



Australian Children's Contact Service Association

STANDARDS

FOR

CHILDREN'S CONTACT SERVICES

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ACCSA

Standards for Children’s Contact Services

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I. THE ASSOCIATION

ACCSA (Australian Children's Contact Services Association) formerly ANZCCSA (Australian and New Zealand Association of Children's Contact Services) was formed at an inaugural meeting in Launceston, Tasmania in April 1994. The aims identified were to:

- promote a sound analysis of the role, and the limitations, of Children's Contact Services
- act as a clearinghouse for information in relation to Children's Contact Services
- establish a network for those involved in establishing or operating Children's Contact Services
- encourage governments to provide funding for the establishment of Children's Contact Services
- identify minimum standards
- advise on funding criteria

II. PURPOSE

The Association resolved at the inaugural meeting, to develop standards to encourage focused discussion on key issues and to facilitate the establishment of quality Children's Contact Services (CCSs). These Standards were revised in 2008 to reflect the changes and developments that have occurred in the service sector since the initial draft standards were developed.

III. DEVELOPMENT OF THE STANDARDS

Draft standards were released by the Association in September 1994. The draft was prepared by Judy Harrison and partly sponsored by Legal Aid and Family Services (of the Attorney-General's Department, Canberra). Legal Aid and Family Services was involved in the project in order to obtain a clearer picture of the way services should operate.

The draft was circulated widely and key elements were discussed in workshop groups at the Association's first national conference held in Adelaide from the 15th to the 17th of October 1994. Comments on the draft standards were received until December 1994. The draft standards were then upgraded to proposed interim standards. These were released and widely circulated in January 1995. This included circulation through the Family Court, with the assistance of the Chief Justice, all legal aid commissions, all family law practitioners associations, the Community Legal Centres, Contact Services network, members of the Association, the Family Services Council, the Family Law Council and the Contact Services working groups in the states and territories. Comments on the proposed interim standards were received until the 6th of March 1995 and at the Association's meeting on the 11th of March 1995 the interim standards were adopted.

These Standards were reviewed and revised during 2008 in consultation with the CCS sector as a part of a project grant received from the Australian Government's Attorney-General's Department.

IV. THE STANDARDS

The Standards reflect the fact that CCS provision in Australia is an evolving area of practice that engages with some of the most compelling social issues of our times. New issues are constantly emerging and services need to be able to grow and change in order to be responsive to the changing environment.

The Standards contain explanatory material as well as specifying quality criteria and recognise that terminology and practice will change over time.

It should be noted that there is a difference between the ACCSA Standards, which mainly focus on principles and quality assurance issues, and an operating manual. The latter would contain operational documentation, procedural details, the content for staff training programs and possibly training materials. ACCSA is currently assessing its capacity to develop an operational manual for CCS providers.

The process of upgrading the Standards is ongoing and the Association will determine period review dates for this purpose.

V. QUALITY AND FLEXIBILITY

While it is anticipated that the Standards will promote consistent practice of a high quality, it is also intended that they be flexible enough to allow each CCS develop, deliver and maintain programs that meet and reflect the needs and values of their community.

Consequently the Standards are expressed in general terms with the intention that they will apply to CCSs generally, regardless of the model or the range of services offered.

VI SCOPE OF THE STANDARDS

Adherence to the ACCSA Standards is not a requirement for any Contact Service in Australia. ACCSA service providers, however, agree to abide by the Standards as a part of the membership agreement.

The Standards are not intended to exclude or stop any service provision but to help ensure service accountability, set minimum standards of service delivery and support the provision of high quality service provided by well trained and professional staff members.

CCSs funded by the Australian Government are required to be compliant with the Family Relationship Services Program Approval Requirements and are periodically evaluated against fifteen standards. Non-funded services have no such evaluation process.

There are presently no formal qualification benchmarks for staff working in the CCS sector. Each service must set its own entry requirements for staff. The Industry Skills Council, however, endorsed the Community Services Training Package CHC02 on 9 September 2007. This new Family Relationship qualification includes a Certificate IV in Children's Contact Service Work and a Diploma of Children's Contact Service Work in its suite of options.

VII. SAFETY AND THE WELFARE OF THE CHILD

The primary position taken in these Standards is that the safety of all participants is a precondition of using a CCS.

The well-being of the child is of paramount consideration after safety issues have been addressed, particularly in deciding whether service will be provided and the manner in which it is provided.

It is noted that there are a range of views among members of the Association, in the relevant literature and in the general community about what is in the best interests of a child and about the circumstances in which supervised visits and facilitated changeovers may be desirable or helpful.

1. INTRODUCTION

1.1 PURPOSE OF THE STANDARDS

Children's Contact Services (CCSs) help children from separated families to establish or maintain a relationship with the parent or significant other* they do not live with, where appropriate.

A CCS provides a neutral venue for safe transitions when family's separate and the transfer of children from one parent to another is a problem. Where necessary, or as directed by a court order, the CCS can also supervise the time children spend with a parent or other family members. The perceived need for use of a CCS can vary. Sometimes it is because of violence or the threat of violence. Sometimes it is because a child is being reintroduced to a parent or family member when they have spent little or no time together. Sometimes it is because there is a dispute between parents that cannot be resolved without the matters in dispute being closely examined by the courts and others.

This document recommends the minimum practice standards for professional Children's Contact Services in Australia and is also available as a resource for courts, family counsellors/educators, primary dispute resolution practitioners and others who are interested in CCS service provision.

(* The terms "parent" and significant other" are used interchangeably in this document. A "significant other" includes grandparents, step-parents and others who are a meaningful part of the child/ren's life.)

1.2 DEFINITIONS OF WHO THE CHILD LIVES WITH AND WHO THE CHILD SPENDS TIME WITH

The Family Law Amendment (Shared Parental Responsibility) Act 2006 introduced a range of changes to the Australian family law system and this has also resulted in changes to the terminology used previously.

A new concept of 'equal shared parental responsibility' emanated from the amendment which refers to parents making decisions together about the child but does not necessarily mean the child spends time with each parent equally.

The parent/person previously referred to as *'the residential parent'* is now known as *'the parent who the child lives with'*. The parent/person previously referred to as the *'non-residential parent'* is now known as *'the parent who the child spends time with'* and *'the parent who the child communicates with'*.

The parent who the child spends time with is the person who is collecting the child or visiting with the child at the CCS. The parent who is dropping the child off at the CCS for these purposes is the parent the child lives with.

1.3 DEFINITION OF 'CHILDREN'S CONTACT SERVICES'

For the purpose of these Standards, Children's Contact Services are services operated by not-for-profit or community based organisations that provide one or more of the following:

- transport for children from the house of one parent to another (changeover transport)
- changeover facilitation/supervision either on site (at the services premises) or, off site (eg. at an agreed location)
- supervision of an visit either on site (at the services premises) or off site (eg. in the visiting persons home, supervision of an outing etc)

Supervision of a visit may also include supervision of an aspect of contact (eg. The making of telephone calls at an agreed time, or the use of internet technology for communication at an agreed time).

It is noted that most service delivery provided consists of a centre based facility where changeovers and supervised visits are facilitated. ACCSA promotes this model as the most suitable for a responsible CCS to provide.

