

Summary of Feedback on Children's Contact Services Consultation Paper

Consultation process

A consultation paper was distributed to stakeholders of Children's Contact Services (CCSs) in January 2011. The paper highlighted key issues relevant to this service type and sought feedback from stakeholders about their experiences of these issues as well as possible solutions to be considered by the Government. Feedback on the paper was due to the Department on 18 March 2011, however many requests for an extension were received. The last submission was received in July 2011.

Feedback received from Stakeholders

The Department received 37 submissions from a range of stakeholders including CCSs, other family relationship service providers, family law courts, the Australian Children's Contact Services Association (ACCSA), Family Relationship Services Australia (FRSA), Australian Institute of Family Studies (AIFS), the Child Support Agency and the Family Law Section of the Law Council of Australia.

The Department subsequently attended the ACCSA forum in March 2011 and took part in a meeting to further discuss the consultation paper with CCS service managers.

The following provides a summary of feedback received on each of the issues raised in the consultation paper.

Q1. Could the changeover function be offered in other types of family relationship services for example, Family Relationship Centres? What would the minimum requirements be to manage issues around safety and to ensure integration with other complementary support services in the community?

The majority of responses indicated that it would not be appropriate to have the changeover function of Children's Contact Services delivered in another family relationship service like FRCs. The majority noted that this would be unlikely to have a discernible impact on waiting times. Some of the key concerns included:

- FRCs don't have the same safety and design requirements as Children's Contact Services
- FRC staff lack the specific training of CCS staff
- Supervised contact and changeovers operate on a service delivery continuum which would be disrupted if delivered from different locations
- Change of location when transitioning between services may delay contact and some families may fall out of the system
- A change of venue would create unnecessary stress on children involved
- The proposal would see duplication of resources and training across FRCs and CCSs
- FRCs would require additional resources to enable them to remain open outside normal business hours (CCSs generally operate late afternoons and on the weekend)

The remaining respondents suggested that transferring the changeover function to another family relationship service might be feasible. They noted many of the concerns above and considered that this arrangement would only be workable if those concerns were addressed.

The minimum requirements to manage issues around safety included those that are currently required at Children's Contact Services including:

- Adequate intake and assessment procedures
- Separate entrances and waiting rooms for parents
- Staggered changeover times
- Child friendly environment
- Lockable entrances/rooms
- Suitable staff safety procedures (eg at least two staff always on duty)
- Visual intercom for waiting rooms

Other suggestions included comprehensive guidelines for the provision of the services, including processes for client transition, and consideration of a case management model for the delivery of the services.

Q2. What other strategies might be employed to minimise waiting times in Children's Contact Services?

The focus of responses to this question was on the need for greater resources for CCSs for more staff, longer operating hours, more staff training and dedicated administrative assistants. Other suggestions included:

- Greater consideration of how clients might be transitioned more quickly to self management including requiring more parents to participate in Parenting Order Program/Post Separation Cooperative Parenting, mediation, counselling and men's behaviour change services as well as better training for staff on this issue. This might also include the implementation of a case management model in CCSs
- Better information sharing practices between CCS and the Court
- Implementing a system of supported or monitored contact similar to that in the United Kingdom (suggested by the Court)
- Implementing a full fee paying option
- Better understanding by referral sources about cases that are appropriate for CCS referral including clearer referral criteria
- Placing limits on the duration and frequency of visits as well as capping the total number of visits for families
- Colocation of services to save administrative costs

Of note, ACCSA produced a draft report in 2010 called '*Survey Into Waiting Lists in Children's Contact Services*' in which they provide recommended strategies for addressing waiting times. The report remains in draft form as ACCSA postponed finalising their recommendations in light of the Department's consultation paper.

Q3. Given the high demand for Children's Contact Services, should access to services be prioritised? If so, how might this be achieved?

The feedback from ACCSA provides a good summary of the responses received during this consultation. It states that:

Prioritisation is a vexed issue for many CCS providers. Some members expressed concerns about being discriminatory if priority was provided; for example, to those who had orders or a parenting agreement in place over those who did not. It could be argued that it is the families who are the most deeply entrenched in conflict who require the most support but also can be argued that initial support for such families is better provided elsewhere (e.g. POPs)

so that there is a greater chance of movement to self-management of contact arrangements when CCS engagement commences.

