of the therapy, should it be (a) supportive or (b) explore the abuse experiences in more depth? This clearly remains an issue of concern. There can often appear to be a conflict between the interests of justice and the therapeutic interests of children.

Cross-examination of child witnesses is a much debated area. Kranat and Westcott (1994) question why cross-examination is not regulated in line with the Memorandum of Good Practice stating that lawyers' questions are often "in blatant contradiction with the Government's own guidance to other professionals" (pp 21). Davies and Noon (1993) found that judges rarely intervene to interrupt hostile cross-examination. There is a strong argument for the education of the legal profession in child development and child appropriate language. In Ireland McGrath (1998) discusses how the adversarial nature of our legal system results in a "contest" about winning and consequently the very nature of the questioning by lawyers is combative and aimed to undermine all "opposing" witnesses, including children. Spencer (1992) advocates cross-examination of children ahead of trial and that this be video taped as a way of over coming some of the difficulties outlined above. Joel-Esam (1994) also advocates this, calling it "taking evidence on commission", which has been introduced in Scotland. This recommendation was also made by the Pigot Committee but was not adopted in England.

In conclusion, much research has been undertaken in relation to issues arising from the appearance of children as witnesses in criminal trials. However, few of the studies have spoken directly with children about their views and experiences. Westcott and Davies (1993) recommended the importance of seeking feedback from children. This research was aimed at giving the children "a voice" to speak out about their experiences as witnesses.

Methodology

Initially the authors' interest in this area arose from having spoken to a number of children who had attended court as witnesses. These were attending for therapy at the North Downs Project and reported feeling distressed by their experience of attending court. One of the authors had attended a criminal trial

(in a supportive capacity) with a young girl who was a witness. This direct experience of observing the court process and a child witness give evidence had raised a number of concerns about how the legal system may potentially be abusive to children.

Consequently, the two authors decided to undertake a research project. As there are relatively small numbers of child witnesses it was thought that a qualitative research project would provide more detailed material for analysis. The authors were keen to interview the child witnesses and their parents/carers and decided to use a semi-structured questionnaire for the interviews. The interviews with the children explored their understanding of the pre-recorded video interview and what it would be used for, their experiences before, during and after the trial. The interviews with the parents/carers involved obtaining factual information regarding dates of pre-recorded video interviews and court proceedings, information about court preparation and their views of how the trial had affected their child. The police involved in each case were sent a brief questionnaire requesting factual information. The authors decided to undertake the research over a period of one year and interviewed children who had attended court as witnesses in the county of Kent during the period October 1994 to September 1995.

Initially the authors established links with Kent Police Special Investigation Units and Victim Support agencies that are based in the local court buildings. The Special Investigation Police officers had participated in the investigative interviews and attended court with the children. An information leaflet and consent form was compiled for the children and their parents/carers. The police officers gave this information to all of the children who attended court as witnesses irrespective of the outcome of the trial. All of these children had undertaken a pre-recorded video interview and had attended court to testify by use of video link. The children and parents who wished to participate in the research were asked to return the consent form directly to the researchers. By contacting families through professionals already known to them client confidentiality was respected and the children and their parents had a free choice about involving themselves in the research.

Research interviews were arranged with families where they felt most comfortable - in their homes or at our office base. Interviews were undertaken by one of the two authors and took approximately 1.5 hours. Parents/carers were interviewed more briefly. Written notes were made during both interviews.

During the time period forty three children attended court as witnesses. Twenty families consented to participate in the research. In total, fourteen children were interviewed, nine girls and five boys, the age range being 8 - 16 years at the time of interview. A further six interviews were arranged but were unable to proceed

because of family circumstances. Ten parents/carers were interviewed and their children had also taken part in the research. The lower figure for parents/carers is a result of some parents having more than one child attending court. Also one young person of 16 years was living away from home. Forty three police questionnaires were completed representing 100% of all the child witnesses in child sexual abuse cases during the relevant period. Feedback was given to all participants in the form of significant comments from the children, parents/carers and police.