1.3.1 Service Neutrality

A CCS must exercise objectivity and neutrality when providing its service. It is not to take the side of either parent in performing its role. The child is the "identified client". The safety of all using the service and the well-being of the child are the primary considerations of the staff. Neutrality is operationalised through:

- Respectful treatment of all participants
- Not taking sides with either parent
- Not advocating on behalf of one parent
- Providing copies of requested observational reports to both parents and/or their legal representatives at the same time, regardless of who requests them
- The consistent application of well-developed service policies and procedures
- Staff training and regular staff supervision
- Acknowledging and avoiding conflict of interests
- Not providing recommendations or assessments unless they are provided by a duly qualified practitioner with the consent of the parents – otherwise only factual observation
- Having a setting and service that is accessible to all in terms of language, cultural and socio-economic status and is flexible where possible to providing an environment that is sensitive to the cultural and ethnic needs of the community

1.3.2 Scope of Service Provision

A CCS must only offer services for which the staff have adequate qualification, training and experience to provide.

The CCS is to describe to parents, in both written format and verbally at intake interview, the nature of the services provided. Referral are to be made to other service providers when a client's issue falls outside of the CCS's charter and level of expertise.

1.4 DEFINITION OF A 'SUPERVISED VISIT'

A Supervised Visit refers to time shared between a child and a visiting parent which occurs in the presence of an independent third person. The third person, when this is a CCS staff member, is frequently referred to as the supervisor or the facilitator. A Supervised Visit may result from:

- a formal or informal agreement between the relevant parties, including agreements reached through famil dispute resolution processes
- an order of a court made with the consent of the parties
- an order made following determination by a Judge or Magistrate

1.5 PURPOSES OF CHILDREN'S CONTACT SERVICES

The primary purposes of Children's Contact Services are:

- to promote the safety and welfare of the child during changeovers and visits
- to promote the safety of any vulnerable persons at changeovers and visits
- to facilitate child/parent and child/sibling interaction while visits are taking place
- where appropriate, to work towards the independent, parental management of the time the child spends with each parent

That is, CCSs are **primarily** focused on practical supervision and/or facilitation of the time the child spends with a parent they don't live with. It is noted that CCSs do have purposes beyond the aforementioned primary functions.

1.6 SUPERVISION/FACILITATION CATEGORIES

There are four broad types of supervision / visit facilitation. They are:

- **Low risk factors:** this is appropriate only for cases where a thorough assessment and a series of previous positive visits has supported the conclusion that risk factors are minimal. The service may be provided on site (or in some instances, off site) and it may include supervision of changeovers or supervision of contact. This service type consists of general monitoring and facilitation. The service's aim is to promote healthy relationships and improve or develop an ability to independently manage arrangements. The CCS may work in close co-operation with other services, such as the Parenting Orders Programs (POPs), Family Relationship Centres (FRC's) or relationship counselling services to help achieve improved relationships and independent management of arrangements.
- **High risk factors:** this type of supervision may be assessed as appropriate in cases involving high degrees of parental conflict, inadequate parenting capacity, manageable abduction risks, low risk of potential violence cases and parent's substance abuse or psychological problems that are being effectively managed. The service may be provided on site or (very rarely and only after due consideration has been made of all of the relevant issues) off site. The service offered will be either supervision of changeovers or supervision of visits. The service aims to assist to ensure the safety and welfare of the child and the safety of vulnerable parents as well as supporting the child/parent relationship during the visits. In some cases independent management of arrangements will be seen by the parties as a desirable and/or viable medium or long term goal.
- **Higher risk factors:** this service must be provided on site. It consists of highly vigilant supervision where more serious risks or difficulties than those noted above are assessed and only where the service is equipped to deal with more these highly conflicted situations. Allegations of family violence and/or sexual abuse are likely to be presented amongst the issues cited. The primary concern is the safety and welfare of the child and of others involved in the arrangements.
In most cases, at this level, independent management of contact will not be a viable goal in the mid or long term and the CCS needs to assess the capacity that they have to engage in longer-term delivery of service.
This type of supervision is resource intensive and requires staff with high skill levels. Specific training – e.g in family violence or sexual abuse – is highly desirable for any staff who are to supervise such visits.

CCSs must consider that the risks and needs are such that providing supervision may not be feasible for their service.

Where such cases are undertaken, the service closely monitors and facilitates the parent/child visit and the appropriateness of continuing to provide service remains under constant review.

- *Therapeutic supervision*: is provided on-site by a duly qualified professional who has also completed CCS induction training. This supervision is to also be attended by at least one other CCS worker with relevant tertiary qualifications.

Services need to have comprehensive assessment processes in place. The information received and evaluated during on-going assessment provides the basis for the development of a specific service plan. The degree of vigilance, the goals of supervision and the referrals made to other service providers will vary from case to case.

It must also be noted that many services afford a high vigilance status to the initial visits of all client families.

A lack of resources and expertise may be significant determinants of what is possible but must **never** be used as a rationale for compromising the safety of all involved.

1.7 WHEN SHOULD SUPERVISED VISITS OCCUR/BE PROVIDED?

The decision about whether child/parent contact is in the best interests of the child or otherwise appropriate will initially be one for the parents and the courts.

It is not, however, possible for any agency or body (including the courts) to order or direct a CCS to provide supervision in a particular case. Services must decide which cases they will accept and which they will not engage with. This is distinct from the decision as to whether child/parent contact is appropriate. The role of the CCS will be to determine whether it will take on a particular family. Central to this will be an assessment of the type of supervision which is required and whether the service can, and is willing to act upon the assessment made.

The service can decline to continue the service for a particular family at any time. A CCS should immediately suspend or cease to provide supervision if it is assessed by staff members that the child is being or is in danger of being, adversely affected by the arrangements or any other risk factors that are unmanageable.

1.8 CLIENTS

The possible clients of CCSs are children and:

- their parents, siblings, other extended family members such as grandparents and others who may be significant in the child's life
- other people permitted by the parents, or by the relevant parent and by the court to visit the child

1.9 PRINCIPLES

Children's Contact Services, whatever form the service takes, should: promote the welfare of the child; be independent; be accessible; assist to ensure safety; be welcoming; facilitate parent/child interaction during contact where appropriate; assist to overcome factors in the parent/parent interaction which adversely impact on contact and be linked to other service providers who can provide any additional support required by family members.

That is:

Promote the welfare of the child:

Subject to the precondition of the safety of all relevant people, the emotional and physical welfare of the child is the principle concern of the CCS. Any intervention of the service should benefit the child and not expose the child to harm or danger.

CCSs are to be child-focused and this is operationalised through:

- Child orientation and familiarisation sessions for all children prior to any service use being established
- Listening to children's needs and concerns and addressing them where possible
- Including information about children's needs in parent interviews and assessments
- Relevant staff training
- Facilities that are geared to children's activities and interests
- Being flexible where possible to providing an environment that is sensitive to the cultural and ethnic needs of the child's community
- Policies for child refusal that help prevent re-victimisation/traumatisation of the child

The welfare of the child has, amongst other things, implications in relation to confidentiality and the limits to confidentiality. Each service needs to establish and maintain clear guidelines on maintenance of confidentiality, duty of care and mandatory reporting requirements.

Independent: Services should be independent from the parties, the parental dispute and from other bodies or individuals involved in the family situation. CCSs should independently determine whether they are prepared to provide service and are able to accommodate each family.

