



25 March 2011

Ms Cathy Rainsford
Acting Branch Manager
Family Law Branch
Attorney-General's Department

Re: Response to Children's Contact Services - Consultation Paper

Dear Ms Rainsford,

FRSA is pleased to submit a response to the Attorney General's Department '**Children's Contact Services - Consultation Paper**'. As noted in our initial response to the draft paper, FRSA believes that it is timely to review the role and overall capacity of existing Children's Contact Services.

Children's Contact Services are working with some of the most vulnerable and 'at risk' children and parents in the Family Law System. Demand for these services has been steadily growing and in most areas across Australia demand far outstrips supply. FRSA does not believe that the solution to this lies in splitting off part of the CCS function to other services or restricting access to these services. Instead we believe there should be an increased investment in existing services and the establishment of new services in some areas. These arguments are more fully described in our submission.

We are happy to provide further information should you require it and look forward to seeing the outcomes of the consultation process.

Yours sincerely

A handwritten signature in black ink that reads "Samantha Page".

Samantha Page
Executive Director



**FRSA Response to the Attorney General's
Department 'Children's Contact Services -
Consultation Paper'**

March 2011

About Us

Family Relationship Services Australia (FRSA) is a national peak body. Our purpose is to provide national leadership and representation for services that work to strengthen the wellbeing, safety and resilience of families, children and communities. FRSA member organisations deliver services in more than 650 locations across Australia and work with over 300,000 people each year. They consist primarily of non-profit organisations embedded in local communities.

FRSA provides support to members and draws on their expertise to understand the changing needs of families accessing services and to inform public policy. FRSA also works collaboratively with the Australian Government and its agencies. FRSA receives funding through the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) to provide sector representation and support to services funded under the Family Support Program which has three core streams:

- **Community and Family Partnerships:** providing intensive and coordinated support targeted to disadvantaged communities and families, especially where children are at risk.
- **Family and Parenting Services:** providing early intervention and prevention services to families to build and strengthen relationships, develop skills and support parents and children.
- **Family Law Services (Attorney-General's Department responsibility):** assisting families to manage the process and impacts of separation in the best interests of children.

Many of FRSA members deliver a mix of other Australian Government and State/Territory Government funded programs, such as:

- Family violence and sexual assault services
- Child protection services
- Family support
- Community legal services
- Crisis accommodation and support
- Community/neighbourhood centres
- Disability and carer support services
- Mental health services
- Children's services

FRSA works collaboratively with related service networks, peak bodies and advocacy groups to promote effective support for families across these and many other program areas.

For more information visit: www.frsa.org.au.

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Introduction

Australian Government funded Children's Contact Services (CCSs) provide a safe and neutral environment for children to maintain a connection to a parent where separation and ongoing conflict prevent this from occurring unassisted. The two main functions include supervised contact, where the child and parent stay on the premises; and supervised changeover where the child moves between one parent and another at the contact service avoiding the need for the two parents to meet.

Children's Contact Services are used by a relatively small proportion of families, usually because there is very high conflict between the parents or the relationship between the child and one parent has been interrupted (e.g. there has been a long period of no or minimal contact). Supervised contact is often part of a process. A Family Court may order supervised contact to assess safety concerns and/or the nature of the relationship between the parent and the child before making determinations about longer term contact arrangements. In most cases the use of the contact service is temporary and families move on to self manage contact and changeovers.

It could be argued that Australia leads the world in the delivery of this type of service. Children's Contact Services have been in operation for 15 years and have become an important part of the Family Law System. The 2006 Family Law Reforms which increased emphasis on shared parental responsibility included additional investment in new contact services, bringing the number to 65. Yet demand continues to be higher than anticipated right across the country, resulting in waiting lists at most services and frustration amongst parents unable to access services close by, within expected timeframes.

It is timely to review the role, effectiveness and availability of Children's Contact Centres. FRSA welcomes the opportunity to respond to the Attorney-General's Department Consultation Paper.

To assist with the development of this response FRSA has consulted with member organisations that operate Children's Contact Services. The majority of these organisations also operate a range of other family and relationship services including but not limited to Family Relationship Centres (FRC), counselling and mediation services, relationship education including domestic violence group work programs as well as a range of other state funded child protection programs. A number of these providers also operate the Parenting Orders Program (POP), Supporting Children After Separation Program (SCASP) and Post Separation Cooperative Parenting Program (PSCP).

FRSA has responded to each of the questions posed in the Consultation Paper with a recommendation at the conclusion of each question. These recommendations are summarised below. Broadly, FRSA believes that Children's Contact Services are fulfilling an important function in the Family Law System. There is a need to address demand and improve accessibility, the most cost effective way to do this would be to increase the capacity of existing services and address any significant gaps.

Summary of Recommendations

Recommendation 1: Retain the function of supervised changeovers in Children's Contact Services and invest in building the capacity of existing and new services to match the level of need.

