CHILDREN'S CONTACT SERVICES – CONSULTATION PAPER

Please find below UnitingCare Wesley Port Pirie's (UCWPP) response to the consultation paper, UCWPP currently run the Whyalla and Port Augusta Children’s Contact Service.

Issues for consideration

1. Waiting Times and Case Prioritisation

Question 1: Could the changeover function be offered in other types of family relationship services for example, Family Relationship Centres? What would the minimum requirements be to manage issues around safety and to ensure integration with other complementary support services in the community?

Response

The service feels that using other family relationship services for changeover would have no impact on the service’s waiting list; this service’s waiting list is currently for supervised access.

If this was to occur the minimum requirements would include:
  - Appropriate premises and facilities i.e. two entrances/car parks, including safety aspects for example a secure locked door between parties.
  - Staff, training
  - Child safe and child focused environment
  - Staff to conduct and assess (safety/risk) prior to offering changeovers.
  - The skills set for CCS staff are very specific i.e. handling a child refusal.

Question 2: What other strategies might be employed to minimise waiting times in Children’s Contact Services?

Response

- More funding
- Access & funding to relevant staff training, increasing the skill base of CCS staff would assist in staff working with clients towards self management
- CCS client’s greater participation in the PSCP to reinforce, educate and support clients to manage conflict in their child’s best interest. This assists in achieving the CCS key goal of assisting families to move, where possible, to self management of contact. This should be done in conjunction with referrals to other appropriately identified therapeutic, educational or skill based programs. This could be a standard order at the time the Court orders the clients to attend the CCS, if the circumstances warrants the Courts ordering CCS involvement then it follows that a support service like PSCP would be appropriate and beneficial to moving forward.
- Increasing the CCS ability to put more time and resources into case management.
- Greater communication and information sharing between CCS and the Family Courts, especially in relation to clients who are not suitable
Greater operating hours, majority of CCS operate on the weekends, if funding was increased and the CCS premises were available mid week sessions may be offered to families.

Develop more specialised CCS sites.

Question 3: Given the high demand for Children’s Contact Services, should access to services be prioritised? If so, how might this be achieved?

Response
The CCS currently operates with a date of application policy, from here the clients are assessed and either accepted or not accepted. The service feels that there is no other way to equitably prioritise a case without the possibility of discriminating against a client.

The service has considered developing an exclusion policy for example if a client is on child related charges they would not be eligible for a service until the investigation and charges are resolved.

Clearer guidelines and policy around the CCS purpose may assist in services

2. Standardising CCS protocols

Question 4: Is there a need for the development of a standardised set of protocols for client acceptance and withdrawal of services? What might some of the circumstances warranting exclusion be?

Response
Consideration should be given to protocols standardising acceptance and withdrawal of the service however this would need to be flexible allowing for case by case assessment. This would require consultation with the CCS sector and consideration given to how vastly different the various CCS’s operate across Australia. Further to this the complexities of rural as opposed to metropolitan services, resources available in areas and the varying organisations that operate CCS.

Standard protocols around the Court sharing information would assist in a service assessing whether to accept a client or withdraw a service.

Question 5: Under what circumstances should supervised visitation be discontinued? When might ongoing (long-term) supervised contact be appropriate?

Response
The service currently discontinues a service for the following reasons:

- Client failure to comply with the service guidelines.
- The way contact is proceeding, too stressful or traumatic for the child.
- The service cannot effectively address the safety and behavioural issues involved in the case.
• The case places an undue demand on the services resources.

When might ongoing (long-term) supervised contact be appropriate?

Response
Ongoing supervised contact may be appropriate in cases where there are entrenched issues that are ongoing but are not traumatic for the child. For example cases involving concerns around parental care, possible issues around intellectual disabilities, some mental health issues or ongoing drug and alcohol issues, accommodation issues.

Ongoing cases need to be regularly reassessed to ensure the suitability for ongoing contact. We recognise that providing an ongoing service contributes to longer waiting lists and works against the goal of self management.

Question 6: Should there be a parallel service for those clients who are willing to pay the full cost of service in order to gain access to Children’s Contact Services with minimum waiting times?

Response
Outlined below are our concerns with a parallel full fee paying service:

• How would you assess fees equitably? Do both parties pay the same or do you assess on the individual’s income? Does the party having supervised pay the full fees? If financial abuse has been an issue in the past how do you ensure that the fees do not continue the abuse?
• Currently the majority of the services clients are on a low income with either one or both parties not paying fees.
• Most CCS’s have limited resources (premises, staff) how would you allocate resources of the CCS equitable between the paying and non paying clients. If a premises could cater for three families at a time, how do you allocate that time i.e. two full fee paying clients and one non fee paying client? Is this equitable?

If a parallel service was established as a separate service i.e. separate premises then establishment funding would need to be available and initial cost of running the service with staff and administration costs considered.

This service feels that a system that is based on need and not the ability to pay, should be the primary reason for services provided.

Our experience is that this has not been a relevant question for any clients to date as they have been all families on low incomes.

Question 7: Are guidelines required for other referral sources to provide guidance on appropriate referral processes?

Response
Guidelines for referring to the CCS would be extremely beneficial, it could assist in ensuring agencies understood the CCS role. Further to this the referring agency could explain to the
client what the CCS offers and if the client is voluntary ensure that they agree to the use of the service and if involuntary has a clear understanding of why they have been ordered to use the service. This would help to ensure that referrals are appropriate and safety issues are addressed or considered.

Guidelines could assist in ensuring that adequate and relevant information is given to the CCS by the referring agency, including copies of the agreement or Court Order.

Referring guidelines may also assist in establishing an agreement to ensure where possible that services are working towards self management ensuring that the children’s best interests are kept at the centre of the process.

**Question 8: What role should Children’s Contact Services play in providing an assessment to the Court to inform decisions about parenting matters?**

**Response**
The service feels that information especially observations that the CCS obtain is invaluable in giving the Court an insight into how the family is operating, how the child is coping and responding to access. The service currently provides where requested a CCS Court Report at the conclusion of visits, containing the factual observations of access and addressing any issues or concerns the service has. The service feels that the report needs to be expanded to include an assessment with recommendations on referrals to appropriate support services/programs. It should also include a suggested pathway/options to move towards, if appropriate self management and if not possible or appropriate the issues or reasons outlined as to why.