Accessible: Services should aim to be as locationally, linguistically, culturally, environmentally and financially accessible as possible. Services should aim to be accessible to adults and children with a disability. The diversity of client needs should be recognised and, as far as possible, accommodated. The preferred language of the parents and the child should, as far as possible, be respected and this should be taken into account in designing supervision arrangements. Links with other services that may be of assistance can be developed to support accessibility for clients.

Safe: Services should aim to provide as much assistance as is reasonably possible to ensure the safety of the child and the safety of vulnerable parents at all relevant times. The safety of all, including staff, should be treated as a prerequisite and not as something to be balanced, negotiated or compromised in any way. The service should have fully developed policies and procedures regarding duty of care and reporting to authorities fully developed and understood by all staff.

Welcoming: Services should aim to ensure that the visit experience is as pleasant and comfortable as possible for the child and others involved. Staff should model respectful, courteous and assertive behaviour.

Welfare of the child: Subject to the precondition of the safety of all relevant people, the emotional and physical welfare of the child is the principle concern of the CCS. Any intervention of the service should benefit the child and not expose the child to harm or danger. The welfare of the child has, amongst other things, implications in relation to confidentiality and the limits to confidentiality. Each service

needs to establish and maintain clear guidelines on maintenance of confidentiality, duty of care and mandatory reporting requirements.

Facilitate parent/child interaction during visits: Services should aim to facilitate positive parent/child interaction during visits. This is not to say that the CCS is actively or tacitly advocating visits - that is a decision for others such as the courts, as has been previously mentioned.

Support of the child/parent relationship is most relevant in cases where it is assessed that independent management of arrangements are a realistic goal of the parties.

Facilitation of meaningful interaction in other instances (such as where independent management may not be a viable long term goal) is still advocated in order to ensure that the child benefits as much as possible from the relationship as it exists.

Facilitate resolution of parent/parent interaction issues: In cases where independent management of arrangements is assessed as being a viable goal of the parties, services should aim, where possible and appropriate, to help address the practical aspects of parent/parent interaction which adversely impact on arrangements. This may be progressed only while remaining within the bounds of the service's role and level of expertise. Any such process should be managed carefully and it is recommended that the support of other Family Relationship Services Programs, such as POPs, be canvassed to assist parties in further resolving their parenting issues. Safety must never be compromised in the pursuit of developing parent/parent interaction.

Some problems such as substance use, family violence, underdeveloped parenting capacity, mental illness, post separation grieving, depression and child abuse are not things which the parents can sort out together. It is clear, in such instances, that the solution lies with an individual.

Services must be realistic and be aware of the differences between issues where there may be a possible solution through joint effort and issues where the solution lies with one of the adults.

Linked to other service providers: It is accepted that most families who use CCSs have a complex profile of personal and relationship issues (see *Children's Contact Services: Expectation and Experience*, Grania Sheehan et al, 2005). It is therefore important for each CCS to develop solid working relationships and cohesive referral pathways with a range of human service providers in order to offer broad assistance to family members who present at the service.

CCS staff are to be trained in assessing the needs of family members and in discussing perceptions and recommendations with CCS co-ordinators prior to any referral being made.

CCS staff also need to be aware of the limits of their professional capacity and the specific boundaries of the service to be provided. Referral to another human service for a specific need is required when that need is outside of the CCS brief.

2. STRUCTURE OF SERVICES

2.1 INCORPORATION, LEGAL OBLIGATIONS & INSURANCE

Incorporation is a standard prerequisite for any service which seeks public funding and it is therefore a prerequisite for CCSs or the body which auspices the service.

Services must comply with obligations under relevant legislation, such as that dealing with equal opportunity and anti discrimination, occupational safety, superannuation, workers compensation and training.

All services must have adequate public liability insurance.

2.2 CONFLICT OF INTEREST

Although CCSs may be operated by bodies having other functions, the other functions and the nature of the body should be consistent with, and not impede, the ability of the CCS to meet these standards. It is generally inappropriate for Children's Contact Services staff to take on broader roles such as counselling or primary dispute resolution because:

- these are specialist activities requiring specific training and qualification
- the service would be duplicating existing services and
- one or both of the parents may cease to view the service as independent in relation to the dispute or difficulty

The abovementioned issues may be reconsidered in remote regions where limited services are available to the community. Any delivery of counselling and primary dispute resolution to CCS clients in these circumstances must be carefully managed to maximise the benefit to clients and support the maintenance of independent CCS service delivery.

As already mentioned, CCSs may refer clients to other relevant services. If referral has to be made to another program within the auspice agency, it will only be perceived as appropriate from the client's point of view when there is a clear distinction between the CCS and the other program.

CCSs should make referral information available in relation to relevant services to clients at intake interview and during the course of service provision.

CCSs should also make information about the operation of the CCS, its policy guidelines and assessment processes available to likely referral points to assist in the making of effective referrals. This same information is to be available to service users.

2.3 ADVISORY OR MANAGEMENT GROUP

Children's Contact Services should have a suitably experienced and orientated management group or advisory group. Some CCSs may opt for convening both.

The Advisory Group is to be comprised of people who are broadly representative of the community in which the service operates.

The expertise of the members of the advisory or management group should enhance the ability of the service to meet these standards and provide a responsive and high quality service to the community.

Such a group should include those with expertise in relation to the key issues relevant to the operation of the service ie:

- the child and family welfare
- family violence, child abuse and family safety issues
- legal issues, especially in relation to Family Law
- service provision and accessibility

- administrative tasks
- understanding of and adherence to relevant legal obligations

The accountabilities of the advisory or management group and to the advisory or management group should be clear so that those participating as members of these bodies and CCS staff are aware of the group's charter.

Each service will benefit from the input and support from relevant quarters as it is crucial that CCSs remain firmly focused on their role and highly vigilant about the quality of the service provided.

3. ADMINISTRATIVE FUNCTIONS

3.1 CONTACTABILITY

CCSs must be able to be contacted at all relevant times in order to be accessible and fulfil their purposes. Accessibility issues in relation to those with specific needs, such as language differences, should be addressed. Sufficient time must be scheduled for when the service is not providing direct client services so as to receive referrals, conduct assessments and to liaise in relation to forthcoming visits and other associated matters.

3.2 ACCOUNTS

All public funding received carries with it an obligation to keep proper records, including the periodic audit of accounts. Each service must be equipped to meet its obligations in regard to the accountability of public funding received.

3.3 FILES

A CCS is to develop, maintain and review policies and procedures regarding the release of case information. Case files must not be released except as provided by law, court order or consent of the parties.

Client details, contacts, concerns, notes about difficulties relating to how contact proceeded, notes about interactions between child and parents and all contacts relating to the family should be documented and housed in a structured, sequential and secure manner.

Files must be kept secure at all times. Documents are to be kept in a locked filing cabinet and where possible, in a locked room. Information is to be kept private (ie not lying around during supervision or interview) and business conducted in an environment where conversations cannot be overheard. (refer also to *Creating a File*, below)

3.4 STATISTICS

Statistics should be kept in order to report on demand, for evaluation purposes and to account to funding bodies. Statistical reports should not compromise client confidentiality.