Results

Analysis of the findings was qualitative in nature and took the form of addressing major themes and issues raised by the children and their parents and which related to areas identified in the semi-structured questionnaire. Themes addressed were as follows:

1. Length of time between disclosure and court
2. Length of time in being offered therapy
3. Variations in court preparation.
4. Administrative delays within the trial.
5. Management within the court.
6. Cross examination.
7. Plea bargaining and feelings about the outcome of the trial.
8. Long term/short term distress.

1. Length of time between disclosure and court

The length of time between disclosure of alleged abuse and court appearance varied from 5 months in one case to 20 months. The average delay was 11 months. This lengthy period, when the child is advised not to talk about the alleged offences, causes difficulty and confusion. It is often compounded by a significant gap of time between the offence and disclosure. Investigative interviews may well be describing incidents which occurred well over a year ago. Thus children could be required to testify in court regarding these events after a considerable time lapse. While the Home Office recommended "fast tracking" of child witness cases, this was not happening in Kent. This was a source of considerable concern and distress for children, parents/carers and police. Children reported worrying about the need to "remember everything" and so found themselves constantly thinking about what had happened whilst waiting for the trial. As one child put it the delay was problematic for her because until the trial was over she

"felt my life had been put on hold".

2. *Length of time in being offered therapy*

There was considerable confusion about the possibility of receiving therapy before a court hearing. In view of the lengthy delays described above this is likely to have a significant impact on the child's sense of well being. Four children were told that it was not possible to have therapy before the trial because of concerns related to the possibility of prejudicing the trial. No professional support was offered to these children in the interim period. Two children were offered counselling but declined. Three children had occasional appointments with a Community Psychiatric Nurse (CPN), School Counsellor or Department of Child and Family Psychiatry (DCFP) worker. Another had one appointment with a male CPN from a DCFP but felt uncomfortable with a male worker and never returned. Only four children had supportive therapy and all said they found it extremely helpful. The others were left to cope with their feelings alone with only informal supports. Therapy was sometimes offered after the trial but not consistently. Seventy five percent of the children did not have the opportunity to de-brief about the court experience and were not offered therapy in relation to the abuse.

3. *Variations in court preparation*

Most children spoke about having little information about what would happen to their videotaped interview. There was variable court preparation and consequently little understanding of the court process. This has tremendous implications regarding the level of stress experienced by children. There was great variety in what was offered by way of court preparation and some children had no preparation at all. Only four of the fourteen children had access to the NSPCC child witness pack. Eight of the children said they had little or no idea what to expect. Two children perceived themselves as having no formal preparation at all but the police said it was provided in the form of a court visit. Some parents expressed concern regarding their own need for court preparation as they believed that they might transmit their own anxieties to their child. Parents were also sometimes the only source of court preparation for their children.

Court visits were provided for only six of the fourteen children, and the content of a court visit also varied. The most thorough court visit included visiting the victim support room where children wait prior to giving evidence, the videolink room and the court room itself. One family described a difference of opinion between the therapist who was involved in the court preparation and who felt a brief look at the actual Court Room was essential, and the Court Usher who took the view "that what children do not know about, they do not worry about". The view of the therapist prevailed in the end and the sibling group involved were said to have clearly benefited so much from the visit that this was highly instructive for the usher.

The visit to the videolink room did not include the possibility of practising the videolink although all of the children thought that this would have been helpful. Three children had a very brief practice run immediately before giving evidence and cross examination. The timing of court visits was an issue, particularly in view of the long delays in getting to court. In one case quite a young child had been taken to view the court shortly after the Crown Prosecution Service decided the case would run. The delay in getting to court was over a year and the parent and therapist involved deemed a further visit just before the trial was necessary.

Overall it was unclear to the professionals about exactly whose responsibility it is to offer court preparation to child witnesses and who has the knowledge, time and experience required. This resulted in haphazard preparation for the children.

4. *Administrative delays within the trial*

Delays within the court were frequently reported and were a source of considerable distress for children interviewed. Most delays at this stage appeared to be a result of administrative wrangles. Delays ranged from 1.5 hours to 3 days. One child had to wait in court for 2.5 days while there were legal arguments regarding the use of the videolink. Another had to wait while there were arguments between barristers regarding the need to edit the video tape. In the event the editing took three days during which the child waited at home waiting to be re-called to give evidence. There appeared to be few pre-trial hearings or if they did exist they did not appear to be very effective, at least in respect of streamlining the process to reduce delays for children and thus reducing their distress.