Further to this developing a pathway that the CCS can communicate with the Court either prior to an order being made or following an order. This would mean that cases that are assessed by the CCS as not appropriate or requiring further assessments or referrals prior to the CCS offering a service can be communicated or discussed.

**Question 9: What format should information provided to referral sources take? Is training for Children Contact Service employees in factual report writing needed?**

**Response**
The service feels that information to referral sources should be provided in writing and if appropriate a copy given to all parties.

Yes, training for CCS staff in factual report writing and case note taking specific to CCS requirements (descriptive, observational only) is needed and would assist in the preparation of the report to Courts. This would help to improve the quality of reports, contribute to issues being addressed and improve the recording of client/child interaction.

**Question 10: Is there a need for further opportunities to provide feedback to the Court where parties have been ordered to attend Children’s Contact Services?**

**Response**
Refer to Question 8 – If concerns are identified by the CCS, their needs to be an avenue to report the issues to the Court. It would also assist the service to assess client’s suitability and understand what the issues are that have led to the Court ordering a service, if the Courts
released relevant information and assessments to the service when referring them, including a copy of the Court Order.

Question 11: Are there any other aspects of CCS service delivery that would benefit from the development of standardised protocols?

Response

Yes, as outlined below:

- Staff training and accreditation however the impact on CCS budgets needs to be considered.
- Parent communication books, standardised format and policy across services with clear guidelines on the use of the book. Other options for parental communication need to be considered catering for a variety of styles i.e. parents who are illiterate.
- National standard/protocol for Service Agreements (guidelines).

3. National Standards for the Provision of Children’s Contact Services

Question 12: Would the establishment of a mandatory accreditation system or minimum qualification requirements for Children’s Contact Services staff help assure quality and professional services to families?

Response

Yes it would help assure quality and professional services to families, the following would need to be considered:

- The impact on the services budget, qualified staff would increase staff wages.
- Availability of training and the cost, maintaining the service while staff are training, particularly in regional and rural communities.
- The casual nature of CCS employees, low staff retention.
- Does the service require that the person be qualified before employing then or does the service train the staff? This is particularly relevant in small employment markets with limited skills
- Requirements of funding body around trained staff.

Question 13: To what extent does the design and location of Children’s Contact Services impact on the capacity to provide services? What impact, if any, does the physical environment impact on children’s experience and wellbeing?

Response

Impact relating to location

- transport
- access to public transport
- having the service reasonable central to clients but in private and quite location.
Impact relating to design, the nature of the service requires very specific design features, for example:
- two entrances,
- two car parks,
- disability access
- open design room with line of sight uninterrupted for supervised access,
- security features – locked door between clients, appropriate lighting, duress alarm system, two waiting areas
- safe secure outdoor area

Our service feels that the physical environment has a significant impact on the children’s experience and wellbeing. All of the children attending the CCS have experienced varying levels of trauma, with at least the separation itself having an impact. In an attempt to not perpetrate further stress or trauma to the children the environment needs to be child focused, friendly, safe, comfortable, have adequate appropriate resources to enhance the access experience and promote interaction, space, cater for a large age range and gender issues of children.

4. Recommended research

**Question 14: What research issues should be prioritised to help improve the effectiveness, appropriateness and efficiency of Children’s Contact Services?**

**Response**
- the circumstances in which it is and is not appropriate to provide the service,
- the consequences of supervision on parent-child outcomes, and
- the relationship between different patterns of violence and/or the severity of violence, and the appropriateness of interventions offered by Children’s Contact Services and other family support service providers.
- outcomes relating to clients using the CCS that have other support services involved i.e. PSCP, Kids r first, as opposed to clients who do not access any other services.

A longitudinal study following families through the system, the study to be child and service inclusive.
Question 1
Could the changeover function be offered in other types of family relationship services for example, FRCs?
What would the minimum requirements be to manage issues around safety and to ensure integration with other complementary support services in the community?

The Children's Contact service is a specialist service designed to facilitate contact and the transition to self managed arrangements wherever possible. If demand is greater than service availability this is unlikely to be addressed by transferring part of the function to another service that is not designed, resourced or trained for the purpose. The move to a self managed approach most often requires a case managed approach and this should continue to be available at the CCS rather than expecting another service to pick up this function, with presumably no additional resources to do so. An increase in resources for Children's Contact Services would be a more useful option.

To suggest that another FRS service such as a Family Relationship Centre, would allow for greater access to other service types such as counselling and parent education, would not appear to be backed up by evidence. FRCs come in a variety of service configurations, as do other FRS programs, and, certainly at UMFC, clients are referred on to appropriate services no matter where they enter the service system.

Question 2
What other strategies might be employed to minimise waiting times in Children's Contact Services?

An active holding, or maintenance, function could be used so that people on the waiting list are contacted regularly (perhaps fortnightly), referrals to appropriate services made, and access to some internal services such as information or education sessions encouraged. This happens at UMFC and the local experience has been that some people do not then need to progress to changeover or supervised contact. Again, more resources to the CCS sector to increase service capacity would obviously help minimise waiting lists.

Question 3
Given the high demand for CCSs, should access to services be prioritised? If so, how might this be achieved?

UMFC agrees that access to services should be prioritised and that this should be consistent across the sector. Currently UMFC prioritises according to the age of the child, the length of time since a parent had contact, the level of conflict, and, sometimes, pending court matters.
Question 4
Is there a need for the development of a standardised set of protocols for client acceptance and withdrawal of services? What might some of the circumstances warranting exclusion be?

A standardised set of protocols for client acceptance and withdrawal of services is needed and would help services to make decisions based on the child's best interests in a more consistent way. UMFC excludes any cases that are actively being investigated by Child Protection services and where there has been substantiation of sexual abuse. Other cases are decided on an individual basis.

Question 5
Under what circumstances should supervised visitation be discontinued? When might ongoing (long-term) supervised contact be appropriate?

Consideration to discontinuing supervised contact should be made if clients show no interest or motivation in accessing suggested supports or moving to self management and/or if the child is distressed by the continuing contact arrangements.

Ongoing supervised contact might be appropriate where there is entrenched conflict, even after targeted supports and services have been tried, and this is the only way the child can spend time with their parent.