Funded CCSs are required to enter core and optional data in FRSP Online that is accurate, comprehensive and timely and observe the FRSP Online protocols.

3.5 EVALUATION

Evaluation of all aspects of CCS service delivery should be ongoing and it should be regarded as a core function, rather than a negotiable or low priority activity. Evaluation is crucial to quality assurance and should include, but not be confined to, client feedback, referrer feedback and staff input.

4. OPERATION - PRELIMINARY ISSUES

4.1 RESOURCES AND FUNCTIONS

Resources will largely determine the range of CCS associated services which can be provided and the number of clients who it can assist. Services should endeavour to ensure that the diverse needs of clients are taken into account when seeking resources (e.g. the linguistic needs of clients). CCSs should ensure that the service which they are able to provide is of a high quality and not let this be compromised by high levels of demand for service use. Services should attempt to identify the type of assistance which is most needed by families in order to target available resources to areas of greatest need.

4.2 PREMISES

The CCS premises should be suitable to the intended activities of the service eg. suitable for changeovers and/or suitable for supervised visits. The physical layout of the centre must be designed to protect the safety and security of all involved.

Premises should be equipped for the type of clients the services proposes to take on (eg. the age ranges of the children), be comfortable and accessible for clients with various needs (eg. those with a disability), suitable to the level of intensity of service to be provided, have separate entrances and waiting areas for the parents and scheduled staggered arrival and departure times.

4.3 PROCEDURES MANUAL

All services should have a procedures manual which articulates detailed guidelines relating to the particular services which are offered.

This manual should include all forms, operational protocols, administrative procedures and emergency contact numbers.

4.4 SECURITY AND SAFETY

For most services the primary security and safety arrangements will be:

- the intake assessment and case review process
- a skilled staff presence
- service specific staff training
- well documented and drilled security protocols
- appropriate layout of premises and security systems
- a regular review of all security and safety measures
- ensuring that the facility meets all state and local fire, building and health code requirements
- establishing written protocols for emergency situations

Services should also have established protocols for critical incidents.

Whilst all security arrangements should be as unobtrusive as possible, it must be made clear to all who use the service that these arrangements are in place and are effective (e.g. video surveillance). Security requirements will vary according to the assessment made of each particular case. Resources and security needs will effect decisions about the type of cases services are equipped and able to take on.

The following additional measures are recommended in high risk situations:

- written policies and procedures that describe the layout of premises that keeps parents physically and visually separate
- written procedures so that there is no contact or interaction between the parents unless this has been planned for by the service and agreed upon by both parents
- copies of relevant court documents, parenting agreements and family violence orders readily available for staff
- a plan for the safe arrival , departure and use of service of all involved

Services are not legally able to physically restrain a visiting parent from removing the child from a CCS even if this is contrary to the party's agreement or an order of a court. Supervisors should be neither instructed nor expected to physically restrain a person from removing a child. It is therefore important to establish a written protocol with police to cover such possible occurrences. The protocol should establish how the police are to be notified and what assistance and response the service can expect from police, including the priority police will accord to requests for assistance.

Unless a criminal offence has been committed (and this includes breach of a family violence order), police will generally not have the legal authority to stop a visiting parent absconding with the child. However, police may be prepared to investigate if a child is wrongly removed from a centre or not returned after a visit, where there is a concern for the safety of the child.

Services may find it useful to have a police representative on the management/advisory committee.

Where a child is wrongly removed while supervision is taking place, the service should immediately notify the parent the child lives with and provide that parent with information and support. If the service has concerns about the child's welfare, then further steps of notifying the police and/or the relevant child welfare authority should be undertaken.

4.5 SUPERVISOR TO CHILD RATIO

The ratio of supervisors to children should be appropriate to each situation and will depend on:

- The nature and extent of risk factors present in each case
- The nature of the supervision required in each case
- The number and age of children to be supervised together during contact
- The number of people visiting the child

- The duration and location of supervision
- The expertise and experience of the supervisors

In cases which have been assessed as high risk, a one to one ratio will not be sufficient because the supervisor may be distracted by some other demand and their observational and supervisory capacity may be compromised. It is imperative for not less than two supervisors to be on duty when changeover assistance or supervised contact assistance is being provided to a family.

Services employing security guards should not include these employees in regard to the supervisor to child ratio because the role of a security guard is different from the role of a supervisor.

4.6 RESPONSIBILITY FOR THE CHILD

Services should have a clear understanding about who is responsible for the child during supervised contact.

Primary responsibility for the care of the child and the child's belongings, subject to any contrary order rests with the parents rather than the service.

Unless there are safety issues or other issues to the contrary, the person dropping the child off should normally remain to care for the child until the visiting parent arrives to take responsibility for the child. Staff are to support the child if it is necessary for the parent dropping the child off to leave the premises before the other parent arrives.

Prior to supervision occurring, agreement should be reached about which parent will take responsibility for ensuring that things necessary for visits are available eg. food, medication, clothing, car restraints. These matters should always be clearly noted on the case file in order to minimise and manage any additional parental conflict.

Where the child is in the care of the supervisors (eg. where the residential parent leaves before the visiting parent arrives or where the visiting parent leaves before the residential parent has arrived to collect the child) the service will temporarily be responsible for the care of the child. Staff are to provide sensitive and respectful support to the child before the other parent arrives.

During intake the service should ensure that each of the parties agrees to the condition that they will follow the directions of the CCS supervisors. The courts (while not being able to order that the service take the case) may assist by making an order which stipulates that while the parties are using a supervised contact service, each of the parties shall follow the reasonable directions of the CCS supervisor/s. Such stipulations are to be found in the *"Guidelines For Referrals From Family Courts To Children's Contact Services"*. CCSs are encouraged to become conversant with these guidelines and dialogue with Family Court representatives to ensure that they are used effectively. The guidelines may be accessed via www.accsa.org.au or via <http://www.familylawcourts.gov.au/...t+centres+and+services/>

The service will focus upon promoting the child's welfare at all times, but especially when changeovers or supervised visits are being facilitated. The methods of doing so will include:

- monitoring the changeover or visit through attentive supervision
- guiding a parent and modelling behaviours that promote positive adult/child interactions
- guiding or providing directions to a parent in order to resolve any problem which arises during supervision or changeover

- where it is necessary, termination or suspension of the visit/use of service

4.7 FEES

CCSs should be available to those who need them. They must therefore be financially accessible to all and no one be excluded because they are genuinely unable to meet the service's fee schedule.

Fees can be a barrier. The visiting parent may feel that they are being required to pay to see their child or a vulnerable parent may complain that they are being required to pay in an attempt to secure their safety. CCSs may determine that an agreement be reached or a court order made regarding fees for service where there is the ability of one or both parents to pay.

Fees may cause hardship or limit the amount of child/parent contact. The fact that a compulsory fee applies may be a stumbling block to the parties reaching agreement that the service should be used.

Services should be aware of these issues and where fees are charged a realistic means test should be sensitively applied. There must be a process for waiving fees where it is necessary to ensure service provision.

4.8 GUIDELINES & SERVICE INFORMATION

Services should have written guidelines which should at least specify:

- the rules which will be applied by the service
- the roles and responsibilities of the service and the parties
- the instances where service will be suspended, cancelled or not provided

The guidelines should be publicly available and information about the service should be disseminated. Information should be accessible to those from a non-English speaking background and to those with limited literacy.

