



Australian Government
Attorney-General's Department

Children's Contact Services

Guiding Principles Framework for Good Practice

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1. OVERVIEW

1.1 AIM OF THE CHILDREN'S CONTACT SERVICE GUIDING PRINCIPLES FRAMEWORK FOR GOOD PRACTICE

The aim of this Guiding Principles Framework for Good Practice (the Framework) is to outline the policy context and provide the minimum operational requirements and practice principles expected for the delivery of the suite of services offered through a Children's Contact Service (CCS). It also provides a structure that supports a systematic and consistent approach to service provision across individual service organisations. In cases where organisations find it impractical to adopt a particular principle, they are invited to work with the Attorney-General's Department through the Department of Social Services to identify and implement an alternative that enables the organisation to deliver a service that ensures the safety of children, their families and staff.

The document has been developed specifically for all CCSs funded by the Australian Government and for all staff working within a CCS and for those who support CCS staff in undertaking their role. Other CCS services that do not receive government funding are encouraged to use this Framework as a guide to good practice.

This Framework reflects principles of good practice and has been informed by extensive examination of sector-related research together with the collective practice-based wisdom gained over many years of service delivery.

This Framework should be used together with the following related documents:

- The Programme Information for the Families and Communities Programme, Families and Children Activity

[Available online](#)

- The Families and Communities Programme, Families and Children Activity Approval Requirements

- Australian Children's Contact Services Association Standards

[Available online](#)

- Australian Children's Contact Services Association Operation Manual

[Available online](#) (Member's Area)

- Australian Children's Contact Services Association Code of Ethics

[Available online](#) (Member's Area)

- A Guideline for Family Law Courts and Children's Contact Services

<https://www.familylawcourts.gov.au/wps/wcm/connect/FLC/Home/Getting+Help/Children's+contact+centres+and+services/>

The induction processes for all CCS workers should include the provision of a copy of the current version of the Guiding Principles Framework for Good Practice document.

1.2 ROLE AND OBLIGATIONS OF CHILDREN'S CONTACT SERVICES

The 1995 amendments to the *Family Law Act 1975* emphasised the importance for children of having an ongoing relationship with each parent and others who are significant in the child's life. In 1996 the Federal Government funded the piloting of ten CCSs to assist in achieving this goal by providing a safe and neutral venue for changeovers and supervised visits.

The role of CCSs has since extended beyond the facilitation of contact, to include a more child-centered model of intervention that assists children and parents to achieve sustained and workable long term arrangements. Examples of such interventions include: detailed intake, screening and assessment procedures, provision of child focused information to families at intake, child familiarisation interviews, continual and regular reviews, feedback and referral processes. All of these are aimed at creating individually tailored service provision for families. As such, CCSs have an active role in supporting families to move through their services and on to self-managed arrangements away from the service, when it is considered safe to do so.

CCSs are independent and are not bound to provide a service, even if expressly ordered by a court.

Each funded CCS makes a professional decision based on a comprehensive screening and assessment intake process that will inform what the CCS considers to be in the child's best interests given the individual circumstances, together with the capacity of their service in meeting those individual needs. Where a family is accepted into the service, the service will do its best to meet the needs of the child and the family.

There are inherent tensions in the sector that place competing demands on CCSs. Expectations of the Courts, legal representatives, the clients and the CCS may often be conflicting and the service may not be able to offer exactly what each party requires or expects.

1.3 OBJECTIVES FOR CHILDREN'S CONTACT SERVICES

CCSs occupy a unique and important position within Australia's family law system with their core business focusing on the needs of separating or separated families.

CCSs enable children of separated parents to have safe contact with the parent they do not live with, in circumstances where parents are unable to manage their own contact arrangements. Where separated parents are not able to meet without conflict, CCSs provide a safe, neutral venue for the transfer of children between separated parents. Where there is a perceived or actual risk to the child, they provide supervised contact between a child and their parent or other family member. Parents may be ordered to attend a CCS by the family court to facilitate changeover or have supervised visits with their children.

The key goal of CCSs is to assist separated families to move, where possible and it is considered safe to do so, to self-management of contact arrangements, both in terms of changeover and unsupervised contact. CCSs ensure that the children's best interests are kept central to the contact process. Services should only accept cases after careful assessment and where they consider that their facilities and resources allow them to deliver services that are safe and appropriate for all parties.

The overall objective for CCSs is to provide children with the opportunity of re-establishing or maintaining a meaningful relationship with both parents, and other significant persons in their lives, when considered safe to do so.

The foundations underpinning the achievement of this goal include, but are not limited to, the following:

Child Focussed

The child's needs and welfare are the primary consideration of practice. Professional knowledge and professional practice need to be applied in terms of their potential for furthering the best interest of children. CCS practice is based around a child focussed belief that every child has the fundamental right to a safe childhood and the right to develop in a safe environment.

Safety

CCSs provide for the physical and emotional safety and security of children, families and staff at all times.

Neutrality

CCSs exercise objectivity and neutrality when providing a service, to ensure the voice of both parents is heard in planning and decision making. However, with the child as the "primary client", it is the child's best interests that are the paramount concern and will always be taken into consideration above those of the parents. This professional child focussed approach means that the best interest of the child is the priority at all times.

Client diversity and cultural sensitivity

CCSs also work to ensure sensitivity and accessibility to any people who face a real or perceived barrier to receiving assistance, including on the basis of:

- race, religious background, language or ethnic background
- gender
- disability
- age
- locality
- socio-economic disadvantage, or
- any other unjustifiable basis.

CCSs provide services equally, without bias or prejudgement about clients. CCSs service all families, including Indigenous families and people from culturally and linguistically diverse communities.

In designing and delivering their services, CCSs should take account of the specific needs of these diverse groups and consider:

- ensuring a level of cultural safety within the service which encompasses services operating in a way that supports and affirms families' cultural identity
- appropriate and effective ways of engaging and communicating with ethno-specific groups in their service areas
- developing cooperative arrangements with local services
- ways in which the service can overcome language and cultural barriers, particularly with regard to service delivery and client feedback
- how to make optimum use of interpreters
- adaptations to service design, within the context of the overall service standards, to accommodate specific cultural needs, for example, about the participation of extended family members
- developing and implementing a workforce diversity strategy, and
- how best the service can address client diversity when developing organisation plans.

Collaborative Service System

All funded CCSs provide integrated services as part of the broader family law system and work in collaboration with other services and the community.

A collaborative service system helps to ensure that:

- families are provided with the information and support they need about service options available, including from other services, sectors and jurisdictions
- families are actively connected, through appropriate referrals, to services and supports, as early as possible, and
- children and families at risk of harm receive a timely and well-coordinated response from those who can keep them safe.

1.4 PRIORITIES FOR SERVICE DELIVERY

Families using CCSs generally present with complex issues and referral is often by order from the Family Court or Federal Circuit Court.

Intake, screening and assessment

A comprehensive intake, screening and assessment process is a key element for CCSs to undertake when working with new families. This process enables CCSs to identify and triage the needs and requirements of each family against the capacity of the service in meeting those needs. They may then ascertain whether those needs are met directly by the CCS, through referral to a range of associated support services such as counselling, or through a combination of both. It also provides the basis for the CCS to undertake regular reviews of the progress being achieved by families in terms of moving through the service and on to self-managed arrangements in a timely way.

In considering the needs of families, CCSs also need to assess the suitability of the individual family circumstances in benefitting from the services offered by a CCS, including referrals to associated support services, in terms of the family's capacity to move through to self-management. Other factors that services may consider when assessing and prioritising the needs of clients include whether the clients are the parents of the children or are the children's extended family members, whether the families are self-referred or have court orders requiring them to attend a CCS in order to manage their care arrangements.

The decision on whether to accept a family, or not, into a CCS remains at the professional discretion of the CCS. However, clients should not be refused service or referred to other organisations on the sole basis of their incapacity to pay fees.

Waiting Times

CCSs are highly utilised with many services experiencing waiting times for new clients wanting to access either supervised visits or facilitated change-overs.

One of the difficulties facing many CCSs is how to manage waiting times. Waiting times to access CCSs vary and can be lengthy where service capacity is fully booked. New CCS clients may have to wait until existing CCS clients no longer need supervised access or are able to self-manage their arrangements.