Question 6
Should there be a parallel service for those clients who are willing to pay the full cost of service in order to gain access to CCSs with minimum waiting times?

It is unclear whether there is a market for full fee paying access to CCSs. The current demographic suggests a lower SES group that may not be able to manage full fees so a fee paying service may not impact on waiting lists. It may be that clients who are already on the waiting list might elect to use the full fee paying service as an interim measure until they are accepted into the subsidised program. This again would not necessarily impact on waiting lists.

If there is a market for people who could afford this service, it would still require an assessment of the child's best interests and an assessment of suitability. Parents would be required to attend the education session and there would be regular reviews of the arrangements. Whether or not parents would accept these obligations for a fee paying service is debatable.

Question 7
Are guidelines required for other referrals sources to provide guidance on appropriate referral processes?

It would be very useful to have standard guidelines for other services about referral to CCSs. This would clarify the referral criteria and pathways and manage expectations.
Question 8
What role should CCSs play in providing an assessment to the Court to inform decisions about parenting matters?

There is a role for the provision of information to the Court from the CCS. Factual, observations based reports with recommendations would be beneficial in many cases. Information provided to the Independent Children’s Lawyer can also be an effective method of information provision.

Question 9
What format should information provided to referral sources take? Is training for CCS employees in factual report writing needed?

A standardised format for report writing would be a useful way of ensuring that information provision is consistent nationally. The Victorian group of CCSs have developed a format and agreed on information to be included, length and standard cost to promote consistency across the sector. This has been a useful development and has gone some way to promoting a professional approach in the sector.

Training for CCS staff in factual report writing is essential if reports are to be a regular feature of service provision. Children’s best interests will only be served if reports are factual, objective and clear. Staff need to be clear about the purpose of the reports, the information to include, and the scope of any recommendations they make.

Question 10
Is there a need for further opportunities to provide feedback to the Court where parties have been ordered to attend CCS?

It may be useful to develop standardised protocols with Independent Children’s Lawyers as this is often a very effective way of providing information that is in the children’s best interests. Individual relationships with ICLs vary, so an agreed pathway and clear expectations of roles and responsibilities could be a useful development.

Question 11
Are there any other aspects of CCS service delivery that would benefit from the development of standardised protocols?

Standardised protocols with Child Protection services would be helpful as would protocols with other FRS services.
Question 12
Would the establishment of a mandatory accreditation system or minimum qualification requirements for CCS staff help assure quality and professional services to families?

Given that the CCSs deal with some of our most vulnerable children and conflicted families, it is imperative that the services employ well trained and qualified staff. A compulsory minimum qualification standard would be a good start. This should be at least Cert IV, and preferably a Diploma standard.

Accreditation of staff is a time and resource intensive process, if the experience of FRCs is a guide. Unless it is well managed and resourced it can create additional difficulties for agencies in recruitment and retention of qualified staff. The accreditation process also assumes a minimum quota of relevant professional development each year and unless this is available and affordable is may be another impost for agencies. While accreditation in itself may be an effective component of ensuring quality service provision, it needs to be well resourced and managed. If this could be assured, we would support such a process.

Question 13
To what extent does the design and location of CCSs impact on the capacity to provide services? What impact, if any, does the physical environment impact on children’s experience and well being?

We absolutely agree that the design and location of CCSs is integral to the effectiveness and benefits of this service.

A dedicated and accessible service is an indicator of the importance of the CCS, and the more welcoming and well equipped the service is the more confidence and ease clients will feel. Safety and security is paramount and can be best achieved in a setting that is designed and set up for the purpose. Children need a comfortable and child friendly environment to help adapt to what can be a stressful experience for them if not handled properly.

Upper Murray Family Care is committed to the Children’s Contact Service and is just about to open a purpose built facility that includes dedicated rooms and an enclosed yard with play equipment. The service will be co-located with the Parenting Orders Program and Integrated Mediation Service and will offer a range of services for separated parents and their children.

Question 14
What research issues should be prioritised to help improve the effectiveness, appropriateness and efficiency of CCSs?

All of the topics listed in the consultation are important and well overdue in terms of improving the CCS sector. The issues of violence and appropriateness of interventions is a high priority.
Ms Toni Pirani  
Assistant Secretary  
Family Law Branch  
Attorney-General’s Department  
National Circuit  
BARTON ACT 2600

4 April 2011

Dear Ms Pirani

Re: Consultation paper on Children’s Contact Services

I welcome the opportunity to comment on the consultation paper prepared by the Department about Children’s Contact Services (CCS). I apologise for the delay in not meeting the Department’s stipulated timeframe.

The opinions I express are not necessarily those of the Court as such. I have been informed, among other things, by a detailed consideration of the consultation paper by the Family Consultants of the Family Court. I have also considered the response provided by the Federal Magistrates Court of Australia (the FMC).

There can be no doubt that the CCS have become an integral part of the processes which enable children’s interests to be placed as a paramount consideration.
There are a number of parents who are unable or unwilling to accept the responsibility (which the Family Law Act 1975 (Cth) ("the Act") presumes that they have) so as to be able to hand children over at the beginning of, or end of, the time that the children spend with the other parent. In some cases, they cannot, or will not, accept that the other parent is able to have the children in his or her care without there being another person or persons available to supervise at that time.

The provision of change-over facilities and supervisory facilities conducted by professionals has facilitated the management by a Court or by a dispute resolution practitioner of the relationship of the parties with each other and their children.

As has been pointed out by others, the requirements of the facilities for change-over and for supervision are not necessarily the same. In many respects it is useful to have a "hub" at which various services might be provided to the parents and the children. However, the convenience of multiple services being available in the one locality cannot outweigh the practical requirements associated with supervision and change-overs.

I do not propose to expand on the material presented in the FMC's submission about the requirements for the two services. The two central elements might be summarised as being safety, both for the children and parents; and child friendliness. Equally important is that staff who run the facilities are appropriately trained.

I respond accordingly to the questions posed in the CCS paper.

1. Could the changeover function be offered in other types of family relationship services, for example, Family Relationship Centres? What would the minimum requirements be to manage issues around safety and to ensure integration with other complementary support services in the community?