Recommendation 2: Increase investment in existing and new Children's Contact Services to bring down waiting times for supervised contact.

Recommendation 3: Additional strategies to reduce waiting times would include:

- a) Supporting further collaboration with Family Courts to refine the framing of orders involving supervised changeovers;
- b) Increasing the capacity of the Family Law System to provide case management or service coordination; and
- c) Developing group education programs to facilitate the transition to self management.

Recommendation 4: Prioritisation should not be universally applied across Children's Contact Services, though individual services may identify appropriate criteria on a case-by-case basis.

Recommendation 5: Develop a set of standardised CCS practices and protocols that allow flexibility for providers to make adjustments in their local service delivery model.

Recommendation 6: Establish a set of criteria to identify cases where long-term CCS engagement is appropriate and establish a pool of funds and protocols for application of such funds to assist in providing the required services.

Recommendation 7: Conduct research into the benefits and challenges of operating a parallel fee-for-service CCS along side funded CCSs. Standards and service guidelines should also apply to such a service.

Recommendation 8: Develop standardised guidelines for appropriate referral processes into the CCS.

Recommendation 9: CCSs can use standardised observational note taking templates to share important information to help update and inform court decisions.

Recommendation 10: Provide training on reporting templates to assist with the collation and sharing of observational notes to help inform ongoing support options and court deliberations.

Recommendation 11: That further consultation and research be conducted across the family law system into the merit of establishing a formal feedback mechanism from family and relationship services to the courts.

Recommendation 12: In consultation with the broader sector, implement a standardised set of protocols for conducting supervised contacts and changeovers in funded and private CCSs.

Recommendation 13: Ensure services have access to adequate establishment and refurbishment funds to meet required CCS standards.

Recommendation 14: Develop some CCS specific accreditation mechanisms in consultation with providers and in line with existing FSP standards and requirements.

Recommendation 15: Conduct a cost benefit analysis of providing additional funds to CCSs to ensure better long term outcomes for children against maintaining existing funding levels and forcing families to move through the process too quickly and/or denying families earlier access to regular safe contact.

Question 1: Potential Use of Alternative Services?

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 ensure integration with other complementary support services within the community?

FRSA has consulted organisations that operate Children's Contact Services, Family Relationship Centres (FRCs) and other family relationship services. Across the sector there is a consistent view that the changeover function is not suitable to be offered at FRCs or other service types. Supervised changeover is part of a continuum of support provided to 'high risk' families, it therefore warrants a dedicated venue and staff team who know the family well enough to be undertaking ongoing risk assessment.

For supervised changeover to occur in other types of family relationship services, such as Family Relationship Centres (FRCs) there would need to be considerable additional investment to build their capacity to create appropriate spaces and employ suitably qualified staff. Additional funding would be needed, not only for the actual time spent supervising contact, but also for ongoing therapeutic support to children and parents, as well as assessment reports to agencies such as the Family Courts.

If additional resources are to be allocated to supervised changeovers, these resources would be better directed to existing contact services. Contact services have existing capacity and can readily expand their operations using existing premises and staff. The cost of increasing their capacity would be much less than the cost of developing the capacity in other services.

The "supervised changeover" function is not separate to the other functions of the CCS. Very few families referred to a CCS require only supervision during changeovers from the beginning of their involvement with the service. It is more common for supervised changeovers to be one stage on a continuum of service delivery – beginning with supervised contact, moving to supervised changeover if appropriate and ultimately to support through the transition to unsupervised contact and self-management. Indeed providers believe that providing supervised changeovers at FRCs would have little, if any, impact on CCS waiting lists as the vast majority of service requests from courts, clients and solicitors are for supervised contact. In the main, most CCS providers are able to meet the demand for changeovers with minimal waiting time when families are ready to progress to this stage from supervised contact. To address waiting lists CCSs need more capacity for supervised contact rather than more capacity for changeovers.

Changeovers are as complex, as supervised visits. The degree of support and supervision required, both at the time of changeover and in between, can be significant. Further, the transition from changeover to self-management of arrangements is often a crucial time in the family's journey. When this stage is well supported, it can mean the difference between a successful transition or another stressful set back with the family returning to court and/or to supervised visits.

The majority of families referred to CCSs have significant and complex support needs - there are usually safety concerns that require careful and thorough assessment. Typically, support begins with supervised contact during which the relationship between the child(ren) and

one or both parents can be assessed. Therapeutic support may be provided to the child(ren) and/or the parent(s) during this time. In some cases, unsupervised contact is not deemed appropriate and contact continues to be supervised or may cease altogether. In other cases families will progress to supervised changeover. It is important through this transition that the CCS continues to provide an environment that is 'safe' and familiar to the child, where an established relationship between the child, parent and support worker allows ongoing risk assessment to occur. Requiring children and parents to transition to another service location when they progress from visits to changeovers potentially undermines the efficacy of the support provided and could be counter productive.

