



**Evaluation of the TLC Kidz programme**  
for children and mothers recovering from  
domestic abuse

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# Executive summary

## Introduction

The TLC Kidz programme is a group programme for children and mothers recovering from domestic abuse. It has been delivered on an interagency basis in North Tipperary since 2005 and more recently in South Tipperary, Waterford and Carlow. The purpose of this evaluation is to investigate the outcomes and experiences of families and professionals in attending/delivering the programme.

## The TLC Kidz programme

The TLC Kidz programme:

- is a 12-week, psycho-educational, group programme for children (up to 18 years) and mothers in recovery from domestic abuse. Groups for children and mothers are run concurrently.
- aims to help children heal from the impact of domestic abuse and to help mothers in understanding their child's experiences and support their recovery.
- promotes the wellbeing of children and mothers through validating their experiences, safety planning, social support, teaching appropriate expression of difficult emotions (for example, anger), and enhancing communication between children and mothers.
- is delivered by two facilitators in both the children's and mothers' groups. The children's group is composed of children close in age, maturity and development and typically involves 6-8 children. Participation in the mothers' group is desirable but not mandatory.
- is delivered on an interagency basis in order to create a common vision and shared responsibility among services in supporting the recovery of children who have experienced domestic abuse. Partners include Ascend, North Tipperary Community Services, Health Service Executive (HSE) Adult Mental Health, Community and Adolescent Mental Health Services (CAMHS) and Primary Care, Tusla Community Development, Social Work and family support services, Tipperary Regional Youth Services, Barnardos, School Completion Programme, An Gardaí, Focus Ireland, and Men Overcoming Violence (MOVE) North Tipperary.
- is overseen by a multi-agency Steering Group while the Project Coordinator undertakes the operational logistics of running the programme (for example, referrals, case-management, assessments of families, scheduling, and so forth). Community partners provide referrals and release staff to facilitate the programme.

## Research design

A range of data collection methods were used. Experiences of children and mothers were assessed using existing data collated by Barnardos' staff and by data collected by the research team.

Existing data included: (1) family demographic data from 2013-2017, involving 48 children and 32 mothers; and (2) anonymised closure forms from family case files, from 2015-2017, involving 36 children and 22 mothers. Data collected by researchers included the KIDSCREEN-10 Questionnaire (given to 9 children, 9 mothers) and semi-structured interviews (9 children, 11 mothers) conducted with a random sample of families who had attended the programme between 2013 and 2017.

An online survey (sent to 30 professionals, of whom 11 responded) and semi-structured interviews (n = 15) assessed the experiences of service providers and stakeholders in delivering the programme. Informants included facilitators, referrers, Steering Group members, funders, as well as services involved in the early stages of implementing the programme.

## Summary of findings

### Outcomes for children and mothers

A range of positive outcomes were reported by children and mothers at post-programme. Outcomes were sustained and often enhanced in the years following the TLC Kidz programme. These included:

- Breaking the silence and isolation regarding domestic abuse
- Appropriate expression and regulation of difficult emotions (for example, anger, anxiety, sadness)
- Knowing how to keep safe and able to identify acceptable and unacceptable behaviours
- Warm, open mother-child relationships
- Improved child confidence in peer and family interactions and ability to cope with everyday life
- Improved school engagement and involvement with sports and social activities
- Improved child physical health and emotional and behavioural wellbeing
- Mothers more actively engaged in their community, for example, employment, starting new courses, engaging with services, and getting involved in social activities
- Evidence of generalised benefits to siblings who had not attended the programme

*“I felt a bit sad before the group...talking about my feelings made me feel good.”*

(12 year old boy, attended in 2014)

*“It made me broaden my skills as a parent, as opposed to just looking at it from my own point of view, more aware of what was going on with them.”*

(Mother of 12 year old boy, attended in 2014)

*“I’m getting on a lot better with my Mam and my brother. We talk and hang out.”*

(11 year old girl, attended in 2015)

### Community outcomes

Families reported greater engagement with school, social and community activities, and with further services if required. Some mothers reported accessing educational programmes or seeking employment. Children and mothers also indicated improvements in child health and wellbeing, thus reducing utilisation of GPs and other services. These outcomes represent benefits to the community, in addition to positive outcomes achieved for the families themselves.

*“I went off and did a childcare course after, it brought me back into doing something that I like doing.”*

(Mother of 11 year old boy, attended in 2014)

### Organisational outcomes

Professionals reported that the interagency model of delivering the programme had led to a number of positive outcomes at the service and community level in North Tipperary. These included:

- Increased awareness among community partners of the profoundly negative impact of domestic abuse on children and the necessity of providing suitable supports for their recovery.
- A culture shift in the practice of interagency partners in responding more sensitively and supportively regarding domestic abuse in general, particularly in supporting mothers rather than blaming them for not leaving the perpetrator.
- Increased support for children and mothers in terms of the range of perspectives involved in co-delivery and in terms of enhanced referral plans for families following the programme.

*“It’s good to work interagency as it brings different perspectives and skill sets together and it makes it the responsibility of different services to think and respond with regard to domestic abuse.”*

Service providers corroborated the benefits reported by families. In addition, professionals indicated that child protection was enhanced when mothers understood the impact of domestic abuse on their children. For instance, mothers were more likely to keep themselves and their children safe, manage access better, and not reunite with the perpetrator.

The outcomes for children and mothers from the TLC Kidz programme address many of the key child outcomes and transformational goals indicated in ‘Better Outcomes, Brighter Futures’ (2014). For instance, the TLC Kidz programme has: improved the physical and mental wellbeing of children exposed to domestic abuse; increased school engagement; improved children’s safety and protection from harm; and has helped children to develop positive relationships with their mother, siblings, peers and the wider community.

*“I am more open to Mum because if I am scared or angry I would tell her now but before I wouldn’t.”*

(10 year old girl, attended in 2017)

### **Factors that lead to positive outcomes**

For the purposes of replication and wider implementation, it is important to identify the key factors or ‘active ingredients’ that led to positive outcomes.

Mothers and children identified the following elements as important: Group aspect in terms of safe, confidential space to discuss domestic abuse, realising they were not alone, and social support; fun; emphasis on mothers and children communicating with each other about domestic abuse; naming and dealing with difficult emotions; and transport and refreshments provided.

Professionals indicated the following six factors as instrumental in achieving positive outcomes: fidelity to programme content and format, interagency model of delivery, having a dedicated Project Coordinator, conducting a careful assessment of child readiness to engage with the programme; training and supervision of facilitators, and having an effective Steering Group.

*“I was upset a lot of the time when I was in school so it helped me get over it.”*

(12 year old girl, attended in 2016)

## **Challenges and opportunities for learning**

Very few challenges or suggestions for improvement were reported by children or mothers. One mother advised that sessions should finish on time as she had childcare arrangements. A few mothers commented that some mothers were not always taking part in the concurrent programme with their child (for example, those who had declined to participate or had previously completed it) and that outcomes for children would be enhanced if it was possible for the mother to attend the programme, or were actively engaged in communicating with the child about programme topics.

## **Other supports also required**

Some challenges were reported by professionals. While the TLC Kidz programme is beneficial for many families, it is only a part of the supports required for children and mothers who have experienced domestic abuse. For instance, professionals indicated that some children were not able to engage in a group process or required further supports following the programme due primarily to the lack of available follow-on services, and subsequent waiting lists for existing services, within North Tipperary. Furthermore, professionals highlighted the lack of cohesive supports for other children experiencing domestic abuse, still living in an abusive home.

## **Service and legal barriers to implementation**

Some difficulties were reported in sourcing facilitators and in receiving an adequate number of referrals to run groups at the scheduled time. With regard to referrals, it was noted that some services that work with mothers and children exposed to domestic abuse may operate with a ‘crisis mind-set’ that inhibits longer-term thinking about healing and recovery after the event. Secondly, there may be a lack of awareness among some services that children are also victims of domestic abuse and that they require supports for recovery. Thirdly, many apparently relevant referral sources may lack confidence and training in knowing how to engage with domestic abuse as an issue.

While there has been considerable interagency involvement in the delivery of the programme in North Tipperary, many professionals indicated that more services should get involved and take responsibility in assisting the recovery of children exposed to domestic abuse. Relevant services/bodies include schools, crèches, providers of parenting programmes, mental health services, community agencies, Social Work, GPs, primary care, public health nurses, housing, An Gardaí and the legal system.

In addition, some professionals reported that the continued unmonitored presence of domestically abusive fathers, post-separation, may compromise the child's recovery due to continuing abuse and undermining of the maternal role and mother-child relationship.

### **Sustainability and wider delivery**

Professionals also reported that the programme requires secure, dedicated funding to assure its sustainability and wider delivery.

The common trend towards the interagency model of delivery is crucial in increasing community awareness and shared responsibility among services in addressing domestic abuse. As a result, partnerships with both statutory and community organisations within North Tipperary were fostered and capacity was enhanced to provide a more coordinated service for domestic abuse victims. However, interagency groups in the early stages of implementing the TLC Kidz programme described mixed experiences. While one service indicated that the process was relatively straightforward and that they intend to continue delivering the programme, two other interagency groups related challenges in securing an adequate number of referrals despite sustained promotion of the programme. Local services were not yet referring families to the programme even though domestic abuse is prevalent in their caseloads. As mentioned above, this may reflect an ongoing lack of awareness and training required to educate services in the need to support children in recovering from domestic abuse.

## **Recommendations**

The TLC Kidz programme has achieved positive outcomes for families and the community in North Tipperary over several years. Based on the findings, the following recommendations are made:

### **Child and mother recommendations**

- While the findings indicate considerable benefits for both children and mothers, about half of children and one third of mothers required further support. These supports focused on further promoting and maintaining the benefits post-programme and included psychological services and youth clubs, such as Foroige or Scouts. In particular, it was found that some children were too traumatised or not ready to participate, likewise, some mothers may have difficulty engaging with the programme due to personal issues. While additional supports are offered where available, there is a recognised need for further specialist and therapeutic supports for children and mothers engaging with the TLC Kidz programme.

### **Organisational recommendations**

- Professionals within both the statutory and community sectors were widely supportive of the programme but many indicated a need for more involvement by services for children exposed to domestic abuse, both in identifying domestic abuse and ensuring access to the programme.
- Difficulties in sourcing facilitators were linked to high turnover in personnel and convincing managers to release staff to deliver the programme. Given that turnover in personnel disrupts institutional memory and commitment to the programme, it may be useful to consider

occasional workshops to maintain awareness and buy-in. It may also be worthwhile discussing with managers possible ways to increase the release of staff to facilitate the programme. While interagency working is recommended to maximise the efficiency and effectiveness of meeting the needs of children, the approach also places increasing demands on staff time and workloads and sufficient resources are required to fully support programme delivery.

- In order to increase and simplify the referral process, awareness-raising about the need for supports for children in recovering from domestic abuse is advised. The eligibility criteria for participation in the TLC Kidz programme should also be clearly outlined. In addition, TLC Kidz personnel should continue and enhance efforts to recruit facilitators from services and organisations that are in a position to refer children and mothers to the programme, including schools, crèches, providers of parent programmes, Social Work, community agencies, mental health services, public health nurses, primary care, GPs, An Gardaí, housing, and so forth.
- Schools may be a useful forum for raising public awareness of the importance of keeping children safe.

### **Wider context / systemic recommendations**

- It is important at a national level that all services/bodies that come into contact with children and families are trained to recognise the signs of domestic abuse. International guidance demonstrates that identification of domestic abuse increases substantially when services use a screening tool and make it a part of routine enquiry and assessment. Increased identification of domestic abuse will lead to increased referrals for recovery programmes for children.
- Receiving referrals for a recovery programme for children is more difficult in a context of widespread lack of awareness among services and the public of the need for such supports. Therefore, there is a need at the national level to promote service and public awareness of the importance of supporting children in recovering from domestic abuse. A media campaign may be useful in increasing public awareness.
- Secure and dedicated funding is required for the sustainability and wider delivery of the programme.
- Wider delivery of the programme requires a commitment to the interagency model of delivery, quality training and supervision of facilitators, fidelity to programme content and format, and a system to organise referrals, assessments and other tasks, ideally conducted by a dedicated Project Coordinator. In addition, an Irish-based 'Expert' trainer would be beneficial in training professionals in the programme, as well as providing support and advice to areas in the early stages of implementing the programme. The role would also avoid the costs and time associated with employing a UK trainer.

# 1. Introduction

The TLC Kidz programme is a 12-week, psycho-educational, group programme for children (4-21 years) and their mothers recovering from domestic abuse. Child and mother groups are run concurrently. Originally developed in Canada, the TLC Kidz programme is based on the Community Group Programme (CGP) and is implemented in different localities under different names. The aim of the programme is to: provide a safe forum for children and mothers to discuss domestic abuse, thereby reducing isolation and stigma; increase the safety of children and mothers; help children name and deal with difficult emotions and enhance communication between children and their mothers. The goal of the programme is to help children begin to heal from the impact of being exposed to domestic abuse and to help mothers in understanding their child's experiences and support their recovery. Mothers have suffered physical violence, sexual abuse and/or emotional abuse. The programme has been delivered on an interagency basis since 2005 in North Tipperary, with partners including Ascend, North Tipperary Community Services, HSE Adult Mental Health, CAMHS and Primary Care, Tusla Community Development, Social Work and Family Support Services, Tipperary Regional Youth Services, Barnardos, School Completion Programme, An Gardaí, Focus Ireland, and MOVE North Tipperary. Since 2016, other areas in South-east Ireland have become involved in setting up and running the programme. These areas include South Tipperary, Waterford and Carlow.

This study is an evaluation of the TLC Kidz programme in North Tipperary and surrounding areas. A range of data collection methods were used to capture the experiences of mothers, children and staff. The objectives of the study were to:

- Assess the impact of the programme on child and mother outcomes;
- Explore the experiences of professionals and stakeholders including the services involved in early stages of implementing the TLC Kidz programme;
- Explore the impact of the programme on community outcomes; and
- Assess key facilitators and barriers for families and staff in attending/delivering the programme.

A mixed-methods analytic framework was utilised in order to assess the outcomes and experiences of families and professionals involved in attending/delivering the TLC Kidz programme. A variety of data collection methods were used, utilising both quantitative and qualitative techniques. Findings from the evaluation will be discussed in Section 3.

## 1.1 Impact of domestic abuse on children and mothers

Violence against women and children in their homes is a global human rights issue and includes physical, sexual, and psychological abuse (European Institute for Gender Equality, 2017; HSE, 2010).



- In Ireland, one in three women have experienced severe psychological abuse while one in four women have experienced physical and sexual violence from a male partner (European Union Agency for Fundamental Rights, 2014). In 2014, over 12,500 people – 9,448 women and 3068 children – received support and/or accommodation from a domestic violence service, while 4,831 requests for refuge could not be met as refuges were full (Safe Ireland, 2015).
- Most victims of domestic abuse suffer in silence with only 8% to 12% reporting to a domestic violence service (Safe Ireland, 2016a). It should be noted that the ongoing accommodation crisis has made it increasingly difficult for victims to leave the abusive situation (Safe Ireland, 2016a).

The risk of abuse increases for women who have children and the majority of those who access domestic abuse services are mothers with children (Safe Ireland, 2011; Watson and Parsons 2005). Evidence indicates that domestic abuse and child maltreatment often co-occur, with an overlap of 30% to 60% (Hartley 2002; Herrenkohl, Sousa, Tajima, Herrenkohl and Moylan, 2008). Children therefore may be victimised by being the subject of abuse and/or witnessing abuse against a parent (Hamby, Finkelhor, Turner and Ormrod, 2010). Exposure to domestic abuse has a profoundly negative effect on children's physical and psychological functioning (Rivett, Howarth and Harold 2006).

### **Emotional difficulties**

Exposure to violence at a young age can impair brain development and lead to long-term physical health problems (Campbell and Ledanowski, 1997). Furthermore, children exposed to domestic abuse exhibit emotional and behavioural difficulties, higher rates of trauma symptoms, decreased cognitive functioning, and poor social skills (Kitzmann, Gaylord, Holt and Kenny, 2003). For instance, Irish children who have experienced domestic abuse reported that they felt fear and anxiety for themselves, their mothers and their siblings; suffered low self-esteem and a sense of being 'different'; had difficulties with family and peer relationships; experienced poorer school engagement, and a sense of a lost childhood (Buckley, Whelan and Holt, 2007). If difficulties are left untreated, children are at increased likelihood of longer-term mental health problems, substance abuse, and antisocial behaviour (Holt, Buckley and Whelan, 2008). Moreover, exposure to domestic abuse in childhood is the leading predictor of being a perpetrator or a victim in adulthood, thereby perpetuating the intergenerational transmission of domestic violence and abuse (Black, Sussman and Unger 2010; WHO, 2007).

### **Difficult mother-child relationship**

Exposure to violence can also have a profound impact on the mother-child relationship. Children typically form an attachment with the primary caregiver (usually the mother), however, stressors associated with a hostile environment may result in the mother's lack of availability. Consequently, the child may develop behavioural difficulties which adversely affects the mother-child relationship (Devaney, 2015). The most important factor in child recovery from domestic abuse is a strong attachment with the non-abusive parent (Humphreys, Thiara and Skamballis, 2010). However, the experience of domestic abuse

can damage the mother-child relationship. Mothers and children may be reluctant to talk about the abuse and the impact on family circumstances and wellbeing. In addition, mothers (and services) can underestimate the extent to which children were aware of, and have been affected by, the abuse (Edleson, 1999). The perpetrator may also encourage the child to be abusive to their mother and the child may believe that the mother is partially responsible for the abuse (Mullender et al. 2002). These issues undermine the capacity of mothers to support the recovery of their children. Therefore, programmes should seek to strengthen the mother-child relationship in order to support the recovery of children from domestic abuse. In addition, research indicates that enhancing the child's self-concept, resilience skills, social/relational abilities, and support networks are also important (Pedro-Carroll, 2011).

### Physical difficulties

It should be noted that domestic abuse also leads to a range of negative physical and mental health outcomes for mothers, including chronic pain, cardiovascular problems, gastrointestinal disorders, substance abuse, sexually transmitted infections and unwanted pregnancy (WHO, 2012). In some cases, mothers and children are murdered (Women's Aid, 2017). Irish women who have experienced domestic abuse reported feeling very frightened and distressed, resulting in depression, post-traumatic stress disorder, anxiety, panic attacks, loss of confidence, sleeping and parenting difficulties (Watson and Parsons, 2005). Violence against women by their partners costs Ireland an estimated €2.2 billion per year due to the increased utilisation of health care and social services, criminal justice, emergency housing and lost economic output (Cosc, 2017; European Institute for Gender Equality, 2017).

## 1.2 Policy context

There have been welcome developments in policy, legislation, policing, and service awareness in recent years to enhance the protection of victims of domestic abuse in Ireland.

- Past legislative developments such as the *Domestic Violence Act (1996)* and the *EU Victims Directive (2011)* have supported and promoted the rights of victims of violence.
- In 2007, the National Office for the Prevention of Domestic, Sexual and Gender-based Violence – Cosc – was established and the first (2010-2014) and second (2016-2021) national strategies on Domestic, Sexual and Gender-based Violence were developed (Cosc, 2010, 2016).
- In 2015, Ireland signed the *Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence* (known as the *Istanbul Convention*) which obliges countries to criminalise physical, psychological and sexual violence against women, including rape and sexual harassment. The rights of the child are also recognised within the Convention by highlighting the need for supports for children exposed to domestic abuse (Articles 18, 26) and that the exercise of any visitation or custody rights does not jeopardise the rights and safety of the victim or

children (Articles 31 and 32). To date, 27 European countries have ratified the Convention.

- In order to ratify the Istanbul convention, Ireland must implement certain actions. Movements towards ratification include *the Second National Strategy on Domestic, Sexual and Gender-based Violence* (2016-2021; Cosc 2016). The strategy aims to raise awareness, de-stigmatise domestic violence, and coordinate efforts across statutory bodies and non-governmental organisations (NGOs) in preventing violence and providing supports for victims of domestic abuse.
- The *Domestic Violence Bill 2017* also provides additional safety and protection measures. For instance, in November 2017, in line with current legislation in the UK and Scotland, Seanad Éireann changed the definition of domestic abuse to include both physical and psychological abuse (Domestic Violence Bill, 2017). Psychological abuse and controlling behaviour within a relationship will become a crime punishable by up to five years in prison. To date, domestic abuse in Ireland has been treated more as a civil issue than a criminal one (Safe Ireland 2016a). In addition, the presence of an intimate relationship will now be considered an aggravating factor rather than a mitigating circumstance by the sentencing judge. Other amendments include improved access to barring orders, courts providing a safer experience for victims, inclusion of the child's voice, and linking victims with support (Domestic Violence Bill, 2017).

There has also been welcome restructuring within An Garda Síochána. For instance, Garda Victim Services have been opened around the country in response to the [Garda Inspectorate Report 2014](#) (Safe Ireland, 2016a). Plans for reform should lead to stronger investigation and intelligence management, time-appropriate risk management, and more effective communication with victims of domestic abuse, including onward referral to domestic violence support services (Safe Ireland, 2016a).

In addition, Tusla was established in 2014 and has responsibility for protecting and supporting victims of domestic abuse. Tusla has a special remit in relation to child protection and welfare, and Children First guidance, along with the implementation of Meitheal, enhances the capacity of services to identify and provide interagency supports for children exposed to domestic abuse (Cosc, 2016). In addition, the national children's policy framework - '[Better Outcomes, Brighter Futures](#)' - recognises the importance of integrated evidence-based supports in improving the health and wellbeing of young people (Department of Children and Youth Affairs, 2014). '[Better Outcomes, Brighter Futures](#)' identifies five key outcomes for children and six cross-cutting transformational goals needed to achieve those outcomes (Figure 1). Addressing these outcomes is an integral means of prevention and responding to domestic abuse. Child outcomes are:

- Child physical and mental wellbeing
- Education and active learning
- Safe and protected from harm
- Economic security
- Positive networks of family, friends, neighbours and community

The six crosscutting transformation goals are:

- Support parents
- Earlier intervention and prevention
- Listen to and involve children
- Ensure quality services
- Strengthen transitions
- Cross-government and interagency collaboration and coordination

The partnership approach is a key principle in ensuring that children exposed to domestic abuse are identified and receive appropriate supports (SAFE Ireland, 2015).