A small number of responses did not consider that prioritisation would be a workable option. The majority however acknowledged that it was a difficult issue but nevertheless considered that it should be further explored. Concerns were focused on the possibility of increased frustration amongst those clients who were considered 'low priority' and the fact that additional pressure may be placed on CCS staff in deciding which cases should given priority.

A number of responses suggested the development of clear national guidelines outlining what considerations should be taken into account in prioritising clients (although retaining flexibility to deal with families on a case-to-case basis). One response indicated that under no circumstances should those who have the capacity to pay be prioritised.

Suggestions of factors that could/should be taken into account in prioritising clients include:

- Age of children
- Time since last contact
- Whether complex issues are present
- Child safety
- Court referred clients
- The completion of relevant conflict resolution courses (POP etc)

Q4. Is there a need for the development of a standardised set of protocols for client acceptance and withdrawal of services? What might some of the circumstances warranting exclusion be?

Virtually all responses were in favour of standard guidelines for all funded CCSs which include protocols for client acceptance and withdrawal. A number noted that these guidelines would still need to allow flexibility. There was also concern expressed about any general exclusion policy being used in instances where the court had made an order for a parent to spend time with a child at a CCS.

Some of the circumstances warranting exclusion identified in responses include:

- Convictions for violent behaviour
- Threatening or harassing the other parent or child
- Failure to cooperate with service staff
- Failure to undertake mandated courses
- Where the child displays high levels of distress or resistance to spending time with the parent
- Where the parent makes threats of removing the child from the CCS premises or threats of abduction
- Where a parents attendance is poor
- Undiagnosed or untreated mental health issues that are unmanageable by the CCS
- History of extreme violence
- Where children are listed on an AVO

Q5. Under what circumstances should supervised visitation be discontinued? When might ongoing (long-term) supervised contact be appropriate?

ACCSA notes that all funded CCSs require those using the service to sign a Services Agreement prior to commencement of visits or changeovers. Supervised visits may be withdrawn if elements of the agreement aren't met and safety is compromised.

Instances where supervised visitation should be discontinued include:

- Where serious threats to safety are made eg towards staff
- Where the child continuously refuses to spend time with the parent
- Failure to cooperate with service staff
- Where it seems unlikely that there will be any successful move towards self-management
- Client failure to comply with the service agreement
- Where visits are too stressful or traumatic for the child
- The service cannot effectively address the safety and behavioural issues involved in the case
- Where an associated court case is protracted
- Where a parent is exposing a child to inappropriate discussion

Instances where ongoing supervised contact might be appropriate:

- Where there are risks if unsupervised contact was permitted but children are enjoying the relationship with the parent in the CCS setting
- Where the child is not in the care of either parent and the parents aren't deemed to be a threat to the child
- Where there are ongoing issues of mental health, child sexual assault, family violence, drug and alcohol abuse

A number of responses also noted that there is a need for common standards in this regard particularly given that there are a number of CCS clients who transfer between services.

Q6. Should there be a parallel service for those clients who are willing to pay the full cost of service in order to gain access to Children's Contact Services with minimum waiting times?

There are both parallel full fee paying services being provided by funded CCSs and an increasing number of privately run services. A small number of respondents noted that they offer full fee paying places. While these arrangements seem to be working well, it was noted that only a small number of clients are able to afford this option.

The majority of responses however expressed real concerns about a full-fee option. Concerns included:

- Additional burden on resources eg staffing, premises (CCS premises may not allow for service expansion)
- Complexities of managing two streams
- CCS client demographics mean that very few clients would be able to afford this option and therefore it would have little impact on waiting times
- Fears that this would create a first and second class service or the perception of such
- This structure would lead to more complaints from clients who felt they had been disadvantaged by not being able to afford the fee option

Q7. Are guidelines required for other referral sources to provide guidance on appropriate referral processes?

The vast majority of responses supported the development of guidelines for referral sources other than the Courts. They considered that clear information about cases suitable for referral to CCSs would minimise confusion about the CCS process and improve the appropriateness of referrals. This would likely reduce the amount of time CCS staff spent dealing with referral sources.

Q8. What role should Children's Contact Services play in providing an assessment to the Court to inform decisions about parenting matters?

Responses to this question were also quite mixed. There were a number of responses who consider that CCSs should play no role in providing reports to the Courts. They suggested that the current system of subpoenas generally works well and there is no need to change it. Others suggested that Independent Children's Lawyers and Family Consultants were better placed to provide this type of information to the Court. The majority, however suggested that CCSs should be able to provide observational/factual reports. Most responses stressed the need for CCSs to remain an impartial entity and so were not in favour of making judgments about the quality of interaction between families.