The safety and wellbeing of vulnerable children is the central premise of Children's Contact Services. They are purposefully designed to provide a safe and welcoming environment for children. Key characteristics include:

- Premises with double access – separate car parks, doorways and reception areas (where possible) prevent incidents occurring between parents in high conflict;
- Child friendly areas help children to feel safe and engage in normative play – including where possible indoor & outdoor facilities;
- Variety of spaces to accommodate children of different ages and to allow room for children and parents to engage in activities together;
- Staff with skills and knowledge in child development, risk assessment and analysis of parental capacity;
- Operating hours that cover peak demand periods - Friday nights and/or Saturday mornings, then at the end of the weekend late on Sunday afternoons.

Other services, including FRCs, do not have these same characteristics and would need to make substantial changes to their operations in order to provide the supervised changeover function to the same standard as current CCS providers.

Typically FRCs are in high profile, 'busy' locations with a high flow-through of clients. In contrast, CCS offer more privacy to clients using the service and carefully control the number of clients accessing the service at any given time to maximise the safety of everyone. An FRC may have two exits but will typically have one primary entry rather than the two entries a CCS will usually have – this means that if one parent is late arriving or leaving there is more chance they will have contact with the other parent. For parents with a history of violence and/or very high conflict this is not conducive to their safety or the wellbeing of their children. FRCs typically have limited 'child friendly' spaces and a small number of staff specifically trained to work directly with children. Supervising changeovers is not something that can be done by unskilled staff.

Staff working in CCS need to have competency and capacity (both skills and time) for undertaking family assessments and providing support to both parents and children. Supervised changeover includes ongoing assessment of how children and parents are managing contact, including telephone and in-person support for clients as required. CCS staff must have the time and capacity to liaise with children, parents, referrers, other support services and with the courts through written reports and case notes. Staff in most CCSs are required to enter detailed contact/case notes for each changeover and case management interaction. The skills required are now recognised in the Diploma of Children's Contact Service Work. The qualifications profile of CCS staff differ from that of staff in the broader family and relationship services with greater emphasis on child development. Many providers of CCS have developed tailored orientation and training for staff because of the

unique nature of the service provided. It is not likely that FRCs would find it easy to employ staff with the appropriate skills for supervising changeovers.

FRCs already work closely with their local CCS and often both are supporting a family at the same time. However, practitioners report that progress in FDR towards agreement on longer-term parenting arrangements and progress through the CCS can occur on very distinct timelines and there is a therapeutic value in keeping these processes separate. For example, parents may be working towards the resolution of a dispute over longer term parenting arrangements while one parent re-builds a relationship with the child – there is no purpose in making one contingent on the other. A strong referral relationship is more appropriate than service integration. A number of FRSA members that operate a CCS co-located with an FRC (or other family and relationship service) report that while co-location has some benefits the programs operate as distinctly different services. Clients have clear expectations of each service, the staff employed in each service have a different role and different skill set, and the services operate at different times. There are no clear benefits from moving the supervised changeovers out of the CCS and into the FRC.

Recommendation 1: Retain the function of supervised changeovers in Children’s Contact Services and invest in building the capacity of existing and new services to match the level of need.

Question 2: Strategies to Reduce Waiting Times?

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

The strategy most likely to reduce waiting times for Children's Contact Services would be to substantially increase capacity through increased funding for existing services and new funding to establish services in areas with high unmet need. CCS providers have consistently reported that waiting lists are due to a lack of resources to increase supply to match demand. That is, there are insufficient funded services to address the needs of the large number of separating families in which children are at risk due to safety concerns and/or high parental conflict. An increase in both the number of CCS locations and staffing levels at existing locations would have a positive impact on the waiting lists.

This would be far more cost effective than funding other service types to perform CCS functions. It is also likely to be more cost effective than introducing complex demand management strategies that will drain resources that would otherwise be used to provide support to families.

With average annual funding to a Children's Contact Service of between \$200,000 and \$250,000, there is capacity to employ between 2.5 and 4.5 FTE staff to operate a part-time service. Therefore there is clearly significant potential to build on the existing infrastructure to increase capacity with relatively modest investment.

CCS providers have also identified potential benefits to be gained from further work on and adherence to the January 2007 document **A Guideline for Family Law Courts and Children's Contact Services**. The aim of that document was to enhance the relationship between the courts and CCSs to facilitate the appropriate use of Children's Contact Services by the family law courts. Without appropriate referral and direction from the courts, situations can arise where CCSs find it difficult to provide the ongoing support that may be in the best interests of the child(ren) given the tight court timeframes and/or to move clients on to self-management when it is safe to do so.