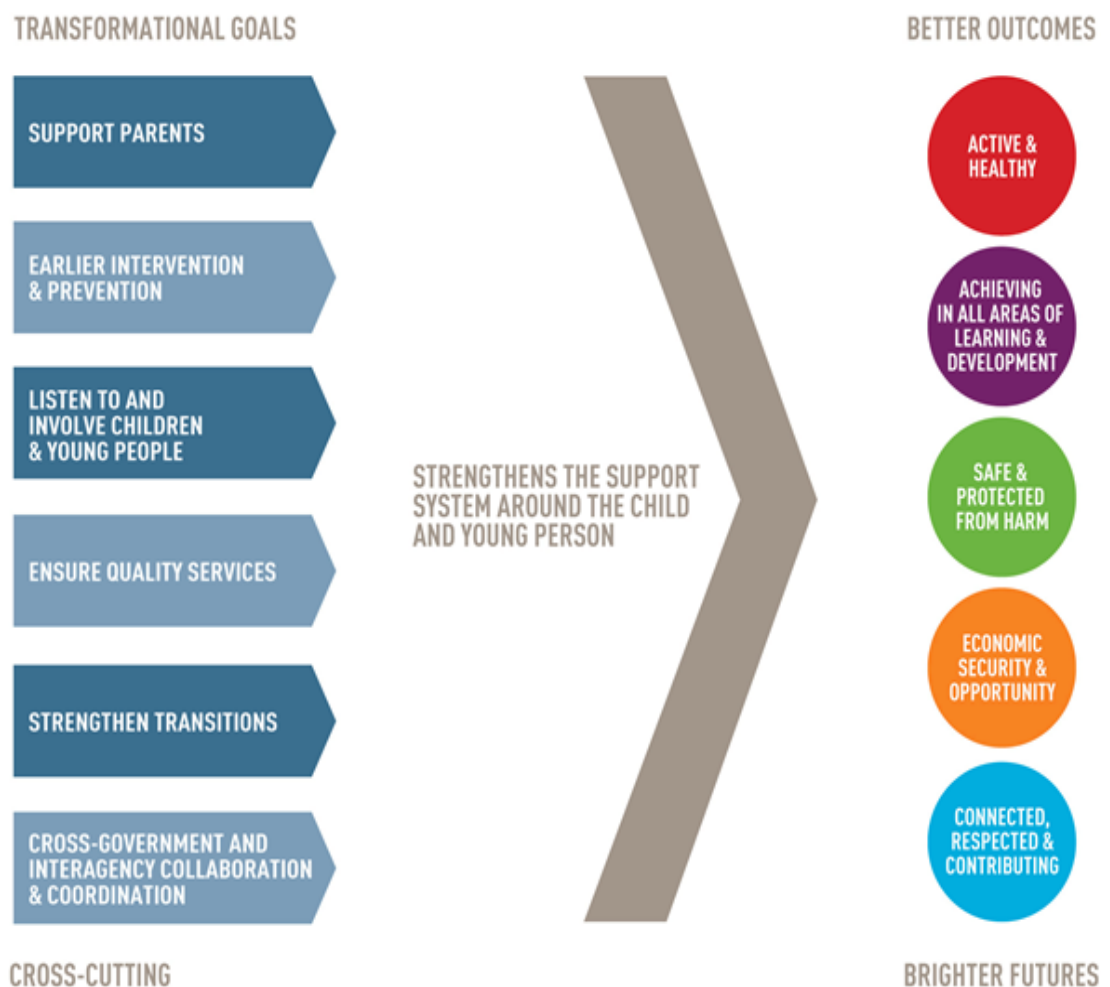


Figure 1: Child outcomes and transformation goals of Better Outcomes, Brighter Futures

Nevertheless, notwithstanding welcome policy and legislative developments, considerable problems remain for children and mothers exposed to domestic abuse. Safe Ireland (2016a) has identified five barriers to safety and solutions for victims, including: accommodation and housing crisis, lengthy and unsupportive legal process, increased demand on services,

decreased resources, and lack of supports for children. In particular, the housing and legal situation in Ireland has profoundly negative effects for victims. Lack of affordable/available accommodation means mothers and children cannot leave the abusive situation or move on from the refuge. As a result, refuges are full, with the knock-on effect that mothers and children that need to escape a violent home cannot do so (Safe Ireland, 2016b). Therefore, many victims are returning to the abusive home or choosing not to leave in the first place. To compound the situation, local authorities do not consider that mothers and children who leave an abusive home as homeless; rather they are seen as having a home, albeit an unsafe, violent one. As a result, they are being further neglected and rendered invisible in the current housing crisis (Safe Ireland, 2016b).

A recent Safe Ireland report – ‘[Lawlessness of the home](#)’ - indicated that the legal system does not provide adequate support for mothers and children who experience domestic abuse (Safe Ireland, 2014). Firstly, as of the time of writing, domestic abuse is not a crime in Ireland but has been typically treated as a civil issue. Various reports indicate that domestic abuse has not been taken seriously by the judiciary and An Gardaí but viewed as ‘time wasting, problematic and a waste of resources’ (The Garda Inspectorate Report on Crime, 2014). The reports also found that allegations of domestic abuse were not fully investigated by An Gardaí, that breaches of safety and barring orders often go unpunished, and women are told by their legal representatives not to speak in court. Furthermore, post-separation abuse is common since the legal right of the father to have access to his child currently supersedes the right of the child and mother to safety from abuse during that access (Holt, 2017). In addition, the law is applied differently across areas and judges with little transparency, with reports indicating that stereotyping and victim blaming remains integral to how victims can be viewed and treated (Safe Ireland, 2016a). The lack of appropriate response to domestic abuse is reflected in the disparity between reports of domestic abuse in Northern Ireland and the Republic of Ireland (RoI). Northern Ireland reported five times the prevalence of domestic abuse even though their population is half the size of the RoI (Garda Inspectorate Report, 2014). These figures suggest significant under-reporting of domestic abuse in the RoI. More recently, the [Garda Domestic Abuse Intervention Policy \(2017\)](#) has outlined new structures and guidelines for responding to and investigating incidences. The report acknowledges that children are also likely to suffer consequences as a result of domestic abuse.

### **1.3 Supports for children in Ireland**

Since 2000, there has been an increased availability of domestic violence services in Ireland (Cosc, 2011). These include refuges, outreach, accompaniment and advocacy, helplines, service education and training in domestic violence, counselling, services for perpetrators, and supports for children. In 2011, thirteen services reported providing therapeutic support for children and eleven services reported delivering group support programmes (Cosc, 2011). For instance, Mayo Women Support Services work with children in schools on an individual basis using principles from the ‘Helping Hands’ school programme (Women’s Aid Northern Ireland, 2017). Other individualised supports for children include art therapy, counselling and clinical psychology for children with special needs (Stevenson et al. 2011).

Another example includes an interagency partnership in North Tipperary that provides concurrent group programmes for children and mothers who have experienced domestic abuse. Individual supports for children are also provided (Gravelle, 2010). However, in general, there is a lack of resources and services to meet the needs of children who experience domestic abuse in Ireland. Chronic underfunding, and increasing demand, has led to mounting pressure on existing services (Barnardos, 2016). Moreover, there is a lack of evidence to assess the effectiveness of existing services for children.

#### **1.4 Evidence-based programmes for children exposed to domestic abuse**

Most children who have experienced domestic abuse can only begin to process the emotional distress once they are no longer living with the perpetrator (The National Child Traumatic Stress Network, 2017). For children, appropriate programmes include groups, individual therapy, and dyadic treatment with the non-abusive parent. The choice of treatment depends on the child's age, the nature and severity of the traumatic reaction, the circumstances of the family, and the availability of other supports (Howarth et al. 2016). In either a group or an individual format, treatment can provide children and their caregivers with important information about domestic abuse and common childhood reactions, which can help normalise their experience and decrease their sense of isolation. For most children, a strong relationship with the non-abusive parent is a key factor in helping them heal from the effects of domestic abuse (Humphreys et al. 2010; WHO, 2016).

A recent systematic review assessed the effectiveness of psycho-educational and psycho-therapeutic programmes for children (aged 14 and under) exposed to domestic abuse and found improvements in child behavioural and mental health outcomes. In particular, psycho-educational group-based programmes delivered to the child were found to be more effective for improving mental health outcomes than other types of programmes. Additionally, programmes delivered to non-abusive parents and to children were most likely to be effective for improving child behaviour and in improving parenting capacity (Howarth et al. 2016). Concurrent, group-based psycho-educational programmes delivered to children and mothers received the highest satisfaction ratings among service users and service providers. The findings, however, also revealed a lack of programmes tailored to children's specific needs and clinical profile as well as gaps in the provision of programmes for younger and older children and for children continuing to live with domestic violence.

#### **1.5 Evidence for the TLC Kidz programme**

The TLC Kidz programme is a 12-week, psycho-educational, group programme for children (4-21 years) and their mothers recovering from domestic abuse. Child and mother groups are run concurrently. Originally developed in Canada, the TLC Kidz programme is based on the Community Group Programme (CGP) and is implemented in different localities under different names. The programme is fully manualised and is widely delivered in the UK and Scotland by multi-professional facilitators trained at the Against Violence and Abuse (AVA)



centre<sup>1</sup>. The aim of the programme is to: provide a safe forum for children and mothers to discuss domestic abuse, thereby reducing isolation and stigma; increase the safety of children and mothers; help children name and deal with difficult emotions and enhance communication between children and their mothers. The developers of the CGP recommend that the programme is delivered on an interagency basis in order to increase community responsibility and awareness in helping children and mothers recover from domestic abuse (Loosley et al. 2012). Mixed-methods evaluations of the programme in Canada and the UK indicated improved child knowledge and beliefs about domestic abuse, knowing how to keep safe, more appropriate management of difficult feelings, and enhanced emotional wellbeing following the programme. Children also valued the opportunity to share their stories and explore their feelings in a safe and confidential environment. Mothers reported feeling more socially supported and gaining a closer relationship with their children (Debonnaire, 2007; Jaffe, Wilson and Wolfe, 1986; Nolas, Neville and Sanders-McDonagh, 2012; Peled and Edelson, 1992; Sudermann, Marshall and Loosley, 2000). It should be noted, however, that, to date, evaluations of the CGP have not included a control group. Therefore, the evidence-base for the programme would benefit from a more rigorous assessment (Howarth et al. 2016).

## 2. The TLC Kidz programme in North Tipperary

### 2.1 Context and early stages in implementing the TLC Kidz programme

In 2003 an interagency Steering Group was established in North Tipperary to identify a suitable programme for children in the county who had experienced domestic abuse. The need had been identified by a number of different agencies who were concerned about the prevalence and impact of domestic violence. In 2005, the Regional Advisory Committee (RAC) in the Mid-West area recognised the lack of supports for children exposed to domestic abuse and identified a need for shared responsibility among services in addressing and preventing domestic abuse. The CGP was subsequently identified as appropriate due to the concurrent group model for both children and mothers, with the purpose of the mothers' group to support the child in their recovery. Following support from the Canadian and UK trainers, the North Tipperary professionals were trained in the CGP and the programme was renamed as the TLC Kidz programme to promote its appeal to children and mothers. The RAC provided support for this work.

The programme has been delivered on an interagency basis since 2005 in North Tipperary, with partners including Ascend, North Tipperary Community Services, HSE Adult Mental Health, CAMHS and Primary Care, Tusla Community Development, Social Work and Family Support Services, Tipperary Regional Youth Services, Barnardos, School Completion Programme, An Gardaí, Focus Ireland, and MOVE North Tipperary. In the early years (2005-2008), the programme was funded on a limited budget taken from the existing

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<sup>1</sup> Information available at [www.avaproject.org.uk/](http://www.avaproject.org.uk/)

resources of service partners in addition to a small contribution from the Regional Violence Against Women. Members of the Steering Group undertook the operational logistics of delivering the programme with fidelity to the original model. Tasks included: promotion and awareness-raising among services, sourcing referrals, conducting assessments, identifying facilitators, provision of training, supervision, transport, childcare and so forth. Since 2009, a part-time Coordinator position has been funded to manage the operational tasks.

Several challenges were addressed in the early establishment and implementation of the programme. These included:

- Concerns with regard to the logistics of running the programme across a large geographical area. It was decided to deliver the programme in the town from where the majority of referrals were received and to provide transport for families living in other areas.
- Concerns around confidentiality were addressed within the groups with children and mothers.
- Initial concerns with regard to anonymity within a local rural setting but it emerged that mothers did not fear meeting as a group in order to support their children.
- Fears among some services (and some mothers) that the children's group might potentially re-traumatise children. This issue highlighted the importance of conducting a careful assessment to ensure that the child was ready and able to engage in the group (Section 2.5.2 provides more detail on the assessment process). Alternative supports/referrals were provided for children for whom the TLC Kidz group was not suitable at that time.
- As some agencies required consent from both parents to work with a child, this presented the challenge of obtaining consent from fathers where the father was the perpetrator of the domestic abuse. For the TLC Kidz programme in Ireland, it was therefore agreed to inform fathers of the child's attendance at the group if it was judged that it was safe to do so.

## **2.2 Target group**

The TLC Kidz programme is for children (4-21 years) and mothers recovering from domestic abuse. The goal of the programme is to help children begin to heal from the impact of being exposed to domestic abuse and to help mothers in understanding their child's experiences and support their recovery. Mothers have suffered physical violence, sexual abuse and/or emotional abuse. All children who attend the TLC Kidz programme have been exposed to the abuse of their mother although not all children may have experienced direct abuse themselves. However, in many cases, abuse of the child occurred alongside abuse of the mother. In order to participate in the programme, children cannot be living with the perpetrator.



## 2.3 Location of services

The TLC Kidz programme for children and mothers has been delivered since 2005 in North Tipperary, in the towns of Thurles, Roscrea and Nenagh. Since 2016, other areas in South-east Ireland are involved in setting up and running the programme. These areas include South Tipperary, Waterford and Carlow.

North Tipperary is a largely rural area with population centres in Nenagh, Borrisoleigh, Roscrea, Templemore and Thurles. North and South Tipperary data is available separately in the 2011 census of Ireland. The 2011 census data shows the population of North Tipperary at 70,322, 27% of which are 18 years or younger (CSO, 2011). Data derived from the 2011 census also indicates that North Tipperary had above-average growth for children from 0-13 years and a slightly higher proportion of young people aged 10 to 18 years when compared to the national average (Tipperary Education and Training Board, 2014a).

South Tipperary is a largely rural area with population centres in Clonmel, Carrick-on-Suir, Cahir, Tipperary and Cashel. Figures from Census 2016 show a population of 89,071 for South Tipperary, of which 26% are aged 18 years and under (CSO, 2011). Census data from 2016 is not directly comparable, due to the amalgamation of administrative districts. The overall population for County Tipperary was captured as 159,553, marginally below average (CSO, 2016). Available data indicates that in 2014, almost 1000 people in Tipperary availed of domestic violence services such as Ascend, Cuan Saor and the Tipperary Rape Crisis Centre (Local Community Development Committee, 2015). The County Tipperary Local Economic & Community Plan (2015) also includes a priority to support families who are victims of violence/domestic abuse (2015, p13).

Since 2016 the TLC Kidz programme has begun to expand into Waterford and Carlow. County Carlow is a largely rural area with population centres in Carlow town and Tullow. Figures from Census 2011 show a population of 54,612 for County Carlow, of which 27% are aged 18 years and under (CSO, 2011). Comparable data for 2016 indicates a small population increase, at 56,932. The County Carlow Local Economic and Community Plan 2016-2021 (Carlow County Council, 2016) includes consultation data, with the development of domestic abuse services identified as an observed need.

County Waterford is a combined urban and rural area, with population centres in Waterford city, Dungarvan and Tramore. Figures from the 2011 Census (CSO, 2011) indicate a population of 67,063 for County Waterford and therein a population of 46,732 for Waterford City. Figures for 2016 indicate population growth, with a County population of 116,176, 26.5% of whom are ages 18 years and under. The Waterford City and County Policing Plan (2016) identified a commitment to supporting vulnerable persons, including victims of domestic abuse.

## **2.4 Content and targeted outcomes**

### **2.4.1 Concurrent model of delivery**

The TLC Kidz programme delivers concurrent groups for children and mothers. Concurrent groups are run twice a year in North Tipperary. In the original design of the programme in Canada, only children's groups were delivered (Loosley et al. 2012). The mothers' group was developed in response to mothers' queries about the programme and their child's progress. Concurrent delivery meant that mothers were in a better place to understand their child's experiences and to support children outside the group. The group for mothers could also provide support to mothers in reducing isolation and stigma. For both practical and therapeutic reasons, groups for mothers were seen as more effective than following up with each mother on an individual basis. However individual contact with mothers is recommended in cases where their child can attend the children's group but the mother is unable to attend the group for mothers (Loosley et al. 2012).

### **2.4.2 Children's group**

The group for children is delivered in 12 weekly, 1.5-hour sessions. Groups are run by two facilitators and involve 6-8 children. Children are chosen so that they are close in age, maturity and development. Groups are generally composed of children within a two-year age remit; for instance, separate groups are held for 7-9 and 10-11 year olds (Loosley et al. 2012). The objectives of the children's group are to:

- Provide opportunities for children to tell their stories and to be heard, believed and validated and to reduce the stigma, silence and isolation associated with domestic abuse
- Ensure that children know how to protect themselves physically and emotionally and to develop and practise safety plans
- Let children know that they are not responsible for the abuse that happened between their mother and father/partner
- Explore the identification and expression of anger and other feelings (for example, separation, loss, fear) and provide healthy strategies to manage feelings
- Explore and practise effective problem-solving skills
- Provide a positive and safe environment where activities are esteem-building, child-centred and fun.

### **2.4.3 Mothers' group**

The group for mothers is run in 12 weekly, 2-hour sessions, and involves approximately 8 mothers and two facilitators (Loosley et al. 2012). Experience has shown that outcomes are most successful when mothers and children are able to

attend groups concurrently. Mothers are given homework to check in with their child on the topic covered in the weekly session. The objectives of the mothers' group are to:

- Enhance their understanding of the impact of domestic abuse on children and be better able to support their child's recovery
- Support mothers in their right to live without violence and abuse and to make positive choices to eliminate abuse from their lives and their children's lives
- Break the silence, stigma and isolation around domestic abuse
- Provide information about safety planning to help keep mothers and children safe
- Develop a peer support network
- Highlight the importance of self-care, esteem building and seeking support so as to benefit their own and their child's recovery.

#### **2.4.4 Session outline for children's and mothers' groups**

The same topics are covered each week in both the children's and mothers' groups. These are:

1. Getting to know you
2. Breaking the secret about abuse that happens in family
3. Understanding our many feelings
4. Children's experiences of violence in their families
5. Staying safe when abuse happens: My personal safety plans
6. "It's not our fault." Beginning to understand responsibility
7. Anger is important: Understanding it and expressing it
8. Learning about problems: How to get help to solve problems in healthy ways
9. Dealing with family changes when abuse has happened
10. Sexual abuse prevention
11. Self-esteem
12. Saying goodbye

## **2.5 Service delivery and governance**

### **2.5.1 Interagency model of delivery**

The TLC Kidz programme is delivered on an interagency basis in North Tipperary. The developers of the programme view community collaboration as essential in creating a common vision and shared responsibility among services in referring and responding appropriately in relation to domestic abuse (Loosley et al. 2012). Thus, the programme was seen as a good fit in line with the RAC's interagency approach to delivery as well as within the wider national context on the benefits of a partnership approach for improved child outcomes and enhanced service delivery and professional practice (Statham, 2011). It is also hoped that families will receive the benefit of having a range of skilled facilitators from different disciplines involved in their case (for example, Social Work, CAMHS, domestic abuse refuge). In turn, it is

hoped that agencies will receive the benefit of having their staff trained in working with children and mothers who have experienced domestic abuse and can bring those skills and knowledge back to their agency (Loosley et al. 2012). Best practice indicates for a single access intake process that is coordinated by one agency. This role is undertaken in North Tipperary by a Project Coordinator, who is based in Barnardos and funded by Tusla. The Project Coordinator and Barnardos undertake all facets of operating, organising, scheduling, facilitating, training and sustaining the programme, in conjunction with the programme's Steering Group, which includes members from community partners. Community partners provide referrals, release facilitators to deliver the programme, and provide guidance and support.

### 2.5.2 Project Coordinator

The Project Coordinator undertakes all aspects of running the programme. A key element of the role involves case management, i.e. managing referrals, conducting assessments for programme readiness, and organising further supports for referred families, before, during and/or post-programme, as required.

The assessment examines the child's readiness to participate in the programme. The child must be able to identify hurting and fighting within their family and be happy to meet with other children in a group context. Other assessment criteria include: the child is considered to have been impacted by exposure to domestic abuse; the family are not living with the perpetrator; there is stability in the family's housing situation; that it is safe for the child to attend; and the child is not suffering from Post-Traumatic Stress Disorder (PTSD), Referral for other supports or individual therapy may be more appropriate in some cases. Attendance by the mother is desirable but not compulsory. In exceptional circumstances the Coordinator can deliver the programme on an individual basis to children if the child is not ready or able for the group setting.

Several meetings are undertaken by the Coordinator with the family in order to assess the suitability of the programme for the family; firstly, the Coordinator meets with the mother, then with the child, and lastly with the mother and child in the home setting and with the facilitators that will be delivering the groups. The father will be informed of the child's attendance at the group if it is deemed safe to do so.

Other duties of the Coordinator include:

- Liaising with community partners to release facilitators to deliver the programme
- Coordinating transport, childcare and refreshments for families to attend the programme
- Linking in with mothers who do not attend the mothers' group to advise them how to support their child
- Organising materials for facilitators to run the groups
- Providing debrief and ongoing supervisory support to facilitators
- Raising awareness about the programme among local agencies

### 2.5.3 Steering Group

The Steering Group consists of community partners involved in the organisation and delivery of the TLC Kidz programme. The Steering Group meets four times a year. Since 2009, their role is to advise and support the Coordinator in their duties, promote the programme among agencies, encourage shared ownership in addressing domestic abuse, provide referrals, and release staff to deliver the programme. Current members are from: Ascend, North Tipperary Community Services, Tusla Community Development and Social Work, Barnardos, Tipperary Regional Youth Services, Barnardos, School Completion Programme, An Gardaí and Focus Ireland.

### 2.5.4 Training and supervision

All facilitators are trained by Linda Finn, an expert trainer of the CGP in the UK. Professionals selected for training must be experienced in running groups, working with children, and have knowledge and skills in the dynamics of domestic abuse, child protection and welfare. Training is experiential and sensitises facilitators to issues and dynamics related to domestic abuse. It also highlights the importance of the interagency model of delivery and conducting the assessment in a careful and sensitive manner.