Children invariably reported the waiting time within the court as very stressful. There was considerable confusion about just when a child was likely to be called as a witness and this was experienced as unsettling. As one child interviewed put it

"the waiting was awful, not knowing what was going to happen"

One family was contacted by telephone on a Friday afternoon, two months before their trial was scheduled, to be told that the trial had been brought forward to the following Monday. In the event, it was postponed on the Monday as there was no time for the case to be heard. The child involved and their family experienced this as very upsetting. During the trials there were innumerable adjournments, for lunch, for weekends, sometimes in the middle of cross-examination. Without exception the children experienced these delays as confusing, disruptive and upsetting.

Five children waited, on average, ten months to come to court, then came to court, waited hours and then were dismissed as they were not required to give evidence, primarily because the defendant pleaded guilty.

5. *Management within the court*

Generally being in the courthouse was a very uncomfortable and difficult experience for the children. Six out of fourteen children were given the opportunity to use the back entrance to the court to ensure that they would not come face to face with the defendant. Most of these children appreciated this and those who were not offered this facility felt it would have been a good idea. One child, however, was outraged that she, "who had done nothing wrong", had to use the back entrance, while her abuser came through the main entrance. She was quite clear that she felt it should have been the other way around. Another child said

"using the back entrance made me feel that everyone thought that I was guilty."

All children waited in the victim support room which was greatly appreciated as a "safe haven" and a place with informed support. Suggestions to make it even better included the provision of video games and games such as Connect 4, Monopoly, playing cards and something suitable for teenagers and older witnesses. Several children complained of the smoky atmosphere. They also suggested the provision of en suite toilet facilities

"so you don't meet the other side when you go to the toilet".

The main fear reported by all the children was of seeing the defendant.

"the most difficult thing was seeing him (the defendant) and him seeing me"

One child witness bumped into the defendant when going to the toilet and others found it upsetting to come across other members of the family who they perceived to be supporting the defendant. One child said the defendant "hovered around" outside the Victim Support room before the trial started. Four children reported considerable distress on seeing the defendant over lunch times, sometimes when they were in the middle of giving their evidence. One child reported that she felt the defendant had approached her in a deliberate attempt to intimidate her. Another child commented

"Why couldn't he have eaten somewhere else - we couldn't go to the restaurant"

There was no consistency in whether children saw their videotaped interview prior to it being shown as evidence in the trial. In fact, only one of fourteen children saw their interview again which was shortly before the trial.

"It was awful, really embarrassing. I hadn't remembered everything I'd said".

Another young person had the opportunity to re-read her statement when she was sitting in the Victim Support room but said the room was so noisy and she was so nervous that this was not productive.

When giving evidence all the children were accompanied in the videolink room by a court usher. Five of them said that this was okay. Some of this group said they preferred to be with someone that they did not know, largely due to embarrassment when discussing the alleged offence. The other nine would have preferred someone that they knew. One little boy said

"I would have liked my Mum with me as I felt nervous, lonely, scared and frightened as I didn't know her" (the court usher).

Eleven children said that they found it really helpful that their evidence-in-chief could be given on video and then be cross examined on videolink.

"The video was helpful, so you didn't have to start afresh".

One was not sure which was best. Two were grateful for the videolink but preferred the idea of making a written statement and being brought through it.

6. *Cross-Examination*

Cross examination was perceived as a very stressful experience. From the outset children felt at a disadvantage when barristers did not always introduce themselves. One child was confused by the fact that

"My barrister never smiled at me and the defence barrister smiled all the time".

The length of cross examination varied from 35 minutes to over 3 hours. It is interesting to compare this with the recommendations in the Memorandum of Good Practice that investigative interviews should aim to be no longer than one hour. This consideration does not seem to apply, once children are required to give evidence. Although seventy five percent of the children had been told that they could ask for a break if they became distressed, only one felt able to ask for it. Five of the children said they were too nervous to ask. One child who did ask told the researchers that the defence barrister subsequently accused her of crying and asking to go to the toilet because she was telling lies.