This can be in part due to the wording of Family Court Orders which may, for example, require a family to use the CCS with a court return date is unrealistically short or without providing an exit point or end date at all. In the latter case, parents can resist moving to self-management and the CCS can find they are unable to make progress towards self-management, despite believing it safe to do so. When the return date is too soon, the Service can feel that good progress could be wasted on a premature court-ordered change. When there is no date, they either have to continue providing supervision until one of the parents seeks a review by the Court or they have to force self management by withdrawing service which can cause additional problems and reignite tensions between the parents.

Because CCSs work with a small number of families at any given time, one family with high support needs can take up a disproportional amount of resources and have a significant impact on the capacity of the service to take on new clients. CCSs are often required to 'fill the gap' when other services do not exist or are unavailable. They can be reticent about moving these families on due to the ongoing risks to children's wellbeing and safety. A common example of this is when a CCS is required to accommodate supervised contact for

court ordered families in which one or both parents have a long term mental health condition. This contact often falls outside of the guidelines that indicate the CCS only offers short term assistance to separated families moving to self management. Such families may never have the capacity to self manage and alternative funding strategies across government departments need to be discussed in order to address this.

Several providers have indicated that in cases of significant self-limiting behaviour, additional conditions could be put in place to gain cooperation from parents who need to make changes in order to move to self management. For example, in cases where there has been a history of family violence, the parent that has used violence could be required to undertake a substantive behaviour change program in conjunction with their CCS involvement - indeed access to the CCS might be conditional on ongoing participation in the behaviour change program. Similarly, parents who have issues with drug and alcohol abuse may be required to demonstrate that they are enrolled in an accredited program for drug withdrawal or taking steps towards positive behaviour change in order to continue to use the CCS. Such measures would better protect children from exposure to self destructive behaviours.

Increasingly the families attending CCS have high and complex needs; this is consistent with trends across the community services sector (see for example, *ACOSS Community Sector Survey, 2009, 2008, 2007* etc). It is unlikely that the needs of these families will be addressed within a short timeframe such as 6 weeks or that they will require just one form of therapeutic intervention. More commonly, multiple support services may be involved to address a diversity of needs. There is potential benefit in better coordinating the efforts of these services through a case management approach. This function is currently not well articulated within the Family Law System, some families may be accessing the Parenting Orders Program but this is not universally available. Case management and service coordination functions are funded on an ad hoc basis across service systems which can work against effective coordination.

Another suggestion from several providers is to offer a compulsory group education program similar to the *Kids in Focus* seminars (run at many FRCs). The group would offer practical information and support on how to self manage contact arrangements in the best interests of the child after the CCS. Such a group would be specifically about making the transition from CCS changeover to self-management of contact arrangements and would involve parents attending separate group sessions to understand the practicalities of what is involved and where they can get further ongoing support.

Recommendation 2: Increase investment in existing and new Children's Contact Services to bring down waiting times for supervised contact.

Recommendation 3: Additional strategies to reduce waiting times would include:

- a) Supporting further collaboration with Family Courts to refine the framing of orders involving supervised changeovers;**
- b) Increasing the capacity of the Family Law System to provide case management or service coordination; and**
- c) Developing group education programs to facilitate the transition to self management.**

Question 3: Priority Access?

Given the high demand for CCSs and the waiting times for supervised contact, should access to the service be prioritised? If so, how could this be achieved?

The introduction of 'demand management' strategies often involves costs that reduce rather than increase the capacity of services to work with families. Quite simply, if services receive no additional resources but have to spend more time managing the waiting list they will have less time available to work with families. The relative cost of increasing service capacity should be compared to the cost of any demand management strategies being considered.

Across the FRSA membership there is a lack of consensus on the question of prioritisation. Many providers disagree with prioritising service on the basis of anything other than 'first come first served'. Some providers have expressed concerns that any other method of prioritisation would be discriminatory against one group or another. Providers reported that there are few (if any) families attending contact services that do not need supervised contact and/or changeovers. Therefore it is unlikely that a priority system would divert some families to another pathway or reduce overall demand.

As summarised in the Australian Psychological Society's Position Paper 'Parenting after Separation', *parental conflict is a major risk factor associated with poor outcomes for children after separation*. In the family law context, actions that deliberately exacerbate conflict and increase children's exposure to conflict are not uncommon and could be reasonably assessed as abusive and harmful to children. In cases of entrenched conflict, it can take some considerable time to determine when a parent is responsible for deliberately exacerbating the conflict and this may not be reflected in the child's desire to see that parent.

While some providers have considered priority measures that potentially increase therapeutic outcomes (e.g. priority to parents actively participating in a Parenting Orders Program or behaviour change program) these are generally not workable as a universal mechanism for determining priority. There is too much complexity across cases – for example, if transport factors prevent participation should the child miss out on contact? Generally, services need the flexibility to make a case-by-case assessment.