Therefore, it is important for CCSs to actively manage waiting times through undertaking regular monitoring and assessment of waiting times. This process will help CCSs to:

- provide various stakeholders, including the family courts and legal profession, with information about current waiting times
- ensure current information about the availability of services such as opening hours and waiting times is provided through a range of public mediums (eg. the Australian Children's Contact Services Association website, local service directories, wikis etc)

- assist stakeholders, including the family courts and legal profession to consider other referral options while families are waiting to access a CCS, and
- ensure families are moving through the service and on to self-managed arrangements in a timely way.

Communication

Given the high demands placed on services, there are no prescribed communication protocols. However, communication with clients from initial application, through all functions of service delivery, needs to be undertaken by CCSs and their staff within a reasonable and timely manner. CCSs should have in place policies and procedures that ensure clients are communicated with through each part of the intake process and that clients are made aware of these policies and procedures. Once service delivery has commenced, communication will flow each way between the service and the client, but services should be proactive in their communications.

Family Relationships Online (FRO)

FRO provides all families (whether together or separated) with access to information about family relationship issues, ranging from building better relationships to dispute resolution. It also allows families to find out about a range of services that can assist them to manage relationship issues, including agreeing on appropriate arrangements for children after parents separate.

As such, CCSs ensure service details, including service outlets, are published on FRO and include up to date information about:

- opening hours
- contact telephone numbers
- physical addresses
- postal addresses (if different to physical addresses)
- e-mail address (if available)
- outreach details
- the length of any waiting periods for all locations including outlets
- any CCS specific information (eg. wheel chair access, interpreters).

These details can be updated using Resource Manager. Please contact FROHelp@dss.gov.au for further information and assistance.

1.5 SERVICES PROVIDED

Some or all of the suite of services listed below are offered at a Children's Contact Service.

Facilitated Changeover

The supervised transition of the child(ren) from one parent to another.

Supervised Visit

The time the child(ren) spends with a parent they don't live with. This time is supervised by CCS staff as per the terms of the CCS Service Agreement.

Off-Site Supervision

The time the child(ren) spends with a parent they don't live with. This time is supervised by CCS staff at places other than the CCS as detailed by the terms of the CCS Service Agreement.

Supported/Monitored Visits

On site visits with one or more families who have been assessed by the CCS as requiring low vigilance supervision and able to use the service with minimal supervision or intervention by the service's staff.

Staff will monitor the visit via CCTV camera or by physically entering the room. Notes will be minimal detailing mainly arrival and departure times.

Telephone/Internet Based Supervision

The time the child(ren) spends with a parent they don't live with using a speaker telephone or internet program as a means of communication, that is supervised by CCS staff as per the terms of the CCS Service Agreement.

Unsupervised On Site Visit

On site visits where staff do not supervise or monitor the visit, but are in the building and available during the time of the visit.

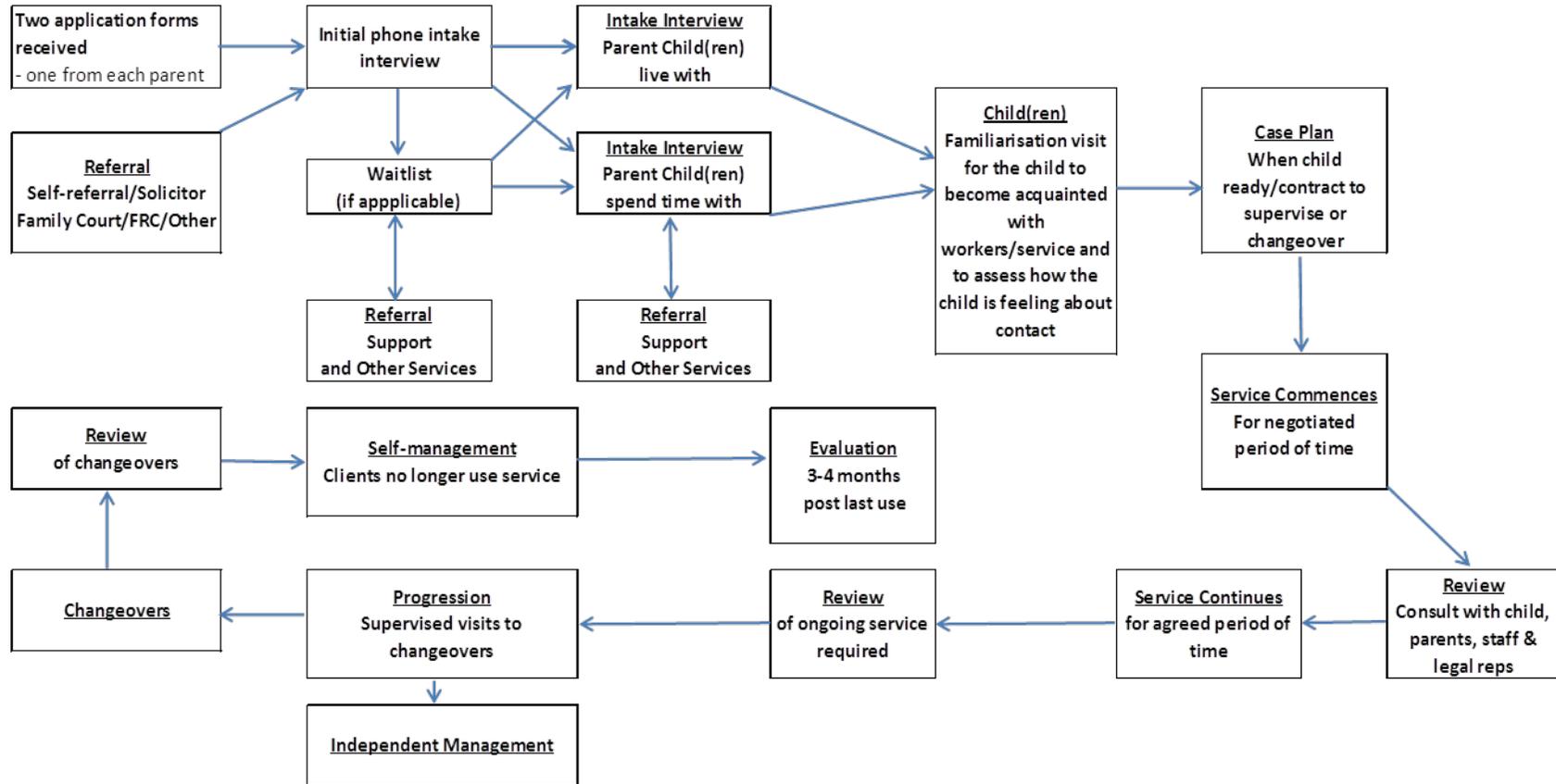
Reports for Court

A written, objective account of a family's time at a service compiled from the file notes recorded by CCS staff at the time of each service session. The report includes file notes of observations taken at changeovers and supervised visits and notes of phone calls, correspondence and emails. These reports can be requested by either parent, their legal representatives or court appointed expert.

Information and Referrals

When required, CSS staff assist families with information and referrals to other services. This may be in the form of CCS staff making phone calls, sending letters etc. to another service or assisting the family by providing them with details of the appropriate services available.

CCS Model Of Service Delivery



2. SERVICE SAFETY REQUIREMENTS

The safety of all who visit or work at a CCS is of paramount importance.

2.1 SAFETY AND SECURITY PLAN

CCSs develop a Safety and Security Plan which addresses safety risks across all relevant aspects of service delivery, taking into account the type of services delivered, the client population being serviced and factors relevant to the particular CCS.

Primarily, a Safety and Security Plan is used by services as a practical tool that provides those working in CCSs with clear instructions and information that supports them to respond to a variety of issues likely to impact on the safety and security of staff and clients.

The Safety and Security Plan addresses safety needs with regard to the following areas:

- physical location
- building specifications
- security systems and protocols
- data collection and IT security
- record keeping and privacy requirements
- confidentiality provisions
- referral and information-sharing protocols
- statutory reporting requirements
- workplace health and safety
- recruitment and induction processes
- codes of conduct
- workplace competencies
- screening, assessment and referral processes
- reporting of critical incidents
- staff supervision
- staff training needs
- risk of or actual self-harm
- risk or threats of harm to others.