If a break was required, due to timing of the case, the children experienced it as disruptive which occurred in half of the cases. This was particularly the case with lunch breaks, the children finding it particularly hard not to be able to go for a cuddle from parents or carers as they had not concluded their evidence. They found it hard to have to sit with someone they did not know very well when they were feeling distressed. Overnight breaks and in one case a weekend break were

described as extremely difficult to manage and very tense as children and parents were unclear about who they could talk to, and about what, during this period when the case was still hanging over them. They were distressed anticipating further cross examination. Indeed witnesses are advised that they cannot discuss the court case if there is a break whilst they are giving evidence. This left children feeling very isolated, alone and unable to seek support as they could not discuss the memories and feelings re-triggered by the trial.

All the children found cross-examination difficult and most stated that not understanding the questions was the most difficult thing. All the children who were cross-examined had problems with the language used by barristers. One child described the language as "flash", adding

"He used big words and put some words around the wrong way. It sounded as if he was speaking French".

Children found the barristers questions overly complicated. One child said

"I had difficulty understanding what they said and which bit of the question to answer".

They found the level of detail they were asked for difficult and some found the line of questioning confusing, if not irrelevant.

"I didn't feel some of the questions had anything to do with the case... it was difficult to be asked questions about my relationship with my ex-boyfriend. I don't think it was fair".

Questions aimed at measuring degrees of how much an assault hurt were very problematic for children, as it was difficult to quantify levels of pain. Children found it difficult to discuss the details of their abuse and the context of it, particularly after long delays. They all found it very embarrassing to discuss the details of the sexual assault.

"It's difficult to say such private things in such a public place".

Children and their parents both raised the question of why the public are allowed in the court to listen to their most distressing, disturbing and embarrassing experiences of abuse. Worries were expressed about loss of anonymity and confidentiality. It was particularly distressing for five of the children to think that people they knew, especially family members, would hear their testimony. Many expressed the view that they would have found it easier to give their evidence if the public had been excluded from the court.

The theme of being accused of lying was a major issue for six of the children and they identified this as being one of the most difficult things particularly when the defendant had told them previously that they would not be believed. Accusations of lying stayed with the children.

"It was the last thing they said, so you remember it".
 "The defence barrister made me feel small. I felt judged by him. He said 'you're lying to me'. I don't think they should be allowed to say that."

The research found that barristers questions were frequently experienced as abusive. Although judges did intervene from time to time if they felt the questions were abusive or inappropriate such interventions were not a frequent occurrence. One child did recall the judge interrupting on three occasions. This raises questions about the potential abusiveness of cross examination.

7. Plea Bargaining and feelings about the outcome of the trial

In the sample of 43 cases there were convictions in 28. Plea bargaining took place in fourteen cases - six on the day of the trial, when the defendant pleaded guilty to lesser charges against him. Ninety percent of the children were disappointed at the length of sentences and upset at the realisation that the full sentence given is never served. For those children interviewed where plea bargaining took place (four cases) there was disappointment and anger at the plea bargaining which resulted in conviction only on the lesser charges. One child declared

"everything he'd done wasn't dealt with, only the minor charges were heard".

When there was a not guilty finding children experienced a huge sense of disappointment and self blame

"it's my fault he wasn't convicted, perhaps I could have said more or put things better. Sometimes I wish I had a scar inside me which could prove what happened".

Three children, all in cases where there was a conviction, were worried that the defendant would come and get them, either after the trial or on release from custody. Another girl felt the defendant in her case should have gone to prison but was actually quite relieved that he was put on probation as she would have felt guilty had he gone to prison.

8. Long and short term distress

All the children interviewed were asked to score themselves on a scale from very relaxed, to relaxed, through neutral, to tense and very tense, at four points in time: (1) prior to cross examination, (2) during cross examination, (3) after cross examination and (4) currently - at the time of the interview. Parents and Police also gave estimated scores for the children on these scales. Children rated themselves tense or very tense at all four points, as did their parents. Whereas the police tended to rate the distress as much lower. This is perhaps because their

involvement is shorter and their perspective is geared to a "good result" which they define in terms of a finding of guilt. The Police also seemed to assume that active support for children meant little distress for them.