Formal supervision for facilitators in North Tipperary takes place once before the programme, twice during programme delivery and once following programme delivery. Facilitators also receive ongoing debriefs from the Coordinator following each weekly session. In addition, facilitators can contact the Coordinator at other times for support and guidance. For instance, if a facilitator becomes aware during a session that a mother/child needs further supports, the Coordinator is alerted and further supports/referral can be put in place. Supervision before programme delivery advises facilitators on the level of abuse that has occurred in participating families. Supervision during the programme allows facilitators to share and problem-solve around families' progress. The last group supervision enables services to make a holistic referral plan for families if they require further supports.

## 3. Methods

### 3.1 Evaluation framework

A mixed-methods analytic framework was utilised in order to assess the outcomes and experiences of families and professionals involved in attending/delivering the TLC Kidz programme. A variety of data collection methods were used, utilising both quantitative and qualitative techniques.

Core objectives of the evaluation included:

- An examination of the impact of the programme on child and mother outcomes, with a particular focus on the child's holistic development.

- An investigation of the impact of the programme on community outcomes; for instance, community/service awareness and shared ownership in addressing domestic abuse.
- An analysis of the experiences of services involved in early stages of implementing the TLC Kidz programme.
- Identification and analysis of the key facilitators and barriers for families and staff in attending/delivering the programme.

## 3.2 Participants and settings

### 3.2.1 Families

Participants were children and mothers who had experienced domestic abuse and who had attended the TLC Kidz programme between 2013 and 2017 in North Tipperary. Between 2013 to 2017, 69 children and 39 mothers attended the service. Mothers and children were not living with the perpetrator during the time they accessed the service. Analysis of available data shows that children's ages ranged from five to 16 years, with an average age of 8.9 years (standard deviation 2.7 years). Girls comprised 53% of attendees and boys 47%. Referrals came from social work (41%), community agencies (41%), self-referral (14%), court (2%) and youth services (2%). Referral reasons included domestic abuse, child protection and welfare concerns, child emotional and behavioural difficulties, parental separation, and difficulties with parent-child relationships following domestic abuse.

Thirty-three families attended from 2015-2017, comprising 37 children and 22 mothers. Anonymised case files for the 33 families were analysed as part of the study.

More in-depth data (interviews, questionnaire) were collected from a small sample of children ( $n = 9$ ) and mothers ( $n = 11$ ) from 13 families who had attended the programme from 2013 and 2017. Participants were randomly selected across the five years. The Coordinator gave an anonymous identifying number to each family and the researchers randomly selected numbers from across the five years. Three of the selected families were subsequently unavailable for interview and the researchers chose three further numbers at random. Therefore, in seven families, both the mother and child had attended the programme and provided data; in two families, only the child attended the programme and provided data, and in four families, the mother and child had attended the programme but only the mother provided data (The child was not available or did not want to talk about the subject with a stranger). Of the nine children who provided data, one had attended in 2013, two in 2014, one in 2015, two in 2016 and three in 2017. Interviewed children were 56% boys and 44% girls and aged between 10-13 years. The age range was identical for children that did not provide data, but their mothers spoke about them.

### 3.2.2 Professionals

Professionals involved referrers, facilitators, Coordinator, and/or Steering Group members. In most cases, professionals held several roles on the programme, for example, they were involved as referrer and facilitator and/or as a Steering Group member.

The majority of participating professionals were female with one male participant. Professionals represented a range of backgrounds, including social work, community development, family support services, community agencies, school completion, refuges for domestic abuse and a representative of the National Office for Domestic, Sexual, and Gender-based Violence Services.

Interviews were conducted with eight professionals involved in the delivery of the programme in North Tipperary. An online survey was sent to thirty professionals involved in either the current or a previous delivery of the programme, and 11 responded (37%). The response rate to the survey was lower than expected but it may have been related to the fact that several of the staff in North Tipperary (n = 8) indicated their preference to participate in an interview with researchers and consequently may have decided not to complete the survey.

We also interviewed services in the early stages of implementing the programme in South Tipperary, Waterford and Carlow (n = 4), as well as current and potential funders of the programme (n = 3).

## 3.3 Data collection and procedure

The evaluation was conducted between September and December 2017. We employed a mixed-methods framework so as to assess the outcomes and experiences of families and professionals. We collected primary data as well as making use of available existing data. Both quantitative and qualitative data-collection methods are described below.

### 3.3.1 Quantitative measures

#### **KIDSCREEN-10 Questionnaire**

The KIDSCREEN-10 Questionnaire is a brief, validated, self-reported, ten-item measure of health-related quality of life in children (8-18 years) (Ravens-Sieberer et al. 2005). The ten items cover dimensions of physical health, emotional health, quality of free time, relationships with family and peers and school engagement. The questionnaire is completed by children (child version) and their mothers (parent version). The KIDSCREEN-10 is scored on a Likert scale from 1 to 5, with 1 indicating very poor health and quality of life (QoL), 2 = poor health and QoL, 3 = moderate health and QoL, 4 = very good health and QoL and 5 = extremely good health and QoL (Appendix 1). The questionnaire was administered in October-November 2017 to a sample of nine children and nine mothers who had attended the programme between 2014 and 2017.



### **Demographic data**

Existing demographic data held by Barnardos on families who had been referred to the TLC Kidz programme were anonymised and made available to the research team. The demographic data contained details on the number of children (n = 48) and mothers (n = 32) who had attended the programme between 2013 and 2017, source and reasons for referral, child age and gender, number of sessions attended by children and mothers, and assessment of family progress following the programme.

### **3.3.2 Qualitative measures**

#### **Case file closure forms**

In order to obtain an overview of the outcomes and experiences of families who have attended the TLC Kidz programme, the closure form within each family case file from January 2015 to September 2017 was made available to the research team for analysis. All identifiers were removed. Each closure form assessment took place following the programmes and involved an interview between a professional and the mother and/or child who had attended the programme. Families were asked to assess their experience of the programme and the professional noted benefits, challenges and any persisting concerns for mothers and children. Anonymised closure forms were made available for 33 families attending from 2015-2017, comprising 37 children and 22 mothers.

#### **Online survey**

An online survey was sent to thirty professionals involved in either the current or previous delivery of the TLC Kidz programme in North Tipperary. Surveys are an efficient method of data collection and facilitate anonymity and less guarded responses (Robson, 2011). The survey asked open questions about perceived benefits for families and services, facilitators and barriers to implementation, and views on programme content, structure, training, governance and interagency processes, and funding, among other issues (Appendix 2; online link [https://maynoothpsychology.eu.qualtrics.com/jfe/form/SV\\_egmrsIVSDILOxr7](https://maynoothpsychology.eu.qualtrics.com/jfe/form/SV_egmrsIVSDILOxr7)).

The survey was designed in online survey platform Qualtrics. Professionals were contacted by email on 5 October 2017 and invited to participate. They were given 15 days to respond (deadline was 20 October 2017) and were reminded twice about the survey. The initial email provided information on the nature of the study and gave assurances of anonymity. Participants who provided consent were guided to the link to the online survey. The welcome page of the online survey provided additional information, guidance and assurances of anonymity, and requested an opt-in consent. The survey took approximately 15-20 minutes to complete.



## **Interviews with participants; children and mothers**

### ***Interviews with children***

There has been a growing recognition among researchers and service providers of the importance of listening to the child's experience (Buckley et al. 2007). The voice of the child is particularly significant in the context of the current evaluation given that the impact of domestic abuse on children is often not recognised (Barnardos, 2016). Given the sensitivity of the topic, and the age of the children, care was taken to develop a child-friendly interview while also cognisant of the fact that children may have difficulty with recall as some time may have elapsed since they last attended the programme.

For these reasons, and in consultation with the Project Coordinator and the Senior Researcher at Barnardos, an interview story approach was developed as an indirect and user-friendly format to elicit children's views and feelings around domestic abuse and their learning on the TLC Kidz programme (Appendix 3). The interview story was undertaken with children under 12 years in the child's home and lasted between 10-20 minutes. The story involved characters called Molly and Joe who lived with parents who were fighting and hurting. The child is asked questions about what Molly or Joe would do/feel at different junctures and covers topics of feelings around domestic abuse, responsibility, safety, feelings around not living with the perpetrator, and experiences of attending the TLC Kidz group with other children; for instance, likes, dislikes and recommendations. Picture cards were supplied to aid expression of feelings and to add an element of fun. Sample questions include:

- "Sometimes Mam and Dad would start fighting. How did Molly/Joe feel when this happened? (Point towards the emotions card and ask child to pick one.)
- "When Mam and Dad were fighting, what did Molly/Joe do to be safe?"
- "Whose fault was it that Mam and Dad were fighting?"

For children over 12 years, a more direct semi-structured approach was utilised as we felt that the use of story characters might potentially patronise older children. Children were asked about their experiences of attending the programme, perceived benefits, likes and dislikes and recommendations for future deliveries (Appendix 4). The interview lasted between 10-20 minutes and took place in the child's home. All interviews were digitally recorded.

In total, 9 children participated in the interview process.

### ***Interviews with mothers***

Semi-structured interviews were conducted with eleven mothers between October and November 2017 (nine were conducted face-to-face in the mother's home while two phone interviews were held with two parents who were unable to meet in person). Topics included: experiences of programme, perceived benefits for themselves and

family, challenges, likes and dislikes, and recommendations for future implementation (Appendix 5). Interviews lasted between 20-30 minutes and were digitally recorded.

### ***Interviews with staff and stakeholders***

A focus group with Steering Group members and other professionals involved in the delivery of the programme was initially scheduled but due to unforeseen circumstances, had to be cancelled. Given the timeframe of the evaluation, it was not possible to rearrange another focus group. In total, 15 semi-structured face-to-face and phone interviews were carried out with:

- Eight professionals involved in the delivery of the TLC Kidz programme in North Tipperary;
- Four managers of agencies who were in the early stages of implementing the TLC Kidz programme and had either delivered one programme or were in the pre-delivery phase of setting up the programme;
- Two funders of the programme and a representative from the National Office of Domestic, Sexual and Gender-based Violence services.

Interviews lasted between 15-90 minutes and were audio recorded. Interview topics for programme facilitators included: early experiences of setting up the programme, current implementation processes, achievements, challenges, outcomes, programme delivery, training and supervision, interagency relationships, resources, governance structure, policy context, and sustainability and funding (Appendix 6).

Interview topics for early implementers included: reason for choosing to implement the programme, key processes and challenges in its establishment (for example, building interagency relationships, identifying and training staff, seeking referrals, raising awareness of service), resources required, and sustainability and funding (Appendix 7).

Interview topics for funders included: their views and experiences of the TLC Kidz programme, its place in the range of services provided to families who have experienced domestic abuse, knowledge of best practice in programmes for supporting children (and mothers) who have experienced domestic abuse, views on how services and the wider public in Ireland respond to domestic abuse, and the perceived importance of interagency collaboration in addressing domestic abuse (Appendix 8).

## **3.4 Data management and analysis**

Quantitative data were entered into Excel and descriptive analyses were performed. An overall health-related quality of life score was calculated for each child and mother report of the KIDSCREEN-10 questionnaire. Subdomain scores were also calculated for physical health (items 1-2), emotional health (items 3-4), quality of free time (items 5-6), relationships with family and peers (items 7-8) and school engagement (items 9-10).

Grounded theory was used to conduct thematic analysis of qualitative data from interviews, the case file closure forms and the online survey (Strauss & Corbin, 2008). All interviews were transcribed before thematic analysis was undertaken. Data were analysed using line-by-line and focussed coding, constant comparison of data units to find similarities and variations within categories, and hierarchical linking of categories to generate superordinate (or over-arching) themes.

### **3.5 Ethical considerations**

The evaluation was conducted in line with the Code of Professional Ethics of the Psychological Society of Ireland<sup>2</sup>. Researchers who conducted interviews with mothers and children received Garda vetting approval through Barnardos. In order to facilitate the evaluation process for families, the Project Coordinator made the initial contact with selected families in order to inform them of the nature of the evaluation. The Coordinator gave mothers and children an information sheet (drafted by the research team) that told them the nature of their involvement. Once the mother provided verbal consent to the Coordinator, the Coordinator forwarded the contact details of the family to the research team. A researcher then made phone contact with the mother and provided further detail on the study. If verbal consent was provided to the researcher, a time and place for interview was arranged. At the outset of the meeting with both the mother and child, the researcher again described the purpose of the evaluation and what was involved for participants. A written information sheet and consent/assent form was also provided (Appendices 9-10). Written informed consent/assent was obtained from all participants in the study, including families, professionals and other stakeholders. Participants were assured of confidentiality and anonymity and the right to withdraw from the study at any stage without giving a reason (Appendices 9-13).

### **3.6 Study strengths and limitations**

The current evaluation has a number of strengths. Firstly, it involved a range of data collection methods and a wide variety of informants in assessing the outcomes and experiences of the programme. Data collection methods included demographic data, family case files, interviews, questionnaire, and an online survey. Informants included children, mothers, facilitators, referrers, Steering Group members, funders, as well as services involved in the early stages of implementing the programme. Moreover, the interviews and questionnaire were conducted with families who attended the programme in the previous four years, thus allowing analysis of family outcomes in the longer-term. Furthermore, in addition to the assessment of outcomes, the evaluation investigated the processes and challenges involved in receiving/delivering the programme.

Limitations of the study include the relatively small number of children (n = 9) and mothers (n = 11) that were interviewed. Nevertheless, it should be noted that the sample was

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<sup>2</sup> Information available at: (<http://www.psychologicalsociety.ie/find-a-psychologist/code-of-ethics.html>).

randomly selected across 2013 to 2017 and that the case files represented a larger number of families (37 children, 22 mothers). In addition, small samples are common in qualitative research. Furthermore, the questionnaire was only administered post-programme and involved a small sample of nine children and nine mothers. Therefore, it was not possible to demonstrate the extent of change in child health and wellbeing achieved from pre- to post-programme with the questionnaire data. On the other hand, the interviews demonstrated a range of positive outcomes from the programme, as well as highlighting challenges for families and service providers. Lastly, the evaluation lacked the features of a control group or randomisation that are needed to provide the most rigorous evidence of effectiveness.

## 4. Results: Outcomes and experiences of families

The findings are divided into four sections:

- Experiences and outcomes of families (Section 4)
- Experiences of professionals and stakeholders involved in current service provision as well as those involved in the early stages of implementing the programme (Section 5)
- Outcomes in terms of community/wider society (Section 6)
- Facilitators and barriers to programme delivery (family and stakeholders) (Section 7)

### 4.1 Outcomes and experiences of families

Families' outcomes from, and experiences of the TLC Kidz programme are indicated by: (i) attendance records; (ii) Post-programme outcomes reported by children and mothers in the closure forms from the case files; (iii) Longer-term outcomes reported by children and mothers in the KIDSCREEN-10 questionnaire; and (iv) Longer-term outcomes, experiences and challenges as indicated in the interviews with children and mothers. The findings from each are reported below.

### 4.2 Attendance records

There are 12 sessions in both the children's and mothers' groups. Across 2013 to 2017, the average attendance at the children's group was 9.8 sessions (Standard Deviation 4.4 sessions) and the average attendance for mothers was 8.1 sessions (Standard Deviation 3.3 sessions).

### 4.3 Post-programme outcomes: Closure forms from family case files

The closure forms from 33 family case files indicated a range of positive outcomes for children ( $n = 37$ ) and mothers ( $n = 22$ ) who attended the TLC Kidz programme between 2015 and 2017 (Table 1). At post-programme, most children (95%) and mothers (90%) reported that the group experience reduced their sense of isolation and broke the secrecy

and silence around domestic abuse in their families. As a result of the programme, children (97%) and mothers (86%) indicated that they could now name and deal with difficult emotions around domestic abuse (for example, anger, guilt, sadness, fear and anxiety), and, consequently, they experienced more openness, understanding and communication in their relationships with each other (81% of children, 90% of mothers). Over 80% of mothers reported that the programme had helped them to understand the impact of domestic abuse on their child(ren). The programme also helped both mothers (73%) and children (92%) to develop a safety plan and to realise that they were not responsible for the abusive behaviour of the perpetrator. Post-programme, approximately two thirds of children and mothers reported increased self-esteem, confidence and resilience in coping with everyday life. More than one third of children (35%) and mothers (41%) indicated that the programme had led them to become more socially active and involved in their communities; for instance, engaged with school, sports and friends, more communication with extended family, engaging more with services, starting new courses, and/or seeking employment.

*Table 1: Child and mother outcomes reported in case file closure forms at post-programme*

<b>Outcomes</b>	<b>Child outcomes (n = 37)</b>	<b>Mother outcomes (n = 22)</b>
Group experience reduced sense of isolation and broke the secrecy and silence around domestic abuse in family	35 (95%)	20 (90%)
Children and mothers can now name and deal with difficult emotions around domestic abuse	36 (97%)	19 (86%)
More open and understanding relationship between child and mother	30 (81%)	20 (90%)
Understand impact of domestic abuse on children	Not applicable	18 (82%)
Have a safety plan	34 (92%)	16 (73%)
Realise what one is and is not responsible for	19 (51%)	17 (77%)
More confident, happier and better able to cope	23 (62%)	15 (68%)
More involved in the community (for example, engaged with sports, hobbies, social activities, training, employment, attending required services,)	13 (35%)	9 (41%)

#### 4.4 Long-term child health and wellbeing: KIDSCREEN-10 questionnaire

Nine children and nine mothers completed the KIDSCREEN-10 questionnaire in 2017. They had attended between 2014 and 2017. The KIDSCREEN-10 is scored from 1 to 5, with 1 indicating poor health and quality of life and 5 indicating extremely good health and quality of life. A score of 4 indicates very good health and quality of life.

Both children and mothers reported that the child's overall health and wellbeing (physical, emotional, quality of free time, peer and family relationships, and school engagement) was 'very good' (children 4.1, mothers 3.9; Figure 2).

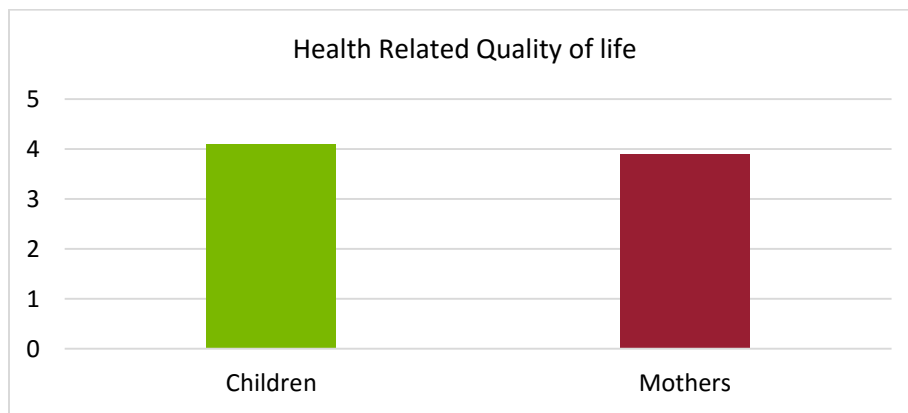


Figure 2: Child and mother reports of child's health-related quality of life

Figure 3 indicates that scores did not vary much according to whether the reporting child was a girl (4.18) or boy (3.95), or the mother reported about a girl (3.94) or a boy (3.9).

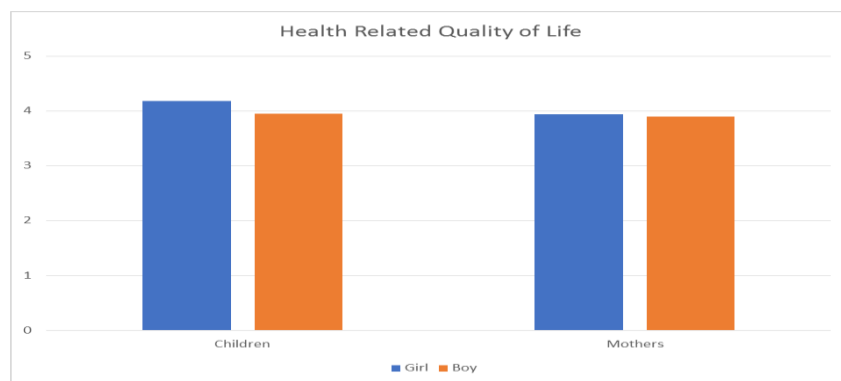


Figure 3: Gender breakdown of child and mother reports of child's health-related quality of life

Children's reports of their own health and wellbeing did not differ according to the year they attended the programme: all reported very good health and wellbeing (Figure 4). Mothers reported broadly similar scores for their child's health and wellbeing across the years with one exception: one mother who attended in 2015 indicated only moderate health and

wellbeing for her child (3.1). Conversely, her child reported very positive health and wellbeing (4.4). Overall, the questionnaire data suggest positive child health and wellbeing in the longer-term.

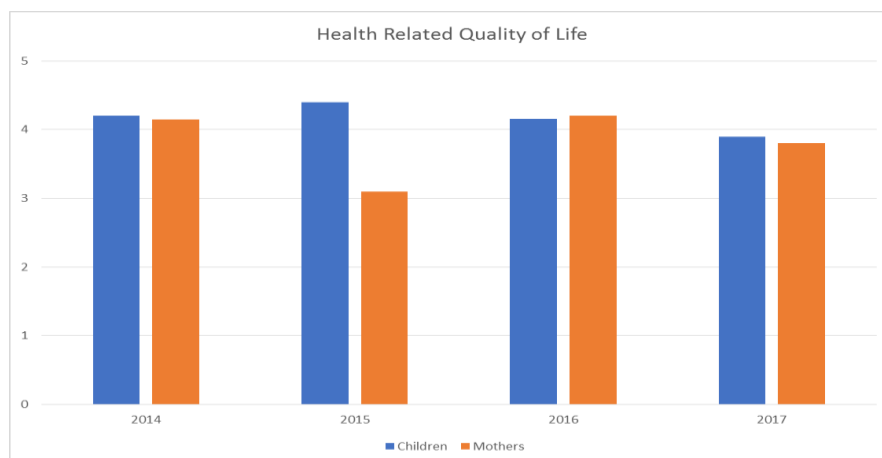


Figure 4: Child and mother reports of health and wellbeing by year they attended the programme

Both children and mothers reported that children experienced very good health and quality of life across the five subdomains – physical health, emotional health, quality of free time, peer and family relationships, and school engagement (Figure 5). Children in particular reported ‘very’ to ‘extremely good health’ for emotional wellbeing and relationships with family and peers (4.5 each respectively). The lowest score was children’s self-reports of their own physical health (3.7) although this was still in the range of ‘good health’. Mothers’ reports of their child’s health and wellbeing generally corresponded with the child’s report of their own health and wellbeing (Figure 5).