2.2 SAFETY REQUIREMENTS

CCSs adopt the following policies and procedures:

1. Staff checks

CCSs ensure all staff seeking to work in the service:

- a) Complete a personal disclosure statement showing they have not been charged with or convicted of any criminal offences.
- b) Undergo police and Working With Children checks which confirm that they are not prohibited under the law of Commonwealth, State or Territory from being employed or engaged in any capacity where they have contact with 'vulnerable persons' (i.e. a child or an individual aged 18 years and above who is or may be unable to take care of themselves or is unable to protect themselves against harm of exploitation by reason of age, illness, trauma or disability or any other reason).
- c) Are not engaged as an employee, if a police check states they have a criminal or court record, unless the service has conducted and documented a risk assessment on them.
- d) Comply with relevant professional codes of conduct (i.e. those of their own organisation, ACCSA's etc.).

2. Policies for staff

CCSs provide their staff with clear safety policies and procedures in writing and provide staff with adequate support, training and resources to comply with those policies and procedures, including the capacity to respond to a diverse range of safety needs and critical incidents.

3. Referrals

Referrals are not made to services that are likely to compromise client safety (e.g. referring a client to a service that the organisation has not identified as an authorised referral service).

4. Information display

CCSs display and make available current and accurate information about safety issues for clients and staff in the appropriate reception and office areas.

5. Client behaviour

All clients (both adults and children) at CCSs are expected to behave appropriately. Any violent, abusive, intimidating or threatening behaviour will be managed in accordance with the service's Safety and Security Plan.

2.3 SAFETY POLICIES AND PROCEDURES FOR STAFF

1. Training

All staff receive training in risk assessment appropriate to their role. This includes understanding the risks that may be attached to the type of services delivered, to the client population being targeted, or other relevant factors. It also includes training on how to seek help and how to manage threats and/or threatening behaviour.

CCS staff are also trained in how to assist clients to develop a safety plan for getting themselves safely to and from the CCS. If it is identified that the client requires broader assistance with their safety when not at the service, a staff member would refer them to an authorised referral service such as a family violence service provider.

Services that have children on site for any period of time, without a parent being present, have at least one staff member present who is trained in basic workplace first aid. This is a formal qualification that is regularly updated in accordance with industry standards (for example as provided by the Red Cross, St John's Ambulance or other registered first aid training provider). All services have at least one staff member with the aforementioned qualification in attendance and on site when any client is present.

2. Reporting

All incidents are recorded and discussed with supervisors to decide whether the incident is reportable. Where required, this record also outlines any additional support provided to staff involved.

Any serious or imminent threats, or acts that occur in a CCS that may constitute a criminal offence, is immediately reported to the appropriate authorities in line with the service's Safety and Security Plan (see Clause 2.1 above).

The statutory requirement to report child abuse and/or neglect varies across the states and territories. Notwithstanding this, all CCS staff are obliged to report if they have a genuine concern about the safety of a child in terms of child abuse and/or neglect, regardless of whether they are mandated under state/territory legislation to do so or not. Each CCS service have in place policies and guidelines that specify how a report of this nature should be handled within the service. A good reference for mandatory reporting can be found [at the website](#).

3. Supervision and Debriefing

CCS staff are provided with appropriate professional supervision relevant to their role and responsibilities. Staff dealing with high risk and complex cases need to be supported by supervisors with relevant skills and experience. Staff are supported in their decision making when dealing with critical incidents or serious matters. Supervisors need to be aware of the signs of vicarious trauma. All staff, clients and/or witnesses to a critical incident or serious matters are offered the opportunity for debriefing and ongoing support if required. Supervision and debriefing sessions are recorded and include the outcomes of any decisions taken in regard to the circumstance.

2.4 CRITICAL INCIDENTS DEFINED

Examples of what may be considered a critical incident are listed below. This list should not be taken to be exhaustive and covers behaviours from all persons accessing CCSs including adults, teens and children:

- Serious harm to the life or body of a person/s, or making threats to harm.
- Acts of self-harm, or statements of an intention to commit suicide.
- Producing a weapon, or indicating one is in their possession and stating their intention to use it to harm another person/s.
- Restraining someone against their will or holding them hostage.
- Attempting or threatening to abduct someone, or actual abduction from the CCS.
- Intimidating, aggressive and/or abusive behaviour.
- Creating a disturbance with persistent loud shouting and offensive language.
- Refusing to stop offensive behaviour and/or leave after a reasonable request.
- Throwing furniture and/or other objects.
- Damaging property and/or breaking windows.
- Breach of security or confidentiality resulting from stolen electronic or paper files.
- Loitering inappropriately outside a CCS and/or stalking behaviours.
- Stating an intention to create a fire or an explosion.
- Immediate harm or threat to a child.
- Reported breaches of protection orders.
- Incidents that could escalate and pose a threat to safety such as:
 - person exhibiting serious delusional or paranoid behaviours
 - person exhibiting behaviour consistent with being seriously affected by alcohol or drugs
 - person experiencing a health crisis such as heart attack or seizure.

This list does not identify all possible situations that may pose a threat to safety.

2.5 INTERNAL PROCESSES FOR REPORTING AND MANAGING CRITICAL INCIDENTS

Children's Contact Services have a Critical Incident Management Plan in place for reporting and managing critical incidents. This plan is easily accessible and understood by all staff. Services have in place current internal policies and procedures for managing critical incidents, which is regularly reviewed, updated and communicated to all staff.

As a minimum, this plan t includes:

- the steps to be followed and clear guidance about what procedures need to be implemented and who needs to be advised/notified and when
- debriefing and safety planning that can be immediately provided following a critical incident
- clear guidance on follow-up procedures
- clear guidance on details to be recorded in writing and any risk management data entry requirements, and
- the legal or statutory obligations to be met.

CCSs should also develop, in consultation with parents, appropriate safety plans to cover children with disabilities in addition to medical and/or health incidents such as asthma and allergic reactions.

To minimise the risk of critical incidents, CCSs should also develop and establish protective measures and practices that maximise the safety of all that attend or work for the service.

These measures should be:

- monitored and re-evaluated on an ongoing basis, and
- modified if necessary to address any unanticipated safety needs identified through this process, or as a result of a critical incident.

As a minimum these measures:

- include written internal policies and procedures for managing critical incidents as noted above
- meet minimum safety practices as per relevant state/territory and federal legislation
- are reviewed with the review dates noted on the CCS policy documents.

2.6 SAFETY RISK ASSESSMENT

CCSs conduct, and periodically review, a Safety Risk Assessment which demonstrates a thorough understanding of safety risks related to all relevant aspects of service delivery.

As a minimum, assessment reflects:

- the type of services delivered
- the client population being targeted
- any other factors relevant to the particular service, and
- a business continuity plan to prevent or limit disruption to services following a major incident.

2.7 REPORTING TO DSS STATE AND TERRITORY OFFICES ON CRITICAL INCIDENTS

1. CCSs are not required to report to their DSS STO on all the critical incidents listed in 2.4. Reporting to DSS applies to services when:

- a) Serious circumstances endanger clients, staff or the service, or are likely to attract media attention including:
 - i) homicides or serious assaults involving clients or staff of the service (directly associated with service provision)
 - ii) serious criminal charges against any staff member
 - iii) child abduction from the service's premises
 - iv) allegations from a client about sexual harassment against a staff member
 - v) allegations about child abuse against a staff member.
- b) Property is damaged rendering a service inoperable.
- c) An incident occurs threatening the viability or day to day operations of the service (for example, a picket, a siege, hostage situation, bomb threat, health hazard or a circumstance making it unsafe for staff to attend work).
- d) An incident occurs that raises important public policy issues (for example, those requiring a legislative or program response), and
- e) Any other incident occurs likely to attract negative publicity or undermine public confidence in the individual service or service system.

Note: This list does not identify all possible situations that may require reporting to DSS. If in doubt, contact the DSS STO to discuss.

2. Reporting of critical incident procedures to DSS is in five phases:

1 Immediate

Emergency response by the organisation (or where relevant, DSS) to respond to the incident. For example, contact with police or emergency services, response to immediate staff or client needs (such as medical attention, or practical and emotional support).