Q9. What format should information provided to referral sources take? Is training for Children Contact Service employees in factual report writing needed?

The majority of responses were in favour of a standard observational form being developed for the provision of information to referral sources. ACCSA noted that the development of such a form should be done in collaboration with CCS practitioners to ensure its usefulness. One response suggested that a checklist of appropriate information to include in information provided to referral sources would prove useful. Another response noted that their support for the provision of verbal reports to ICLs and family court consultants.

The majority of responses also were in favour of training in observational note taking and one response also suggested training in relation to court appearances would be useful for CCS staff.

Q10: Is there a need for further opportunities to provide feedback to the Court where parties have been ordered to attend Children's Contact Services?

A number of respondents expressed the need for a less formal process (than provision of observational notes) to update the Court of progress by a family where they have been ordered to attend. ACCSA notes that this is particularly the case where an ICL has not been appointed or where there are specific concerns identified during the course of visits.

One response held some concern about adding additional reporting/feedback requirements or options given the additional burden this could place on CCS resources.

Q11. Are there any other aspects of CCS service delivery that would benefit from the development of standardised protocols?

A number of responses noted that standard protocols are important to ensure consistency across services. They note that this is particularly important when families change from one service to another.

Responses suggested the development of standard protocols in relation to:

- Working with parents who have mental health, substance abuse issues and dealing with allegations of sexual abuse
- Safety standards and requirements and OH&S standards
- Service layout and design
- Standardised orders from the Court (note: these already exist although the level of adherence may vary across the country)
- Standard intake and assessment tools

One response also suggested closer annual or bi-annual review of all services.

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

In 2009, ACCSA conducted a feasibility study into compulsory accreditation for Children's Contact Service Workers. It recommends that a system of compulsory accreditation be established and outlined various features of such a system. A number of responses to this paper referenced the previous work done by ACCSA in this area.

The vast majority of responses were supportive of compulsory accreditation for CCS workers. However service providers in particular noted concerns about the impact this may have on their service. Concerns raised in the feedback include:

- Resource implications eg costs of training, maintaining service delivery while staff attend training
- Staff engagement and retention – particularly in rural areas

ACCSA suggests that any accreditation system should be jointly applicable to both funded and non-funded CCS services.

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

Comments relating to the design and location of CCSs focused on accessibility, conformability of premises and safety requirements. A common message was that services should be accessible by public transport. Important design features from a safety perspective include separate waiting areas and parking spaces, simple, open-plan layouts for effective line of sight monitoring.

Other responses suggested that the location of the CCS often affects the CCS service capacity given that it can impact on opening hours. A further response suggested that colocation could increase the capacity to provide services.

Reponses also strongly agreed with the suggestion that the physical environment impacts on a child's experience at a CCS. They stressed the importance of comfortable and child friendly environments to help children adapt to what can be a stressful experience. Other features that can have a positive impact on clients' experiences include outdoor play areas, disability access, age appropriate resources etc.

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

Suggested topics for future CCS-related research include:

- Comparison of current CCS models of practice when measured by length of time from CCS intake to private contact arrangements
- Shifts in parental alliance and parental concerns for child safety, from point of intake to end of CCS usage as well as effect of complementary services eg POP, SCaSP, FRC etc
- Consideration of impact of changeovers that occur in an environment other than the CCS (self managed changeovers, police stations etc)
- Comparison of the time of engagement in supervised visits for Court referred families compared to FRC referred and case managed families
- How effective are CCSs in guiding families to self-management? Factors associated with transition to self-management - effective strategies to move/facilitate clients towards self management
- Research incorporating short and long term outcomes from families using CCSs including feedback from associated professionals
- Relationships between supervised visitation and child/parent relationship outcomes
- The underlying issues that give rise to the need for parents to use CCSs
- Impact of long term supervision for children
- Circumstances in which service should be refused
- The issues of violence and appropriateness of interventions is a high priority. Do services minimise the incidence of conflict and violence within separated families?
- Dealing with child reluctance and refusal - with reference to best practice, appropriate referrals and court orders
- Implication of waiting times – how do waiting times affect the child's attachment with the other parent, do issues ever resolve while a family is on a waiting list, how does waiting time affect the relationship between parents
- What impact does a fee for service model have on service capacity?