Subdomains varied little by gender. Boys reported slightly less good physical health (3.5 vs. 3.9 for girls) but slightly better emotional health (4.5 vs. 4.1 for girls). Girls reported somewhat better peer and family relationships (4.7 vs. 4.15 for boys). Overall, both boys and girls reported very good health and wellbeing across the five domains.

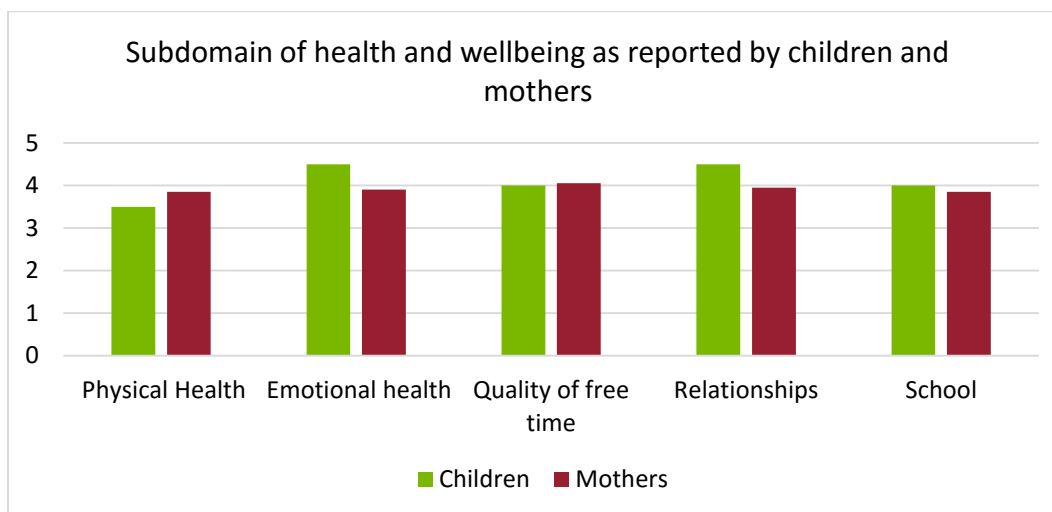


Figure 5: Subdomains of health and wellbeing as reported by children and mothers

## 4.5 Long-term outcomes: Interviews with families

Interviews were conducted in October 2017 with nine children and eleven mothers who attended the programme between 2013 and 2017 in order to assess their experiences of the TLC Kidz programme and their wellbeing several months/years following the programme. Key outcomes as reported by children will be presented first followed by key outcomes as reported by mothers.

### 4.5.1 Experiences of children

The interviews with the nine children indicate that the outcomes reported at post-programme in the case files (Table 1) were sustained and perhaps even enhanced in the longer-term. Moreover, other benefits were also evident in the longer-term. Children reported positive outcomes in relation to: breaking the silence and isolation around domestic abuse; naming and appropriate expression of difficult emotions; warmer, more open relationships with mother and siblings; having a safety plan; enhanced confidence in interactions with peers and family; and improved school engagement and behaviour. Each of these themes is illustrated in more detail below.

#### **Breaking the silence and isolation around domestic abuse**

All children related that the group helped to reduce the sense of secrecy, isolation, fear and stigma around domestic abuse by offering a safe and confidential space where their experiences could be shared and validated with other children. Children reported feeling very relieved that they were not the only family that had experienced domestic abuse.

*“The woman said that what was said there wouldn’t go outside the room. I felt safe.”*

(12 year old boy, attended in 2014)

*“We weren’t the only ones, going to school every day, coming home thinking we’re the only family like this.”*

(12 year old girl, attended in 2016)

#### **Naming and expressing difficult emotions**

Given cultural and familial shame and secrecy around domestic abuse, children reported that they did not have a forum prior to the TLC Kidz programme in which to identify and express their feelings around the domestic abuse that had happened in their homes. Children were also aware that their mothers did not want to talk about the abuse and children reported feeling isolated and frightened. In the group setting, children were equipped to name and deal with difficult emotions around domestic abuse, including anger, sadness, fear, anxiety, and guilt. Encouraging children to articulate their emotions is an important component in managing consistent feelings of sadness, anger, self-blame or anxiety that arise when children are exposed to domestic abuse (Thompson and Calkins, 1996).



*“I learned that if I feel down I can talk to people.”*

(10 year old girl, attended in 2017)

*“We learned how to control anger and about our feelings.”*

(10 year old boy, attended in 2017)

### **Developing more open and closer family relationships**

All children reported that breaking the family taboo in discussing domestic violence with their mother, and learning to identify and manage emotions, had led to a more open, closer relationship with their mother. They also felt more understood and supported by their mother. The majority of children also reported less conflict and a closer relationship with their siblings.

*“I’m getting on a lot better with my Mam and my brother. We talk and hang out.”*

(11 year old girl, attended in 2015)

*“I am more open to Mum because if I am scared or angry I would tell her now but before I wouldn’t.”*

(10 year old girl, attended in 2017)

*“I kick a ball now when I’m feeling angry. I don’t take it out on my brother or blame him.”*

### **(12 year old boy, attended in 2013) Knowing how to keep safe**

The importance of keeping safe in the event of parental conflict was frequently mentioned by children in the interviews. Children clearly understood how to cope with unsafe situations and felt secure in contacting the guards if necessary.

*“To stay safe and tell other people if something is going on, don’t get into it, you know what I mean.”*

(12 year old boy, attended in 2014)

*“What to do when they’re fighting and where to go and try not to stop the fighting and call the guards...the most important thing we learned...not to interfere with them.”*

(10 year old boy, attended in 2017)

### **More confident and assertive**

All children reported feeling happier and more confident since completing the programme. Many of the children indicated that prior to the programme, they were reluctant to engage in activities and mix in the school playground due to their difficult home environment and fear of revealing the abuse. However, since the programme they felt more confident in socialising with peers and making friends. One child described how fear and uncertainty had dominated his life.

*“Four years later is very different I go out no problem...Before was like ‘where am I going, who am I going to meet’.”*

(12 year old boy, attended in 2013)

### **Improved school engagement and school behaviour**

Most of the children spoke of improved behaviour in school along with a greater ability to concentrate. This outcome is interesting in light of evidence that shows that children exposed to family violence are at increased risk of conduct disorders, and experience difficulties with attention and school attendance (Meltzer, Doos, Vostanis, Ford and Goodman, 2009). The children reported that their anxiety and distress about the abuse had inhibited their capacity to engage with school. However, the programme had helped them to express and regulate difficult emotions, thereby reducing anxiety and distress.

*“I felt a bit sad before the group...talking about my feelings made me feel good.”*

(12 year old boy, attended in 2014)

*“I was kind of upset a lot of the time when I was in school so it kind of helped me get over it.”*

(12 year old girl, attended in 2016)

### **4.5.2 Experiences of mothers**

Mothers (n = 11) mentioned a wide range of benefits for themselves and their children. While the primary focus of the TLC Kidz programme is to enhance the capacity of mothers to support their children (Loosley et al. 2012), it is evident that the programme also contributed to positive outcomes for mothers themselves. Key outcomes are outlined below.

#### **Understanding the impact of domestic abuse on children**

Mothers related that prior to the programme that they had not been aware of the impact of domestic abuse on their children and had believed that they were protecting their children by not discussing the issue with them. However, during the programme, mothers became aware that minimising or concealing the abuse contributed to child anxiety and stress, while also creating an emotional distance between themselves and their child. The information and visuals presented in the programme helped mothers appreciate how children perceive the abusive situation. They also learned that it was beneficial for children to discuss and process their thoughts and feelings around the situation.

*“Months later he said things that I wasn’t aware he was aware of.”*

(Mother of 12 year old boy, attended in 2014)

*“To see things visually, the video of the kids in the room when it’s going on downstairs, so powerful.”*

(Mother of 12 year old boy, attended in 2016)

*“We talk more openly, how to explain things to them, not to mind them from it.”*

(Mother of 11 year old girl, attended in 2014)

Some mothers expressed considerable guilt regarding their children’s exposure to the abusive environment but were also encouraged by the group facilitators to realise that they were not to blame for the behaviour of the perpetrator, and that their circumstances, and dynamics of domestic abuse, made it very difficult for them to leave the abusive situation.

*“To learn that it wasn’t all my fault and I just thought that was brilliant, absolutely brilliant.”*

(Mother of 12 year old boy, attended in 2014)

### **Family relationships**

All mothers remarked that the programme had enhanced their relationship with their child. Mothers felt equipped to support their children in their recovery. By communicating more with their child, viewing the situation from the child’s perspective, and discussing feelings, mothers developed a better awareness of what their child was going through and in so doing, created a stronger bond with their child. In addition, parents related that their child’s behaviour had improved as a result of more child-centred communication and being able to deal with difficult emotions, especially anger. Therefore, mothers reported that they gained confidence in their parenting capacities.

*“It made me broaden my skills as a parent, as opposed to just looking at it from my own point of view, more aware of what was going on with them.”*

(Mother of 12 year old boy, attended in 2014)

*“We are happier, less stress, far less anger.”*

(Mother of 11 year old girl, attended in 2015)

*“He didn’t know how to communicate the feeling. Like myself, he had kept it closed off.”*

(Mother of 12 year old boy, attended in 2016)

Half of the mothers indicated that benefits had generalised to other children in the family who had not attended the programme, while two mothers remarked on a more positive and open relationship with their extended family. A few women also reported a more a positive relationship with the child’s father following the programme.

*“The whole family is happier. There’s more openness all round.”*

(Mother of 12 year old girl, attended in 2016)

*“Me even having a relationship with [father], a speaking relationship, I can see the benefits that the children are getting from that. I wouldn't have done it without the help of the group, honest to God, I wouldn't have had. It changed my mindset completely.”*

(Mother of 12 year old girl, attended in 2014)

### **Group support and reconnecting with the community**

Similar to children, all mothers appreciated how the group support provided a cathartic space to share difficult experiences. The non-judgmental group experience reassured mothers that they were not alone and reduced their sense of isolation and shame. The group also gave them a space to grieve and share the pain of their suffering.

*“I think when you go through something like that you think, ‘God I’m the only one this is happening to’ but then to meet other women...It eased my mind completely.”*

(Mother of 10 year old boy, attended in 2017)

*“It was a chance for women to acknowledge each other's grief and if somebody was having a bad day, we worked together to help her.”*

(Mother of 12 year old boy, attended in 2016)

The support network of the group, combined with enhanced parenting skills, increased the confidence of many mothers in realising how well they had recovered from the abuse and could now move on with their lives.

### **Child health and wellbeing**

All mothers recounted a host of positive outcomes for their children which they attributed to their involvement in the TLC Kidz programme. Some outcomes reiterate those reported by the children, but mothers also indicated additional improvements in health and emotional development. Positive outcomes included improved child health, behaviour, emotional wellbeing, school engagement, confidence, happiness, playing more with siblings and peers, resilience in coping with setbacks, and increased involvement in social and sporting activities. Many parents noted that their child had finally ‘found their voice’ and had the courage to speak out when they felt unhappy with a situation.

*“I haven’t had to bring her to the doctor in ages whereas we used to go every other week.”*

(Mother of 12 year old girl, attended in 2016)

*“Because of the TLC, he has emotionally settled down. You couldn't look at him before but he'd have an outburst.”*

(Mother of 13 year old boy, attended in 2017)

*“(She) decided herself one day, she said ‘Will you do up my bedroom and I'll move back in?’. I knew then that she was a lot better.”*

(Mother of 10 year old girl, attended in 2017)

*“He's not wetting the bed anymore.”*

(Mother of 12 year old boy, attended in 2014)

*“He used to always hang his head but now he's lifting it up.”*

(Mother of 10 year old boy, attended in 2017)

Several mothers recounted that their child was more assertive and mature in how they related to their father.

*“He has learned so much from it but the main thing for me is how he deals with his Dad. He just talks to him when he wants to talk to him, doesn't when he doesn't. There's no drama, he seems very, very level-headed about it and he knows he can talk to me about it.”*

(12 year old boy, attended in 2016)

Another mother described how her son dealt with his father's absence on his Confirmation Day.

*“He just caught my hand and he went 'Mum it's not our problem. It's Dad's issues. It's his thing. It's nothing to do with me and nothing to do with you or (sibling). We're going to have a good day, aren't we Mum?’”*

(13 year old boy, attended in 2016)

#### **4.5.3 Experiences of programme delivery and suggestions for improvement**

All interviewed mothers were highly satisfied with the programme content and format and remarked that it was very well organised. They also enjoyed the informality of the group, the refreshments, and welcomed the approachability of the facilitators. Children also loved coming to the group each week. Some mothers conveyed their appreciation in receiving help with transport to the programme.

*“Every time I left there I felt I'd learned something and I'd a lot to think about for the week.”*

(Mother of 11 year old girl, attended in 2015)

*“Every time he came home he said 'Mam I can't wait to go back next Wednesday!’”*

(Mother of 10 year old boy, attended in 2017)

Mothers and children were asked about any aspects of the programme they may have disliked or could be improved. Very few challenges were indicated by mothers or children. One mother indicated that she would have liked a longer session each week. Another mother reported that she had an issue with childcare if sessions ran longer than expected or if additional sessions were required.

The emotional availability of the mother to the child was considered an important factor by some mothers in terms of achieving positive outcomes for children. If the mother was particularly busy or not actively engaged, they believed that the child may not receive the full benefit of the programme. The communication between mothers and children was seen by these mothers as essential to breaking the shame and silence surrounding domestic abuse and in facilitating the family's pathway to recovery.

*“I think it is harder for the child whose mother doesn't go to the group. She can't really understand like we did what it's like from the child's point of view.”*

(Mother of 13 year old girl, attended in 2016)

#### **4.5.4 The TLC Kidz programme in the context of other supports**

The experiences of families highlight that exposure to domestic abuse permeated all aspects of children's lives and that the TLC Kidz programme provided a much needed emotional support and release for children and mothers. Interestingly, data collected post-programme indicated that 44% of attending children had their needs fully met by the programme but that 56% still required further supports. Similarly, staff reported that 63% of mothers had their needs fully met by the programme and that 37% required further supports. We were interested therefore to learn to what extent families appeared to be functioning well and in contact with further supports in the longer-term.

All of the interviewed families presented as functioning well and on the road to recovery following the TLC Kidz programme. About half of the interviewed mothers were engaged with other services (for example, individual counselling), viewed their recovery as a process, and reported that they were coping and functioning well. Other mothers indicated that they did not need services currently but would access them in the future if required. Similarly, some of the children were linked into further supports but the data demonstrates that they saw themselves as being in a positive place. As one child related to a facilitator in describing how the programme had eased his emotional burden:

*“When I went first [to the TLC Kidz programme] with my lorry and loader, my trailer was full. But by the end I could tip it up and drive off.”*

While collaboration exists with other agencies such as Ascend, MOVE, HSE Adult Mental Health, CAMHS, Tusla, Social Work and Family Support Services, Youth and Community Services, Barnardos, School Completion Programme, An Gardaí, Focus Ireland, there remains a gap in service provision to meet the emotional needs of children and mothers either prior to programme attendance or during delivery. Such supports could include counselling or art therapy groups for children and support groups and individual counselling for mothers.

## **5. Results: Experiences of services in the early stages of implementing the programme**

Within the last year, services in South Tipperary, Carlow and Waterford have begun the process of setting up and implementing the TLC Kidz programme. They are at various stages of implementation, with some having delivered the programme and others in the set-up phase prior to delivery. Their experiences are outlined below.

### **5.1 Profile of South Tipperary**

Services in South Tipperary became interested in delivering the TLC Kidz programme as a support for children exposed to domestic abuse. They valued the concurrent group model as a means of reducing the isolation and secrecy around domestic abuse and had seen that it had produced positive outcomes for families living in North Tipperary.

They have not delivered a programme as yet. The Steering group are currently in the process of seeking referrals to run a group. However, they have completed many of the set-up processes, including conducting a needs analysis, sourcing funding, creating an interagency Steering Group, training staff, getting managerial approval for release of staff for facilitation, obtaining manuals and materials, and ongoing promotion of the programme among local services. Their budget is limited but they have pooled resources across partners in order to conduct the work. The Steering Group indicated that it has taken some time to set up the programme. The main challenge involved applying for funding.

*“We’re doing it on a shoestring but pooling whatever resources we have in terms of the work that has to be done... The priority at the moment is to get the assessments done in advance of the programme being rolled out in the New Year.”*

### **5.2 Profile of Carlow**

Statutory, community and voluntary services in Carlow and Wexford were concerned about the prevalence of domestic abuse in their caseloads and wanted to identify and provide



suitable supports for children. The 'Helping Hands' programme and the TLC Kidz programme were identified as potentially suitable supports. The TLC Kidz programme was chosen for its model of community collaboration in addressing domestic abuse. In addition, due to the relationships between services in Carlow and Tipperary, professionals were aware of the positive outcomes from the programme, and training was more easily accessible.

Similar to South Tipperary, services have completed a lot of the work involved in the pre-delivery phase, including establishing a Steering Group of interagency partners, promotion of the programme among services, training, and organising managerial release of facilitators. However, they reported that they are experiencing difficulties in obtaining an adequate number of suitable referrals to create a viable group and consequently, have not been able to start delivery at the arranged date. Difficulties in securing suitable referrals were related to the varying ages and readiness of referred children, as well as the emotional capacity of mothers to support their children during the programme. In addition, they believe that some services in their area are not identifying and referring suitable families to them. Furthermore, whilst they indicate that co-facilitation with other organisations is preferable, coordinating the release of staff across agencies is problematic when groups are not delivered on the arranged dates. In those cases, it may be logistically easier to deliver from within one organisation. Nevertheless, they reported that they are still committed to sourcing referrals.

*“So, we have all the prep done but we need more referrals. It is a bit frustrating. We are plugging it every chance we get but we are depending on people to refer to us. It needs to establish itself in the referrers’ heads. But it’s not unusual for something new to take time to establish itself...We’ve made a commitment to it now and we’re not going to give up. We’ll just be happy to run the first group.”*

They also indicated that difficulties in sourcing referrals may be linked to a general lack of awareness and integrated responses among services in helping mothers and children leave abusive situations and in receiving adequate supports for their recovery. In order to increase awareness among agencies, the TLC Kidz interagency partners have organised widespread awareness-raising workshops, involving An Gardaí, housing, the Department of Social Protection, decision makers on councils, as well as service practitioners. They have also set up an action group for domestic abuse as a subgroup of the Carlow Children’s and Young People’s Services Committee.



*“The main achievement is that we’ve created awareness about the programme and about domestic abuse in our area. We’ve provided training, made it available to agencies across the board. And it has led to a wider discussion. We wanted to reach decision makers, councils, the guards, housing, the Department of Social Protection. And that those agencies talk to each other to integrate their response to women and children.”*

### **5.3 Profile of Waterford**

Several services in Waterford were interested in providing supports for children exposed to domestic abuse. One community service reported that mothers on their caseload did not realise the impact of domestic abuse on their children. Professionals had heard of the TLC Kidz programme and believed that the group format would produce superior outcomes than the individual support that they provided. Similarly, a refuge centre in Waterford reported that they regularly received calls from mothers who were struggling with moving on with their child once they had left the abusive situation. Through their contact with Barnardos, they heard of the TLC Kidz programme in North Tipperary. They were inspired by the training they received and decided to deliver the programme within their limited resources.

To date, the refuge has delivered one programme and is currently in the process of organising referrals for a second delivery. Outcomes for children and mothers from the first programme were very positive and similar to those reported for North Tipperary. For instance, staff related that the programme helped break the secrecy and isolation around domestic abuse; showed children and mothers how to identify and manage difficult emotions; developed communication and closer mother-child relationships, and increased child and mother confidence in moving on with their lives. With regard to community impact, they believe that they have addressed a gap in service provision for children exposed to domestic abuse. They attributed the success of the programme to the high quality manual and materials, the assessment process, promotion of the programme among services in the area, and the in-house availability of staff to deliver the programme.

They reported that their main challenge was in the early stages of promoting the programme among agencies and in securing an adequate number of referrals to create a viable group. For instance, out of twelve referrals, only four might be suitable to put together into a group. They believe that the in-house availability of staff gave them a degree of flexibility if it took longer than expected to create a group. They reported that they are finding it easier to source referrals for their second group due to the groundwork put in for the first programme delivery.

They reported that they aim to train more staff in the programme and to deliver the programme on a bi-annual basis. Funding is currently based on their own fundraising. They would appreciate more secure funding. In addition, they would like to see the programme delivered on a national basis.

*“It’s a brilliant programme. We’ve seen what it’s done for families. We want to run it twice a year. To reach more people in the community. I’d like a few more staff trained up in it as well. The main thing is to get it as well established as we can so we can keep running it...I really hope that the programme is rolled out across the country.”*

The community service in Waterford has also delivered the programme once and reported benefits for children and mothers. However, they also indicated difficulties for facilitators and children in managing the level of raw emotions that emerged during the group process. In addition, there was a small degree of attrition due to the perpetrator preventing a child and mother from continuing the group. Their main challenge, however, was in securing suitable referrals for the children’s group. They related that the difficulties in obtaining referrals was due to the refuge running the programme in Waterford at the same time. They believe that the programme should be co-facilitated among community agencies and not delivered by staff within a single agency. They indicated that they do not intend to run the programme next year as they do not believe there will be enough referrals for both themselves and the refuge to deliver the programme. They will refer families to the refuge instead.

*“We won’t be able to commit to releasing staff to delivering it. We will refer families into the refuge...We value the model, but it is not possible for us alongside the other work and the number of available referrals. We hope to come back to it but we won’t be delivering it next year.”*

## **6. Results: Experiences of professionals and stakeholders involved in current service provision**

The following themes emerged from the interviews and survey conducted with professionals involved in the implementation and delivery of the programme in North Tipperary (professionals include facilitators, referrers, Steering Group members, Project Coordinator, and funders). Themes were: outcomes for families, community outcomes, factors that lead to positive outcomes, and challenges/issues for consideration. Each of these themes is outlined in more detail below.