It would have to be said that in general the FRCs are not at present, suitable venues for change-over or for supervision. It is possible in some non-city context that the
arrangements might satisfactorily accumulate all of the necessarily requirements. However, an inner city suburban or suburban shopping centre complex which contains an FRC cannot ordinarily provide the appropriate protections, child friendliness and facilities to enable these services to be co-located with the normal operations of the FRC.

2 What other strategies might be employed to minimise waiting times in Children’s Contact Services?

I note that the FMC has referred to the concept of “supportive contact”. This is not a concept known under the Act at this point. I am not advocating its inclusion. There is enough confusion with current and former terminology (for example, “residence”, “access”, “contact”, “spend time with”) to suggest caution in introducing a new term. In addition, there may well be practical difficulties in implementing such a proposal given the requirement for the screening of multiple patents and their cross-matching for compatibility and suitability for the proposal.

While I do not support this suggestion at this point it is acknowledged that in difficult financial times, a number of opportunities which would not otherwise be appealing may have to be investigated. Any such proposal, however, would have to be consistent with the safety of the children and ultimately the children’s best interests.

The only apparent way of using limited resources more effectively would be to apply a more detailed intake process and to prioritise applications for either hand-over or supervision. The FMC has suggested a relatively structured process for this. This approach is not in itself supported by the Family Consultants of the Family Court.

Each case which may require either supervision or change-over assistance properly needs to be the subject of independent, individual assessment. Such case-by-case assessment or intake process will also assist in one of the matters raised later – the duration of the hand-over or supervision and the circumstances in which the service might be terminated.
More rigorous intake processes, however, require more staff time – more resources at the front end.

3. **Given the high demand for Children’s Contact Services, should access to services be prioritised? If so, how might this be achieved?**

There may be instances where the best interests of the children might require that a referral from an external agency, such as a family law dispute resolution practitioner, which may warrant a higher priority than a Court order. However, this should not be established by predetermined arbitrary criteria such as whether or not some form of contact is occurring, or whether or not a child had not seen a parent for a certain time. Each matter should be the subject of considered assessment and a decision made on the basis of that assessment rather than any pre-determined or arbitrary criteria.

An appropriate intake assessment involves a number of factors. The first is that the staff conducting the assessment must be adequately trained and have sufficient time to undertake the assessment accurately. The second is that the process itself will determine the needs of the parties, the likely duration of the service provided and the criteria which may warrant the termination of the service. It should also establish the priority that should be given to the request that is made, subject of course to the assessor’s being informed of the ambit of the services available.

Such an approach will undoubtedly require a certain front-loading of resource requirements. But it is likely to provide a more satisfactory platform from which the services can be provided.
4 Is there a need for the development of a standardised set of protocols for client acceptance and withdrawal of services? What might be some of the circumstances warranting exclusion?

5 Under what circumstances should supervised visitation be discontinued? When might ongoing (long-term) supervised contact be appropriate?

The Family Consultants point out that in a consideration of individual cases it could be that children have a positive experience coupled with a strong attachment to a severely impaired parent who has no capacity to change. This necessarily implies a longer term supervision then would ordinarily be contemplated. In such circumstances they recommend that self-management strategies should still be considered by a careful consideration as to whether someone in that the wider family group (the parents) could gradually assume the supervision role. This would to some extent need to be consistent with the ability of a child adequately to protect him or herself.

There are a number of choices about how and in what circumstances services might be withdrawn.

a. Leave it entirely in the discretion of the CCS;

b. Terminate Court ordered supervision on a Court order;

c. Have a fixed time for the provision of the services, either by Court order or on determination of the CCS;

d. A combination of these.

In the interests of parents re-establishing their relationship, at least to the extent of civility and cooperation to the benefit of the children, the primary means of termination of services at a CCS should be with the agreement of the parents on the basis that they could "self manage" into the future. The number of cases in which this is likely to happen from the Court's point of view seems relatively small. Those who have been ordered to attend a CCS are likely to be among the more intractable parents or those with problems which are otherwise insurmountable within the terms of their relationship.
To leave the matter entirely unregulated and at the discretion of the CCS may impose pressures on the CCSs because of financial commitments and restrictions. The development of a protocol or contract with the parents involved based on predetermined criteria may be of some assistance. In this regard, a failure by a parent consistently to comply with the reasonable directions and requirements of the CCS although a mixed issue of subjective and objective fact is essential.

The Centre’s conclusion that the objectives of transition to self management cannot or will not occur is to some extent a subjective one and hence open to question. It may be appropriately built into the relevant criteria and combination of the time reference (for example, only after the expiration of six months) or be predicated upon a Court order terminating the supervision if supervision or change-over arrangements if that were the original source of the referral.

The circumstances set out in paragraphs 47 and 50 of the FMC assessment appear to comprehensively deal with the various circumstances involved.

6 Should there be a parallel service for those clients who are willing to pay the full cost of service in order to gain access to Children’s Contact Services with minimum waiting times?

As remarked by the FMC and commented upon to me by the Family Consultant it is important that the paid provision of service by CCSs should be parallel and not a substitute for the existing services. Revenue raised from such a source may provide the opportunity to continue and possibly expand the services to those who cannot pay.

The “means” test associated with the provision of free services should not become so restricted as to try to force parents into the paid service.
7  Are guidelines required for other referral sources to provide guidance on appropriate referral processes?

Without guidelines or referral criteria uniformly and objectively determinable referrals from sources other than the Courts may overwhelm the intake procedures set up by the CCSs. The development of such criteria should be a matter of broad consultation and discussion.

8  What role should Children’s Contact Services play in providing an assessment to the court to inform decisions about parenting matter?

There is a natural desire for parents using the service to recruit supervisors or change-over agents to his or her cause. As was commented by the FMC and as was commented to me by the Family Consultants, the ability of the CCS workers to provide reports about relationships is to some extent limited by their training. They can and the consensus of those in the Family Law Group as reported to the Chief Justice’s Family Law Forum is that they should make notes about factual observations but the interpretation of these facts may create serious problems as to the expertise of the CCS staff member. (See generally the comments of Heydon JA (as he then was) in Makita (Australia) Pty Ltd v Sprowles [2001] NSWCA 305 at [85]).

In addition, if only facts were reported then, in many cases, the need to obtain that information could be overcome by a subpoena rather than the attendance of the worker at Court thereby reducing the time available to provide the services crucial to the maintaining of the system.