CCSs are required to keep the children's best interest at the centre of the contact arrangements. Providing prioritised service to one family still means that another family will wait longer for service with one child having to wait longer to see a parent than another. Many service providers question how one child's best interests can be evaluated against that of another child's? For most CCS families, most children of the 'spends time with' parent have not usually had any time with that parent for a significant period prior to attending the CCS. To try and prioritise need in these circumstances is very complex.

Whilst there could be a set of criteria established for prioritisation, (e.g. longest time since seen a parent or agreements and orders above non agreement or orders) the implementation of such a plan will not necessarily resolve what is essentially a matter of service demand beyond the current capacity to meet that demand as outlined in answers to questions 1 & 2.

Recommendation 4: Prioritisation should not be universally applied across Children's Contact Services, though individual services may identify appropriate criteria on a case-by-case basis.

Question 4: Standardised Protocols?

Is there a need for a standardised set of protocols for client exclusion and withdrawal of services to be developed or should such protocols be agreed between the Courts and the CCS on a case-by-case basis?

The majority of providers agree with the need for overall standardised practices and protocols for the CCSs. FRSA supports such a set of standardised CCS practices and protocols as long as this allows flexibility for providers to make adjustments in their service delivery model to more appropriately meet the needs of the community they work within. This may entail a different application of the model in different cases.

Such a set of protocols could form the basis of an extension to the **Guideline for Family Law Courts and Children's Contact Services**. These protocols would provide a baseline for services and offer clarity around expectations of the Courts (and parents) as the protocols would include addressing the need for standardised client exclusion and *withdrawal of service* processes.

Some members have raised concerns that the Family Court is ordering contact to a CCS in some instances as a 'safe' alternative, where it may be that contact is actually not appropriate in the first instance – i.e. that 'exclusion' of this option could be made at an earlier point in the court process.

Recommendation 5: Develop a set of standardised CCS practices and protocols that allow flexibility for providers to make adjustments in their local service delivery model.

Question 5: Discontinuing Supervised Contact?

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

All funded CCSs require those using the service to sign a Service Agreement prior to commencement of contact visits or changeovers. Supervised contact may be suspended or service withdrawn if elements of the agreement aren't met and safety is compromised.

A small number of CCSs report that they provide a set number of contact visits (usually 6-8), provide an observational report on the visits and then leave it to the parties and/or the courts to determine what the next step will be. Other CCSs provide a guarantee of 6 initial visits followed by a review of service. These services will then assess service delivery and negotiate whether the contact service will continue or other arrangements can be made.

The majority of CCS providers indicate they struggle with the question of continuing to provide service to families beyond 3-6 months because of the impact on waiting lists. Providers suggest this ongoing issue is difficult to resolve but that the following factors need to be understood by funding bodies, court staff and legal practitioners:

Parents are referred to CCSs because they are not able to meet without conflict. Many of the families have a range of complex needs and many of these needs require medium or long term intervention from multiple service types in order to be resolved over time.

A service plan, incorporating the number of visits, may be established for families based on the information received at the time of assessment. Delays in court processes, family reporting assessments and other requirements (e.g. psychiatric reports) can often result in the timeframes of the plan being extended in order to provide an opportunity for a child to continue to see and maintain a positive relationship with a parent they don't live with.

Staff can be highly reluctant to withdraw service when supervised visits are proceeding well for the child, when there is a delay in court hearings etc. and when contact at the CCS is the only safe option available for the child. Many CCS providers contend that it is not in the child's best interest to facilitate contact, support the development of a positive relationship with a parent and then withdraw service for an indeterminate amount of time. There is a strong view that commencing a contact process and then disrupting the relationship is likely to cause more harm to the child and affect the child's development. CCS providers understand that this will lengthen the waiting time for other families wishing to access the service and are frustrated they have no more resources to respond to demand.

Many Children's Contact Services are providing service to families with ongoing complex needs where few other ongoing options are available. Even a small number of such families who require a disproportional amount of service have a significant impact on a CCS waiting list. However, as mentioned above, CCSs required to 'fill the gap' when other services do not exist or are unavailable are reticent to move these families on due to the ongoing risks to children's wellbeing and safety. These are cases where long term supervised contact is appropriate.

One regular example of this is when a CCS is required to accommodate supervised contact for court-ordered families in which one or both parents have a long term mental health condition. This contact falls outside of the guidelines that indicate the CCS only offers short

term assistance to separated families moving to self management. Such families may never have the capacity to self manage and further consideration of alternative funding strategies across government departments needs to be discussed in order to address this.

Another example is in the case of suspected sexual abuse. There is the danger that if a CCS does not accept such families, that alternative orders for privately arranged supervised contact to occur (with family members or friends) may take place, putting the child at further risk.