### **6.1 Beneficial outcomes for families**

Service providers corroborated the benefits reported by families. The consensus among professionals was that the programme had transformational effects on a range of outcomes for children and mothers, including breaking the silence, shame, and isolation around domestic abuse; realising that it is beneficial to name, express and regulate difficult emotions; closer parent-child relationships; knowing how to keep safe; improved child

health and wellbeing; enhanced parental confidence and capacity; and increased engagement in social and community activities.

*“The realisation that it is now ok to talk about the abuse that happened. That Mammy wants me to talk about what has happened to us. For the child there is the realisation that they are not the only child who this has happened to. That the children will feel heard, validated and reassured by facilitators and mother.”*

*“I find it such an amazing programme. I think the benefits are massive and life changing for the vast majority of families. It’s often a difficult journey for them because of the level of trauma but it is so, so supportive... It needs to be more widely available in Ireland. There’s a huge gap for children who have experienced domestic abuse.”*

Service providers also noted additional positive outcomes for families. For instance, the programme provides a forum for children to tease through the emotional confusion of being allowed to love their father but not accept abusive behaviour. In addition, the sense of obligation to intervene and look after the welfare of parents is reduced as children learn they are not responsible and to blame for the abuse. Four professionals indicated that child protection is enhanced and re-referrals to social work are reduced when mothers understand the impact of domestic abuse on their children, learn how to keep themselves and their children safe, manage access better, and do not reunite with the abusive ex-partner. A few facilitators also believed that mothers were less likely to stay within another abusive relationship in the future. Furthermore, many professionals view the programme as preventive for children in developing mental health problems and abusive behaviour in the future.

*“The programme helps stop families being re-referred into our service in that the mothers get the support that they need to keep the children safe, to manage access and to stay strong and not reunite with the partner. If the programme wasn’t there, I’ve no doubt some of those families would be re-referred back in”.*

## **6.2 Beneficial outcomes in the service context**

The interagency delivery of the TLC Kidz programme was also highlighted as being instrumental in increasing awareness and shared responsibility among services in addressing domestic abuse in the area. Professionals noted a number of positive outcomes at the service level that are associated with the interagency delivery of the programme in North Tipperary:

- A resource is provided for all services to refer children (and mothers) to recover from the impact of domestic abuse. Interagency delivery means that staff time and costs in facilitating the programme is shared among services.
- Involvement with the programme has stimulated a culture shift among interagency partners in identifying and responding more sensitively around domestic abuse. It has reduced victim blaming. It has particularly increased awareness in the community of the negative impact of domestic abuse on children and the necessity of providing supports for their recovery.
- Child protection is enhanced and re-referrals to social work are reduced when mothers learn how to keep themselves and their children safe, manage access better, and do not reunite with the abusive ex-partner.
- Families receive the benefit of having a range of skilled facilitators from different disciplines involved in their care plan (for example, social work, CAMHS, domestic abuse refuge).
- Services in the community that are aware of the programme provide more informed referral plans for families who have experienced domestic abuse.
- Families are far more likely following the programme to engage with further service supports as required, thereby increasing the likelihood of enhanced outcomes for children and mothers.
- The programme has helped services communicate more sensitively with children who have experienced domestic abuse as well as conducting a safety plan.

*“It’s good to work interagency as it brings different perspectives and skill sets together and it makes it the responsibility of different services to think and respond with regard to domestic abuse. It cuts down on staff, you only need one staff from here and another staff from there.”*

*“Being a facilitator really opens their eyes on the issues when families experience domestic abuse. Services are not always aware or do not respond sufficiently to domestic abuse. There’s victim blaming among services, and the wider public. Women are held to a higher account, that they are not protecting their children. Why doesn’t she leave?...Services that get involved with TLC Kidz have a better understanding now of how to work with the mother and engage her in a different way. A lot more supportive. And a sharing out of the responsibilities and to be more challenging to Dads to account for their behaviour.”*

## 6.3 Key enablers in programme delivery

Evaluating the outcomes of a programme is vital. However, it is also important for the purposes of refinement, replication and wider implementation to identify the key factors or 'active ingredients' that lead to positive outcomes (Medical Research Council, 2014). Six key factors emerged from the analysis.

### 6.3.1 Fidelity to programme content and format

It is clear from the experiences of families and service providers that the group format, programme content and activities, and the concurrent model of delivery all contributed to a range of very positive outcomes for families. Therefore, other services that are interested in implementing this programme should deliver it with fidelity in order to achieve similar positive outcomes.

*“Families will benefit if professionals and volunteers believe in the fidelity of this program and commit to it in a meaningful way.”*

*“The fact that it is together for children and mothers, the group aspect, the weekly topics, it just works.”*

### 6.3.2 Interagency model of delivery

As indicated in Section 2.5.1, the interagency model of delivery is seen as crucial in increasing community awareness and shared responsibility among services in addressing domestic abuse, and particularly in highlighting the importance of supporting the child in their recovery. Collaboration among partners is necessary for getting referrals for the programme and provides substantial benefits for families involved with several services. Interagency delivery involves managerial collaboration across agencies in releasing staff for facilitating the programme, and also spreads the costs of funding the programme. Service providers report that it was more difficult to obtain referrals in the early stages of implementation as the programme was not well known among services in area. However, the programme now receives many referrals. Therefore, effective interagency collaboration may take time to embed but service providers indicate that the outcomes achieved at the family and community levels outweigh the work involved.

*“Tusla supports the training and release of staff to deliver the programme because over time you see families move between all the different services and there was no space for children to have a voice... The child’s perspective is very important because it can be different from what the parents are saying.”*

### 6.3.3 Project Coordinator and programme champion

The efficient organisation and coordination of programme delivery was highly commended by families and facilitators. The Project Coordinator has created a streamlined and enjoyable experience for the attending families and for the facilitators who deliver the programme. Consequently, managers in several agencies reported that they were happy to release staff to facilitate the programme. The Coordinator in North Tipperary undertakes all aspects of running the programme and is conducted in accordance with best practice as recommended by the programme developers (Loosley et al. 2012). The Coordinator manages referrals, conducts assessments, coordinates transport, childcare and refreshments for families, organises materials and provides ongoing support for facilitators, liaises with community partners to release facilitators, among other duties. The Coordinator in North Tipperary receives ongoing support and advice from her line manager, who is perceived by professionals as instrumental in supporting the sustainability of the programme in North Tipperary.

*“It’s a very well organised and coordinated programme, with the venues, the travel, the materials, snacks, supervision... You can always speak to the Coordinator, if anything kicked off in session or if anything happened within the family. In many ways all the facilitators have to do is to turn up. It’s a very enjoyable experience for facilitators.”*

### 6.3.4 Assessment

All professionals indicated that positive outcomes for families were related to the expert and sensitive assessment conducted by the Coordinator in order to appraise child readiness to engage with the programme. The assessment process involves several meetings with the family and sometimes it will be judged that the programme is not appropriate for the child at that stage. Referral for other supports or individual therapy is arranged if this is the case.

*“I think the biggest success of the TLC programme is the assessment of the readiness to see if the child and the family is ready for it. If they are ready for the group, they can grow throughout the programme really well.”*

### 6.3.5 Training and supervision

The training and supervision were highly valued by facilitators. The training provides a thorough understanding of the programme, the dynamics of domestic abuse and the impact on children. Facilitators meet for four formal supervision meetings before, during and following the programme, but also receive ongoing support from the Coordinator. Facilitators report that they receive excellent advice in supervision and from the Coordinator in supporting families.



*“I feel that the success of the programme is down to the excellent supervision that is provided to the facilitators throughout the programme.”*

### **6.3.6 Steering Group**

The Steering Group was viewed positively by most professionals. It was seen as important in promoting awareness about the programme in the community, in keeping the programme in the minds of referrers and in connecting referrers, managers and facilitators. However, two members of the Steering Group were somewhat less satisfied with the performance of the Steering Group. They indicated that the terms of reference for the Steering Group were unclear and that there was a lack of communication among members. One member also reported that it was difficult to find time to travel for Steering Group meetings.

*“The Steering Group keeps TLC Kidz in the minds of agencies. It shares information about domestic abuse in the area, so we know that we are all responsible for dealing with domestic abuse.”*

*“The Steering Group wouldn’t be as involved as we could be.... I think that is definitely a gap... It’s not always easy to make people have commitment.”*

## **6.4 Challenges in programme delivery**

Four main challenges were indicated by professionals. These include: (1) the TLC Kidz programme being only a part of the supports required in helping children and mothers exposed to domestic abuse; (2) Operational challenges; (2) Service, legal and cultural challenges to implementation; and (4) Sustainability and wider delivery.

### **6.4.1 The TLC Kidz programme in the context of other supports**

The TLC Kidz programme helps children and mothers to heal and recover from domestic abuse. However, professionals reported that it is only one programme among others that are needed to support families exposed to domestic abuse. While existing partnerships with organisations such as Ascend, MOVE, the Youth Service as well as the HSE Child Care and Adult Mental Health and CAMHS provide services for families within the region, professionals indicated that occasionally, mothers can drop out from the group programme if they are too traumatised and focussed on their own issues (for example, custody, access, guilt, anger) to see how the abuse has affected their child. Positive outcomes for the child are generally enhanced if the mother is in an emotionally stable state. While the Coordinator can work with the mother outside of the group and show her how to communicate with her child, several professionals indicated that it may be easier for mothers to engage in the TLC Kidz group if they have first accessed other supports to address their issues.

## **Need for additional supports**

In addition, several children require additional supports. For instance, professionals reported that some children may be too traumatised or not ready to engage in a group programme. Although the programme can be delivered to such children on an individual basis, professionals indicated that these children would benefit from psychology and counselling supports. However, waiting lists for these services are lengthy and children do not receive the supports they need. In addition, some mothers and children may require further supports following the programme. For instance, the data on referred families from 2013 to 2017 indicated that half of all children and a third of mothers still required some level of further supports at post-programme. Sometimes, supports were provided but again, long wait lists for mental health services inhibits timely programmes for many families.

*“Sometimes we look for a programme to be the panacea but it’s not like that. There is a lack of follow-on supports. Unless you have the money to go private but there’s huge waiting lists for one-to-one psychology.”*

There is also a lack of support in the area for children still living in an abusive situation. The TLC Kidz programme can only target those who no longer live with the perpetrator. It can be difficult to reach children still living in an abusive home as the child and the mother may not want to reveal the abuse. One professional related that she can occasionally conduct individual work with such children within the context of her work in schools. She felt that the topic of domestic abuse could not be named with the child but that topics of feelings, respect, and keeping safe could be discussed. She believes that it would be beneficial to develop a universal school-based programme on the issue of domestic abuse, and/or topics relevant to same, so as to raise public and service awareness on domestic abuse.

*“We don’t have the same level of support for children who are still living in that situation. We try to support them but we don’t have a cohesive programme for them. Under the Children’s First guidelines you’d think it would kick off but it’s not always the reality.”*

*“I would do individual work with kids living with the perpetrator at home and I would use bits of TLC. But not under that guise. I do a lot of work around expression of feelings and safety with kids and some of the content of TLC would support my work...I think we need to get into schools to deliver generic topics relevant to domestic abuse.”*



### **Lack of resources and buy-in for perpetrator programmes**

Lastly, several professionals reported that they had originally hoped that there would be an integrated response in addressing the violent and abusive behaviour of perpetrators. However, there has been a longstanding lack of resources and buy-in around such services for perpetrators. Difficulties in this regard may be related to the cultural and legal context in Ireland in which, to date, perpetrators have typically not been held to account for their abusive behaviour. Therefore, there is little incentive for perpetrators to attend such services.

*“Maybe he might be asked on the phone to think of going to an anger management course or something. No one actually says to him ‘Listen. We know what you’re up to. It stops now. We’re watching.’ But they shy away from having that conversation with them. There’s a men’s programme but it’s a softly approach because they have to refer themselves to that. Instead of a judge or a guard saying ‘You go and do that programme’.”*

### **6.4.2 Operational challenges**

#### **Recruitment difficulties**

Although there is demonstrated commitment to the interagency delivery of the programme, several professionals reported ongoing difficulties in sourcing a sufficient number of facilitators. One reason is the high turnover of professionals that have been trained in the programme. The turnover is not because professionals do not believe in the benefits of the programme but due to changes in work roles. In addition, some managers are reportedly reluctant to release staff for twelve weeks due to workload pressures and other priorities. Moreover, given the large geographical area covered by the programme in North Tipperary, releasing staff to deliver the programme means time for travel to facilitate and for supervision. In this regard, interagency facilitation of the programme impinges on the amount of staff time available for other non-TLC Kidz work.

*“I would still love to be involved in facilitation but there are too many obstacles. Supervision is necessary but trying to get released from work for supervision along with facilitation, it’s difficult...It’s different if you’re working on site and you just have to go down the hall for supervision. If you’re based elsewhere, that’s an extra two hours travel.”*

#### **Readiness and ages of children**

Occasionally, due to significant variations in the ages and readiness of referred children, it may be difficult to recruit enough children to run a viable group on the

planned date. Consequently, interagency facilitation of the groups becomes more difficult as staff in the partner agency may have been released to deliver the programme at the arranged date but not at another time. Several professionals indicated that there may need to be more flexibility and understanding among partners about the start date and the availability of facilitators.

*“We were expecting to start a group in September but for a couple of reasons it wasn’t the right time for children. They weren’t suitable. Now there is a viable group but the facilitators that were due to deliver it in September they’ve now been allocated other work. It’s inevitable in the sense that you can’t hold staff hours indefinitely waiting for the programme to start. Sometimes the balance is not weighted enough. There is a lack of understanding that this work takes time.”*

### **Rural locations**

Programme developers recognise that it is logistically more difficult to deliver the programme in rural areas due to costs and time involved with travel and transport (Loosley et al. 2012). Within North Tipperary, the programme is delivered in the town where the majority of referrals are based. Transport is provided when required for families living in other areas. This is a challenge for both families and staff in the time involved in travelling. Extra staff are required on the bus for reasons of child protection which means that extra resources must be sourced. Two professionals suggested that it would be helpful to recruit a volunteer to travel with children.

*“One of the key challenges for the programme is covering quite a large geographical area...Transport may have to be provided for the children living in other areas...You have to stretch from your ongoing work...We have to have people on the bus with children for child protection purposes.”*

### **Conflict between interagency working and practice**

In general, professionals indicated that the benefits achieved from interagency facilitation outweighed the operational challenges involved. Nevertheless, there was a fear that the commissioning process will place less importance on the time involved in conducting interagency work. Several professionals remarked that there appeared to be a tension between the numerous policy documents that highlight the necessity of interagency collaboration and the on-the-ground reality of how they have to account for their time, resources and waiting lists.

*“We are in a climate where we have the national frameworks and policies about better coordination and sharing information, the interagency piece. But the reality is that when it comes to*

*accounting for your resources and your time there is not quite the same weight given to building and maintaining those interagency relationships.”*

### **6.4.3 Service, legal and cultural challenges to implementation**

All professionals indicated that there were cultural, service and legal barriers in Ireland to the implementation of the TLC Kidz programme. While there has been considerable interagency involvement in the delivery of the programme in North Tipperary, many professionals believe that there should be more support and involvement from relevant services, including schools, mental health services, social work, housing, An Gardaí, doctors, and primary care. They also indicate that, in other areas of Ireland, many services that come into contact with families are not sufficiently aware of the impact of domestic abuse on children (and mothers). Professionals reported that many services in Ireland are insensitive to the financial and housing barriers to leaving, as well as to the dynamics of control and legitimate fears that the perpetrator will harm the mother and children if they leave. Professionals indicated that it is more difficult to deliver a recovery programme within a general culture that does not sufficiently support mothers and children to leave the abusive situation. Professionals believe that it is imperative that the Istanbul Convention is implemented and that all services and bodies that come into contact with families should receive training and education about domestic abuse as a priority.

*“We get a lot of calls from mums who have left the abusive situation but are struggling with moving on, having problems with their children and they don’t know how to help them. One woman recently on our helpline said that she went to her GP and he said ‘What are you complaining about? Most people would kill to be in your position to have left the situation.’ And that was the kind of support she got.”*

#### **Post-separation trauma**

Occasionally, it will emerge that a family attending the TLC Kidz programme is suffering post-separation abuse from the perpetrator. Several professionals reported that the legal system in Ireland contributes significantly to post-separation abuse. Professionals perceive the legal system in Ireland as insensitive to the safety of children and mothers during access visits. Several professionals remarked that social work and the legal system holds the parenting capacity of the mother to account in her ability to keep her child safe, whereas the parenting role of the perpetrator is defined as his right to access to the child. Consequently, post-separation abuse is common as the perpetrator’s right to access to the child supersedes the child’s and mother’s right to safety from the abuse that happens during the access. Post-separation abuse affects the capacity of children and mothers to recover. The TLC Kidz programme provides interagency supports to families involved in post-separation

abuse. However, professionals indicated that the solution lies in the legal system acting to protect children and mothers exposed to abuse.

*“My biggest concern for the families is the amount of abuse that is afflicted on mams and kids during access. It’s hard for the child in the programme when they’re seeing their dad on the weekend and that abuse is happening. And they’re court ordered so if the mother doesn’t want access, they’re breaching the court order. It’s unbelievable...Our court system needs to start minding these women and these children and implement Article 31 of the Istanbul convention.”*

### **Increased identification and awareness raising**

In addition, three professionals noted that it is more difficult to get referrals for a recovery programme when many people living in abusive situations see it as normal or to be concealed. Thus, the public perception of domestic abuse mirrors the deficits in the legal and service infrastructure. These professionals indicated that it will take a lot of public, service and legal education so that mothers and children can be identified and helped to recover from domestic abuse.

*“The national stats are stark – one in two or three women have experienced domestic abuse...Women will say to us that they didn’t know that that was domestic abuse. Because it’s not the black eye. We meet a lot of perpetrators who are very passive aggressive, wields control in psychological ways, controlling behaviour, isolating behaviour, putting women down, keeping them down, using their relationship with their children against them, street angel and house devil. Harder to prove. And sometimes women don’t see this as domestic abuse. They say that’s just the way it is.”*

#### **6.4.4 Sustainability and wider delivery**

The sustainability of funding for the TLC Kidz programme is insecure as it is provided on a yearly basis. The local Tusla Community Development department funds the Coordinator role and provides for costs of delivering the programme (transport, childcare, refreshments, and materials). Barnardos provides the venue and hosts the Coordinator. Interagency partners provide staff to facilitate the programme, give referrals and promote the programme. There is a general consensus among professionals that the TLC Kidz programme should have its own funding strand and that it should be co-funded between the local Tusla office and the National Office of Domestic, Sexual and Gender-based Violence Services. It is hoped that evidence of positive family and community outcomes will enhance funding opportunities for the

programme. Professionals believe that it would be a huge loss for families and the area if the programme is not supported.

*“The biggest challenge is the continued funding of the programme...It should have its own funding strand. Ideally funding would come from Tusla and from the national DSGBV sector too...I think it’s possible that can happen and maybe that’s one of the benefits of the sector having a national structure.”*

Most professionals indicated that the programme should be delivered on a wider scale, alongside other supports, in order to help children recover from domestic abuse. A few professionals indicated that a suitably qualified Irish-based trainer would be required to train facilitators if the programme was to be delivered on a wider scale in Ireland. Currently, all Irish professionals are trained by a UK trainer but at considerable cost and time to organise. The role of an Irish-based trainer could also provide support and advice to areas delivering the programme. Several professionals cautioned that wider implementation would need to involve more than just delivering the manual. Other key factors for successful outcomes include the interagency model of delivery, quality training and supervision, assessment and efficient coordination, ideally by means of a Project Coordinator. In addition, it is likely that funding on a national level would be required.

*“I would see it as very transferable, but you need the collaborative piece. I don’t think it’s just a programme with a manual. I think it’s about the people, the supervision, the quality of training and delivery makes it very safe practice. I think it’s about a collection of people working together who see the interconnectivity of the issue when you’re working with families. That has happened and evolved here over many years.”*

## **7. Outcomes in terms of community/wider society**

### **7.1 Family reported outcomes**

The findings also highlight the positive impact of the programme for the community. Several children and mothers reported greater engagement with social and community activities, and with further services if required. In addition, many children are now more engaged in their schoolwork and many mothers reported improvements in child health and wellbeing, thus reducing utilisation of GP and other services. These outcomes represent benefits on a community and societal level, in addition to positive outcomes achieved for the families

themselves. Several mothers reported positive knock-on benefits from attending the programme, especially in terms of becoming more actively engaged in their community. Engagement occurred through various outlets; for instance, undertaking employment opportunities, starting new courses, engaging with other services, and getting involved in social activities.

*“Before this group I was a pushover. Now you couldn’t knock me down with a hurricane. I’m out and about all the time.”*

(Mother of 11 year old boy, attended in 2014)

Experiencing domestic violence can also isolate children from their peers and impact negatively on school and social activities. However, findings from this study indicate that positive outcomes extended beyond the family into community settings. For example, increased self-esteem and confidence amongst the children was seen to facilitate greater engagement with school and sporting activities:

*“I can listen more (in school), I can concentrate more, before when I went to school I’d be hoping that when I came home there’d be no fighting. Now there’s no fighting going on”.*

(12 year old boy, attended in 2016)

*“He had fallen down in his last report. He turned himself around, up at the top of the class again.”*

(Mother of 12 year old boy, attended in 2016)

*“He gave up hurling for two years but now he’s back.”*

(Mother of 11 year old boy, attended in 2014)

## 7.2 Stakeholder reported outcomes

Other community benefits were also reported by professionals, many of which are a consequence of interagency delivery of the programme in the region:

- Families who have completed the programme are more likely to engage with additional services in the community potentially increasing the likelihood of enhanced outcomes for children and mothers.
- There is greater awareness of the programme amongst statutory and community services which facilitates more informed and targeted referral plans for families who have experienced domestic abuse.
- Re-referrals to social work are reduced as mothers gain confidence and learn how to keep themselves and their children safe and to better manage access issues:

*“I’d say the programme does help stop families being re-referred into our service in that the mothers get the support that they need to keep the children safe, to manage access and to maybe stay strong and not*



*reuniting with the partner. Whereas I'd imagine if that programme wasn't there, some of those families would be re-referred back in".*

## 8. Summary and discussion

In this section, we will summarise and discuss (1) key outcomes for families and the community; (2) factors that lead to positive outcomes; (3) challenges and opportunities for learning; and (4) strengths and limitations of the evaluation. Each of these is presented below.