If it were to become a commonplace for a factual report to be obtained from the CCS it would be appropriate for the CCS staff to have appropriate training.

The alternative of providing immunity to CCS workers from subpoena in relation to ordinary (however that may be defined) events within the supervision or change-over
does not seem to enjoy the support of those in the Family Law System as reported to the

9  What format should information provided to referral sources take? Is training
for Children’s Contact Services’ employees in factual report writing needed?

No further comment.

10  Is there a need for further opportunities to provide feedback to the court where
parties have been ordered to attend Children’s Contact Services?

No further comment is needed except for a consideration of whether there should be
some mechanism employed to enable a concern case worker at a CCS to report to the
Court or some other authority. The Independent Children’s Lawyer if appointed in Court
matters may be an appropriate conduit for such a report. The difficulties of making such
a report, however, involve the case worker in making evaluations and assessments in
some cases which would move them into the difficult areas described above.

Comments made in paragraphs 66 and 67 by the FMC are apposite.

11  Are there any other aspects of Children’s Contact Services’ service delivery that
would benefit from the development of standardised protocols?

Safety standards and size and accessibility of premises could be obvious areas for
standardisation and regulation.

The Family Consultants have commented that having relatively standardised orders from
Courts would assist CCSs in maintaining effectively the services they provide.
12 Would the establishment of a mandatory accreditation system or minimum qualification requirement for Children's Contact Services' staff help assure quality and professional services to families?

The development of accreditation may make the services more costly and would and could therefore exacerbate current resource problems.

As the FMC comment (paragraph 71) the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) guidelines do not specifically relate to change-over and supervisory services and it may be sensible to examine how accreditation might be introduced even if only for some of the workers at the CCSs without seriously disrupting resource provision.

13 To what extent does the design and location of Children's Contact Services impact on the capacity to provide services? What impact, if any, does the physical environment have on children's experience and well-being?

The comments made by the FMC in paragraphs 72 to 77 are supported. Location is of central importance. Metropolitan centres seem to have particularly long waiting lists. The centres themselves need to be accessible by public transport and it should be noted as the Family Consultants have pointed out to me that travel especially for young children can be onerous and tiring and may detract from the benefits of the time that they spend with the other parent.

14 What research issues should be prioritised to help improve the effectiveness, appropriateness and efficiency of Children's Contact Services?

In general, Courts have very little knowledge of what happens to parents after Court ordered supervision or change-overs unless the arrangements are contravened by one parent or the other or if further application is made to the Court. It does not appear that there is any comprehensive study of the effects of supervision on children or of the
effects that supervised change-over arrangements have to children. This, of course, does not apply only to CCSs but to supervision and to change-overs that occur through various devices in the community. For example, some Judicial Officers make orders for change-overs to occur at Police stations. The psychological impact upon children of such orders and the involvement of Police in change-overs may be an appropriate subject of study. The Family Consultants have suggested to me that the further area of research may be the impact of supervision which is undertaken for “identity purposes”. In such cases the questions would be for how long and how frequently should such identity supervision be carried out and how does the age of the child affect the duration and frequency of such orders. I note that another common location for change-overs are the (many) McDonalds Family Restaurants around Australia.

Family Consultants have also pointed out to me that in the overall systems of research the needs of adolescence particularly in the difficult circumstances which would ordinarily give rise to the supervised change-over or of the time spent with a parent generally have not been the subject of particular investigation.

Finally to inform the processes referred to previously about prioritisation it may be useful to obtain information from the Courts about the sorts of criteria applied by Judicial Officers from time to time when ordering supervision of one sort or another. This would necessarily be a matter for negotiation with the Courts. There would also be resource implications for the Courts.

Thank you again for the opportunity to comment. The CCS are vital to the continued successful operation of the Family Law System in Australia.

Yours sincerely

The Hon. John Faulks
Acting Chief Justice
Family Court of Australia
Ms Toni Pirani  
Assistant Secretary  
Family Law Branch  
Attorney General’s Department

Transmission via email: Jessica.Ireland@ag.gov.au

18th March 2011

Dear Ms Pirani,

Re: Children’s Contact Services - Consultation Paper

Berry Street welcomes the opportunity to make a submission to the Attorney General’s Department on the Children’s Contact Services - Consultation Paper. While Berry Street concurs broadly with the content of the submissions made by the Australian Children’s Contact Services Association (ACCSA) and Family Relationship Services Australia (FRSA), we wish to highlight a few additional points in relation to specific issues for consideration raised in the consultation paper.

Berry Street currently provides Children’s Contact Services (CCS’s) at 3 sites across Victoria, in both regional and metropolitan settings. This multiregional and rural/metropolitan coverage and experience gives us a strong appreciation of the complexity and variability of service delivery in the context of local service systems and settings.

**Question 1: Could the changeover function be offered in other types of family relationship services, for example, Family Relationship Centres?**

- Whilst it is important to note that in many circumstances facilitated changeovers are more complex and resource intensive than supervised visits, we do not believe that the outsourcing of such a service would represent a strategy to minimise waiting times. These two services are independent and discrete in this regard, and therefore outsourcing of the facilitated changeover function would not lead to greater availability of resources to extend supervised visits, nor serve to reduce waiting lists.

- The supervised changeover function exists as part of a continuum of care approach whereby clients may enter the service via the supervised contact service and then transition to supervised changeovers and ultimately to self management. Throughout this process, relationships are formed and trust established. This enables smooth transitioning between service elements and provides a secure environment in which some constructive progress and recovery for family members hopefully can occur. For families in high conflict this issue of trust is pivotal. Berry Street holds concerns about the potential for outsourcing of the changeover function to compromise this approach and fragment the service system experience...
for clients. Contact may be jeopardised due to the need to establish safety and new collaborative working relationships all over again. Families may also ‘fall through the gaps’, and contact could be delayed or disrupted whilst transitioning occurs. All may act to compromise the pathway for families toward self-management.