4.9 OPENING HOURS

The opening hours for facilitation of changeovers or supervised visits will depend on the resources of the service, the age range of the children, the type of families the service accepts and the needs of the client group.

Many changeovers occur at the beginning and end of a weekend. A common program for school age children for a centre based service is Friday late afternoons for changeovers (only) and a morning and an afternoon supervised visits and changeover session on Saturdays and Sundays. Many services are also called upon to provide some weekday changeover and supervision to meet the demand and needs of the community.

In addition to the facilitated changeover and supervised visits, the service needs to be open at suitable times for responding to enquiries, case management requirements and pre-arranged intake interviews.

5. OPERATION-STAFF

The type of families whom the service is prepared to take will affect what is expected of staff and consequently the competencies required of staff. CCS staff should have the capacity to provide service that is consistent with the standards subscribed in this document.

It has already been noted that there are no statutory qualification requirements for CCS staff (see iv). Staff should generally, however, be able to meet the competencies prescribed in the *The Community Services Training Package CHC02*. Details of these competencies can be sourced via http://www.cshisc.com.au/load_page.asp?ID=23

All staff employed by a CCS must complete a national police check and a working with children check that is relevant to the state or territory the service operates in prior to them commencing work.

5.1 ROLE OF THE COORDINATOR

The role of the coordinator will be defined by the service and will differ somewhat between CCSs. The key role, however, is to ensure the overall quality of services provided. In most services the coordinator will also be one of the supervisors. Regardless, coordinators need to have each of the qualities and experience listed below for supervisors. The following additional competencies should be required of coordinators:

- program and financial management skills
- ability to manage, supervise and train staff
- an understanding of child development stages
- an understanding of grief and loss theory
- strong written and oral communication skills
- strong community liaison skills
- conflict resolution skills
- computer literacy
- team leading skills

5.2 THE ROLE OF THE SUPERVISORS

Supervisors:

- are independent of the parents
- seek to ensure that visits and changeovers proceed as scheduled and, where a relevant court order exists and can be accommodated by the service, in accordance with the order
- relay factual information relevant to the child's welfare at the commencement and conclusion of the visit (eg. medication, diet, sleeping pattern etc)
- intervene, where necessary or appropriate, to seek to ensure the welfare of the child
- facilitate child/parent interaction during visits
- terminate the visit where necessary
- provide constructive feedback or correction to the relevant person where appropriate

- document visit through the provision of factual, observational notes

5.2(A)

Therapeutic Supervision:

Any person providing therapeutic supervision is to:

- Have completed a comprehensive CCS induction training
- Be qualified to practice in Australia as a mental health professional
- Be a current member of a certified Australian national mental health professional body

5.3 VOLUNTEERS

It is noted that some services may include volunteer workers in their staffing structure.

Volunteers should have the same competencies as would be expected of paid staff performing CCS related tasks. Consistency, reliability, commitment and the avoidance of conflict of interest are all relevant issues.

The standards in relation to staff selection and training are intended to apply generally (ie. to all staff - paid or volunteer) and the Standards are intended to apply to all services.

5.4 STAFF SELECTION

Staff should be independent and be seen to be independent. Consequently service coordinators or supervisors who are likely to come into contact with one or both of the parents in another context should exclude themselves from working with that particular family.

All staff, paid or volunteer, are to be required to agree to a check of their criminal record and such check should be undertaken as a routine part of staff selection.

The following qualities and experience will be desirable for CCS workers:

- experience in human service provision to children and families
- an understanding of child development needs and issues
- the ability to communicate in an authoritative manner when required
- the ability to assist parents, where necessary, with parenting skills
- maturity, diplomacy and common sense
- self management of emotions in difficult circumstances
- supportive and positive attitude
- good communication, computer and writing skills

- the capacity to make concise, accurate and neutral observational notes
- a willingness to engage in professional supervision and be challenged on any personal issues that may be impacting upon their work role
- cultural awareness and sensitivity
- the ability to maintain an independent role

Services should add to this list where necessary to tailor their CCS to the nature of the service to be provided and to the client group.

5.5 TRAINING AIMS

Induction and on-going skills training is required for all CCS workers and includes, but is not limited to:

- awareness of child development stages
- awareness of the need to, and ability to, maintain impartiality
- familiarity with relevant legal, welfare and government processes, terminology and requirements
- familiarity with issues relevant to the need for supervised visits and changeovers
- awareness of common issues and problems which may arise and techniques for dealing with difficult situations
- ability to appropriately assist parents, where necessary, with parenting skills
- familiarity with issues, including: supervision, child abuse, family violence, sexual abuse, substance abuse, mental health and intense conflict
- awareness of the policies and procedures of the service
- awareness of the stages of separation and the issues which may be related to or accompany separation
- cultural awareness and cultural sensitivity
- ability to work effectively with adults and children with special needs including those with a disability
- familiarity with other relevant services
- awareness of personal values and beliefs

Again, services should add to this list where necessary to tailor the CCS to the nature of the service to be provided and to the client group.

5.6 TRAINING PROGRAM

Services may consider a range of options when planning training for staff including:

- Encouraging participation in the previously mentioned *Community Services Training Package CHC02*
- Developing comprehensive in-house CCS specific training
- Engaging with independent training providers
- Supplementing training by coopting representatives from other relevant services. CCSs should consider drawing on professionals from other services to enhance their training program by arranging information sessions (eg. Family Relationship Centre in relation to separation stages and issues, expert trainers in relation to family violence issues, family lawyers or Family Court Registrars in relation to legal terminology and processes).

6. OPERATION-INTAKE

6.1 CRUCIAL IMPORTANCE

A comprehensive intake process is essential and the quality of the intake process will be a major factor in the success of the service.

The critical nature of the intake should be emphasised in the allocation of the services resources. Intake workers should be suitably trained and experienced and, where necessary, specialist training be provided.

6.2 PURPOSES OF THE INTAKE

The intake should include:

- information from the referral source, if applicable (see Receiving Referrals 6.3)
- assessment of the nature and extent of any risk and identify supervision needs
- obtaining copies of current court orders and parenting agreements including family violence orders and other registered agreements
- assessment of whether the service has the capacity and resources to provide the type of supervision which is required
- the provision of full and frank information to the parties so that each can make an informed choice about whether to use the service. This should include information about the purpose, duration, limitations and costs of the service. Security arrangements and the limits of security should be discussed. Data collection and limits to confidentiality should be discussed
- determination of whether the parties are prepared to adhere to the rules (see below)
- assessment of whether the proposed arrangements serve the interests of the child

6.3 RECEIVING REFERRALS

Referring agencies should be encouraged to be frank with the service about relevant issues in relation to the person being referred to a CCS. With the permission of the party/s, as much information as possible should be taken from the referring agency.

6.4 INTAKE INTERVIEWS

There must be an intake for each of the parents before direct service commences. Each of the interviews must be conducted separately and at different times so that parents do not come into contact with each other. Confidentiality regarding the other parent is to be strictly maintained during intake interviews.