Benefits from the TLC Kidz programme were evident at both an individual and community level as well as within the relevant organisations/agencies involved in implementation and delivery. Figure 6 below highlights the main outcomes across all levels.

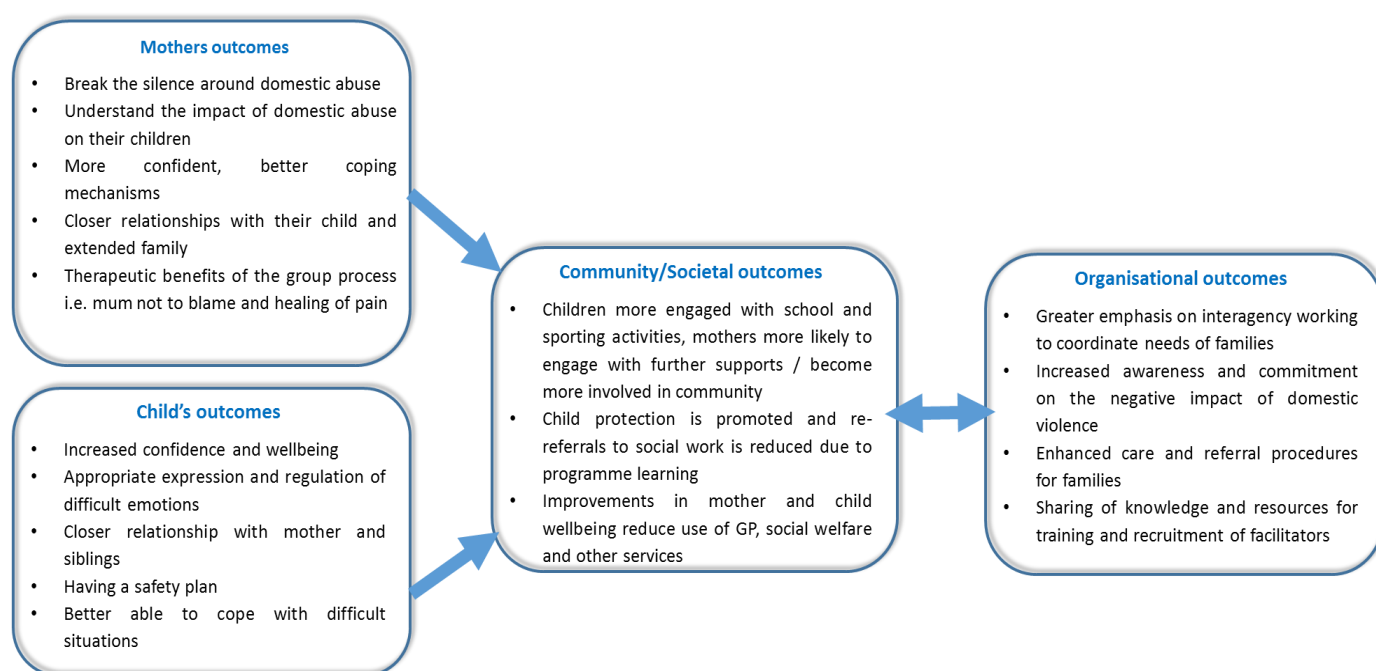


Figure 6: Family, community and organisational outcomes

### 8.1 Experiences and outcomes for children and mothers

A range of positive outcomes were reported by children and mothers at post-programme and in the years following the TLC Kidz programme.

Post-programme, both children and mothers indicated that the programme helped them to: break the silence and isolation around domestic abuse; express and regulate difficult emotions; develop warmer, more open family relationships; have a safety plan; feel more confident and better able to cope; and become more involved with social and community activities. Mothers further indicated that the programme was instrumental in helping them understand the impact of domestic abuse on their children.

The findings indicate that positive outcomes were sustained and enhanced in the longer-term. Children and mothers reported very warm and open relationships with one another, as well as appropriate expression and regulation of difficult emotions (for example, anger, anxiety, and sadness). Children expressed a sense of confidence and wellbeing in terms of their interactions with peers and family members (including with their father as perpetrator), improved school engagement, and increased involvement with sports and social activities. Similarly, in the longer-term, mothers reported enhanced family relationships and indicated that, in some cases, benefits had generalised to siblings who had not attended the programme. They also reported more confidence in their parenting abilities and indicated that the group experience was important in helping them become more actively engaged in their community, through, for example, undertaking employment opportunities, starting new courses, engaging with services, and getting involved in other social activities. Mothers particularly emphasised longer-term improvements in child health and wellbeing. The data from the KIDSCREEN-10 Questionnaire reiterated that children were healthy and happy in the longer-term, indicating positive physical health, emotional wellbeing, peer and family relationships, as well as a high level of school engagement.

It is also important to note that both children and mothers enjoyed the groups, with mothers also emphasising the therapeutic and healing benefits of their group. In addition, there was high attendance for both child and mother groups. Other evaluations of the programme have similarly indicated that children and mothers enjoyed the group experience (for example, Nolas et al. 2012) and further demonstrates the acceptability of the programme to families. Programme acceptability among service users is important as evidence for programme effectiveness is not sufficient on its own to warrant wider-scale implementation (Howarth et al. 2016).

Previous evaluations of the programme in the UK and Canada indicated similar positive outcomes for children, including social support of the group, validation of the child's experience, appropriate expression of emotions, enhanced communication between children and mothers, and safety planning (Debonnaire, 2007; Jaffe et al. 1986; Nolas et al. 2012). However, the participants in the current evaluation also indicated outcomes not reported elsewhere, including improvements in child physical health, emotional wellbeing, peer and family relationships, school engagement and involvement in social and community activities. The divergence among studies may possibly be related to the point at which the evaluation was conducted. Previous studies met with families shortly following the programme (for example, Nolas et al. 2012, Sudermann et al. 2000) whereas the current evaluation interviewed families several months/years following the programme. Therefore, the current evaluation provides preliminary evidence that the TLC Kidz programme may contribute to a range of longer-term benefits that are not necessarily apparent in the shorter-term.

The findings are noteworthy in that the reported outcomes address many of the key child outcomes and transformational goals indicated in the national children's policy framework – 'Better Outcomes, Brighter Futures' - in improving the health and wellbeing of young people. With regard to the five key outcomes for children, the TLC Kidz programme has: improved the physical and mental wellbeing of children exposed to domestic abuse;



increased school engagement; kept children safe and protected from harm; and has helped children to develop positive relationships with their mother, siblings, peers and the wider community.

In relation to the six transformational goals, the TLC Kidz programme supported mothers to help their children; listened to and involved children; acted as both an intervention and prevention programme; enabled children and mothers to transition and move on with their lives; and provided a high quality service using an interagency model of delivery.

## **8.2 Experiences of professionals and stakeholders**

Service providers corroborated the benefits reported by families. In addition, several professionals indicated that child protection was enhanced when mothers understood the impact of domestic abuse on their children. When mothers understood the impact on children, they were more likely to keep themselves and their children safe, manage access better, and not reunite with the perpetrator. Furthermore, many professionals viewed the programme as preventive for children in developing mental health problems and abusive behaviour in the future.

Professionals also reported that involvement with the programme had stimulated a culture shift in the practice of interagency partners in responding more sensitively and supportively around domestic abuse. Several professionals indicated that they were less inclined to judge mothers for not leaving the perpetrator. In particular, the programme increased awareness among community partners of the negative impact of domestic abuse on children and the necessity of providing suitable supports for their recovery. Other noted benefits of the interagency model of delivery included enhanced care and/or referral plans for families due to the range of skilled facilitators involved (for example, social work, CAMHS, domestic abuse refuge). In addition, collaboration among community partners meant that the time and resources required to deliver the programme was shared across services.

Nolas et al. (2012) reported similar benefits to those noted in the current evaluation. For instance, they related that interagency collaboration was necessary in order to source facilitators to deliver the programme as a single agency could not commit the requisite staff. They also reported that multi-agency working helped them to better support children and mothers in terms of the range of perspectives involved and in terms of enhanced referral plans for families following the programme. Professionals spoke of some difficulties in interagency collaboration and would welcome more engagement from services such as schools and CAMHS (Nolas et al. 2012).

Overall, these findings illustrate that, in addition to the provision of practical and legal supports, children and mothers require supports in recovering from the emotional consequences of domestic abuse. It is particularly important that services support children in recovering from domestic abuse as this is an area that is often neglected (Guy, Feinstein and Griffiths, 2014).

## 8.3 Community outcomes

The delivery of the TLC Kidz programme also had benefits for the community. As indicated above, many children and mothers reported greater engagement with social and community activities, and with further services if required. In addition, many children were more engaged in school and sporting activities and many mothers reported improvements in child health and wellbeing, thereby reducing utilisation of GP and other services. These outcomes represent benefits on a community and societal level, in addition to positive outcomes achieved for the families themselves.

Benefits were also evident within organisations/agencies involved in implementation and delivery of the programme. A key mechanism driving this change was the practice of interagency working and the greater focus on collaboration and coordination in order to facilitate a more integrated and holistic approach to meeting the needs of families. Positive changes in organisational practice and procedure were evident amongst stakeholders; these included increased awareness, and commitment to, the effects of domestic violence, sharing of knowledge, improved referral procedures and training, and release of staff for delivery. While some challenges exist around securing suitable referrals and facilitators for delivery, programme implementation is still at a relatively early stage and may require more time to embed.

## 8.4 Enablers/facilitators to programme delivery

Evaluating the outcomes of a programme is necessary but not sufficient. It is also important to identify the 'active ingredients' and contextual factors that contribute to positive outcomes (Medical Research Council, 2014). This information can be used to improve programme implementation, as well as inform the replication and delivery of the programme elsewhere (Medical Research Council, 2014).

### 8.4.1 Child and mother enablers

The programme was highly valued by children and mothers and several aspects of the programme were highlighted as particularly helpful:

- Being given a safe space to talk about what had been a taboo topic, as well as realising that they were not alone in experiencing domestic abuse, was a key impetus for change. Families valued the emphasis on talking with each other about domestic abuse, which was seen as contributing to a more open and understanding relationship between children and mothers.
- Families valued learning how to name and deal with difficult emotions, especially anger and anxiety. The 'volcano' image for an angry person was highly effective as many interviewed children recalled it several years following the programme.
- Children also liked the safety session, especially with the attendance of An Gardaí.

- Children liked the fun and confidentiality of sessions, and several talked at length about the 'treasure chest'. Children in the UK similarly valued the group aspect, the fun and confidentiality of sessions, and being given a choice whether or not to share stories in the group (Nolas et al. 2012). The approachability and non-judgemental stance of the facilitators was also seen as important in creating a safe, confidential and therapeutic environment.
- Mothers appreciated the transport and refreshments provided and several also indicated that they liked the fact that the programme was well organised.

#### 8.4.2 Organisational enablers

Professionals reiterated many of the elements noted by families above. However, given that professionals were involved in programme delivery, it is understandable that they placed more emphasis on other variables required for effective implementation. Service providers highlighted six factors as key in contributing to positive outcomes for families

- Fidelity to programme content and format;
- An interagency model of delivery;
- Having a dedicated role of Project Coordinator;
- Conducting a careful assessment of child readiness to engage with the programme;
- Training and supervision; and
- An effective Steering Group.

It was clear that it takes time and commitment to ensure a high quality, interagency delivery of the model but professionals indicated that the outcomes achieved at the family and community levels outweigh the work involved.

In general, professionals involved in delivering the programme in North Tipperary appeared more satisfied with the implementation process than those delivering it in a UK context. In London, professionals noted several difficulties, including infrequent supervision and facilitators not being trained in the programme prior to delivery. In particular, a lack of training had led to serious errors and insensitivity by facilitators that impacted negatively on group dynamics (Nolas et al. 2012). In addition, several facilitators in the UK did not agree with some of the feminist underpinnings of the programme and this acted as a barrier to buy-in and effective delivery. This issue did not arise in the current evaluation. Professionals in the current study focussed more on the child-centred experience of domestic abuse rather than on feminist principles of the programme. However, reference was made by several professionals in the current study to gender-based discrimination in terms of the attitudes and practices of the legal and service infrastructure in Ireland.

## 8.5 Barriers or challenges to programme delivery

### 8.5.1 Child and mother

Few challenges were reported by children or mothers and included:

- One mother advised that sessions should finish on time as she had childcare arrangements.
- A few mothers commented that outcomes for children would be enhanced when the mother was able to attend the concurrent group, or at least be actively engaged in communicating with the child about the topics covered in the programme.
- For the mothers interviewed in this study, the communication between mothers and children was seen as essential in facilitating the family's pathway to recovery.

Interestingly, many professionals in the UK have advocated child-only models as they believe that the timing and pace of child programmes should be separate from those offered to parents (Itzen, Taket and Barter-Godfrey, 2010). Importantly, the child's readiness for participation in the programme is an important consideration. On the other hand, the evidence from rigorous evaluations is mixed. A study that directly compared child-only groups with mother and children groups found that the latter produced better outcomes (Graham-Bermann et al. 2007). However, a systematic review and meta-analysis of recovery interventions for domestic abuse reported little evidence to disaggregate the effects of delivering the same programmes to mothers and children or to children only (Howarth et al. 2016).

### 8.5.2 Organisational challenges

It was evident from the reported experiences of families and service providers that while the TLC Kidz programme is hugely beneficial, it is not a panacea, and rather a spectrum of supports (ranging from the highly specialised to generic) is required to more properly support children and mothers who have experienced domestic abuse. Professionals indicated a number of barriers for families:

- Some children were not able to engage in a group process or required further supports following the programme. In many cases, such children require individual counselling to deal with abuse-related trauma and anxieties. However, individual counselling or psychology supports are often not available due to lengthy waiting lists and under-resourcing of public sector services (Barnardos, 2016).
- In addition, a few professionals indicated that mothers might be in a better position to support their child's recovery if they had previously accessed other services to address their needs. Attrition from the mothers group is a challenge in the UK (Nolas et al. 2012) and while retention appears higher in North

Tipperary, there were still difficulties for a small proportion (18%) of mothers in understanding the impact of domestic abuse from the child's perspective.

- A lack of cohesive supports for children still living in an abusive home. Children living with the perpetrator are generally excluded from group programmes due to safety concerns. Professionals in many countries recognise this gap in service provision but feel impotent to offer targeted programmes beyond safety planning for fear of putting children at further risk (Radford et al. 2011). In this study, one professional reported targeting children indirectly through her work in a school setting and discusses topics related to domestic abuse, including keeping safe, respect, feelings, and knowing what behaviours are and are not acceptable. She believed that a universal school-based programme that presented generic topics relevant to domestic abuse would be beneficial. An evaluation of the school-based 'Protective Behaviours' programme in Co. Mayo indicated increased awareness of such topics among students, teachers and parents (Stevenson et al. 2011). However it is unknown to what extent awareness led to changes in behaviour. Preventive school-based programmes are more prevalent in the UK, but there is a lack of clarity as to their effectiveness in changing attitudes or behaviour (Guy et al. 2014).
- A few professionals indicated that there was a lack of buy-in and resources in the area to deliver supports for perpetrators to address their abusive behaviour. Given a legal, service and cultural context in which perpetrators are generally not held to account for their behaviour, there is little incentive for them to volunteer to access such supports. Interestingly, experiences from the UK, US and elsewhere suggest that perpetrator programmes/supports should be delivered with caution as there is an absence of evidence for their effectiveness (Howarth et al. 2016). However, National Institute for Health and Care Excellence (NICE) guidelines have singled out the 'Strength to Change' programme for perpetrators as a potentially promising approach that warrants more rigorous evaluation. For instance, police data indicated substantially fewer domestic abuse call outs for men involved with the programme (NICE, 2016; Stanley, Borthwick, Graham-Kevan and Chamberlain, 2011).

### 8.5.3 Operational challenges

- Some operational challenges in delivering the programme were noted by professionals. Ongoing difficulties in sourcing facilitators were evident. The difficulties were related to high rates of staff turnover and receiving managerial approval to deliver the programme. In addition, the programme covers a large geographical area which adds to the reluctance of some interagency managers in releasing staff given the time involved in travel and supervision. Heavy caseloads and other priorities can also undermine the stated commitment to interagency delivery of the programme. Nolas et al. (2012) reported similar difficulties in the UK in convincing managers to release staff to deliver the programme. Coordinators in the UK indicated that they had to engage in a lot of

ongoing promotion about the CGP as high staff turnover, among managers and otherwise, disrupted institutional memory and commitment to the programme (Nolas et al. 2012).

- Commencing the programme on the scheduled date was sometimes challenging. In order to create a viable group, children must be assessed as ready for the programme and of a similar age range. Therefore, among twelve referrals received, only four might be suitable to compose a group. If the group does not start on the planned date, interagency co-facilitators may be allocated other tasks by their managers. While there may be a need for more flexibility and understanding among partners with regard to start dates, it is also clear that some of the problem is related to the number of referrals received. For instance, Coordinators and facilitators in the UK noted that the number of referrals they received did not reflect either the magnitude of the problem or the immense efforts that were made in promoting the programme. They indicated that being able to receive referrals from within their own agency was much easier to deal with than interagency referrals (Nolas et al. 2012).
- Sourcing suitable referrals was also a challenge and may be related to three factors. Firstly, some professionals that work with mothers and children exposed to domestic abuse may operate with a 'crisis mind-set' that inhibits longer-term thinking about healing and recovery after the event. All of the effort and focus is spent on the acute phase and physically getting children to be safe. As such referral to a programme such as the TLC Kidz programme is not a natural reflex (Nolas et al. 2012). In this study, professionals experienced difficulties in getting referrals despite knowing that domestic abuse is very prevalent in the caseloads of many local services. Secondly, considerable evidence exists to indicate that many apparently relevant referral sources (for example, schools, psychology, crèches) lack confidence and training in knowing how to engage with domestic abuse as an issue (Guy et al. 2014). Thirdly, there is a general lack of awareness that children are also victims of domestic abuse, either directly or in witnessing abuse, both of which have profoundly negative effects on children (Hamby et al. 2010). Nolas et al. (2012) provide suggestions for increasing referrals such as strategic and targeted awareness-raising about the need for supports for children recovering from domestic abuse. Promoting awareness about domestic abuse in general is not sufficient in securing more referrals for the TLC Kidz programme. In addition, they recommend a deliberate approach to recruiting facilitators from services and organisations that are in a position to refer children and mothers to the programme, including schools and crèches. In this way, facilitators may act as representatives for the programme within their own agencies. Furthermore, evidence-based parent programmes are commonly delivered in Ireland and reach populations at risk of domestic abuse (for example, Incredible Years, Triple P, and Parents Plus). To date, the model of parent training does not monitor for the presence of domestic abuse among attending families (Guy et al. 2014). Nevertheless, there may be scope to train facilitators of parent programmes to

identify domestic abuse who then may also act as referral agents to the TLC Kidz programme (Guy et al. 2014).

- It is likely that some of the difficulties in creating a viable group are related to the two-year age range of children allowed in groups. While it may be tempting for service providers to widen the age range, all of the professionals in the current evaluation indicated that they agreed with the programme developers that the age remit was important in building connections and social support among children.
- A small number of operational challenges arose within the Steering Group. While most members were satisfied with the Steering Group, two members indicated that the terms of reference for the Steering Group were unclear and that there was a sense of a lack of communication among members. Therefore it might be worthwhile for the role and responsibilities of the Steering Group to be more clearly defined for all members.

#### **8.5.4 Legal, service and cultural barriers to implementation**

The findings indicate that there are some institutional and cultural barriers to implementing the TLC Kidz programme in Ireland:

- Professionals described a general lack of awareness of the impact of domestic abuse on children and the necessity of providing supports for their recovery. In addition, they noted endemic service deficits in identifying domestic abuse in the first instance. This situation has been highlighted in all documents on the subject (for example, Cosc, 2016; Howarth et al. 2016; NICE, 2016).
- There has been considerable interagency involvement in the delivery of the programme in North Tipperary since 2005. Nevertheless, many professionals believe that more services should get involved and take responsibility in assisting the recovery of children exposed to domestic abuse. Relevant services/bodies include schools, mental health services, community agencies, social work, doctors, primary care, housing, An Gardaí and the legal system. Professionals also indicated that lack of awareness of the need for recovery supports for children is considerably worse in many other areas in Ireland. In this context, it is vital that the actions of the Second National Strategy are implemented so that all services and bodies that come into contact with families receive training and education in helping children recover from domestic abuse. In addition, international guidance highlights the importance of services receiving training in the identification of domestic abuse and making it a part of routine enquiry and assessment (NICE, 2016).
- Several studies have demonstrated a substantial increase in the identification of domestic abuse when routine screening tools are used (Hester, 2006; Magen et al. 2000). The studies found that mothers/women are unlikely to disclose domestic violence and abuse unless asked directly. It is also important that there are clear pathways for practitioners to follow from enquiry to the provision of

services (Guy et al. 2014). The findings also mirror previous reports that post-separation contact with the perpetrator may facilitate the continued abuse of mothers and children (for example, Holt, 2017).

- Professionals also noted the lack of attention from some services to the parenting of abusive fathers. There is a presumption that contact is automatically in the child's best interest. Despite evidence indicating the importance of the mother-child relationship for child wellbeing and safety (Humphreys, Thiara & Shamballis 2011), children's best interests are often undermined by societal values which endorses the family model of shared and cooperative parenting (Smart & Neale 1999). Having removed violent men from the home, mothers are then expected by child protection agencies to promote contact with the father while at the same time protecting their children, thus reinforcing the position of the father while displacing the safety and needs of the children. Sturge and Glaser (2000) found that contact with the perpetrator is not necessarily in the child's interests and it may, in fact, benefit the child not to have an ongoing visiting relationship with an abusive father post-separation. Children are not always asked for their views and wishes regarding contact with domestically abusive fathers (Holt, 2017) and while the findings here suggest improvements in the father-child relationship post-programme, some children (and mothers) may not feel comfortable, or ready, to re-establish communication.
- These findings highlight inherent gender-based discrimination in the legal and child protection systems. They also indicate that the continued unmonitored presence of domestically abusive fathers, post-separation, may compromise the child's recovery from the experience of domestic abuse due to continuing abuse and undermining of the maternal role and mother-child relationship (Holt, 2017).