2 Urgent

Advice is given to DSS by the organisation in line with the following process:

- i. The organisation contacts the DSS State or Territory Office (STO) immediately after any initial emergency procedures are implemented.
- ii. The STO will then immediately advise the National Office of DSS and National Office will advise AGD.
- iii. The line areas within DSS and AGD will advise respective Public Affairs Units and/or Ministers, as appropriate.
- iv. Management of the organisation/service provider will, in consultation with DSS STO (and AGD as required), also decide whether the service can continue to operate or whether all or part of the operation should be suspended, pending the outcome of any review.

3 Within 2-3 days

Provide immediate post-incident response and support (for example, critical incident de-briefing of staff, recovery from injury, repair to damage, initiation of interim new security procedures, seeking of protection orders etc). This would normally be undertaken by staff supervisors of a CCS.

4 Within 3 weeks

A formal review of the incident is undertaken by the organisation in consultation with DSS (National Office and the STO) and AGD. The purpose of the review is to identify learning from the incident and recommend future action.

5 Remedial action

Depending of the outcome of the review, any remedial action is undertaken by the service provider/organisation in consultation with DSS (National Office and the STO) and AGD.

3. RECORD KEEPING POLICIES AND PROCEDURES

3.1 RECORD KEEPING POLICIES AND PROCEDURES

Record keeping is an important role for a CCS, particularly in respect of the families and other professionals in the family law system, such as the courts.

Records to be maintained by a CCS in respect of families accessing the service include:

- a copy, signed by all relevant parties of the service agreement between the CCS and the parents
- the intake screening and assessment information, including those for a third party
- a family file containing information including observational notes, phone calls etc taken by CCS staff with regard to a family and a record of the dates and times of attendance of the child and parents
- non-identifying data capture as required by DSS under relevant funding agreements
- copies of all relevant court orders with certification that the originals have been sighted by the CCS
- all incident reports, and
- any correspondence received from, or copies of any correspondence addressed to the court, the parent's legal representatives or an Independent Children's lawyer, or any relevant government department concerning the child and the parents

Client records, including those specified above, are kept confidential, except as required by the law.

Records kept by a CCS are legible, so they can be produced to court if subpoenaed.

All CCSs have a proper document retention policy for the safekeeping of its records in accordance with legal requirements.

All staff of CCSs are trained in proper record keeping including the maintaining of records on a regular and timely basis.

4. GOOD PRACTICE PRINCIPLES FOR CCS SERVICE DELIVERY

The following set of good practice principles for CCS service delivery are divided into two sections:

Section 1: Service Delivery – covering all services e offered by a CCS, including associated service delivery matters such as intake and assessment, arrivals and departures, child refusal, governance issues including confidentiality, conflict of interest and complaints.

Section 2 Resources – covering human resources including staff qualifications and training, and physical resources such as facilities and service location.

The **minimum good practice principle (as outlined in bold text)** is the baseline statement that defines the minimum that all CCS providers aim to achieve.

Additional practice options that may enhance practice above the minimum are also included under the heading “*Considerations for better practice*”.

To ensure a minimum level of service delivery, it is important that every CCS has developed and implemented clear policies and procedures in response to each of the following service areas. All staff are both familiar with, and have easy access to, these policies and procedures.

SECTION 1: SERVICE DELIVERY

1.1 Facilitated Changeovers or Supervised Visits

Principle 1: At least two trained staff are on site at all times to facilitate changeovers, with staff rostering to take account of:

- The number of families that will use the service concurrently.
- Staff to client ratios.
- Staff having to be aware of where clients are at all times.
- Parking facilities and entrances to the CCS premises are observable and monitored by staff at all times.

Principle 2: At least two trained staff are on site at all times for supervised visits, with staff rostering to take account of:

- A minimum of one trained staff member is in the room at all times, directly supervising the visit.
- The need for staffing back up if an issue arises in the visit.
- The need for effective communication to occur between the staff members (i.e. phone in the visiting room).
- The requirement to inform family of any staffing changes in the visit.

Principle 3: CCS staff assess both parents’ capacity to take parental responsibility if either parent appears to be substance affected or affected by other circumstances by taking into account:

- How the client usually presents.
- The client’s behaviour and their ability to communicate effectively.
- Having a discussion with the client about their presentation.
- The need to cancel the visit for that day if the client is assessed as a safety risk.

- The need to take further steps, as considered appropriate by the CCS, to ensure the safety and well-being of the child.
- The client's mode of transport (e.g. is a taxi required).
- The client's personal supports (i.e. family, friend etc.)

Principle 4: When additional people request to attend a supervised visit, the CCS undertakes and documents the intake and assessment process of the third party, which is completed well in advance of the proposed visit, and consider whether:

- In the professional opinion of the CCS, the child is ready for an additional person in the visit.
- Both parents and/or legal representatives have agreed, in writing, to the additional person participating in the visit.
- In the professional opinion of the CCS, the inclusion of the additional person will assist the child and family in moving towards other arrangements (i.e. changeover).
- The intake and assessment of the additional person has been satisfactorily completed and the additional person has signed a service agreement.
- The CCS has capacity to supervise additional people.

Principle 5: If the service is to accommodate more than one family in the same area for a visit at the same time, the CCS completes and documents an assessment of the families prior to any service provision being undertaken, and take into account:

- The age and developmental stage of the children involved.
- Size of the room in relation to the number of people.
- Number of staff required.
- Obtaining agreement from all parents involved.
- Consultation with any appointed ICLs prior to provision of this type of service.
- The ability of the families involved in the visit to participate in a positive manner together.

Principle 6: Only those who have signed a service agreement or have prior approval pick up or drop off the child/ren and the CCS has in place and/or completed:

- An authorisation form for parents to nominate others to pick up the children.
- An intake process for any nominated third party.
- Determining that any court orders and/or Family Violence Orders do not exclude the nominated person from being involved in the child's visiting arrangements.
- Sighting and retaining a photocopy of identification of the nominated third party.

1.2 Off-Site Supervised Visits

Principle 1: CCSs undertake a comprehensive assessment process to determine whether they can safely supervise visits that occur off site and ensure:

- Sufficient resources are required to have staff members facilitating supervised visits away from the centre.
- The child would be at least as safe off-site as if the visit had been facilitated on-site.
- The child's interests are better served by moving the visit from on-site to off-site.
- Permission is sought from and provided by both parents and the child/ren to move off-site.
- Parents advised prior to commencing an off-site visit that staff reserve the right to suspend or

terminate the visit immediately if they perceive any physical or emotional safety concerns.

Principle 2: CCSs require that a minimum of three on-site supervised visits are facilitated before any assessment for off-site supervised visits is undertaken. Where an assessment is undertaken, the assessment includes a full risk assessment and that there has been sufficient time in which the CCS has come to know the family and their individual circumstances.

Principle 3: CCS staff assess both parents' capacity to take parental responsibility if either parent appears to be substance affected or affected by other circumstances by taking into account:

- How the client usually presents.
- The client's behaviour and their ability to communicate effectively.
- Having a discussion with the client about their presentation.
- The need to cancel the visit for that day if the client is assessed as a safety risk.
- The need to take further steps, as considered appropriate by the CCS, to ensure the safety and well-being of the child.
- The client's mode of transport (e.g. is a taxi required).
- The client's personal supports (i.e. family, friend etc.)

Principle 4: At least two trained staff are in attendance at all times at any off-site supervised visit and take into account:

- Any additional costs that may be incurred through the provision of off-site supervised visit.
- How transport to and from the off-site location is to be managed for staff.
- How transport to and from the off-site location is going to be managed for the child(ren).
- How the transition of the child from one parent to the other parent is to occur safely.
- What additional safety procedures and safety equipment (eg: phones) may be required for the off-site visit.

Consideration for better practice

A third staff member or manager is on call and readily available whilst off-site visits occur.

1.3 Supported/Monitored On-Site Visits

Principle 1: When a request for the provision of supported or monitored on-site visits is made, the assessment process is documented prior to any service provision to ensure:

- The child is ready for low vigilance supported visits.
- The parents are ready for low vigilance supported visits.
- It is considered safe for all involved.
- Such a visit will assist the child and family in moving towards other arrangements (i.e. changeovers).
- Any court orders are taken into account that may impact on or inform the assessment.
- The CCS has sufficient capacity to provide this type of service.

Principle 2: Staff are located within hearing distance of the family visiting, with staff monitoring the visit via CCTV camera or by physically entering the room at least every half hour.