Most CCSs have some cases where long-term supervision appears to be the only option for a child to spend time with a parent they do not (or cannot) live with. Some CCSs may undertake to provide such service, whilst others will offer one or a combination of options. These include but are not limited to:

- Refer the family to the local POP
- On call visits, when other cancellations occur
- A set number of visits per year (e.g. quarterly)
- Visits at significant times (e.g. close to birthdays, Father's/Mother's day, Christmas)
- Supervised phone calls during the week
- Handing over of letters, cards etc
- Periodic supervised Skype/video calls.

Recommendation 6: Establish a set of criteria to identify cases where long-term CCS engagement is appropriate and establish a pool of funds and protocols for application of such funds to assist in providing the required services.

Question 6: Full fee paying services?

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 a minimum waiting time?

FRSA supports the need for research into the benefits and challenges of operating a parallel fee for service CCS along side funded CCSs. Most not-for-profit community service organisations are committed to the principles of access and equity. The provision of service is most often based on needs assessment rather capacity to pay. Many CCS providers indicate that the majority of their clients are low income families dealing with significant financial disruption and disadvantage either prior to and/or as a result of separation. However, a number of CCS providers operate, or are currently trialling a parallel fee for service CCS, in conjunction with their funded Service. In almost every instance this is predominantly an attempt to manage demand and improve client families access to more timely contact with children.

FRSA is committed to the principles of access and equity, that is where service is offered based on identified need and on a first come first served basis. However, providers who are offering such a parallel service indicate that by and large, they are doing so in more affluent areas and those families accessing the fee-for-service are reducing the waiting times or speeding up the process for those who cannot afford to access the user-pays service.

Most funded CCS providers offering a parallel fee-for-service use the increased funds to pay for a combination of existing and additional staff in existing premises to operate extended hours under the same service standards and guidelines as the regular service.

One metropolitan based CCS provider indicated they offer a dual system where clients proceed through the same intake and assessment process, but if both parents are able to afford to share the actual cost of staffing a contact visit, then they have the option of taking a full-fee-paying place which is offered in addition to the main stream 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.

The provider also indicated that their mission is to work with disadvantaged people in the community and that they are 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. They find that very few clients take up this full-fee option due to affordability constraints. The full fee stream only covers the actual amount of salary/penalties paid to the staff supervising the contact. The funded CCS location and the CCS coordinator are also needed to operate this alternative service and support the additional case work which is associated to the additional work.

Recommendation 7: Conduct research into the benefits and issues of operating a parallel fee-for-service CCS along side a funded CCS. The same standards and service guidelines should apply to such a service.

Question 7: Guidelines for appropriate referral processes?

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

FRSA believes the development of standardised guidelines for appropriate referral processes would be a beneficial step in streamlining families' journey through the family law system. Such guidelines would help to minimise confusion about the nature of the CCS role and processes, what they offer families and how families can access them. This would also reduce the amount of time spent by CCS staff educating clients and referrers and clarifying issues. This would in turn create more time for CCS staff to engage with families using the service and potentially assist with the further reduction of waiting lists.

However, it is also important for the Attorney General's Department and provider representatives to have further discussion about longer term service options in cases where families cannot move to self-management within the short to medium term. There are very few safe and specifically designated alternative CCS options for parents at the high conflict end of the separation spectrum. Simply ruling out referrals for families with longer term needs is not the ideal response to ensuring the safety of children. The development of these guidelines should not be seen as a way of eliminating 'excess numbers' of cases using the system.

The guidelines need to clearly articulate who the service is for, how it works and how families and other services access it. It is important that local, state and national bodies are made aware of such guidelines in order to ensure accurate information and expectations are communicated to all prospective referral sources and clients.

Recommendation 8: Develop standardised guidelines for appropriate referral processes into the CCSs.

Question 8: CCS Assessment for Court use?

What role should Children's Contact Services play in providing an assessment to the Courts to inform decisions about parenting matters?

FRSA believes CCSs are well placed to provide independent and neutral information on the behaviours and observations of children with their parents. In WA and Victoria CCS providers complete reports (for the courts) of observations that have generally taken place over a long period of time, (usually a minimum of 8 weeks for 2 hours per week). These reports can assist a Judge or Magistrate to gain a clear and updated picture of the post separation relationship between parent and their children and between the parents themselves.

FRSA is in favour of CCSs providing assessments to Courts as stated above because it is a potentially valuable resource to inform decision making on parenting arrangements following separation. The reasons for this may include:

- The visits to the CCS are usually the only contact the parent has with the child during protracted proceedings.
- The visits are usually occurring regularly enough to identify interactive patterns and children's coping ability and needs.
- The regularity of visits provides evidence of engagement and the stability and well being of the parents and children.
- The regularity of visits provides a snapshot of the Parent's preparedness for the visits thus displaying child focused behaviours.

Further, some CCS providers have indicated that they could provide access for the Court appointed family consultants to observe families and assist in their report writing process.

Finally, we acknowledge that a standardised format for reporting to the courts would be very useful for families, the courts and service providers.