### **8.5.5 Sustainability and wider delivery**

Given the positive child outcomes reported in this evaluation, the TLC Kidz programme emerges as a suitable candidate for wider implementation. However, the programme requires secure and dedicated resources and funding to assure its sustainability:

- Services from all sectors need to be educated in the importance of providing supports for children to recover from the effects of domestic abuse. Referrals for recovery programmes will not be forthcoming if there is a lack of awareness among services of the need to support the recovery of children.
- Difficulties sourcing facilitators and referrals poses a barrier to wider implementation. Furthermore, the findings also highlighted the need for more awareness raising and greater identification of domestic abuse within other sectors such as early education environments, schools, etc. It also involves an interagency model of delivery, quality training and supervision of facilitators, and assessment and efficient coordination, ideally conducted by a Project Coordinator. In particular, interagency commitment and coordination may take



time to embed in the service infrastructure. In addition, an Irish-based trainer would be beneficial in training professionals in the programme, as well as providing support and advice to areas in the early stages of implementing the programme.

- Interagency groups in the early stages of establishing and delivering the programme reported mixed experiences. While one service reported that the process was relatively straightforward, and they intend to continue delivering the programme, two interagency groups indicated challenges in securing an adequate number of referrals despite sustained promotion about the programme. Services are not yet referring families to the programme as a matter of routine even though domestic abuse is prevalent in service caseloads. As mentioned earlier, this reflects an ongoing lack of awareness and training required to educate services in the need to support children in recovering from domestic abuse.

## 9. Recommendations

The current interagency model of delivering the TLC Kidz programme has achieved positive outcomes for families and the community in North Tipperary over several years. Nevertheless, some challenges were noted, and we propose actions at both the local and national level for consideration:

### **Child and mother recommendations**

- While the outcomes from both children and mothers were overwhelmingly positive and were sustained over the longer-term, the findings also suggest that about half of children and one third of mothers would benefit from further supports post-programme. While additional supports are offered where available, there is a recognised need for further specialist and therapeutic supports (for example, psychology or counselling services) for children and mothers engaging with the TLC Kidz programme.
- Some children were too traumatised or not ready to participate in the TLC Kidz programme. Alternative specialist and therapeutic services are required to support these children.
- In the small number of cases where the personal issues of mothers may act as a barrier to supporting her child, individual counselling or support groups may be advisable for mothers prior to engaging with the TLC Kidz programme.

### **Organisational recommendations**

- Difficulties in sourcing facilitators were linked to high turnover in personnel and convincing managers to release staff to deliver the programme. Given that turnover in personnel disrupts institutional memory and commitment to the programme, it may be useful to consider occasional workshops to maintain awareness and buy-in. It may also

be worthwhile discussing with managers possible ways to increase the release of staff to facilitate the programme.

- In order to increase referrals, we advise targeted awareness-raising about the need for supports for children recovering from domestic abuse. The eligibility criteria for participation in the TLC Kidz programme should also be clearly outlined. In addition, TLC Kidz personnel should continue and enhance efforts to recruit facilitators from services and organisations that are in a position to refer children and mothers to the programme, including schools, crèches, providers of parent programmes, Social Work, community agencies, mental health services, public health nurses, An Gardaí, housing, and so forth.
- Receiving referrals for a recovery programme for children is difficult in a context of widespread lack of awareness among services and the public of the need for such supports. Therefore, there is a need at the national level to promote service and public awareness of the importance of supporting children in recovering from domestic abuse. A media campaign may be useful in increasing public awareness.
- Schools may be a useful forum for raising public awareness of the importance of keeping children safe.
- The role and responsibilities of the Steering Group should be clarified so that all members understand its purpose.

## **Wider context/systemic recommendations**

- It is vital at a national level that all services/bodies that come into contact with children and families are trained to recognise the signs of domestic abuse. International guidance demonstrates that identification of domestic abuse increases substantially when services use a screening tool and make it a part of routine enquiry and assessment. Increased identification of domestic abuse will lead to increased referrals for recovery programmes for children.
- Post-separation abuse interferes with the capacity of children and mothers to recover. The legal and child protection systems need to protect children and mothers from abuse during post-separation contact and to penalise perpetrators.
- Secure and dedicated funding is required for the sustainability of the programme.
- Wider delivery of the programme requires a commitment to the interagency model of delivery, quality training and supervision of facilitators, fidelity to programme content and format, and a system to organise referrals, assessments and other tasks, ideally conducted by a dedicated Project Coordinator. In addition, an Irish-based 'Expert' trainer would be beneficial in training professionals in the programme, as well as providing support and advice to areas in the early stages of implementing the programme. The role would also avoid the costs and time associated with employing a UK trainer.

- More rigorous evidence, such as pragmatic randomised controlled trials, is required to more fully assess the effectiveness of recovery programmes for children. We encourage the development of partnerships between service providers and researchers to support the conduct of good-quality service evaluations.

## 10. Concluding remarks

This evaluation of TLC Kidz demonstrates a range of positive outcomes were reported by children and mothers at post-programme and in the years following the TLC Kidz programme. Children and mothers indicated that the programme helped them to: break the silence and isolation around domestic abuse; express and regulate difficult emotions; develop warmer, more open family relationships; have a safety plan; feel more confident and better able to cope; and become more involved with social and community activities. Mothers further indicated that the programme was instrumental in helping them understand the impact of domestic abuse on their children. Mothers reported enhanced family relationships, while children expressed improved wellbeing. The findings also indicate that positive outcomes were sustained and enhanced in the longer-term. Organisational outcomes include a greater emphasis on interagency working; increased awareness on the negative impact of domestic violence; enhanced care and referral procedures for families; and the sharing of knowledge and resources.

The study also evidences barriers to programme delivery. Organisational barriers identified included the need for additional supports and resources; staffing capacities and availability to facilitate the programme; and sourcing referrals despite knowledge of the prevalence of domestic abuse in caseloads. Similarly, lack of awareness of the need for such services was also evident. Recommendations emerging from the research included the expansion of additional therapeutic supports for children and mothers, especially where there is a recognised need. In addition, a need to promote public awareness at a national level was identified as key to receiving referrals. The under-reporting and low detection rate of domestic abuse requires appropriate education and training of staff in identifying those in need. The need to enhance efforts to recruit facilitators and build capacity through the allocation of additional resources and sustainable funding was also evidenced.

The TLC Kidz programme contributes to positive, sustained outcomes for children and mothers recovering from domestic abuse. However, there are a number of resource implications for planning current and future delivery. It is clear that additional and sustained funding is needed to effectively address the issues outlined above and ensure that the programme continues to support children and mothers of domestic violence.

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## 12. Appendices

### Appendix 1: KIDSCREEN-10 questionnaire, child and parent versions

#### Kidscreen – child version

POST

ID:

Date: \_\_\_\_\_  
Month Year

Hello,

How are you? How do you feel? This is what we would like you to tell us.

Please read every question carefully. What answer comes to your mind first? Choose the box that fits your answer best and cross it.

Remember: This is not a test so there are no wrong answers. It is important that you answer all the questions and also that we can see your marks clearly. When you think of your answer please try to remember the last week.

You do not have to show your answers to anybody. Also, nobody who knows you will look at your questionnaire once you have finished it.

Are you female or male?

female

male

How old are you?

\_\_\_\_\_ years

# About Your Health

**POST**

**ID:**

Thinking about the last week...

1. Have you felt fit and well?	not at all <input type="radio"/>	slightly <input type="radio"/>	moderately <input type="radio"/>	very <input type="radio"/>	extremely <input type="radio"/>
2. Have you felt full of energy?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
3. Have you felt sad?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
4. Have you felt lonely?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
5. Have you had enough time for yourself?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
6. Have you been able to do the things that you want to do in your free time?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
7. Have your parent(s) treated you fairly?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
8. Have you had fun with your friends?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
9. Have you got on well at school?	not at all <input type="radio"/>	slightly <input type="radio"/>	moderately <input type="radio"/>	very <input type="radio"/>	extremely <input type="radio"/>
10. Have you been able to pay attention?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>

In general, how would you say your health is?

- excellent
- very good
- good
- fair
- poor

## Kidscreen – parent version

POST

Date: \_\_\_\_\_

ID: \_\_\_\_\_

\_\_\_\_\_  
Month Year

Dear Parents,

How is your child? How does she/he feel? This is what we would like to know from you.

Please answer the following questions to the best of your knowledge, ensuring that the answers you give reflect the perspective of your child. Please try to remember your child's experiences over the last week...

**Who is filling in the questionnaire?**

- Mother
- Father
- Stepmother / Father's partner
- Stepfather / Mother's partner
- Others

Who? \_\_\_\_\_

**How old is your child (the interviewed child)?**

\_\_\_\_\_ years

**Is your child (the interviewed child) female or male?**

- female
- male

# About Your Child's Health

**POST**

**ID:**

Thinking about the last week...

1.	Has your child felt fit and well?	not at all <input type="radio"/>	slightly <input type="radio"/>	moderately <input type="radio"/>	very <input type="radio"/>	extremely <input type="radio"/>
2.	Has your child felt full of energy?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
3.	Has your child felt sad?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
4.	Has your child felt lonely?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
5.	Has your child had enough time for him/herself?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
6.	Has your child been able to do the things that he/she wants to do in his/her free time?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
7.	Has your child felt that his/her parent(s) treated him/her fairly?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
8.	Has your child had fun with his/her friends?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
9.	Has your child got on well at school?	not at all <input type="radio"/>	slightly <input type="radio"/>	moderately <input type="radio"/>	very <input type="radio"/>	extremely <input type="radio"/>
10.	Has your child been able to pay attention?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>

In general, how would your child rate her/his health?

- excellent
- very good
- good
- fair
- poor

## Appendix 2: Online survey

# TLC Kidz Survey

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### Q1 Research information sheet

Please indicate that you have read and understood the information sheet. The purpose of this research project is to evaluate the effectiveness of the TLC Kidz programme in contributing to positive outcomes for families and to explore the processes involved in implementing this programme. This evaluation is being conducted by Barnardos and Tusla. You are invited to participate in this research project because you are a key stakeholder in the implementation of the TLC Kidz programme.

Your participation in this research study is voluntary. You may choose not to participate. If you decide to participate in this research survey, you may withdraw at any time. If you decide not to participate in this study or if you withdraw from participating at any time, you will not be penalised. This online survey will take approximately 15-20 minutes. Your responses will be confidential and we do not collect identifying information such as your name, email address or IP address. All data is stored in a password protected electronic format. To help protect your confidentiality, the surveys will not contain information that will personally identify you.

ELECTRONIC CONSENT: Please select your choice below.

Clicking on the "yes" option below indicates that:

- you have read the above information
- you voluntarily agree to participate
- you are at least 18 years of age

If you do not wish to participate in the research study, please decline participation by clicking on the "no" option and exit the survey.

Yes (1)

No (2)

*Skip To: End of Survey If Research information sheet Please indicate that you have read and understood the information shee... = No*

---

Q2 What is your gender?

- Male (1)
- Female (2)
- I prefer not to say (3)

Q3 What age group do you belong to?

- < 20 years (1)
- 20 – 34 years (4)
- 35 – 49 years (5)
- 50 – 69 years (6)
- 70 + years (7)
- I prefer not to say (8)

Q4 Which county do you primarily work in?

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Q5 What organisation (or type of organisation e.g. NGO) do you currently work for?

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Q6 How long have you been working in your current role? (e.g. 4 years or 8 months)

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Q7 Which of the following best describes the role that you work in with regards to the implementation of the TLC Kidz programme? (please select all that apply)

- Referrals (1)
- Steering committee (2)
- Facilitator (3)
- Other (please specify) (4) \_\_\_\_\_

End of Block: Demographic information

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Start of Block: Referrals

*Display This Question:*

*Which of the following best describes the role that you work in with regards to the implementatio... = Referrals*

Q8 When did you begin referring mothers and children to the TLC Kidz programme?

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*Display This Question:*

*If Which of the following best describes the role that you work in with regards to the implementatio... = Referrals*

Q9 What is the most common reason that you have referred users to the TLC Kidz programme?

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*Display This Question:*

*If Which of the following best describes the role that you work in with regards to the implementatio... = Referrals*

Q10 To what extent are you happy with the TLC Kidz programme referral process?

- Not at all (1)
- A little (2)
- Somewhat (3)
- To a moderate extent (4)
- To a great extent (5)
- Not sure (6)

End of Block: Referrals

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Start of Block: TLC Kidz programme implementation

Q11 Do you think the TLC Kidz programme is needed in your area?

- Yes (1)
- No (2)
- I don't know (3)

Q12 Why was the TLC Kidz programme chosen to support families dealing with domestic abuse?

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Q13 In your opinion, what is the unique value (if any) of the TLC Kidz programme?

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Q14 What are the main benefits that the TLC Kidz programme provides to children?

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Q15 What are the main benefits that the TLC Kidz programme provides to parents?

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Q16 To what extent do you think the TLC Kidz programme addresses the needs of families? (Please elaborate your answer in the box provided)

- Not at all (1) \_\_\_\_\_
- A little (2) \_\_\_\_\_
- Somewhat (3) \_\_\_\_\_
- To a moderate extent (4) \_\_\_\_\_
- To a great extent (5) \_\_\_\_\_
- Not sure (6) \_\_\_\_\_

Q17 What are the main benefits of implementing the TLC Kidz programme with staff?

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Q18 If applicable, what are the main benefits of the training in implementing the TLC Kidz programme?

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Q19 If applicable, which part or parts of the intervention do you think are most useful?

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Q20 Are there any part or parts of the intervention that you think could be improved/changed?

Yes (please list in the box provided) (1)

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No (2)

I don't know (3)

Q21 To what extent are you happy with the content and format of the TLC Kidz programme? (Please elaborate your answer in the box provided)

Not at all (1) \_\_\_\_\_

A little (2) \_\_\_\_\_

Somewhat (3) \_\_\_\_\_

To a moderate extent (4) \_\_\_\_\_

To a great extent (5) \_\_\_\_\_

Not sure (6) \_\_\_\_\_

Q22 To what extent are you happy with the delivery of the TLC Kidz programme? (Please elaborate your answer in the box provided)

- Not at all (1) \_\_\_\_\_
- A little (2) \_\_\_\_\_
- Somewhat (3) \_\_\_\_\_
- To a moderate extent (4) \_\_\_\_\_
- To a great extent (5) \_\_\_\_\_
- Not sure (6) \_\_\_\_\_

Q23 To what extent are you happy with the governance and implementation framework for the TLC Kidz programme? (Please elaborate your answer in the box provided)

- Not at all (1) \_\_\_\_\_
- A little (2) \_\_\_\_\_
- Somewhat (3) \_\_\_\_\_
- To a moderate extent (4) \_\_\_\_\_
- To a great extent (5) \_\_\_\_\_
- Not sure (6) \_\_\_\_\_

Q24 Do you believe that the TLC Kidz programme works in an Irish context? (Please elaborate your answer in the box provided)

Yes (1) \_\_\_\_\_

No (2) \_\_\_\_\_

Not sure (6) \_\_\_\_\_

Q25 To what extent are you happy with the engagement of families with the programme? (Please elaborate your answer in the box provided)

Not at all (1) \_\_\_\_\_

A little (2) \_\_\_\_\_

Somewhat (3) \_\_\_\_\_

To a moderate extent (4) \_\_\_\_\_

To a great extent (5) \_\_\_\_\_

Not sure (6) \_\_\_\_\_

Q26 Have you identified any barriers to service user engagement?

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Q27 To what extent are you happy with the retention of families on the programme? (Please elaborate your answer in the box provided)

- Not at all (1) \_\_\_\_\_
- A little (2) \_\_\_\_\_
- Somewhat (3) \_\_\_\_\_
- To a moderate extent (4) \_\_\_\_\_
- To a great extent (5) \_\_\_\_\_
- Not sure (6) \_\_\_\_\_

Q28 The training and supervision that is provided to facilitators is sufficient (If applicable, please elaborate your answer in the box provided)

- Strongly agree (1) \_\_\_\_\_
- Mildly agree (6) \_\_\_\_\_
- Agree (2) \_\_\_\_\_
- Neither agree nor disagree (3) \_\_\_\_\_
- Disagree (4) \_\_\_\_\_
- Mildly disagree (7) \_\_\_\_\_
- Strongly disagree (5) \_\_\_\_\_



Q29 What are the main factors that help to implement the programme?

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Q30 What challenges (if any) did you face in implementing the programme?

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Q31 Interagency coordination and delivery of the TLC Kidz programme is important in order to change service awareness and provision around domestic abuse

- Strongly agree (1)
- Mildly agree (9)
- Agree (5)
- Neither agree nor disagree (6)
- Disagree (7)
- Mildly disagree (10)
- Strongly disagree (8)

Q32 The implementation of the TLC Kidz programme has improved communication and relationships across and between agencies working with domestic abuse

- Strongly agree (1)
- Mildly agree (6)
- Agree (2)
- Neither agree nor disagree (3)
- Disagree (4)
- Mildly disagree (7)
- Strongly disagree (5)

Q33 Are there any agencies that you would like to see involved in the implementation of the TLC Kidz programme that are currently not involved?

Yes (please list in the box provided) (1)

---

No (2)

I don't know (3)

Q34 The TLC Kidz programme should run in the future

Strongly agree (1)

Mildly agree (6)

Agree (2)

Neither agree nor disagree (3)

Disagree (4)

Mildly disagree (7)

Strongly disagree (5)

Q35 The TLC Kidz programme is worth the investment of time and budget

Strongly agree (1)

Mildly agree (6)

Agree (2)

Neither agree nor disagree (3)

- Disagree (4)
- Mildly disagree (7)
- Strongly disagree (5)

Q36 The TLC Kidz programme should be delivered to other areas in Ireland

- Strongly agree (1)
- Mildly agree (6)
- Agree (2)
- Neither agree nor disagree (3)
- Disagree (4)
- Mildly disagree (7)
- Strongly disagree (5)

End of Block: TLC Kidz programme implementation

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Start of Block: Domestic abuse services

Q37 To what extent do you think that services in Ireland are effective in recognising, responding and referring appropriately regarding people who have experienced domestic abuse? (Please elaborate your answer in the box provided)

- Not at all (1) \_\_\_\_\_
- A little (2) \_\_\_\_\_
- Somewhat (3) \_\_\_\_\_
- To a moderate extent (4) \_\_\_\_\_
- To a great extent (5) \_\_\_\_\_
- I don't know (6) \_\_\_\_\_

Q38 To what extent is the TLC Kidz programme important in influencing the overall policy context for domestic abuse in Ireland?

- Not at all (1)
- A little (2)
- Somewhat (3)
- To a moderate extent (4)
- To a great extent (5)
- I don't know (6)

Q39 The TLC Kidz programme informs the development of domestic abuse services in Ireland

- Strongly agree (1)
- Mildly agree (8)
- Agree (2)
- Neither agree nor disagree (5)
- Disagree (6)
- Mildly disagree (9)
- Strongly disagree (7)

Q40 Are there other services in your area for families that are dealing with domestic abuse?

- Yes (please list in the box provided) (1)
- 

- No (2)
- I don't know (3)

Q41 To what extent do you feel that these existing services support families of domestic abuse?

- Not at all (1)
- A little (2)
- Somewhat (3)
- To a moderate extent (4)
- To a great extent (5)
- Not sure (6)

Q42 Are you aware of any other interventions that address domestic abuse?

- Yes (please list in the box provided) (1)

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- No (11)
- I don't know (7)

Q43 Collaboration between service providers and policy makers in relation to domestic abuse services in Ireland is sufficient

Strongly agree (1)

Mildly agree (6)

Agree (2)

Neither agree nor disagree (3)

Disagree (4)

Mildly disagree (7)

Strongly disagree (5)

Q44 What do you think are the key strategic priorities in addressing domestic abuse in Ireland?

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Q45 Please add any other comment below

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### **Appendix 3: Interview story for young children**

We are going to make up a story together about a boy and a girl called Molly and Joe. I am going to make up some parts of the story and you are going to make up other parts. It would be really great if you could help me.

Molly and Joe lived with their brothers and sisters and Mam/Mum and Dad in a very nice house.

What house do you think Molly and Joe might live in? Pick one ([show pictures of two houses and let child choose](#))

They also had a very nice car. What car do you think they might own? Pick one ([show pictures of two cars and let child choose](#))

There were different bedrooms in the house. Which bedroom would Molly/Joe like? Pick one ([show pictures of two bedrooms and let child choose. If the child is a girl, say 'Molly'. If the child is a boy, say 'Joe'.](#))

Mostly, everyone in the family was happy and got on well. But sometimes Mam and Dad would start fighting. How did Molly/Joe feel when this happened? ([Point towards the emotions card and ask child to pick one. Or if child wants to pick emotion that is not on the card, that's fine](#))

Why did Molly/Joe feel X (whatever emotion was chosen by child)?

When Mam and Dad were fighting, what did Molly/Joe do to be safe? Where did they go? (e.g. not get involved, go to bedroom, go to neighbour, call guards)

Why do you think that Mam and Dad were fighting?

Whose fault was it that Mam and Dad were fighting?

As time went on, Mam and Dad were fighting more and more. It was not safe for Mam and Dad to live together in the same house. Dad could no longer live with the family.

How did Molly/Joe feel when this happened? (Let child respond, show emotions card)

Sometime after, Molly/Joe went to a group called TLC Kidz in Barnardos. There were other children in the group whose Mams and Dads had also been fighting and couldn't live together anymore. There were also two grown-up women in the group who helped the children talk about their Mam and Dad fighting.

How did Molly/Joe feel within the group? (Show emotions card)

What kinds of things did Molly/Joe do in the group?

How did the group help Molly/Joe?

Possible prompts

- Around feelings (ok to talk about feelings and what happened at home, anger, feeling to blame and responsible)
- Feeling listened to and accepted
- Know that violence is never ok
- Know what to do if feel unsafe
  
- Did it help her/him get on better with her Mam and brothers and sisters?
- Did it help her/him get on better with her Dad? (ask only if child references father themselves)
- Help her/him get on better in school? Did she have friends? Was the schoolwork hard or easy for Molly? (school work and peer relations)
- Help her/him feel happier?
- Help her/him feel like getting more involved with activities?

Did Molly/Joe learn anything NEW in the group?

What did Molly/Joe think was the most important thing about the group?

Were there any parts of the group that Molly/Joe did not like?

- What would Molly/Joe like changed about the group?

If applicable, did Molly/Joe like it that her Mam also attended a group for mothers to talk about what happened?

What message would Molly/Joe give to adults setting up the groups for children?

After the group, how did Molly/Joe feel? ([show emotions card](#))

Sometimes stories find it hard to end. How should this story end? ([Let child respond. If child says nothing, ask the following question](#)):

I think the story should end with Molly/Joe getting to spend lots of time doing what s/he really loves. What does Molly/Joe love to do? ([Let child respond](#))

I think the story should end with Molly/Joe doing that.