Principle 3: Only those who have signed a service agreement or have prior approval are to pick up or drop off the child/ren and the CCS has in place and/or completed:

- An authorisation form for parents to nominate others to pick up the children.
- An intake process for any nominated third party.
- Determining that any court orders and/or Family Violence Orders do not exclude the nominated person from being involved in the child's visiting arrangements.
- Sighting and retaining a photocopy of identification of the nominated third party.

Principle 4: CCS staff assess both parents' capacity to take parental responsibility if either parent appears to be substance affected or affected by other circumstances by taking into account:

- How the client usually presents.
- The client's behaviour and their ability to communicate effectively.
- Having a discussion with the client about their presentation.
- The need to cancel the visit for that day if the client is assessed as a safety risk.
- The need to take further steps, as considered appropriate by the CCS, to ensure the safety and well-being of the child.
- The client's mode of transport (e.g. is a taxi required).
- The client's personal supports (i.e. family, friend etc.)

Principle 5: At least two trained staff are on site at all times to ensure:

- Staffing back up is readily available if an issue arises in the visit.
- Communication is available between the staff members (i.e. phone in the visiting room).
- Family is informed of any staffing changes in the visit.

Principle 6: If the service is to accommodate more than one family in the same area for a visit at the same time, the assessment process is documented prior to any service provision and take into account:

- The age and developmental stage of the children involved.
- Size of the room in relation to the number of people.
- Number of staff required.
- The need for approval from all parents involved.
- Consultation of any appointed ICLs prior to provision of this type of service.
- The ability of the families involved in the visit to participate in a positive manner together.

1.4 Telephone/Internet Based Supervised Visits

Principle 1: CCSs have an assessment process for determining whether they can accommodate a request for the facilitation of telephone/internet based supervised visits taking into account:

- The resources required to facilitate telephone/internet supervised visits.
- Any additional costs attached to long distance calls etc.
- Whether such a service is appropriate in instances where family violence or sexual abuse issues have been flagged.

Principle 2: At least two trained staff are on site at all times to ensure:

- Staffing back up if an issue arises in the visit.
- Communication is available between the staff members (i.e. phone in the visiting room).
- Family is informed of any staffing changes in the visit.

Principle 3: The child is on-site with a staff member for the first three visits to enable assessment, prior to calls taking place at other locations and taking into account:

- The support needs of the child if the visit does not proceed or has to be suspended or terminated.
- That supervising staff have been fully trained to effectively facilitate this type of service and are conversant with the technology being used.

Consideration for better practice

The child should be on-site for the facilitation of telephone/internet based supervised visits so their needs can be best met.

Principle 4: CCSs ensure that all policies and practices for supervised visits also apply to telephone/internet visits including:

- Conditions, such as frequency and duration of each supervised visit are determined in advance.
- The parent with whom the child(ren) lives with is not to be in attendance.
- Recording of the visit is not permitted.
- Any telephone-based supervision is audible via speakerphone.
- The need for an interpreter if any party speaks a language other than that understood by the supervisor.
- Observational notes will be recorded by the CCS staff member.

1.5 Unsupervised On-site Visits

Principle 1: When a request for the provision of unsupervised on-site visits is made, the assessment process is documented prior to any service provision ensuring that:

- The child is ready for unsupervised visits.
- The parents are ready for unsupervised visits.
- This service type is considered safe for all involved.
- Such a visit will assist the child and family in moving towards other arrangements (i.e. changeovers).
- Any court orders that may impact on or inform the assessment are taken into account.
- The CCS has sufficient capacity to provide this type of service.

Principle 2: CCS staff assess both parents' capacity to take parental responsibility if either parent appears to be substance affected or affected by other circumstances by taking into account:

- How the client usually presents.
- The client's behaviour and their ability to communicate effectively.
- Having a discussion with the client about their presentation.
- The need to cancel the visit for that day if the client is assessed as a safety risk.
- The need to take further steps, as considered appropriate by the CCS, to ensure the safety and well-

being of the child.

- The client's mode of transport (e.g. is a taxi required).
- The client's personal supports (i.e. family, friend etc.)

Principle 3: At least two trained staff are on site at all times taking into account:

- Staffing back up if an issue arises in the visit.
- Communication is available between the staff members (i.e. phone in the visiting room).
- Family is informed of any staffing changes in the visit.

Principle 4: Staff take notes on arrival and departure times, who is in attendance and any significant occurrences or critical incidents.

ASSOCIATED SERVICE DELIVERY MATTERS AND GOVERNANCE (REGARDLESS OF SERVICE TYPE)

1.6 Intake and Assessment

Principle 1: As part of the assessment process an application form is completed by (or on behalf of) each parent and received by the service prior to any intervention. The information to be collected through the application form is for the purpose of:

- Providing risk assessment related information (e.g. family violence, substance abuse, child abuse and mental health issues).
- Assisting in the assessment of the appropriateness of the application to the service (e.g. proximity, service type requested).
- Ascertaining the parent's view of the child's willingness/ability to participate.
- Identifying any cultural sensitivities or observations by CCS staff about each parent that could be relevant for future reference by the service.
- Identifying details of application refusal, suspension or termination of service at any other CCS.

The form should also provide information to the clients about the service (e.g. times of operation).

Consideration for better practice

Application forms can be distributed to family law practitioners, family courts, family dispute resolution practitioners and Family Relationship Centres (FRCs).

Application forms can be posted on the organisation's website.

Once a completed application is received, a letter of receipt, including any other relevant information is to be sent to the applicant.

Principle 2: As the next step in the assessment process, once both application forms have been received, each parent is contacted by phone to establish the client's ability and willingness to participate in a face-to-face interview and should include the following:

- Any question/concerns regarding the answers on the application form.
- Information is provided to the parents about what they can expect from the service.
- Service availability.
- Clarification of court orders including family violence and mental health issues.
- Questions that assist in understanding how the parent/child is coping in the current circumstance.

Principle 3: CCSs have in place a separate and distinct process for the assessment of applications involving allegations of child abuse, including sexual abuse. The process obtains information that includes:

- Who the primary victim of the abuse is.
- What investigations have occurred and the outcome of those investigations.
- Consultation with the ICL if there is one.
- The capacity of the service to provide the extra support and skills required to manage staff and clients under such circumstances.
- Staff skills and expertise in working with families where there are child abuse allegations.
- Other supports in place for the family.
- The capacity of the service to accommodate high vigilance supervision for the family.
- Exit plan for the family from the service.

Principle 4: Separate interviews are undertaken with each parent and conducted by an appropriately trained staff member, allowing time to establish rapport with the client and to listen to what they need to say prior to questioning for assessment. The interview questionnaire includes:

- Questions that are flexible to take into account the emotional and cognitive state of each client.
- A limited number of questions that establishes areas of concern such as family and other violence, substance abuse and mental health issues.
- Questions based on the assumption that they will lead to action being taken to address risk and need.
- Ensuring the appropriately trained staff member has a sound knowledge of and training in at least the following: family violence, substance abuse, child abuse and power and control issues.

Consideration for better practice

Two workers are present during the interview process.

Principle 5: There is a child familiarisation/orientation session conducted by an appropriately trained staff member that takes into account:

- The age and stage of development of each child.
- Orientation with the child without their parent present.
- Building rapport using age appropriate materials/toys.
- Whether the child will need more than one orientation visit prior to the commencement of service provision.
- Developing a checklist for staff to use in the orientation session.

Principle 6: Following both interviews and the child's orientation session, all information is collated and assessed by an appropriately trained staff member to determine whether service provision is to be undertaken and considers:

- The child's readiness and willingness to participate.
- The emotional health of each parent.
- The willingness and ability of each parent to participate and meet conditions of the service agreement.
- Any other services that may need to be involved concurrently or prior to service provision being

offered.

- Any reports and recommendations that have been provided to the service during the intake process.
- The service's ability to provide the service type requested.

Principle 7: If it is assessed that service delivery is to be undertaken, staff keep a copy of all court orders, parenting agreements, family violence orders on file. This information is kept current.

1.7 Arrivals and Departures

Principle 1: Parents arrive and depart in a manner that ensures visual, aural and physical contact does not occur between the parents or child/ren and the arriving parent and includes:

- Staggered arrival/departure times.
- Staffing ratios.
- Clear instructions in the service agreement with regard to late arrivals.
- Developing individually tailored safety plans, especially in instances of family violence, as well as for breaches of arrival/departure service agreement rules.
- CCS staff are not responsible for the authorisation or checking of child car restraints, driver's licences or car roadworthiness.