Discussion

It has been some years since this research has been undertaken. At that time a considerable number of difficulties were highlighted for child witnesses, particularly issues concerning delays in cases coming to court, the court process and the experience of cross examination. This is obviously a very complex area with much debate about balancing the interests of justice with those of the child. However, recently there has been a number of changes that should have a positive effect for child witnesses. In the last year the NSPCC have published a more comprehensive version of their child witness preparation programme (1998). This programme includes guidance for professionals who may act as child witness supporters. Many issues raised in this research are addressed in this guidance e.g. clearing the public gallery, someone to attend court with the child and be present whilst they give evidence. However, these are not standard procedures but special application has to be made in each case. There continues to be no standardisation regarding which agency is responsible for preparation of child witnesses, though in a number of areas local initiatives have been developed. There is continued debate about implementation of the full recommendations of the Pigot Committee. Whilst no final decision has been made there is much higher awareness of the impact of court proceedings on children. Many groups continue to lobby the British Government on this. Sadly, numerous difficulties still remain e.g. delays prior to court and within court experiences of cross examination.

Many of the issues raised in this research are also pertinent to the Irish situation. The introduction of the videolink in Ireland following the 1992 Criminal Evidence Act was aimed at reducing the stress children experience in attending court. However, there were some legal challenges to this that delayed the implementation of the video-link for several years. This highlights the difficulty involved in trying to introduce changes to the legal system. The lack of provision in Ireland for videotaping a child's initial statement, which can then be used in court as evidence-in-chief means that children must re-tell their experiences live in court. In practice this means that children may have had to re-tell of their experiences of abuse on a number of occasions - investigation by authorised child care agencies, the Gardaí and again subsequently in court. This also has implications for children feeling that they need to remember the details of their experiences for long periods of time, due to delays in cases reaching court. Hopefully the Committee set up in 1998 by the Department of Justice, Equality and Law Reform to establish guidelines for videotaping children's statements will address this issue.

Other issues similar to the English system include long delays between disclosure and trials, delays at court, inadequate waiting facilities for children and their families, no designated agency responsible for the preparation and support of child witnesses and management issues within court e.g. breaks in evidence.

It would be useful to undertake research in Ireland, similar to the present study in order to hear children's views about their experiences of the Irish legal system.

It would also be interesting to explore whether the difficulties these child witnesses experienced in this research are particular to the adversarial nature of the common law system, which is also found in Ireland, and to do a comparative piece research of the experiences of child witnesses in the inquisitorial legal system found in continental Europe. Research has already been undertaken in Ireland comparing professional's experience of giving evidence in these different systems (McGrath 1998b). Comparative research regarding children's experiences would help explore whether a legal system that is conducting an inquiry as opposed to merely proving innocence/guilt, may result in a less traumatising experience for children.

Recommendations

This research highlighted a number of changes that are required in order to improve the experience of child witnesses in the English legal system.

1. "Fast tracking" of cases, as recommended by the Home Office, needs to be implemented as soon as possible.
2. Clearer directions need to be made to all professionals involved regarding therapy for children prior to court.
3. Court preparation needs to be standardised - both who will do it and what this should involve.
4. More effective plea and directions hearings prior to the trial are required. This would ensure that legal arguments are resolved prior to the trial and that there are no delays in the trial starting e.g. decisions regarding use of the videolink, editing of the video.
5. Consideration needs to be given to the management of cases within court particularly the timing of children's evidence to minimise their time at court and to ensure that there are no avoidable interruptions e.g. overnight or over weekends in their evidence giving. Other aspects to consider are entry to the court building, appropriate waiting and toilet facilities.
6. The public should be excluded from court whilst children give their evidence.
7. Training is necessary for Judges and Barristers regarding child development and communication with children.

8. Judges should take more control of the court process in a child welfare centred way e.g. protection of children from hostile cross-examination and consideration of the appropriate duration for cross-examination.
9. Monitoring of plea-bargaining and advance warning to families that this might happen.
10. De-briefing of children and families following court.
11. The Pigot Committee made the recommendation those children should be cross-examined on videolink in a Judge's chambers as soon as possible after a decision has been made to proceed with a criminal trial. This would clearly address many of the key issues identified above.

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