## Appendix 4: Interview schedule for children 12 years +

You may remember that a couple of years ago (insert year) you went to group called TLC Kidz in Barnardos. There were other children in the group and two women who helped the children talk about when their Mam/Mum and Dad had been fighting.

I would like to ask you some questions about the group as we want to find out if the group was helpful to you or not. Your answers will help us know if other children should go to the group and how the group might be improved for other children.

- What can you tell me about the TLC Kidz group?
  - Prompts – where was the group held?
  - Who else was in the group?
- What kinds of things did you do in the group?
- In what ways did the group help you?

### Possible prompts

- Around feelings (ok to talk about feelings and what happened at home, anger, feeling to blame and responsible)
- Feeling listened to and accepted
- Know that violence is never ok
- Know what to do if feel unsafe
- ✚
- Did it help her/him get on better with her Mam/Mum and brothers and sisters?
- Did it help her/him get on better with her Dad? (ask only if child references father themselves)
- Help her/him get on better in school? Did she have friends? Was the schoolwork hard or easy for Molly? (school work and peer relations)
- Help her/him feel happier?
- Help her/him feel like getting more involved with activities?
- Did you learn anything NEW in the group?
- What was the most important thing about the group?
- Were there any parts of the group that you did not like?
  - What would you change about it?
- If applicable, did it help that your Mam also attended the mother's group?
- If you hadn't attended the group, how do you think you (and your Mam) would be getting on now?
- Message to adults setting up group?
- Is there anything you would like to add?

## Appendix 5: Interview schedule for mothers

### General experience

- How did you hear about the TLC Kidz programme and why did you go to it?
- Tell me about your experience of the TLC Kidz programme?
  - What did you learn on it?
  - What did you like?
  - What didn't you like?

### Programme benefits

- How did the group help you?
  - Possible prompts: Around feelings (ok to talk about their emotions and what has happened, anger, feeling to blame and responsible)
  - Feeling listened to and accepted
  - Know that violence is never ok
  - Know what to do if feel unsafe
  - Relationship with child(ren); do you talk and listen to your child more?
  - Are you better able to (emotionally) support your children and manage problems?
  - Own physical health and sense of wellbeing
  - More involved in community?
- How has the group helped your child(ren)? (May be prompted by Kidscreen answers)
  - Possible prompts: Child sense of wellbeing and behaviour
  - Better able to talk about feelings/emotions and problem-solve
  - Getting on at school
  - Child's physical health
  - Relationships with family members
  - Child's involvement in local community/activities
  - Does your child have a better understanding of the negative effects of domestic violence - knows that violence is not ok and knows what to do if feels unsafe
- It is X amount of time since you finished the programme. Do you think that you and your child(ren) are getting on better, worse or are the same since the time when you finished the programme? Please explain.

### Helpful, irrelevant and less helpful aspects

- What parts of the programme do you still find useful?
- What parts do you find less useful?
- Have you stayed in contact with any people from the group?
- Looking back on it all, what was the best thing you got from the programme?
- Did you experience any difficulties in getting to the programme?
  - E.g. Transport/childcare, other problems in attending. Was any support provided (if requested)?

- Were there any things about the group that made things worse for your family?
  - E.g. Techniques not acceptable or difficult to implement; conflict between family members in relation to programme, etc
  - Did you raise any of these issues with the facilitators and was any support provided?

### **Concluding**

- If you hadn't attended the TLC Kidz programme, how do you think you and your family would be getting on now?
- Do you think your family received enough support from TLC Kidz or could you have done with more help in some areas?
- Do you or your family currently receive any other supports/services? Referred for services?
- What changes would you recommend for future programmes?
- Is there anything you would like to add?

### **Interview schedule for mothers who did not stay with the programme**

1. Can you tell me why you did not stay with the programme?
2. What did you like about the programme?
3. What, if anything, did you dislike about the programme?
4. To what extent were there childcare/access issues?
5. What, if anything, would you change about the programme?
6. Can you tell me a little about how you and your family are getting on at the moment?
7. What services, if any, are you using to help you and your family?
8. Is there anything that you would like to add?

## Appendix 6: Interview schedule for professionals involved in implementing TLC Kidz programme

### Background of TLC Kidz: Vision and early lessons

- Can you tell me a little bit about why you chose to run the TLC Kidz programme?
  - What was the vision for the programme?
  - Has that vision been achieved?
  - What is the unique value of the programme?
  - What were the key lessons you learned from the early stages of setting up the programme?

### Current implementation processes

- Tell me about your experience in coordinating and implementing the programme over the past five years
  - What have been the main achievements?
    - E.g. buy-in from management, designated funded project coordinator, referral pathways, service in demand from families, sustainability
  - What have been the key challenges?
    - E.g. engaging and retaining families, suitable referrals, staffing (turnover, caseload, not released), interagency working, buy-in, programme fidelity, funding
- What are the primary benefits for families and services involved with TLC Kidz?
- Which part or parts of the intervention do you think are most useful for families?
- To what extent are you happy with programme content, structure and delivery?
  - Could anything be improved?
- To what extent are you happy with the training and supervision of facilitators?
  - What is the value of the training received for TLC Kidz?
- To what extent are you happy with the current government and implementation framework for the programme?
- To what extent are you happy with the current interagency process and structure of the programme?
- What is the scale of the resources required across partners to implement the programme?
  - What changes, if any, are desired?
  - Could any costs be reduced?
- If families had not attended the programme, what other services could they have accessed?
  - Would these services have met their needs?

### Funding and sustainability

- Do you intend to run the programme in the future?
  - **If yes**, is there adequate funding and resources to deliver the programme?
  - **If yes**, who will be the key local and/or national funders?

- **If no**, what are the reasons you do not intend to run the programme in the future?  
✚
- Tell us a little about ambitions to expand delivery of the programme to other areas
  - To what extent has expansion being successful in other areas?
  - What are the key emerging issues in other areas?  
✚

### Policy context





- Can you tell me a little about the importance of interagency collaboration in delivering TLC Kidz in bringing about a culture shift in how services identify and work with families who have experienced domestic abuse?
  - Are there any agencies that you would like to see involved that currently are not involved?
  - What are the challenges in interagency working?
- How important is the TLC Kidz programme in informing the overall policy context around domestic abuse? For instance, in developing support for children recovering from domestic abuse?
- How do you see the programme as fitting in with other interventions/supports for domestic abuse in Ireland?
- Are you aware of international best practice in relation to interventions for children recovering from domestic abuse?
- How well does the programme fit in with the other child and family services offered in the area?

### Conclusion

- What are your current priorities for the programme?
- Is there anything you would like to add?



## Appendix 7: Interview schedule for services in the early stages of implementing the TLC Kidz programme

- Can you tell me about why you have chosen to implement the TLC Kidz programme?  

- Tell me about your experience in setting up and running the programme?
  - What have been the main achievements to date?
  - What have been the key challenges?
  - What are the primary benefits for families and services involved with TLC Kidz?
  - Which part or parts of the intervention do you think are most useful for families?
  - To what extent are you happy with programme content, structure and delivery?
    - Could anything be improved?  

  - Tell me a little about the interagency process – how does that work? Who is involved?
  - To what extent is it important that the programme is delivered on an interagency basis rather than delivered by one single organisation?
  - To what extent are you happy with the training and supervision of facilitators?
    - What is the value of the training received for TLC Kidz?  

  - To what extent are you happy with the current government and implementation framework for the programme?
- What is the scale of the resources required across partners to implement the programme?
  - What changes, if any, are desired?
  - Is there sufficient funding to run the programme?
- What are your current priorities for the programme?
- What is the unique value of the programme?
- Is there anything you would like to add?  


## Appendix 8: Interview with current or potential funders

### TLC Kidz programme

- What is the value of the TLC Kidz programme?
- How important is the TLC Kidz programme in informing the overall policy context around domestic abuse?
  - For instance, in developing support for children recovering from domestic abuse?
  - E.g. TLC Kidz at 'healing stage' following DV, also other possible prevention and intervention strategies
  - E.g. Interagency process of programme delivery leads to a culture shift in practice in which services are more able to identify and work with families who have domestic abuse
- How do you see the TLC Kidz programme as fitting in with/complementing other interventions/supports for domestic abuse in Ireland?

### Evidence and service and public awareness

- What is best practice with regard to supports for children recovering from domestic abuse?
- To what extent do you think that services in Ireland are effective in recognizing, responding and referring appropriately with regard to DSGV?
  - Is training needed?
- To what extent must the approach to DSGV be multi agency and cross sectoral?
  - What are the main challenges in this regard? What improvements are needed?
  - What sectors need to be more involved?
- To what extent do the public need to be aware of DSGBV?
- What are they key strategic priorities in addressing DSGBV in Ireland?

# Evaluation of the TLC Kidz Programme for Children and Mothers

## Information Sheet for Mothers



### **What is the research about?**

We would like to find out about your experience of the TLC Kidz programme. For instance, was it helpful for you and your child? In what ways did it help you? The research is funded by Barnardos and Tusla, the Child and Family Agency.

### **What will I have to do?**

The research will involve:

- ✦ Completing one short questionnaire on your child's health and wellbeing; and
- ✦ An interview with you on your experiences of the TLC programme and whether you thought that the programme was useful for you and your child(ren).

### **How long will it take?**

- ✦ The visit will take around 45minutes – 1 hour.
- ✦ We will arrange a time and place that suits you.
- ✦ With your permission, the interview will be audio-recorded so that the researcher can capture everything that you are saying.
- ✦ If any stage you feel uncomfortable or need a break, we can stop the interview. You can also withdraw from the interview at any stage if you no longer want to participate.

### **Will my taking part in this research be kept anonymous and confidential?**

Yes, all information that you provide during the research will be kept **strictly anonymous**. No information that might identify you or your family will be used – all names/addresses **will be removed** so that you cannot be identified in any way.

All information will remain **confidential** and will be stored securely. It will only be accessed by the research team and will not be given to any other unauthorised individual.

The research team will take all reasonable steps within law to ensure that confidentiality is maintained to the greatest possible extent. However, confidentiality of research data and records may not always be possible, legally and ethically. For example, if the researcher has any concerns about your safety, a healthcare professional will be informed and will contact you to ensure that appropriate supports are put in place. Similarly, if we have any concerns about your child, then we must act in accordance with Children First: National Guidance for the Protection and Welfare of Children (2011).

### **What use will this study be to me and my child?**

This research will give us a better understanding of you and your child's experiences of the TLC Kidz programme and will help to provide better services to support families in Ireland and elsewhere.

### **What will happen to the results of the research?**

The information we collect from families will be used to write a report on the findings and may be published in journals and presented at conferences. All detail will be anonymous so it will not be possible to identify any persons within publications.

### **How do I get involved?**

Your participation in the study is entirely voluntary. **If you decide to participate, we would be delighted to meet with you any time/place that suits you.** Please inform Barnardos who will pass your name and mobile number to us. You can also withdraw from the research study at any stage. If you have any questions about the research, please contact Yvonne Leckey on 087 698 1922.

## Parent Consent Form

*Please tick box*

I confirm that I have read and understood the information sheet for the above study and have had the opportunity to ask questions.

I agree to take part in this study and to provide information to the researcher for use in the study.

I agree to this interview being audio recorded for the purposes of the research

I understand that I can withdraw from the study (or withdraw my data) at any time and that my withdrawal will not affect my access to any current or future services or supports.

Signed (Mother): \_\_\_\_\_ Date: \_\_\_\_\_

Signed (Researcher): \_\_\_\_\_ Date: \_\_\_\_\_

Appendix 10: Information sheet and assent form for children (with prior parental consent given)

# **Evaluation of the TLC Kidz Programme for Children and Mothers**

## **Information Sheet for Parents or Guardians of Children/Teenagers**



### What is the research about?

We would like to hear about your child's experience of the TLC Kidz programme. We would be delighted if they could take part. As a parent/guardian, we would like to ask your permission for your child to participate in the research.

### What will my child do?

The research will involve:

- ✚ Your child completing one short questionnaire on their own health and wellbeing; and
- ✚ An interview with your child on their experiences of the TLC programme

### How long will it take?

- ✚ The visit will take around 30 minutes.
- ✚ We will arrange a time and place that suits your child.
- ✚ The interview will be audio-recorded so that the researcher will not forget anything and can capture everything that your child is saying.
- ✚ If your child needs a break or feels uncomfortable or upset at any stage, we can stop the interview. Your child can also withdraw from the interview at any stage if they no longer want to participate.

### Will my child's taking part in this research be kept anonymous and confidential?

All information that your child provides during the research will be kept **strictly anonymous**. No information that might identify you or your family will be used – all names/addresses will be removed so you cannot be identified in any way.

All information will remain **confidential** and will be stored securely. It will only be accessed by the research team and will not be given to any other unauthorised individual.

The research team will take all reasonable steps within law to ensure that confidentiality is maintained to the greatest possible extent. However, if the researcher has any concerns about your child's safety or welfare, then we must act in accordance with Children First: National Guidance for the Protection and Welfare of Children (2011).

### What use will this study be to me and my child?

This research will give us a better understanding of your child's experiences of the TLC Kidz programme and will help to provide better services to support families in Ireland and elsewhere.

### What will happen to the results of the research?

The information we collect from families will be used to write a report on the findings and may be published in journals and presented at conferences. All detail will be anonymous so it will not be possible to identify any persons within publications.

### How do I get involved?

Your child's participation in the study is entirely voluntary. **If your child decides to participate, we would be delighted to meet with him/her any time/place that suits.** Please inform Barnardos who will pass your name and mobile number to us. You can also withdraw your child from the research study at any stage. If you have any questions about the research, please contact Yvonne Leckey on 087 698 1922.

**If you think that you would like your child to take part in this research, please give them the following information sheet to read**



# Information and Assent Form for Children and Teenagers



- ✚ A researcher would like to talk to you about the TLC Kidz programme.
- ✚ She would like to talk to you about your experience of the programme and ways in which it may have helped you and your family. For example, what happened in the group? Did the programme change how you felt at home or at school?
- ✚ The talk will be recorded so that the researcher will not forget anything you say.
- ✚ You can talk about whatever you feel comfortable talking about. You don't have to answer any questions if you don't want to.
- ✚ Anything you say to the researcher will be kept private and will not be discussed with anyone else. Your name will not be used in the study so it will not be possible to identify you.
- ✚ If you say anything that makes the researcher worried about your safety or that of someone else, then she will have to tell another person in line with guidelines under Children First: National Guidance for the Protection and Welfare of Children (2011).
- ✚ You can have your mum in the room if you like; whatever makes you comfortable.
- ✚ You can take a break or stop talking at any time during the talk. It won't be a problem.

## Parent and Child Consent/assent Form

I confirm that I have read and understood the information sheet for the above study and have had the opportunity to ask questions.

I agree for my child to take part in this study and to provide information to the researcher for use in the study.

My child has provided written consent to take part in an interview (child is 7 years or older).

I agree to this interview being audio recorded for the purposes of the research.

I understand that my child can withdraw from the study (or withdraw their data) at any time and that their withdrawal will not affect access to any current or future services or supports.

**Signature of parent:** \_\_\_\_\_

Date: \_\_\_\_\_

**Signature of child:** \_\_\_\_\_

Date: \_\_\_\_\_

Signature of researcher \_\_\_\_\_

Date: \_\_\_\_\_

# **Evaluation of the TLC Kidz Programme for Children and Mothers**

## **Information Sheet for Service providers**



### **What is the research about?**

We are conducting an evaluation of the TLC Kidz programme for children and mothers who have experienced domestic abuse. As part of the evaluation, we would be delighted if members of the TLC Kidz Steering Group would share their experiences in coordinating and implementing the programme. The research is funded by Barnardos and Tusla.

### **What will I have to do?**

The research will involve:

- ✚ An interview with a researcher who will ask questions about your experiences of delivering the programme. A copy of the questions will be sent to you prior to the interview.
- ✚ The interview will last 20-60 minutes and will be audio-recorded so that we can type up the focus group afterwards without forgetting the details.

### **What are my rights if I take part?**

All information that you provide during the research will be kept **strictly anonymous and confidential**. All identifying information (such as names, organisational affiliation etc) will be removed so you cannot be identified in any way.

The data will be stored securely. It will only be accessed by the research team and will not be given to any other unauthorised individual.

You can withdraw from the study (or withdraw your data) at any time.

### **What will happen to the results of the research?**

The information gathered will be written up in a final report and may be published in journals and presented at conferences. All detail will be anonymous so it will not be possible to identify any persons within publications.

### **How do I get involved?**

We would be delighted if you could take the time to participate. You have already received an email from Aine Costello, Project Coordinator of the TLC Kidz programme in Thurles, indicating that a focus group has been organised for Monday 16<sup>th</sup> October at 9.30am in Nenagh Civic Offices ([aine.costello@barnardos.ie](mailto:aine.costello@barnardos.ie); Tel: **086 0471042**). Please let Aine know if you are available for this focus group.

If you cannot attend the focus group but would still like to share your experiences of the programme, please contact Dr Mairead Furlong by email at [Mairead.Furlong@mu.ie](mailto:Mairead.Furlong@mu.ie) or by telephone on **087 9368199**.

**If you think that you would like to take part in this research, please complete the consent form overleaf.**

**THANK YOU!**

**CONSENT FORM**

**EVALUATION OF THE TLC KIDZ PROGRAMME**

***Consent form***

***Please tick box***

I confirm that I have read and understood the information sheet for the above study and have had the opportunity to ask questions.

I agree to take part in this study and to provide information to the researcher for use in the study.

I agree to this interview being audio recorded for the purposes of the research

I understand that I can withdraw from the study (or withdraw my data) at any time.

**Signature of participant:** \_\_\_\_\_

Date: \_\_\_\_\_

Signature of researcher \_\_\_\_\_

Date: \_\_\_\_\_

Appendix 12: Information sheet and consent form for services in the early stages of delivering the TLC Kidz programme

# **Evaluation of the TLC Kidz Programme for Children and Mothers**

## **Information Sheet for service providers of the TLC Kidz programme**



### **What is the research about?**

We are conducting an evaluation of the TLC Kidz programme for children and mothers who have experienced domestic abuse. As part of the evaluation, we would be delighted if you could share your experience of setting up and running the programme in your area. The research is funded by Barnardos and Tusla.

### **What will I have to do?**

The research will involve:

- ✚ A phone interview with a researcher who will ask you questions about your experience so far in setting up and running the programme. A copy of the questions will be sent to you prior to the phone call.
- ✚ The phone interview will last 15-30 minutes and will be audio-recorded so that the interview can be typed up afterwards without forgetting the details.

### **What are my rights if I take part?**

All information provided by you during the research will be kept **strictly anonymous and confidential**. All identifying information (such as names, organisational affiliation etc) will be removed so you cannot be identified in any way.

The data will be stored securely. It will only be accessed by the research team and will not be given to any other unauthorised individual.

You can withdraw from the study (or withdraw your data) at any time.

### **What will happen to the results of the research?**

The information gathered will be written up in a final report and may be published in journals and presented at conferences. All detail will be anonymous so it will not be possible to identify any persons within publications.

### **How do I get involved?**

We would be delighted if you could take the time to participate. We will arrange a time and date that suits you. Please contact Dr Mairead Furlong by email at [Mairead.Furlong@mu.ie](mailto:Mairead.Furlong@mu.ie) or by telephone on **087 9368199**.

**If you think that you would like to take part in this research, please complete the consent form overleaf.**

**THANK YOU!**

**SERVICE PROVIDER CONSENT FORM**  
**EVALUATION OF THE TLC KIDZ PROGRAMME**

***Consent form***

***Please tick box***

I confirm that I have read and understood the information sheet for the above study and have had the opportunity to ask questions.

I agree to take part in this study and to provide information to the researcher for use in the study.

I agree to this interview being audio recorded for the purposes of the research

I understand that I can withdraw from the study (or withdraw my data) at any time.

**Signature of participant:** \_\_\_\_\_

Date: \_\_\_\_\_

Signature of researcher \_\_\_\_\_

Date: \_\_\_\_\_



**Appendix 13: Information sheet and consent form for current/potential funders of the programme**

# **Evaluation of the TLC Kidz Programme for Children and Mothers**

## **Information Sheet for the Head of DSGV services**



### **What is the research about?**

We are conducting an evaluation of the TLC Kidz programme for children and mothers who have experienced domestic abuse. As part of the evaluation, we would be delighted if you could share your views and experiences of domestic, sexual and gender-based Violence (DSGV) services in Ireland, and, in particular, of the TLC Kidz programme. The research is funded by Barnardos and Tusla.

### **What will I have to do?**

The research will involve:

- ✚ A phone interview with a researcher (Dr Mairead Furlong) who will ask you questions about your views and experiences of DSGV services and of the TLC Kidz programme. A copy of the questions will be sent to you prior to the phone call.
- ✚ The phone interview will last 15-30 minutes and will be audio-recorded so that the interview can be typed up afterwards without forgetting the details.

### **What are my rights if I take part?**

If preferred by you, any information that you provide during the research will be kept **strictly anonymous and confidential**. All identifying information will be removed so you cannot be identified in any way.

The data will be stored securely. It will only be accessed by the research team and will not be given to any other unauthorised individual.

You can withdraw from the study (or withdraw your data) at any time.

### **What will happen to the results of the research?**

The information gathered will be written up in a final report and may be published in journals and presented at conferences. All detail will be anonymous so it will not be possible to identify any persons within publications.

### **How do I get involved?**

We would be delighted if you could take the time to participate. We will arrange a time and date that suits you. Please contact Dr Mairead Furlong by email at [Mairead.Furlong@mu.ie](mailto:Mairead.Furlong@mu.ie) or by telephone on **087 9368199**.

**If you think that you would like to take part in this research, please complete the consent form overleaf.**

**THANK YOU!**

**CONSENT FORM**

**EVALUATION OF THE TLC KIDZ PROGRAMME**

***Consent form***

***Please tick box***

I confirm that I have read and understood the information sheet for the above study and have had the opportunity to ask questions.

I agree to take part in this study and to provide information to the researcher for use in the study.

I agree to this interview being audio recorded for the purposes of the research

I understand that I can withdraw from the study (or withdraw my data) at any time.

**Signature of participant:** \_\_\_\_\_

Date: \_\_\_\_\_

Signature of researcher \_\_\_\_\_

Date: \_\_\_\_\_