Recommendation 9: CCS can use standardised observational note taking templates to share important information to help update and inform court decisions.

Question 9: Referral information provided and report writing needs?

a) What format should information provided to referral sources take?

b) Is training for Children's Contact Service employees in factual report writing needed?

Children's Contact Services are environments in which children and parents may be together for contact that regularly occur over an extended period of time. These visits are often the only contact 'spends time with' parents and their children have whilst Court determinations are being made. The CCS environment, therefore, may provide opportunity to observe the nature of the relationship, developments in the relationship and parenting capacity.

Whilst there are a variety of observational pro-formas used in Australia, most CCS providers are in favour of a standardised observational form being developed to ensure all services are collecting the most relevant and updated family information to inform follow up referral and support, court deliberations and any parenting agreements.

The development of any standardised format for information provision from CCSs to referrers and the Family Court needs to occur in full collaboration with CCS practitioners, coordinators and supervisors.

Training will be required if there is to be a standardised observational format. This training needs to be provided on a regular basis to allow for staff turnover and refreshers for those who have been in the sector for some time.

National CCS specific training on reporting and other facets of CCS service delivery, alongside regular service standard reviews, would help to enable staff report to the courts in a consistent and coherent manner.

Recommendation 10: Provide training on reporting templates to assist with the collation and sharing of observational notes to help inform ongoing support options and court deliberations.

Question 10: CCS Feedback to Courts?

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

FRSA believes there is some merit in providing limited information to the court beyond the observation notes template suggested in response to questions 8 & 9. However, we acknowledge that any additional information offered must have appropriate safeguards build around it.

FRSA is aware that not all funded or private CCSs write observational notes for their clients. We believe that in observing family interactions CCS staff are in a unique position to factually note statements or behaviours that can clearly identify solid, healthy relational patterns or chronic gaps in understanding when it comes to the needs of children. There needs to be standard protocols in place to ensure this vital information is captured and conveyed to relevant parties for the sake of the children within the bounds of appropriate confidentiality.

More importantly, the ongoing issue of the voice of the child needing to be heard and communicated to the relevant stakeholders is available in written form without any staged or formal assessment structure being necessary. This seems a more legitimate way of garnering much more important information when trying to determine what is in the child's best interest, particularly children under 4 years of age who cannot articulate so well verbally.

Some providers conduct periodic interviews with parents on the path to self-management and would like to report on the parents' responses and engagement in this process. Some of these services would also like to provide their recommended plan for each family by way of feedback to the courts as suggested above.

However, other providers do not wish for any CCS observational notes or reports to be given great weight in deliberations regarding future arrangements because of the artificial or controlled environment in which contact takes place. These providers suggest that this environment does not reflect the challenges of the 'outside world' sufficiently to judge if the parent has the skills required for self-management of arrangements outside the CCS.

Those services in states and territories where regular CCS feedback is either sort by way of subpoena or provided as a matter of course indicated that the amount of time required to prepare reports or a client file for subpoena is extensive. Whilst there are variations as to the potential usefulness of the information provided, all services noted that the time taken to prepare reports significantly impacted on the time available for client contact.

Recommendation 11: That further consultation and research be conducted across the family law system into the merit of establishing a formal feedback mechanism from family and relationship services to the courts.

Question 11: Other benefits of standardised protocols?

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

FRSA believes that when making a decision to bring in standardised protocols, the focus must be on achieving positive long term outcomes for children and families using the service system. Aside from a thorough and ongoing screening and assessment of families we need to ensure families can maximize their opportunities for positive change. To do this providers need to actively engage in case management work with adults and children as appropriate and work closely with a range of other providers (including the courts) as an integral part of the service delivery system. If this is not undertaken children using services could be put at further risk and families will not move to self management, further clogging an already over-crowded service system.

FRSA believes that a standardised set of protocols for conducting supervised contacts and changeovers in funded and private CCSs is vital to the sustainability of service delivery in this area. We believe that in order to take the needs of children seriously then a system should be in place to ensure that anyone who delivers such a service is subject to standard protocols.

Recommendation 12: In consultation with the broader sector, implement a standardised set of protocols for conducting supervised contacts and changeovers in funded and private CCSs.

Question 12: CCS Design and location?

To what extent does design and location of Children's Contact Services impact on the capacity to provide service?

Children's Contact Services must ensure that the children's best interests are kept at the centre of the contact process. Services 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.

In order for CCSs to assist the children of separated parents establish and maintain a relationship with their other parent and family members, CCSs must provide a safe, reliable and neutral place for changeovers and supervised contact visits with children. As acknowledged throughout this response, some of the most conflicted families use a CCS, so reducing any extra potential external challenges is important. The environment within which contact takes place has the potential to significantly impact the level of anxiety children and parents experience during such contact.