Intake interviews should be done in a face to face whenever possible. Children should not be present during the intake interviews with either of the parents so that issues can be frankly discussed. Safety issues should be thoroughly canvassed before any appointment is made. A short phone interview prior to the formal face-to face interview may help determine whether the participating parent has the capacity to engage in safe and respectful communication. CCS staff should postpone any interview if there are concerns that a parent may present a safety risk. Information received from a referrer or the other parent may also indicate that an assessment of risk needs to be conducted before the intake interview is scheduled.

Information regarding interviews, such as time and date that an interview is scheduled is to remain totally confidential and secure.

6.5 INITIAL FAMILIARISATION/ORIENTATION FOR THE CHILD

The CCS is to ensure, as a rule rather than an exception, that each child has the opportunity to familiarise themselves with the service, its staff and processes prior to any changeover or supervised visit being facilitated. The CCS may use this session to assess the child's ability to separate from their primary caregiver and develop an understanding of what the child's feelings, concerns and needs are.

The proposed arrangements are to be suspended if it becomes apparent, during the course of the child's familiarisation, that the child is not ready or able to proceed with the proposed arrangements. A CCS may determine to schedule another familiarisation session, refer to another support service or consult with the Independent Children's Lawyer (if one has been appointed).

The CCS is to communicate with the parents regarding service provision progress and the child's needs throughout this process.

6.6 CHECKLIST OF INFORMATION FOR THE PARENTS

The following is a checklist of information which should be covered during the intake with each of the parties:

Preliminary information

- name, address and contact number of parties, names and ages of the children
- whether address and phone contacts are confidential and why
- obtain copy of relevant orders and registered agreements
- obtain details of the likely progress of any court proceedings

- obtain details of the circumstances which give rise to the request for use of the service
- explore safety concerns to identify and assess risk factors
- obtain details of any issues concerning the children of relevance to visits
- obtain details of the nature and extent of supervision which is sought and why
- obtain details of service requirements sought by both parties: where, when, who they want involved in visits, preferred times/days
- note practical arrangements for visits: diet, medication, care issues, child development stages
- clothing & food: who provides food, clothing and return of clothing
- how the service operates: comprehensive details provided in both hard copy and through face to face information provision
- outline of the information which the service records, its confidentiality arrangements and the limits to confidentiality

Explaining that the service will:

- provide information to relevant authorities in relation to any alleged criminal act where relevant information is in the possession of the service
- provide factual information on visits or an aspect relating to visits, to a party, to the Independent Children's Lawyer or other person or body authorised jointly by the parties but not including disclosure of contact details of a person who fears violence or harassment by another party if the details are disclosed
- explain the steps, and limits to the steps, which the service can and will take to promote safety and the welfare of the child
- explain that use of the service is not a right and the service can decline to continue to provide service
- adhere to conditions on which service would be provided (rules/service agreement)
- adhere to the prescribed changeover procedure
- require punctuality in relation to arrival/collection and departure/return
- expect that the visiting parent must not be under the influence of alcohol or drugs to the extent that their ability to properly participate in visits is impaired at the commencement of, or during, visits (refer to alcohol and drugs below)
- require that the relevant parent will inform the service as soon as possible, and at least 24 hours in advance, if the visit is cancelled

- expect each parent, and others authorised to attend, will be courteous to staff and where relevant, to each other
- expect that each parent will take all reasonable steps to ensure that a visit proceeds as smoothly and as positively as possible for the benefit of the children
- require that all requests to the parties by the CCS supervisor/s will be complied with
- require that each parent will refrain from making derogatory comments about the other to, or in the presence of, the child
- require that no parent follow another parent from the service premises
- not tolerate any abuse or violence at changeovers or during visits

6.7 WRITTEN AGREEMENTS

Most established CCSs require that the both parents sign a pro forma agreement sheet which defines their obligations in relation to service use. This is done in order to ensure that each of the parties is aware of the rules and that the rules apply equally to both of them. These are most commonly referred to as a Service Agreement or Parent Agreement.

The key task for CCSs is to ensure that the rules are explained and fully understood by both parties. The signing of the agreement symbolises that there has been agreement to all of the terms within the document.

It is not recommended that a service not use agreements but, if written agreements are not used, each party should be given a pro forma which summarises the rules for the service and provides the CCS's phone number.

6.8 CREATING A FILE

Relevant information (refer previously) should be recorded during the intake interview and a file should be created. Copies of court orders, family violence orders, information regarding a child's health status and emergency contact details may also be kept on file.

File notes regarding contacts with the parents, the child, and others such as, lawyers, Independent Children's Lawyers and single Eexperts should also be noted on the file. Any observational notes regarding changeovers or supervised visits are to be filed.

CCSs should be aware that their file can be subpoenaed for court proceedings (refer to subpoenas below).

7. OPERATION-PROCEDURES

7.1 STAFF BRIEFING

Supervisors should be fully briefed in relation to the relevant cases before each visit period and this should include details about any recent developments. This briefing may involve a face to face meeting with the service coordinator, a telephone briefing and/or access to written notes.

7.2 PROTOCOL AT CHANGEOVERS/VISITS

Services should ensure that it is not necessary for parents to come into contact at changeovers/visits. This includes attempting to ensure, where necessary, that a party is not followed to or from the CCS premises.

Visit facilitation should be managed to be as smooth and pleasant as possible, to minimise distress to the child and to optimise the safety of all concerned.

Separate entrances, waiting areas and staggered arrival and departure times are to be arranged. The capacity of a service to facilitate changeovers/visits must be fully assessed if there are not secure and separated entrances to the premises.

CCSs have two main models for facilitating changeovers.

They are:

- i) The parent with the child remains to care for the child until the other parent arrives to take responsibility. When this occurs, the supervisor checks that the other parent has arrived and that everything is in order for the changeover. The supervisor then walks the child to where the other parent is waiting.
- ii) The parent with the child brings the child to the CCS. The supervisor checks that everything is in order for the changeover and the parent leaves the premises. The supervisor engages with the child and checks that it is okay for the changeover to proceed. The other parent arrives around fifteen minutes later. The supervisor checks in with that parent to establish that all is in order for the changeover to proceed – if this is the case, the child and parent leave the premises.

The time of arrival of each of the parents and any significant occurrences during the changeover should be file noted.

7.3 ALCOHOL AND DRUGS

The changeover would not be facilitated by the service if it appeared that the visiting parent was under the influence of alcohol or drugs at the commencement of contact such that the visiting parent would not likely to be able to:

- care for the child during contact
- appropriately relate to the child during visit time
- follow the reasonable directions of the supervisor/s

The CCS must also have procedures in place to respond to situations where a parent who the child lives with returns to pick the child up and is assessed as being under the influence of substances.

7.4 ACTIVITIES DURING VISITS

Activities during visits should be consistent with the nature and degree of supervision which is required in the particular case.

Requests for non-standard activities should be negotiated in advance with the visiting parent.

7.5 TOILETING ARRANGEMENTS

Services should develop guidelines about toileting arrangements for children. Some services have found blanket rules to be useful. However, services should balance the adherence to blanket rules with the desirability of tailoring interventions to the needs of the particular family.

The responsibility to maintain a safe and secure environment for all using the service must be central to whatever approach is adopted for toileting arrangements – this means that supervision of any parent involvement with toileting must always be undertaken.