Consideration for better practice

If the parking facilities are on the CCS site they should be observable and able to be monitored by staff.

1.8 Child Refusal

Principle 1: All strategies implemented are child focussed and appropriate to the age and stage of each child, with special note made of the needs of non-verbal infants and toddlers and clear guidelines are in place regarding the maximum number of times the service will attempt the facilitation of visits, taking into account:

- The role of the CCSs is to facilitate, not enforce, contact between children and parents.
- The CCS reserves the right to suspend services in situations where the child refuses to participate.
- The CCS offering some supervised/ unsupervised time on site as a transition.
- The CCS provides referrals to other services.
- The CCS takes clear and detailed observational notes for the purposes, if requested, of advising either parent, or their legal representative or court appointed expert.

Consideration for better practice

Having a child therapist involved in the process.

1.9 Electronic Devices

Principle 1: CCSs include a clause in their service agreements requiring clients to have their mobile phones turned off and not to use them for any purpose during their attendance at the service. CCSs have an "electronic devices policy" in place that is provided to all parents and older children that takes account of:

- The multipurpose nature and evolving capabilities of phones (e.g. the ability to record, video, transfer data and GPS locate).
- If the phone rings it will interrupt the flow of the visit.
- If a call is taken during a visit it will bring an unauthorised and unsuperviseable person into the visit.

- If a client needs their phone for emergency contact during a visit, suggest the phone is left with a staff member to monitor.

Consider for better practice

Clients are asked not to bring phones into the building or to leave them with staff for the duration of the visit.

Principle 2: No other electronic devices are permitted into a supervised visit without prior assessment and written approval of an appropriate staff member, taking into account:

- The multipurpose nature of electronic devices (e.g. the ability to record, video, transfer data and GPS locate, Skype calling and recording).
- The rapidly evolving capabilities of electronic devices that staff may not be aware of.
- Discussion between staff and clients about ways in which the same engagement can be achieved by other means (e.g. instead of bringing an iPad for the purpose of playing music, burn music to disc.).
- Acknowledgement that some devices have positive interactive benefits.

Principle 3: The taking of photographs and video footage in a supervised visit is only permitted where a staff member operates or supervises the operation of the camera, taking into account:

- An assessment of the suitability and appropriateness of taking photographs or video recording on an individual basis.
- Gaining child's consent where age appropriate.
- Only the child/ren and parent are in the photo frame or video footage. (i.e. not staff or other clients).
- Only short periods of video footage are recorded.

Principle 4: The displaying of photos or video footage to a child in a supervised visit occurs only with the prior screening and consent by appropriate CCS staff taking into account:

- The showing of photos can be a useful therapeutic intervention for parent and child. (e.g. what they used to do together, supporting transition to changeover).
- The potential for images to elicit negative reactions in children (e.g. seeing something or someone who represents negative memories).

1.10 Fees

CCSs are permitted to charge fees which are used to supplement funding received from the Australian Government. CCSs have in place a fees policy which includes the schedule of fees and well as information for those clients seeking a waiver of reduction in fees. Clients are not refused service or referred to other organisations on the basis of an incapacity to pay fees.

Principle 1: CCS providers:

- **Publicly display their fees policy in all service reception areas**
- **Discuss the fees policy with both parents at the time of the intake and assessment interviews**
- **Provide a written copy of the fees policy to both parents at the time of the intake and assessment interviews and at other times as required.**

1.11 Observational Notes and Report Writing

Principle 1: CCS staff record in writing, including signature and dates:

- The names of all parties involved.
- The ages of children involved.
- The type of service provided.
- The scheduled and actual times of arrival and departure.
- A clear summary of any incident affecting the health, safety or well-being of any child, participant or staff member.

Taking into account:

- Records are taken contemporaneously.
- Notes are observational and objective. They do not contain opinion, assessment or recommendations.
- Recording cancellations, including why, when and how the notification of cancellation was provided, and when and how the other parent was informed of the cancellation.
- Recording failures of one or both parent's attendance at a scheduled visit/changeover.
- Records are typed or of legible handwriting.
- All such records are kept confidential and stored according to the requirements set out elsewhere in this document regarding the treatment and storage of confidential information.

Principle 2: Services that require staff to take detailed observational notes provide training on note taking and ensure that:

- The notes are taken contemporaneously.
- The notes are observational, objective i.e. without opinion or recommendations and without assessment.
- Cancellations are noted, including why, when and how the notification of cancellation was provided, and when and how the other parent was informed of the cancellation.
- Failure of one or both parent's attendance at a scheduled visit is noted.
- Observations are made without being obtrusive.
- Notes are typed or of legible handwriting.
- Notes are confidential and are stored in line with record keeping policies and procedures.

Principle 3: Staff utilise a standardised record or note taking pro-forma. The pro-forma avoids the use of tick boxes other than for type of service, arrived on time or not.

Principle 4: Reports for court are only provided in writing and upon written request by a legal representative, court appointed expert or the parents themselves and the CCS:

- Informs both parents and legal representatives of any costs to be incurred by the preparation of the written report.
- Inform both parents and legal representatives of the service's minimum request time for a written report.
- Consider how the written report is disseminated (e.g. if an ICL is involved, can the report be sent to them for distribution to all parties).
- Advise the requester that a copy of the written report will be provided simultaneously to all other parties.

Principle 5: Reports for court are prepared, reviewed and signed off by at least two senior staff.

1.12 Referrals

Principle 1: Client's written consent is obtained before making a referral to another service on their behalf which entails the provision of confidential information.

Principle 2: Prior to making a referral, staff have in depth knowledge of, or access to information about a service and its capacity to effectively provide the service required through:

- An updated list of recommended service providers in the area.
- A protocol between the CCS and other service providers, including clear processes for exchange of client information.

1.13 Request to Observe by Family Report Writer

Principle 1: CCSs have in place an assessment process to determine whether they can accommodate requests by another Family Report Writer to attend the centre to observe the visit between the child and the parent(s) with the assessment taking into account whether:

- The request is court ordered.
- All parties have agreed.
- The ICL has approved the request.
- It is the best time and place for the child.
- All parties involved, including staff, are prepared for the observation to occur.

Consideration for better practice

The assessment process is explained to both parents during the intake interview and is circulated to the relevant professionals and professional bodies in the region.

Any appointed ICL is advised of any proposed attendance of a visiting professional prior to the event.

Principle 2: To ensure the confidentiality of all families using the centre is assured and maintained, CCSs ensure that any observing professional signs a CCS service confidentiality form prior to the commencement of the observation that makes it clear to the observer of their obligations to maintain confidentiality but also acknowledges:

- Circumstances in which the professional is required to make a report to the courts.
- Circumstances in which the professional has a duty of care to report.
- Circumstances in which the client has provided specific consent for observation information to be shared.

Principle 3: The CCS reserves and exercises the right to request that the observing professional leave if assessed by CCS staff that the presence of the observing professional is disturbing to the child, parent or other families who may be visiting at the centre at that time.

Consideration for better practice

An appropriate staff member is to brief the visiting professional on the service's model of practice and service agreement conditions prior to the observation taking place.

The CCS is to advise the visiting professional that they are permitted to observe only.

1.14 Security of Client Information and Records

Principle 1: CCSs have policies and procedures in place that ensures the security of all client related records (both hard and electronically stored information), which include client personal information, intake assessment records, observational notes etc, noting that:

- CCS client files are stored separately from other service and agency information and data.
- Where client service provision is provided at a location other than the main administrative office, client files are taken to the venues in securely locked containers.

Principle 2: Electronically stored files and information are stored at dedicated workstations that are accessible only to CCS staff and those authorised by the service to undertake duties for the CCS program and take into account:

- Computers are housed in a locked space that is password protected and only accessible to authorised CCS staff.
- Any laptop computers are secured to a desk by cable.
- Any tablets, mobile phones and recording devices are securely locked away when not in use.
- Computer passwords are not written down in a work area.
- Computer passwords are changed periodically.
- All CCS data bases are backed up on a regular basis.

Principle 3: Consent to release information is made in writing by all individuals associated with the information in question.

Principle 4: CCS files will only be released to another CCS service with the written consent of all the parties.