CCS providers take these important issues into account and consider design and location options for centres that;

- have large, open areas that allow for the possibility of more than one low vigilance visit at a time;
- allow for effective supervision of every visit that takes place – effective monitoring is conditional upon appropriate design and worker to family ratio;
- have outdoor areas which allow for effective supervision of conversation whilst being relevant to the needs of children across a range of ages and stages of development;
- are close to public transport routes;
- Are centrally located in a community.

Further, the CCS needs to primarily be a children's space. This provides a very important message to both the children and the adults that the children are the priority.

Recommendation 13: Ensure services have access to adequate establishment and refurbishment funds to meet required standards.

Question 13: Mandatory accreditation or minimum qualifications?

Would the establishment of a mandatory accreditation system or minimum qualification requirements for Children's Contact Service staff help assure quality and professional services to families?

Children's Contact Services are funded by the Attorney General's Department and approved under the Family Relationships Services Program (FRSP) which is part of the new Family Support Program (FSP) administered by FaHCSIA. Organisations funded under this Program have to meet approval requirements and to comply with core standards for management and quality of the service. There are 15 approval requirements that consist of standards and attributes which measure compliance.

The following are particularly relevant to CCS providers:

- Statement of values
- Entry of Practitioners
- Supervision of Practitioners
- Training and Development
- Safety of Staff
- Accessibility of services
- Managing client feedback
- Client confidentiality
- Client Safety

Almost all CCS providers support the concept of mandatory accreditation or minimum qualifications for CCSs and their staff. FRSA agrees that mandatory accreditation and minimum standards are important to ensure the safety of children and families via a commitment to good practise principles. FRSA also contends that such standards need to be linked to existing accreditation mechanisms for all family and relationship service programs that are administered by the Department(s).

Recommendation 14: Develop some CCS specific accreditation mechanisms in consultation with providers and in line with existing FSP standards and requirements.

Question 14: Priority Research Issues?

What research issues should be prioritised to help improve the effectiveness, appropriateness and efficiency of CCS's?

Given the number of issues raised in this review, it can be argued that there are many priority research issues. However, given the challenges of resources, it could be that some research is best conducted by organisations internally and shared across the network while other more formal research could be funded and conducted across the entire network of CCSs.

The first research question FRSA recommends is to:

- Conduct a cost benefit analysis of providing additional funds to CCSs to ensure better long term outcomes for children against maintaining existing funding levels and forcing families to move through the process too quickly and/or denying families earlier access to contact.

Following this priority, other priority research questions are covered in recommendations 7 and 11 herein. These are:

- Conduct research into the benefits and issues of operating a parallel fee for service CCS along side a funded CCS. Such research should explore ways to ensure the continuity of standards and service guidelines are able to be adhered to in such a service,
- Conduct consultation and research across the family law system into the merit of establishing a formal feedback mechanism from family and relationship services to the courts.

Other CCS provider suggestions include:

- Research into the outcomes for children and families as a result of access to CCSs;
- A comparison of current CCS models of practice when measured by length of time from CCS intake to private self managed contact arrangements;
- Research the shifts in parental alliance and parental concerns for child safety from point of intake at CCS to close of service;
- Comparisons of shifts in parental alliance when comparing clients of CCS alone with clients of a CCS also accessing other post separation services. (e.g. POP, FRC etc);
- Conduct reviews of data after follow up with families at regular intervals (6 to 12 & 24 months after cessation of service).
- Research the impact of parent relationship education and parenting groups and the experience of parents and children who have attended support groups prior to changeovers and contact.
- Research into parent's capacity to resolve their own issues while on waiting lists?

- Conduct surveys of the court to gain valuable information on whom the judiciary see as clients suitable for the CCS? What circumstances make it appropriate to refer to a CCS? What are the expectations of the court in making the referral? How can we improve the relationship/communication between the court and the CCSs?

Recommendation 15: Conduct a cost benefit analysis of providing additional funds to CCSs to ensure better long term outcomes for children against maintaining existing funding levels and forcing families to move through the process too quickly and/or denying families earlier access to contact.

Conclusion

FRSA is pleased to have been a contributor to this timely CCS review. We are eager to follow up this response with further research and case study examples to reinforce some of the recommendations put forward.

FRSA believes an appropriate injection of funds to increase the capacity of CCSs to offer additional places in a more timely manner would alleviate many of the issues raised in this paper. An improved and increased understanding of the role of the CCSs by referrers including the courts would also assist families needing to access these vital services. However, until such time as there is increased capacity, conflicted families will face the pressure of having to sort issues out in an unrealistic timeframe. As a result, poorer outcomes than could otherwise be achieved for a greater number of children and families can be expected.

Finally, it is clear that a significant percentage of families accessing CCSs face a range of complex issues, few of which can be addressed by any one service or service system. This reality requires a cross portfolio approach that can only be driven by government. Families who are separating and are unable to manage their contact arrangements, need to have coordinated case management support to assist their children now and in the future to reach their potential.