**Question 2: What other strategies might be employed to minimise waiting times in Children’s Contact Services?**

- Berry Street proposes that a case management practice intervention be built into the existing service model in order to more effectively and actively meet the complex needs of children and their families following separation, including improved management of transition of families through the service to self-management. This would consist of an allocated case manager role to work closely with families and provide more in depth support in relation to issues such as effective parenting, family conflict, etc, provide active outreach, undertake formal reviews, support goal setting and goal progress monitoring, actively refer to other programs and services. The case management service would develop tailored strategies in collaboration with the family to meet individual needs and best assist families to progress toward self-management. Berry Street’s CCS’s seek to provide some of these supports within the existing service model but with inadequate resourcing and no recognition. Our services generally cater to vulnerable families with complex needs who have experienced many years of entrenched conflict. This target client group typically requires support which is of longer duration and greater intensity than that for which current levels of funding allow.

- Berry Street believes that if CCS’s are going to be able to be more effective in assisting families to move, where possible, to self management of contact arrangements and out of the service, both in terms of changeover and unsupervised visits, this transition point needs to be further strengthened in the service system through improved provision of transitioning service options such as mediation, counselling, men’s behaviour change, and post separation parenting education programs. Such services could be of considerable benefit in assisting families whose contact has become significantly settled but who may need ongoing limited advice and support for the life of the parenting order. It is Berry Street’s experience that there is considerable variability in the availability of such services between local service systems within which our Children’s Contact Services operate, especially between rural and metropolitan services.

- Waiting periods for supervised visits are strongly influenced by processes within the legal system. CCS’s are often requested to provide an assessment of visits in a pseudo-evidence gathering role for the court. In many instances, a request is made for visits to be supervised over a protracted period of time with little likelihood of the family progressing toward self-management, or with no information about likely duration/return to court date. Delays in court hearings also significantly impact upon waiting times. The document, *A Guideline for Family Law Courts and Children’s Contact Services* (January 2007) provides a framework for effective liaison between courts and CCS’s that may mitigate some of these impacts provided they are implemented effectively. Greater clarity regarding the role of CCS’s may also serve to alleviate demand where inappropriate cases are referred.
by the courts for the facilitation of contact that is unlikely to progress to self-management. Clarification of the purpose of CCS’s is essential to improving the systemic issues we experience with the courts. Courts can also assist in this process by ensuring that referral is made to one CCS only. CCS’s are aware that families are being instructed by the courts to apply to multiple services based upon shortest waiting periods, rather than on the basis of geographical proximity for the child. This often leads to difficulties for parents in meeting the requirements of services, eg appointments for intake, and attendance times.

**Question 3: Given the high demand for Children’s Contact Services, should access to services be prioritised?**

- Berry Street is generally not in favour of case prioritisation as a matter of equity of access. It is acknowledged, however, that prioritisation may be useful in very particular circumstances, including age of the child and period of time since the child last spent time with a parent. A brief intervention of a set number of, say, 3 visits, followed by changeover, can establish contact quickly and potentially avert estrangement or breakdown of the relationship between child and parent. While guidelines would be of assistance, Berry Street is of the view that these circumstances should be assessed by each CCS on a case by case basis as part of a flexible service model.

**Question 4: Is there a need for the development of a standardised set of protocols for client acceptance and withdrawal of services?**

- Berry Street supports the introduction of baseline expectations, particularly in relation to safety, however, we firmly believe that flexibility is needed on a case by case basis to support individually tailored responses, given the complexity and multi-dimensional nature of the presenting circumstances. Our experience bears out the need for such local flexibility, particularly between metropolitan and rural/regional settings. Notwithstanding this, the CCS’s service model, as currently designed, is not necessarily resourced and equipped to be able to assess whether every client is appropriate for referral; staff expertise does not extend to forensic psychological assessment, and CCS’s should not be treated by the courts as a testing ground for referral suitability to compensate for inadequate testing of the evidence within court.

**Question 6: Should there be a parallel service for those clients who are willing to pay the full cost of service in order to gain access to Children’s Contact Services with minimum waiting times?**

- In principle, Berry Street believes that Government should provide community services on the basis of equity of access, not on the basis of disposable income. Berry Street is open to considering the merit of the idea of a parallel full fee paying service if it can be demonstrated that operationally it does not compromise equity of access, but would not support a two-tiered system that conveyed the message that those who can pay have a right to more readily see their children than anyone else.
Question 8: What role should Children’s Contact Services play in providing an assessment to the Court to inform decisions about parenting matters?

- The provision of court reports and recommendations by CCS is considered with some trepidation given the potential to jeopardise the important CCS principle of impartiality and expose CCS’s to a flood of court demands to appear as single ‘expert witness’. Having said this, in our experience in delivery of a regional CCS there are occasional when the court has no other avenue for sourcing informed judgements and recommendations regarding the appropriateness of contact than the observations of the CCS. Access to family assessments, for instance, may be very difficult. In such occasional circumstances where the best interests of the child would be compromised by the absence of any alternate expert witness material, Berry Street acknowledges that a recommendation from a CCS may be appropriate and indeed, crucial, to the court’s capacity to make its determinations for contact. This fits in with the case management proposal as mentioned above.

- Observational note taking and court report writing are particular skills and require specific training for CCS staff undertaking this function.

Question 14: What research issues should be prioritised to help improve the effectiveness, appropriateness and efficiency of Children’s Contact Services?

- While Berry Street endorses the value of research in relation to CCS’s, we believe it would be helpful to distinguish between what constitutes evaluation of service effectiveness and what constitutes research which seeks to go beyond this to tease out other dimensions. Service effectiveness evaluation could reasonably take in identified topics of the impact of long terms supervised visits on children, and the consequences of supervision on parent-child outcomes, assuming we are talking about medium and long term client impact evaluation. However, the capacity of CCS’s to undertake or contribute significantly to such monitoring and evaluation activity would need to be significantly built, including a review of CCS program logics for each client stakeholder, design of appropriate, practical, user friendly evaluation tools to test that logic, and corresponding resources, including an effective client information management system, to collect data from clients, input data and analyse data. CCS’s need to have a return on that effort in the form of regular user-friendly reports on client benefits - both experiential and direct and medium and longer term client outcomes that enable service reflection, practice development, quality improvement, and service model redesign where appropriate.

Please do not hesitate to contact [REDACTED]: Evaluation Policy & Research, on (03) 9429 9266 if you have any queries in relation to this submission.

Yours sincerely,
**Introduction**

Catholiccare Sydney has operated Sydney Children’s Contact Service (SCCS) since July 2008. The service operates on weekends and is based in an inner-city childcare centre leased by Catholiccare. Clients accessing SCCS may come from anywhere in greater Sydney, regional NSW, interstate or overseas.