Principle 5: The only time CCS information is shared without the consent of all individuals involved is when there is a legal requirement (ie. subpoena) for that information to be released (eg. in relation to mandatory reporting where applicable), or for the safety of clients or staff. CCSs have in place policies and procedures, and provide staff training that addresses these circumstances and noting:

- There are variations to mandatory reporting requirements in each state and territory and as such each CCS policy needs to reflect local requirements/obligations.
- Staff have a moral/professional obligation to report safety concerns even if not mandated to do so.

Principle 6: All client files relating to those who are no longer using the CCS are stored in a safe, locked storage facility for a period of five to seven years or as otherwise determined by the organisation responsible for providing the CCS.

1.15 Suspension, Termination or Refusal of Services

Principle 1: At the intake interview, CCSs advise parents that the service reserves the right to suspend, terminate or refuse service provision and the types of occurrences that may lead to such a decision being made, taking into account:

- CCS staff must ensure the information is understood rather than just “provided”, given different levels of literacy and/or comprehension skills.
- Written information regarding the rights to appeal a decision and/or the service’s complaints procedure is provided and explained at the time of intake.

<p>Principle 2: Families are excluded from the CCS when it is assessed that providing service would pose an unacceptable safety risk to the children, parents, significant others or staff and acknowledging that:</p> <ul style="list-style-type: none"> • Assessment is an ongoing process that takes place at each point of service provision rather than just at the initial intake assessment and service review stages. <p><i>Consideration for better practice</i></p> <p>The physical and emotional safety and wellbeing of children, parents and staff are to be assessed during each review of the family's service agreement.</p>
<p>Principle 3: CCSs advise parents of any decision to suspend, terminate or refuse service at the earliest possible time from when that decision has been made, and any face-to-face meetings with parents occur separately.</p> <p><i>Consideration for better practice</i></p> <p>The initial advice may take place via a telephone call with the offer of a face-to-face interview where it is assessed as being safe for the interview to proceed.</p>
<p>Principle 4: In cases of suspension, at least two CCS staff meet with the suspended party, when it is considered safe/appropriate to do so, in addition to providing notice to any legal representative (including ICL's) explaining the reasons for the suspension and outline what actions the CCS requires for the service to recommence as soon as possible.</p> <p><i>Consideration for better practice</i></p> <p>The CCS may refer the child to a relevant program to seek assistance in adjusting to the changes that are a result of a service suspension.</p> <p>The CCS may refer the parent(s) to a Parenting Orders Program or other relevant program so that they may be assisted in meeting the terms required for service to recommence.</p>
<p>Principle 5: In cases where termination or refusal of service is immediate and irrevocable, the CCS issues a letter of service termination or refusal to each parent and all legal representatives.</p> <p><i>Consideration for better practice</i></p> <p>The CCS may refer the child and/or parent(s) to a Parenting Orders Program or other relevant program so that they may be assisted in adjusting to the cessation of CCS service.</p>

1.16 Use of Interpreters

<p>Principle 1: All CCS staff are conversant with the procedure for the engagement and use of interpreters for CCS service provision.</p> <p><i>Consideration for better practice</i></p> <p>Joint training in CCS process sessions is provided for CCS staff and interpreters.</p> <p>Translated promotional documents into other languages are available from the CCS wherever possible.</p>
<p>Principle 2: Where the CCS has approved the engagement of an interpreter:</p> <ul style="list-style-type: none"> • The interpreter, wherever possible, is professionally trained, and is not to be a member of the client's family, a friend of the client or child. • The interpreter and the family agree that as much of the verbal interaction as possible is in the language of CCS supervising staff, even though the family members may prefer to speak in their first language. • All parties are advised that the level of verbal supervision might be lower than usual as not every

word will be translated.

- CCS staff ensure that the interpreter is made conversant about CCS objectives and processes and has an awareness of what to be aware of e.g. a child revealing an address or phone number.
- CCS staff must regularly reassess the need for an interpreter.

Principle 3: Responsibility for clients meeting the cost of any fees associated with the engagement of an interpreter is agreed between the CCS and the clients prior to the provision of any service and take into account:

- The need to reschedule the visit/changeover/intake should the interpreter cancel.
- Where a client cancels a visit/changeover/intake without providing 24 hours notice to the CCS then they may be required to meet any costs associated with the booking of the interpreter.
- Clear communication with all parties about the number of visits that will require an interpreter.

Principle 4: Interpreters sign an oath of confidentiality and read completed notes and sign confirmation of what was translated.

1.17 Confidentiality

Principle 1: CCSs ensure that all client information is kept strictly confidential and only made accessible by CCS service staff authorised to undertake duties for the CCS program and as such have access to information only as required to perform their jobs taking into account:

- CCS staff are resourced with equipment (eg covered clipboards, locking file cabinets, locking office doors, volume controlled telephone message playback facilities) that enhances the ability to maintain confidentiality.
- Confidential information includes all files and records (both electronic and hard copy), telephone contacts and messages, correspondence, meeting notes, discussions, visit and changeover information relating to the CCS and the clients involved.

Principle 2: CCSs ensure that all staff sign an Oath of Confidentiality.

Principle 3: The safety, security and privacy of all CCS staff is a high priority therefore CCSs ensure that all staff-related information is kept strictly confidential and secure and that clients are unable to access this information under any circumstances.

Some considerations to ensure staff personal safety include but are not limited to:

- Whether staff surnames are included on documentation (with the exception of legal documents such as affidavits where a staff member's full name must be provided).
- Where phone numbers are stored.
- Separate and discrete car-parking facilities for staff or the formal suppression of car registration details.

Principle 4: During the intake assessment, clients are informed that their information is kept securely and confidential. Clients are also be informed that limits to this confidentiality include instances where:

- The client's file is subpoenaed for the purposes of court proceedings.
- CCS staff determine that a notification to relevant child protection authorities is required.
- The ICL seeks clarification and information regarding his/her time at the CCS.
- Both parents agree that information be shared with a third party.

Principle 5: CCSs follow all relevant State, Territory and Federal legislation in regard to:

- Confidentiality
- Privacy
- Freedom of information
- Notification requirements
- Subpoena of files.

1.18 CONFLICT OF INTEREST

A conflict of interest exists where there is a divergence between the individual interests of a person and their responsibility to their CCS, such that an independent observer might reasonably question whether the actions or decisions of that person are influenced by their own interests or relationships.

Principle 1: All CCS staff are orientated to the conflict of interest procedures during the staff member's induction, for example through accounts of real examples of conflict of interest situations to assist in the process of highlighting the importance and definition of conflict of interest in the CCS context.

Consideration for better practice

Team meetings provide opportunities to explore conflict of interest situations and how they might best managed.

CCS staff of ACCSA member services are aware of the ACCSA Code of Ethics (2009) section 4.2 Conflict of Interests.

1.19 COMPLAINTS

All funded CCSs have procedures in place to receive feedback on their services, including complaints.

Principle 1: Information on the CCSs complaints policy is displayed in all CCS reception areas and readily available at each service outlet. The complaints policy includes the following steps:

- Complaints about the service are initially raised directly with the manager of the CCS.
- If the complainant is not satisfied with the response or is not comfortable in raising their complaint with the CCS manager, then the next step is to raise their concern with the management of the funded organisation.
- If the complainant is not satisfied with the response or is not comfortable in raising the complaint with the management of the funded organisation, the complainant should be directed to contact DSS's National Office Complaints Team:

Ph: 1800 634 035

Fax: (02) 6204 4587

Email: complaints@DSS.gov.au

Address: Complaints, PO Box 7576, Canberra Business Centre, ACT, 2610

Principle 2: As part of the intake assessment, clients are informed of the CCSs procedures with regard to client complaints, be provided with a written copy of how to lodge a complaint.

CCSs ensure that:

- All staff are aware of the complaints procedure and are conversant with the processes involved in its implementation.
- All complaints are investigated and documented and service responses documented.

Consideration for better practice

CCSs actively seek feedback from those using the service.

Principle 3: All CCSs staff are conversant with the procedure for complaints from referring agencies.

Consideration for better practice

The CCS to have the complaints procedure on its website and on literature/correspondence distributed to referrers.

CCSs actively seek feedback from those who refer to the CCS.