7.6 INVITING/EXCLUDING OTHERS

This should be canvassed with the clients during the intake process. Copies of court orders/agreements including or excluding others from the proposed arrangements are to be obtained and filed. The CCS is to provide due consideration to these directions/preferences but is not obligated to abide by them. The decision as to include or exclude any other person is to be determined as a part of the assessment process and based upon the child's interests.

Anyone else attending a visit or participating in a changeover is required to undertake the same intake process that the parents have completed.

The CCS must also ensure that its capacity to provide a safe and secure service is not compromised by additional people being involved in the visiting arrangements.

7.7 CONVERSATIONS WITH THE CHILD

The service should be careful during intake to determine whether there are topics of particular sensitivity which should not be raised with the child during the visit. For example, discussion of future plans when plans may be dependent on the outcome of court proceedings.

Services are to require that each of the parents undertake to refrain from making derogatory comments about the other to the child. All CCS staff must be trained and equipped to intervene effectively if a parent starts making derogatory comments about the other parent in front of the child or if there are other conversations that are inappropriate.

It is not the role of the CCS to "interrogate" a child.

7.8 MEDICATION AND DIET

Arrangements in relation to medication and diet requirements should, where possible, be negotiated prior to service commencing.

Clear information on these requirements needs to be established to provide responsible care for the child, help to develop consistency in parenting approaches and to reduce the degree of parental conflict.

All requirements should be documented, brought to the attention of all CCS staff and file notes/observational notes kept in regard to these matters.

7.9 FEEDBACK TO THE PARENTS

If requested, and in any event if appropriate, the supervisor may provide factual feedback about the supervised visit to a parent. This information is to be always in relation to the child and not mention the other parent.

The supervisor will assert that the information provided is to support an understanding of what the child is/has experienced and is not designed to be used in furthering the dispute that exists between the parents. The focus, in every instance, is on equipping the parents to provide the best possible support to their child.

Feedback may also be provided to parents during the course of periodic service reviews and used as a part of the process of moving toward, where it is appropriate for this to occur, independent management of arrangements.

7.10 STAFF DEBRIEFING AND PROFESSIONAL SUPERVISION

There should be time at the end of each supervised visit for staff to debrief, for issues relating to the supervision to be discussed and for files/observational notes to be updated with factual details of the visit.

The CCS coordinator may also debrief with weekend supervisory staff at the earliest possible opportunity. This may occur through face to face or phone consultation.

There should also be time allocated for professional supervision. This may include:

- discussions regarding the management of the case. This may occur on a 1:1 or CCS team basis and may be referred to as case management
- supervision regarding the CCs worker's performance, assessment of anything that may be impacting upon this performance and strategies for improving performance – professional supervision

The case management may be undertaken by a CCS coordinator or manager. The professional supervision may be undertaken by a suitably qualified practitioner who understands the CCS program but is not necessarily directly involved in its operation.

7.11 ROUTINE REVIEWS

There should be a periodic review of all cases in order to assess the efficacy of the service being provided in each case, to review the appropriateness of the service continuing in each case and as a part of the ongoing overall evaluation of the service.

7.12 SUSPENDING OR CEASING SERVICE PROVISION

The service can decide to suspend or cease providing service. This might be considered, for example, where:

- the way visits are proceeding is, in the view of the service, too stressful or traumatic for the child
- the service determines that it can not effectively address the safety requirements or other issues involved in the particular case
- the case is placing an undue demand on the services resources
- one or both of the parties have failed to comply with the rules of the service

The decision to suspend or cease providing service may be recommended by the coordinator and then further assessed by the organisation's upper line management.

Where suspension or cessation of the service is being considered, it will generally be appropriate for the service to consult with the parents separately about the issues.

Once a decision has been made both parties should be advised and the reason/s for suspension or termination should be confirmed in writing. Legal representatives are also to be advised.

Information regarding organisational right of appeal procedures is to be provided to both parents as a part of the intake interview and again, in the event of suspension or cessation of service being invoked.

7.13 POST INCIDENT REVIEW

If there is a significant incident involving the use of the CCS then the service should immediately institute a post incident review.

Most services will have a critical incident reporting format, including pro-forma documentation to be completed, a process for responding to the lodging of these documents and a suitably qualified critical incident manager appointed.

CCS are encouraged to also see critical incident occurrences and management as a further opportunity to review service policies, procedures and performance.

8. OPERATION-CONFIDENTIALITY

8.1 INFORMATION WHICH MAY BE CONSIDERED CONFIDENTIAL OR SENSITIVE

The service will receive information, which will be recorded on the case file, which may be:

- information which one of the parents seeks to be kept confidential from the other
- information which a third person seeks to be kept confidential from one or both of the parents
- notes about visits and other interactions which may be important for the services supervision purposes but contentious from the point of view of one or both of the parents
- information which may be hurtful or harmful to another person
- information which both parents wish to keep confidential generally
- confidential from some other person or body

8.2 CONSIDERATIONS IN RELATION TO CONFIDENTIALITY

There are a number of considerations regarding confidentiality:

- information on the services file, and all information relating to the parents or the child obtained in the course of operating the service, should be considered confidential and kept confidential apart from the limited circumstances listed (see: limits to confidentiality below)

- the file, and the information on it, belongs to the service not to the parents. Where the service can but is not obliged to release information, the service should independently determine whether to release the information on a case by case basis
- Freedom of Information legislation is based on the principle that information relating to a person may only be released to that person. Services should individually obtain advice about the impact of federal and local FOI legislation upon their operations
- while the service needs to have sufficient and accurate information for risk assessment and supervision purposes, parents may be reluctant to be frank with the service if the information may not be kept confidential, and particularly if the information may be used in legal proceedings in relation to the child
- on the other hand, the fact that information about how visits have proceeded may be accessible to the court may assist in ensuring compliance with the services rules ie. the parents or the relevant parent may be on their best behaviour. Parents may be less inclined to cooperate if the information is inaccessible to the court
- information on the services file and the factual observations of the supervisors may be relevant and of assistance to a court in determining the best interests of the child
- a CCS must not seek to protect a person where the service has reason to believe that the person has committed a criminal offence in relation to the child or another person. Additionally, a service should not obstruct an investigation by action or inaction. Services generally take the view that they have an obligation to promote the welfare of the child and consistent with this is the position that CCSs should report suspected child abuse whether or not they are under a legal obligation to report
- where a vulnerable person provides their address and contact details to the service on the basis that it is to be kept confidential from another person, or generally, for safety reasons, every effort should be made to ensure that the information is kept confidential and secure

8.3 LIMITS TO CONFIDENTIALITY

Legal limitations - CCSs have no general immunity from subpoenas. In other words a CCS must comply with a subpoena. This does not mean that the information must be automatically disclosed to the court or to the parents. The question of subpoenas is dealt with below. While a CCS can require each parent to give an undertaking that they will not subpoena the services file or subpoena a worker to give evidence, this is not legally binding. A subpoena can be issued even though the undertaking has been given (see below). In any event a subpoena can be issued at the instigation of a non-parent eg. The Independent Children's Lawyer.