A fulltime Coordinator and part-time caseworker work 4 and 2 week days respectively in our city office to undertake all the case management, assessment and administrative tasks of the program, and additionally each work a shift on weekends to lead our team of casual contact workers who supervise visits and changeovers scheduled during all day Saturday and Sunday afternoons.

Sydney CCS is a member of ACCSA, actively participating in regular teleconferences and attending annual conferences to further our links in the sector. The Manager Post-Separation Services provides oversight to the CCS program as well as the Family Dispute Resolution program, and is a steering committee member of the Greater Sydney Family Law Pathways Network.

Catholiccare Sydney also provides a range of complementary family services including counselling, family dispute resolution, specialist men’s counselling and groups, post-separation parenting courses and other parenting skills courses, and telephone counselling through the statewide services of Parentline.

We welcome the opportunity to participate in this consultation.

**1. Waiting times and Case Prioritisation**

**Question 1: Could the changeover function be offered in other types of family relationship services for example, Family Relationship Centres? What would the minimum requirements be to manage issues around safety and to ensure integration with other complementary support services in the community?**

This is not a viable solution to address CCS waiting times and we have practice concerns about such services being offered in FRCs.

Our experience is that very few families approach the CCS directly for changeover only; rather, this is a stage they may progress to only after 6-12 months of supervised visits at the centre, with changeovers then proceeding for a further 6-12 months before self-management is viable and/or court orders allow other arrangements, such as supervision by a family member. It is a big leap for nearly all CCS families to progress to self-management and the barriers and challenges need to be understood by staff trained to work with such families.
Offering changeovers at FRCs would have little, if any, impact on our waiting lists as the vast majority of service requests from courts, clients and solicitors are for supervised visitation. We have always been able to meet the demand for changeovers with minimal waiting time after the usual assessment process, or when families are ready to progress to this stage from supervised visitation through the CCS. In our first year of operation we offered changeovers on Friday nights but found no demand for this service and so reduced our opening hours to Saturdays-Sundays only - offering weekday changeovers at FRCs is not likely to address demand as most orders/arrangements are for parents to see their children on weekends.

(It may be that a new FRC based changeover service, if offered, would instead meet needs from a different client group such as FDR clients who may be experiencing conflict during initial stages of separation and benefit from a neutral environment to exchange children after school/work etc while they work towards more permanent parenting arrangements. Such clients, with greater potential to move to self management, would in our experience not usually access CCS services due to waiting times and the priority given to more complex and court-ordered cases.)

However there are serious concerns about such services being offered through already busy and multi-functional FRCs. CCS services, including changeovers, require that providers and their staff have the necessary capacity for specialised assessment and a high level of ongoing case management. Case management includes the capacity for trained and qualified staff (ie those who meet agreed CCS standards, not just family advisors or FDRPs not equipped for this work) to undertake ongoing assessment of how children and parents are managing visits and to provide telephone and in person support for clients as required, to undertake contact/case note report writing for each changeover and case management interaction, and to have the time and capacity to liaise with courts through dialogue and subpoenaed files). As well, changeovers need to be available as part of a continuum of CCS services without requiring clients to start another process of engagement with a new provider when they progress from visits to changeovers, with the potential to have to go back to supervised visits or have extra support from staff if problems arise from the change. Safety and best practice requirements which would need to be implemented and monitored in addition to the many existing requirements of FRCs, and specialist training and ongoing support provided for FRC staff who undertake supervision and case management of such services.

**Question 2. What other strategies might be employed to minimise waiting times in Children's Contact Services?**

Strategies could include:
- case managers actively following up applicants on waiting list to see if circumstances have changed and if they still require the service (eg may have applied to multiple centres)
- CCS staff and referrers being aware of current waiting lists at all CCSes through means such as the ACCSA website, which provides updated waiting list information for both service types, and/or other local networks such as Family Law Pathways Networks
- the option of a full fee-paying stream which, without compromising a thorough assessment process, offers additional spaces for visits, with fees covering staffing cost per visit. This is subject to CCSes' capacity to resource such visits with extra staff and to provide adequate physical space as well as case management for additional full-fee families, until they are able to move into an available subsidised spot. The financial capacity of clients to meet the costs of such a service may also limit the efficacy of this option.
- during the assessment stage case managers need to be decisive in communicating outcomes eg. if they are not going to accept clients into the CCS due to safety concerns, this needs to be explained in a timely manner to applicants/solicitors, rather than keeping people on waiting lists pending such an outcome
- education of parents and referrers (eg solicitors) about the service ie it is not a long term service, and clients must be prepared to work towards self management - court orders that require parents' participation in complementary services could support progress to self management as clients are often reluctant to act on CCS recommendations/referrals
- resourcing alternative longer term services so that short-medium term clients can be managed through more reasonable timeframes
* updates provided to CCSes about progress in court - family law court delays are a major issue in moving people through the CCS
- alternative longer term services for clients with issues which will require long term support beyond the capacity of CCSes eg for clients with acquired brain injury or mental health issues as we have had, who will never be able to self manage safely.

We are concerned about some anecdotal accounts that some CCSes routinely move clients through after a very short fixed period, leaving them to again seek other services such as ours and start the process again. Our observation is that managing waiting lists by only allowing for 6 visits may actually be more unhelpful for children and parents, as it takes time to build relationships with CCS staff and provide a quality service. Meeting targets should not be at the expense of quality service and the safety of children. Similarly we have heard that some CCSes refuse clients with mental illnesses -this puts more pressure on other centres who accept them if assessed as appropriate, then have longer waiting lists while they manage and support these clients with more complex needs.

To really address the waiting lists and meet the demands of many vulnerable children and parents, the CCS sector needs more funding to enhance the capacity of existing services and provide more in the many areas where no such services are available. Catholiccare Sydney has deficit-funded Sydney CCS in the amount of $30,000 pa since we began operation in 2008, in order to ensure that the service meets licensing and safety requirements, the high cost of Sydney inner city rent, and the demands of case management. CCS staff work extremely hard with limited resources to provide a high quality service to as many people as possible, but constantly face the pressure of demand
from new clients as they provide support to existing clients, ensuring that services are provided for as long as they are needed when no other options are available.