Section 2: Resources

2.1 STAFFING, QUALIFICATIONS AND TRAINING

Principle 1: All staff, including full time, part time, casuals, paid, volunteer and new recruits have a high level of existing skills relevant to the services provided and recognise:

- Skills and competencies required to effectively undertake the work required of a CCS including in the areas of cultural diversity/sensitivity.
- Skills required to identify complex presenting issues and needs of the CCS client group.
- The need for staff to undertake regular refresher courses, particularly in the areas of risk assessment and management, complaints processes, conflict of interest, and safety.

Considerations for better practice

Staff with a 3 year degree/diploma in behavioural science are encouraged to further develop their competencies by completing a Certificate IV or Diploma in Children's Contact Service Work.

Principle 2: Staff have completed an appropriate induction process/program relevant to the employing organisation ensuring staff understand the individual CCS service context, policies, procedures, safety requirements, referral and referring services and the broader family law system.

Considerations for better practice

Staff have successfully completed Certificate IV or Diploma in Children's Contact Service Work.

Principle 3: All staff have access to training and professional development opportunities that are directly related to their professional development needs and the service objectives (See the Families and Communities Programme Families and Children Activity Approval Requirements) and take account of:

- The individual training needs of each staff member.
- Access to and use of on line training resources and information.
- The use of team meetings to provide CCS specific training such as presentations from local family violence service providers.

Principle 4: Professional supervision is regularly provided and available to all staff and is relevant to their role and responsibilities within the service (See the Families and Communities Programme Families and Children Activity Approval Requirements) with additional reference to:

- The supervisor's skill level, appropriateness, availability and abilities.
- Arrangements for staff who only work on weekends.

Principle 5: Team meetings are held on a regular basis to enhance communication, education, team building and support for all staff.

2.2 Building Specifications

Principle 1: There are two separate and discrete entrances to the building with two separate and discrete reception areas where one entrance cannot be viewed at the other entrance and does not provide visual or audible access to any outdoor play area.

Considerations for better practice

A wide range of resources and information is available in all reception areas.

Workers have a line of sight to all reception areas.

Principle 2: Each room within the centre is constructed in such a way that conversations are not audible or comprehensible in other parts of the building taking into account:

- Safety and privacy issues when designing the layout and fitting out the premises.
- Clients cannot hear those in other parts of the building.

Considerations for better practice

All rooms are professionally soundproofed.

Principle 3: Each room within the centre is constructed in such a way that enables the room to be secured in case of emergency or critical incident.

Principle 4: Door bells, security doors and monitoring cameras are installed and operational at each entrance enabling staff to identify who is at the door and to evaluate any risk.

Considerations for better practice

Intercom systems are installed at entrances for communication and screening purposes.

Principle 5: A duress alarm system is installed and operational in the building, which includes at least one staff member wearing a personal alarm, and taking into account:

- The local police are alerted to the location of the service and alarm/security system.
- All staff are trained in the use of system.
- The system is tested regularly as per recommendations of the system provider.
- If wearing lanyard type personal alarms, lanyards are the easy release type.

Considerations for better practice

Personal alarms are supplied by the service and are worn by all staff members.

Principle 6: Appropriate rooms for children, parents and staff/withdrawal spaces are provided within the service and take into account:

- The room/space being somewhere safe and easily accessible in case of critical incidents.
- The installation of required communication technology in the rooms designated for children include phone access so that staff can call the police, call for medical assistance or contact management if required.

Considerations for better practice

Telecommunication facilities are also installed in the withdrawal space in case of emergency.

Principle 7: There should be at least one room specifically designed and equipped for children to spend time in that takes into account:

- Children's developmental play needs.
- Adults feeling equally comfortable in the space.

<ul style="list-style-type: none"> • Sound travel, viewing from other areas of the building, security issues (e.g. being able to get out quickly and easily). <p><i>Considerations for better practice</i></p> <p>The provision of an outdoor play area for an alternate play setting.</p> <p>The provision of two specifically designed separate spaces, one for younger children and one for older children.</p>
<p>Principle 8: There is disabled access to, and within the building (refer Disability Discrimination Act) taking into account:</p> <ul style="list-style-type: none"> • The installation of ramps for wheelchairs and prams. • Wheelchair access to all areas.
<p>Principle 9: Outdoor play areas are surrounded with secure fencing, with the design of the outdoor play area to take into account privacy and security issues.</p>

2.3 Location and Site

<p>Principle 1: The location should be accessible by private and public transport and takes account of:</p> <ul style="list-style-type: none"> • The accessibility of the location by bus, train, tram etc. • Commuting with prams/wheelchairs etc. • Walking from public transport to location. • Roads leading to location. • Sufficient parking is available for private transport to ensure clients can park in separated areas as part of the safety requirements.
<p>Principle 2: The location should be appropriate to the operation of a family based service and takes account of the community the service is located within, together with issues of privacy, safety and child appropriateness.</p>
<p>Principle 3: Prescribed separate car parking is available for each parent taking account of all safety issues for clients and staff including:</p> <ul style="list-style-type: none"> • Appropriate external lighting is fitted and operational in car park areas. • Car parking is located in close proximity to the CCS premises. • Staff have direct line of vision to car parks. • Parents will not see or hear each other in the car parks. <p><i>Considerations for better practice</i></p> <p>Secure and separate car parks are provided for each parent.</p> <p>Separate and discrete parking are provided for staff vehicles.</p> <p>Security cameras are installed and operational in each parking area.</p>
<p>Principle 4: The CCS can operate outside of normal business hours by obtaining relevant approvals prior to operation, including meeting any local council requirements.</p>

TERMINOLOGY AND COMMON ACRONYMS ANNEXURE A

AGD	The Australian Government Attorney-General's Department.
Authorised referral service	A service or agency which the CCS agency deems to be competent in their field of expertise.
CCS	Children's Contact Services Children's Contact Services work with children from separated families to establish or maintain a relationship with the parent they do not live with. Children's Contact Services provide a safe, neutral venue for the transfer of children between separated parents and supervised contact for the child of separated parents and other family members.
DSS	The Australian Government Department of Social Services.
FDR	Family Dispute Resolution A process (other than a judicial process) in which a) a family dispute resolution practitioner helps people affected, or likely to be affected, by separation or divorce to resolve some or all of their disputes with each other; and b) the practitioner is independent of all of the parties involved in the process. (Section 10F <i>Family Law Act 1975</i>).
Family Report Writer	A person appointed by the court to prepare a report that assists the court in making a decision about parenting arrangements that are in the best interests of the child.
ICL	Independent Children's Lawyer The lawyer appointed by the Court to represent and promote the best interests of a child in family law proceedings.
LWP	Lives With Parent/Parent the child lives with The parent who the child lives with or spends the majority of time living with; this definition includes those who are not the biological parent of the child but is an adult who has primary care of the child.
Oath of Confidentiality	An oath of professional conduct sworn by staff at the commencement of their employment with the service.
Parent	In the context of CCS service use, and for the purposes of this Framework, the term parent includes parents and other adults who are significant to the child, e.g. grandparents, step-parents, kinship carers and others who the child may have a significant relationship with.
PCCS	Privately Operated CCS CCSs which operate as a private business with no government funding, oversight or administrative approval requirements. These include CCSs which are operated by a not for profit organisation which are not funded by the Federal Government and have no government oversight or administrative approval requirements.

Professional Supervision	It is the process whereby a worker can review and evaluate their work through discussion, report and observation with a more qualified/experienced worker. Supervision aims to identify solutions to problems, improve practice and increase understanding of professional issues.
STWP	Spends Time With Parent/Parent the Child Spends Time With The parent who the child does not live with or who the child does not spend the majority of the time living with; this definition includes adults who are not biological parents but those who are significant in the child's life and spend time with the child.
Service Agreement	A detailed written agreement signed by a CCS staff member and each adult client of a CCS, which outlines the roles and responsibilities of each.
Subpoenas	Subpoena to give evidence In this circumstance staff are subpoenaed to attend at Family Court (or other court) to give evidence in regard to a family's use of the CCS. Subpoena for production In this circumstance the client's file is subpoenaed by a court.
Vicarious Trauma	A stress reaction experienced by therapists, counsellors, victim support volunteers and researchers who are exposed to disclosures of traumatic images and materials by clients and research participants, in which the therapists or researchers experience long-term or lasting changes in the manner in which they view self, others, and the world.