Recommended limitations- The following are recommended exceptions to client confidentiality. In each instance it is recommended that the service require, as a condition of the use of the service, that each parent sign an irrevocable authority for the service to release information to avoid any possible misunderstandings or repercussions. In each instance, only information which is directly relevant should be disclosed. That is:

- reporting suspected child abuse: whether or not the service is under a duty to report, suspected child abuse should be reported to the relevant authorities

- reporting criminal acts eg. an assault which occurs during service use and in the presence of supervisors should be reported to the police
- assisting police investigations in relation to other criminal acts
- providing information to the Independent Children's Lawyer
- joint request by the parents for the release of information: the service should independently determine whether to provide the relevant information

Where the service has concerns about the welfare of the child in the context of service use the concerns may be raised with the parents, the relevant parent and/or the Independent Children's Lawyer.

9. CHILD SEXUAL ABUSE AND FAMILY VIOLENCE

This section intends to establish additional and specific standards for the delivery of services where there are allegations of child sexual abuse and/or family violence.

Reference is also made to supervision where there are investigations or findings regarding child sexual abuse and/or family violence.

9.1 CHILD SEXUAL ABUSE

A CCS is to have written policies and procedures for the supervision of cases where there are allegations of child sexual abuse. These policies and procedures are to provide for the safety of all those involved in the supervision in question.

Any CCS worker supervising visits where there are allegations of sexual abuse is to have completed specific training in child sexual abuse, its effect on children and the behaviours of those who sexually abuse children.

A CCS must provide due consideration to suspending service if an allegation of sexual abuse becomes subject to a formal investigation. A court order that supervision continues may influence this consideration, but it is again noted that a CCS is not bound by a court order.

Any supervision that does take place where there are allegations or investigations regarding child sexual abuse must be undertaken at the highest level of supervision.

9.2 FAMILY VIOLENCE

A CCS is to have written policies and procedures for the supervision of cases where there are allegations or findings of family violence. These policies and procedures are to provide for the safety of all those involved in the supervision in question.

A CCS must develop and implement a plan for the safe arrival and departure of children and vulnerable parents. A plan to ensure that no contact or interaction occurs between parents due to their use of the service must also be developed and implemented.

CCS workers are to complete training in the effects of family violence as a part of their skill development/induction training.

Any supervision that takes place where there are allegations or findings of family violence must be undertaken at the highest level of supervision.

10. OPERATION - REPORTS

A CCS cannot be made or ordered to prepare a report in relation to visits although the services file may be subpoenaed and workers may be subpoenaed to give evidence in court (see: Subpoenas below).

Most services consider that their primary purpose is to provide supervised visiting services. The preparation of reports is resource intensive and each service must assess the capacity it has to provide reports without this impacting upon the quality of service provided.

It is also recognised that CCS reports can be significant in that they may provide information which is relevant to a court or some other body in relation to a decision which is of importance to the child or some other person.

CCS reports provided to the courts are to be of an observational nature and opinion only provided when it is tendered by those formally qualified to provide such opinion.

10.1 EVALUATIVE REPORTS

An evaluative report is one which expresses opinions or gives assessments eg. about: the need for ongoing supervision; the appropriate frequency of visits; whether visits are in the interest of the child. Evaluative reports may include or purport to include, a professional assessment about the causes of behaviour, the ramifications of certain occurrences for the child etc.

It will generally be inappropriate for CCSs to provide evaluative or professional opinion reports on visits or broader questions because:

- the provision of an evaluative report is inconsistent with the services role and function in relation to visits
- the provision of evaluative reports may lead to the service being used primarily for assessment and legal/tactical purposes rather than supervision
- CCSs only see part of the story in a structured environment and this will be too limited to validate any attempt at broad evaluation
- CCS staff have a variety of backgrounds and experience. Courts are generally prepared to accept professional opinion (including evaluation) evidence only from those who have appropriate professional qualifications and experience. Inappropriate attempts to provide evaluative reports will adversely affect the credibility of CCSs
- It would only be fair to provide evaluative reports, given all of the above considerations, if those using the service were informed prior to commencing using the CCS that it was the service's practice to do so

10.2 FACTUAL REPORTS

Services may be requested to provide a report by one or both of the parents or by the Independent Children's Lawyer. Services should determine whether the service has the resources to provide a

report and whether it is appropriate to do so. Where the service determines that a report should be provided it may be limited to a factual account.

Factual reports recount basic details eg what time visit was scheduled for, what time each parent arrived, how many times the service was used, who attended visits.

Reports are to be provided, in all instances, on the basis that a copy will be provided to both parents and to the Independent Children's Lawyer.

11. OPERATION - SUBPOENAS

11.1 HOW SUBPOENAS WORK

A subpoena is an order of the court to produce documents (specified in the subpoena) and/or to attend at court to give oral evidence, at the date, time and place specified.

Although a subpoena is an order of a court, subpoenas are issued administratively by the court at the instigation of one of the parties to the proceedings. The judge or magistrate generally knows nothing about the subpoena until the date for production of the documents or the date the person attends at court to give evidence.

While the documents must be produced to the court (ie. not to the parent who issued the subpoena), and a person subpoenaed to give evidence must attend at court, the court will decide whether to permit the documents to be seen by the parents and whether questioning of the person subpoenaed will be permitted and, if so, to what extent.

11.2 OBJECTING TO PRODUCTION OF DOCUMENTS OR GIVING OF EVIDENCE

If there is no objection to production of the documents, the documents can generally be delivered to the court before the due date and, if the subpoena was only to produce documents, the person may not need to appear at court on the due date.

If the person objects to production (ie. the person does not want the parents to see the documents) the person attends at court on the due date with the documents, and with a legal representative if they wish. The person confirms that they have the documents with them. The documents are then generally taken by the court orderly. The person then indicates their objection and the judge rules on the objection.

The grounds of objection which are most likely to be applicable to CCSs are:

- that the file contains sensitive material which, if made available to the parents, may, cause harm or difficulty eg. inflame or worsen a problem; result in the disclosure of confidential contact information relating to one of the parents
- depending on the view which the service takes about the general desirability of client files being accessed through subpoenas, the service may argue that production of the information would prejudice the overall operation of the service because it would reduce the level of confidence in the confidentiality of information provided to the service. (note however, the contrary argument, above in "*considerations*" in relation to confidentiality)

The same type of objections can be put where a subpoena has been issued for a person to appear at court to give oral evidence.

It is suggested that services should endeavour to establish a relationship with a suitable legal adviser upon whom the service can call, preferably free of charge, for guidance as the need arises. Ideally, the lawyer would be prepared and able to represent the service in court to object to production of documents on subpoena and seek leave to appear to make objections if a person has been subpoenaed to give oral evidence, should the need arise and the circumstances warrant it.

12. OPERATION - CLINICAL OBSERVATIONS OF THE CHILD DURING VISITS

Services may be asked to permit clinical observation of the child during visits eg. observation by a single expert preparing a court report, or by a psychologist or psychiatrist who is to prepare a report, or give evidence in court for one of the parents.

In many instances it will be possible for observations to be undertaken elsewhere and consequently declining the request on this basis may be explored.

Services should generally not permit observations unless the consent of the relevant parties (both parents and the Independent Children's Lawyer) has been given. Such a request may raise the following additional issues:

- whether the observation would in any way hamper or interfere in the operation of the service
- whether the observation might breach confidentiality in other cases where supervision is being provided at the same location at the same time
- whether the observation is likely to be upsetting for the child or otherwise disrupt the visit
- whether the observation may adversely effect the parent's view of the purpose, independence and confidentiality of the service