Question 3. Given the high demand for Children’s Contact Services, should access to services be prioritised? If so, how might this be achieved?

Our experience is that the factors noted in the consultation paper as possible considerations in prioritising cases (referral source, parental conflict level, age of children, time since last parent-child contact) are generally all presenting factors in the majority of cases coming to our service - so prioritising based on issues, rather than the chronological process of application, would in most cases be dangerous and hard for staff to assess with objective fairness. Moral and ethical issues would be likely to arise from such a process which relies on an individual needing to choose between the needs of children.

- Most cases are court referred or ordered with legal processes underway.
- All applicants report significant levels of parental conflict, usually in addition to multiple complex factors such as mental illness, domestic violence, addictions, criminal records, and breakdowns in parent-child relationships due to these issues and separation over time.
- The children we cater for are 0-12 years so for all, age is significant in terms of developmental needs, although situations vary from family to family. Age could sometimes be a criteria for priority eg 0-3 year old children - but would always need to be considered in the light of the other factors affecting each family eg extent of resistance or impact of conflict.
- Most families would have experienced a period of time where children have not seen their parents time with parent, although very occasionally they may be doing this through another CCS already and just want to change due to location or pending termination of that service. A rare example where we did prioritise a case was when a client visiting Australia on a 3mth short term visa, who had not seen his children for some time, was fast tracked to ensure visits could occur in a timely manner and on a short term basis only.

Generally however we find that a "first in, first served" approach is transparent and perceived as fair by applicants, rather than expecting a case manager to compare the competing needs identified by clients and/or their solicitors - all of whom approach the service seeing their case as urgent. Also we would not want to give priority to clients who can afford full fees at the expense of the many who can not, hence the full fee option described in Q 2 and currently used in our CCS to address this concern.

2. Standardising CCS protocols

Question 4: Is there a need for the development of a standardised set of protocols for client acceptance and withdrawal of services? What might be some of the circumstances warranting exclusion be?
It could be beneficial for clients and for the sector to have more standardised risk assessment guidelines to assist with acceptance and possibly withdrawal protocols, as currently they vary widely so clients may "shop around" and CCSes may not know why they were refused or suspended from other services. However such protocols would need to be of a high standard and staff using them should have tertiary qualifications and appropriate experience and training. ACCSA guidelines are useful although voluntary at this stage.

We currently have thorough assessment and ongoing monitoring of cases including a service agreement which identifies expectations of parental behaviour and the reasons for termination of service. Our process includes clear warnings so that clients can understand the consequences of ongoing behaviour which may put service at risk.

The primary considerations in both acceptance and exclusion of clients are for our service safety, and the best interests of children. This has sometimes led us to not accept a case even though it was court ordered, something we discussed with the ICL as well as the parties. In one case an applicant who owned guns, had a diagnosed mental illness and a criminal record including police assaults, was excluded due to concerns about the risks to the safety of his children, other clients and staff.

CCSes should always be able to make such decisions irrespective of referral sources. Breaching the CCS service agreement (eg repeated threatening and inappropriate behaviour) can also be grounds for termination. Working in this sector there will always be situations which can not be wholly anticipated so we have continued to review and respond to learning from practice as we implement such protocols.

We would also note that an unintentional, though common factor in exclusion of clients is the prohibitive cost of interpreters if required - our service cannot afford to cover the cost of weekend attendance of interpreters to assist staff in observing parent-child interaction, and recruitment is not able to provide a range of community languages to provide ongoing bilingual support to clients. This means we must refer some CALD clients to a service that has weekday visits, or that CALD clients must speak English during visits to ensure monitoring by staff writing contact notes. We have observed how difficult it can be for parents in this situation to engage with their children when having to speak in a limited second language due to these constraints. Again, resourcing is the primary barrier to accessibility of broader service provision.

**Question 5: Under what circumstances should supervised visitation be discontinued? When might ongoing (long-term) supervised contact be appropriate?**

Supervised visits should be discontinued when:
- it is assessed that a child's safety is at risk
- a child is distressed and consistently refusing to attend the visit - this circumstance should be gauged over a few visits with appropriate support and guidance for both children and parents prior to and following such a decision.
- a parent breaches CCS service regulations - in serious cases such as violence or threats to staff suspension or termination may be immediate, in other cases of repeated failure to comply with agreed expectations (eg frequently cancelling visits at the last moment showing little commitment to spending time with the child) suspension or termination may occur after a due process of warnings. (See attached SCCS service agreement signed by clients prior to commencement of visitation)

- parents are assessed and/or court ordered as being able to safely self manage, perhaps via an initial stage of changeover-changeback. In our experience such parents who are doing well are sometimes held up by still having to use the service as per orders while awaiting final court dates which then confirm our assessment of capacity for self-management.

Ongoing (long-term) contact could be appropriate in situations where the issues precluding self-management are related to issues broader than those of separation eg the diagnosed mental health or brain injury condition of a parent is likely to have a long-term impact on capacity to safely care for a child. It would be good to have a dual system whereby clients can move across, following assessment of long-term needs, from the post-separation CCS system into specific long-term services that maintain a focus on child protection through supervising visitation. Clients can be distressed to realise that the CCS is at best a short to mid term option when they have fears about the capacity of the other parent to ever be able to safely care for the child (eg concerns about child sexual abuse even if not substantiated, or mental health concerns), and/or when they have fears for their own safety if they have to accept some form of self management due to CCSes not being able to continue service, and no other long-term options being available. The majority of our clients could not afford private services as an alternative.

**Fees**

Question 6: Should there be a parallel service for those clients who are willing to pay the full cost of service in order to gain access to CCSes with minimum waiting times?

Any such system would need to ensure assessment standard and process of as high a standard as the subsidised services currently offered, and ensure fairness of accessibility to all those families in need of such support.

We offer a dual system which addresses these issues - clients proceed through the same intake and assessment process, but if both parents are able to afford half each of the actual cost of staffing a visit, they have the option of taking a full-fee paying place which is offered in addition to our main stream of subsidised client places. Full-fee clients usually only pay this amount as a short term arrangement and only until a subsidised vacancy becomes available in line with their position on the waiting list.

Our agency has a mission to work with the disadvantaged in the community and is morally and practically committed to providing fair access to the service, whilst also seeking ways to manage waiting times and provide viable options for clients. We find